



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd	
80 Woodlands Industrial Park E4, Singapore 757705	
FAX Number : 63685592	
Estimator Telephone Number : 68662623	
Accident Reporting Number : 68662672	

Date Generated : 07/06/2021

User ID : JeongCH

Section A - Accident Details	
Registration Number	SMB1422U
Case Reference Number	BUS/05/21/5052
Registration Date	7/8/2014
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Johan Bin Jaffar
Type of Accident	Side Swipe
Accident Date and Time	5/28/2021 7:05 PM
Accident Reported Date and Time	5/28/2021 8:15 PM
Insurance Surveyor Required?	No
Surveyed by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	
Special Instruction to ARC, if any	SMB1422U-RIGHT VIEW MIRROR BROKEN XE1711P (TP) INSURED WITH EQ
Prepared Date and Time	6/3/2021 7:27 PM
Chassis Number	WMAA22ZZ4E7002136
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates		
Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$530.00	\$0.00
Total Spray Cost	\$0.00	\$0.00
Total Spare Part Cost	\$974.16	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,504.16	\$0.00
Dump Sum Total	\$0.00	\$0.00
Number of Repair Days	1.0	1 day
Prepared / Adjusted By	Jeong Choon Hwee	
ARC / Surveyor Sign Off Date		
Signature		x) RASUL - 4p 20010068 07/06/21 @ 1220 Reg after repair
Remarks		

Section C - Quotation and Accident Invoice Details			
Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	



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SMRT Automotive Services Pte Ltd
 60 Woodlands Industrial Park E4, Singapore 757708
 FAX Number : 63685592
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 Accident Reporting Number : 68662672

Date Generated : 07/06/2021

User ID : JeongCH

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
REMOVE & INSTALL FRONT VIEW MIRROR RH	\$530.00	268
Total Labour	\$530.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Spray Painting & Panel Beating		

Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
011409	BODY RH		MIRROR,VIEW:FRONT,RH,MAN A22 'C' SERIES	1.00	\$1,353.00	10.00	\$1,217.70	Replace	CR
Total					\$1,353.00		\$1,217.70		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 04/06/2021 10:57 (SGT)
Date of Accident 28/05/2021 19:05 (SGT)
Exact Location of Accident 88 Hillview Ave, Singapore 669590
Additional Location Information AT JUNCTION OF HILLVIEW AVENUE AND JLN REMAJA
BEFORE BS:43251 (HILLBROOKS)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB1422U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SMRT BUSES LTD
Company Reg No 1XXXXX292D
Email Address Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No (Phone) +65-68662672
Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer Man
Model MAN NL320F(A22)
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Bus
Transmission Auto
CC 10518

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-21097498MFBP
Cover Note Number -

DRIVER

Name of Driver JOHAN BIN JAFFAR

NRIC No SXXXX908C
 Date Of Birth 04/08/1965
 Occupation Outdoor
 Date Of Driving Pass 02/07/2007
 Driving experience 13 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-68662672
 Alt. Phone Number -
 Email Address Auto-Svcs-BARC@smrt.com.sg
 Address 6 ANG MO KIO STREET 62
 Address complement -
 Postcode -
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 2
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Jurong West Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18002689999
 Alt. Police Station Phone No (Fax) +65-62672438
 Police Station Address 700 Corporation Road Singapore 649818
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20210529/2007
 I am the Bus Captain of service Bus Number 970 with plate registration SMB 1422U. While waiting for the traffic light to turn green along Hillview Avenue towards the direction of Bukit Timah on left lane of the two lane road after bus stop 43241, a lorry which carried tree branches, had stopped beside my bus. After the traffic light turned green, one of the tree branch had hit the right side view mirror of the bus and the driver of the lorry drove off without stopping. I horned at the vehicle several times however the driver of the vehicle did not stopped. I then informed the Control Room of the accident and all passengers alighted to transfer to another bus. After the getting the instructions from the Control Room, I drove the bus to the bus depot for repair. SMRT management viewed the CCTV footage of the accident and managed to get the vehicle number XE1711P from the footage. I was then advised to lodge a Police report. No one was injured and only the right side mirror was broken.

ATTACHMENT(S)

Are accident photos available for attachment? No
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident PENDING DOWNLOAD
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1711P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	EQ Insurance Company Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

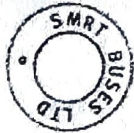
SMB1422 U
Bas/05/21/5052

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of **policy liability** on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



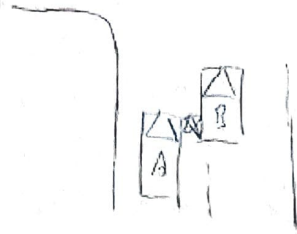
Handwritten signature

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

Jhr
Penger



Belvins, Ave

A: SM131220
B: XE 170P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for writing, intended for describing the accident circumstances.

DECLARATION

I/We declare the



acts are true in every respect.



Policyholder's Signature
Date & Time

[Handwritten Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time

[Handwritten Signature]
 Reporting Officer/Personnel's Signature
 Name
 NPIC/FIN No.



**SINGAPORE
POLICE FORCE**



T/20210529/2007

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210529/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2021 03:00	Vide Report No.:	Station Diary No.: 6
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Informant's Particulars			
Name of informant: JOHAN BIN JAFFAR		Address:	
ID Type / ID No.: NRIC NO /		Contact No.: Home/Office: Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth:	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/05/2021 19:15	Type of Location: Straight Road
Location: HILLVIEW AVENUE				
Lamp Post Number: 25				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB1422U	Bus/Coach/Mi nibus				Slightly Damaged	15

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210529/2007

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3
Report No T/20210529/2007

CONTINUATION OF REPORT

Driver			
Name	JOHAN BIN JAFFAR	ID No.	
Related Vehicle	SMB1422U (Bus/Coach/Minibus)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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POLICE FORCE**



T/20210529/2007

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20210529/2007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
J/
Sgt 3 MUHAMMAD FAIS BIN ABDUL WAHAB

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/05/2021 03:00

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	292D
Vehicle No.:	SMB1422U
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jun 2021
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No.:	50337612763765
Chassis No.:	WMAA22ZZ4E7002136
Maximum Power Output:	-
Open Market Value:	\$259,407.00
Original Registration Date:	08 Jul 2014
First Registration Date:	08 Jul 2014
Transfer Count:	0
Actual ARF Paid:	\$0.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 08 Jun 2021

OK