

(08/11/13) wef

ASS. REC. BY: Carne

REF:

2920

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

541723DYr Regn: 2016 / 4P

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

MAN NL 320F(A22)ML 440 c.c 10518

Colour

MULTI

A/C: Insured / Std / NI / NA

Sp. Reading

299860

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMAA 2222 4F 700 2896

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

275/70R 22-5

R:

2 -

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

CONTINENTAL

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

22/06/21

D.O.I.

23/06/21

Survey held at

SMRT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

REAR O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS, SI☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

Lump Sum / I.B.I: (\$

)



SMRT Accident Vehicle Repair Estimates

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

Date Generated : 23/06/2021


User ID : JeongCH

Section A - Accident Details

Registration Number	SG1723D
Case Reference Number	BUS/06/21/1036
Registration Date	9/1/2016
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Sun Baoliang
Type of Accident	Head to Rear
Accident Date and Time	6/22/2021 9:03 AM
Accident Reported Date and Time	6/22/2021 10:15 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	
Special Instruction to ARC, if any	SG1723D-RIGHT REAR BUMPER DAMAGED SLW6508A (TP) INSURED WITH EQ
Prepared Date and Time	6/23/2021 11:07 AM
Chassis Number	WMAA22ZZ4F7002896
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	\$1,060.00	\$0.00
Total Spray Cost	\$524.00	\$0.00
Total Spare Part Cost	\$3,340.22	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$4,924.22	\$0.00
ump Sum Total	\$4,900.00	\$0.00
Number of Repair Days	4.0	
Prepared / Adjusted By	Boon Chew Tay	
ARC / Surveyor Sign Off Date	23/06/2021 11:10 AM	
Signature		<input checked="" type="checkbox"/>
Remarks		

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	



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60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 23/06/2021
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 ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$1,060.00	795
total Labour	\$1,060.00	

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	\$524.00	432
total Spray Painting & Panel Beating	\$524.00	

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
010062	Body	F01001-CW273	COVER:REAR TAIL LAMP,RH,FOR MAN A22 BUS	1.00	\$974.70	10.00	\$877.23	Replace	CR
010298	VE	88-25225-6039	LAMP,STOP:LED (MAN BUS)	2.00	\$1,141.70	10.00	\$2,055.06	Replace	CR
010299	VE	88-25320-6008	LAMP,INDICATOR:LED (MAN BUS)	1.00	\$1,274.10	10.00	\$1,146.69	Replace	CR
010373	Body	4001F09-ACCE5020	PANEL,REFLECTOR:REAR,RH,FOR MAN BUS	1.00	\$107.00	10.00	\$96.30	Replace	CR
010064	Body	F01001-CW274	BUMPER:REAR,CENTRE,FOR MAN A22 BUS	1.00	\$1,868.80	100.00	\$0.00	Repair	Repair
total					\$5,366.30		\$4,175.28		

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									

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

RASUL
Hp 90010068
3 days
4/5
23/06/21 @ 1200
Pay after repair

SA 1723D

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	23/06/2021 10:48 (SGT)
Date of Accident	22/06/2021 09:03 (SGT)
Exact Location of Accident	N Coast Ave, Singapore
Additional Location Information	SLIP ROAD FROM WOODLANDS AVENUE 9 TOWARDS NORTH COAST AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG1723D

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	SUN BAOLIANG
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Passport No/FIN GXXXX120U
Date Of Birth 25/05/1981
Occupation Outdoor
Date Of Driving Pass 06/06/2016
Driving experience 5 YEARS
Gender Male
Mobile Number
Alt. Phone Number (Phone) +65-68662672
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 Collision - Head to Rear
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? No
Was notice of intended Prosecution given? No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

On 22/06/2021 at around 0903hrs, I was travelling on the extreme left lane of 03 lanes along Woodlands Avenue 9 heading towards the direction of Woodlands Temp Bus Park on service 969, SG1723D (OSB). My bus speed was around 15-20km/hrs. While bus was approaching the Signalized Cross- Junction of North Coast Avenue, I made a left turn into the Slip Road. While bus was exiting out from the slip road, I stopped my bus at the give-way line and check for on-going vehicle from my right side. While waiting to around 4-5 sec later, I heard a thud sound from the rear portion of my bus. Upon hearing this, I immediately turned my head to checks from both view mirror and saw a pte car had collided onto the rear portion of my bus. As my bus was at stationary position, I immediately alighted from bus to conduct damage checks. While checking, I noticed that my bus Right rear bumper damaged While the third party Car had its Front left bumper damaged.

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 SLW6508A
Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	POOK YEE FAN
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)	-

SKETCH PLAN

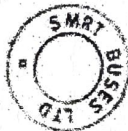
SG1723 D
Bus/06/21/1036

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.



Policyholder's Signature
Date & Time:

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



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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	
Owner ID:	Company
	292D
Vehicle No.:	5G1723D
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Jun 2021
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multicolor
Manufacturing Year:	2015
Engine No.:	50340781394086
Chassis No.:	WMAA22ZZ4F7002896
Maximum Power Output:	-
Open Market Value:	\$238,661.00
Original Registration Date:	01 Sep 2016
First Registration Date:	01 Sep 2016
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 24 Jun 2021

OK