



## 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 : 02/08/2021

User ID : GohKK2

### Section A - Accident Details

Registration Number	SG5812D
Case Reference Number	BUS/07/21/7020
Registration Date	5/6/2017
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN A95
Name of Driver	Tan Peng Kwee
Type of Accident	Side Swipe
Accident Date and Time	27/7/2021 8:30 AM
Accident Reported Date and Time	29/7/2021 9:04 AM
Is Surveyor Required?	Yes
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	SG5812D-LEFT VIEW MIRROR COVER CRACKED YN2056G (TP) INSURED WITH EQ
Prepared Date and Time	2/8/2021 11:28 AM
Chassis Number	WMAA95Z7G7003460
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	\$265.00	\$0.00
Total Spray Cost	\$0.00	\$0.00
Total Spare Part Cost	\$1,863.07	\$0.00
Total Other Cost	\$0.00	\$0.00
<b>TOTAL COST</b>	<b>\$2,128.07</b>	<b>\$0.00</b>
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	1.0	
Prepared / Adjusted By	Kok Khoo Goh	
ARC / Surveyor Sign Off Date	02/08/2021 11:30 AM	
Signature		*
Remarks		

### Section C - Quotation and Accident Invoice Details

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

1 Day  
Gao Qian  
LKK  
02/8/2021  
After repair photos.  
Gao Qian repair



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### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS	\$265.00	132.5 ✓
Total Labour	\$265.00	

#### 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
6010159	BODY LH	4001M01-ACCE466	MIRROR VIEW FRONT L H FOR MAN	1.00	\$1,903.30	✓ 10.00	\$1,712.97	Replace	✓
6010160	BODY LH	4001M01-ACCE468	ARM MIRROR VIEW FRONT LH FOR MAN	1.00	\$684.30	✓ 10.00	\$615.87	Replace	✓
Total					\$2,587.60		\$2,328.84		

#### 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									

2587.6

-10%: 2328.84

-20%: 1863.07

1995.57

Total: 2000

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 resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



## 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	29/07/2021 13:13 (SGT)
Date of Accident	27/07/2021 08:30 (SGT)
Exact Location of Accident	Raffles Hotel, Singapore 189768
Additional Location Information	BRAS BASAH ROAD AFTER BS:02049 (RAFFLES HOTEL)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5812D
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 A95
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	TAN PENG KWEE (CHEN PINGGUI)
NRIC No	SXXXX643H





Date Of Birth	22/04/1972
Occupation	Outdoor
Date Of Driving Pass	28/04/1998
Driving experience	23 YEARS AND 3 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 vehicle 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 27/07/2021 at 0830 hrs, I was driving SG5812D, SVC 951E. There were 15 pax onboard. I was travelling approximate 15km/hr on the 1st lane towards traffic junction of Bras Basah Road and Beach Road. As I was travelling straight, I saw TP that was on my left was encroaching onto my lane. I proceed to horn TP to warn but to no avail, TP right rear vehicle collided onto my LHS mirror. There were no personnel injured due to this accident. I exchanged particulars with TP before continue my revenue service to Shenton Way and during my revenue service I called BOCC. BOCC requested me to report this incident to my supervisor at WITH. TP encroached onto my lane resulting in this accident. That is all.

#### 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	YN2056G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	MR. LEE
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)	-

## SKETCH PLAN

SG 5812 D  
Bus/07/21/7020

**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

*[Signature]*

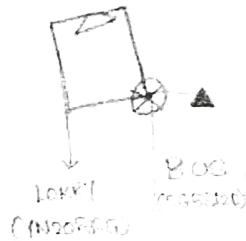
Driver's Signature  
(If driver is not the policyholder)  
Date & Time



Reporting Centre Personnel's Signature  
Number  
NRIC/FIN No

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1000000 - 800000

1000000 - 800000

DECLARATION

I/We declare the

facts are true in every respect.



Reporting Centre's Signature  
Date & Time

*[Signature]*

Witness's Signature  
(If not, verify with the policyholder)  
Date & Time



Reporting Centre Personnel's Signature  
Name  
NRIC/EPN No.