

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 : 02/09/2021

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	\$2,120.00	2430 1590 ✓
Total Labour	\$2,120.00	

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	\$956.00	170+92+92 786 ✓
Total Spray Painting & Panel Beating	\$956.00	

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
010152	Body	F01001-CW266	COVER, HEADLAMP, FRT, RH, FOR MAN A22 BUS	1.00	\$974.70	10.00	\$877.23	Replace	/
010307	VE	81.25320-6112	FLASHER, AUX HEADLAMP, RH (MAN BUS)	1.00	\$904.40	10.00	\$813.96	Replace	/
010305	VE	81.25101-6540	HEADLAMP, RH (MAN BUS)	1.00	\$1,603.60	10.00	\$1,443.24	Replace	/
010154	Body	F01001-CW263	FLAP, FRONT, FOR MAN A22 BUS	1.00	\$1,868.80	10.00	\$1,681.92	Replace	/
010151	Body	F01001-CE265	BUMPER, FRONT, CENT RE, FOR MAN A22 BUS	1.00	\$1,868.80	10.00	\$1,681.92	Replace	/
010416			HINGE COMPARTMENT RH	1.00	\$327.80	10.00	\$295.02	Replace	X
010415			HINGE COMPARTMENT LH	1.00	\$327.80	10.00	\$295.02	Replace	X
			SMRT STICKER	1.00	\$75.00	0.00	\$75.00	Replace	/
009375			RETAINER MALE & FEMALE	2.00	\$54.24	10.00	\$97.63	Replace	/
		81-97840-2086	CHROME LETTER "M"	1.00	\$102.10	0.00	\$102.10	Replace	/
			CHROME LETTER "A"	1.00	\$91.80	10.00	\$82.62	Replace	/
			CHROME LETTER "N"	1.00	\$102.10	10.00	\$91.89	Replace	/
Total					\$8,301.14		\$7,537.55		

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									

6937.3

9313.3

-20%: 7450

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:

SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd	
80 Woodlands Industrial Park E4 Singapore 737705	
FAX Number	63685522
Estimator Telephone Number	68662671
Accident Reporting Number	68662671



Date Generated 03/09/2021

User ID JeongCH

Section A - Accident Details

Registration Number	SM8352U
Job Reference Number	BUS-08/21/5027
Registration Date	11/20/2012
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	NG AH ENG
Type of Accident	Head To Side
Accident Date and Time	8/22/2021 2:06 PM
Accident Reported Date and Time	8/22/2021 4:45 PM
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	SM8352U-FRONT RIGHT PORTION S/JN1090R (TP) INSURED WITH (*WAIT FOR PATRICK TO SEND ME THE LTA SEARCH)
Prepared Date and Time	8/30/2021 4:38 PM
Chassis Number	WMAA22Z26C7001521
Allegee	
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	\$2,120.00	\$0.00
total Spray Cost	\$956.00	\$0.00
total Spare Part Cost	\$6,030.04	\$0.00
total Other Cost	\$0.00	\$0.00
TOTAL COST	\$9,106.04	\$0.00
ump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	
Prepared / Adjusted By	Jeong Choon Hwee	
ARC / Surveyor Sign Off Date	30/08/2021 5:31 PM	
Signature		
Remarks		

3 Days.
Euro Q'amp
UKK
03/9/2021

Section C - Quotation and Accident Invoice Details

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

<p>1. To ensure the vehicle is repaired to the original condition.</p> <p>2. To ensure the vehicle is repaired to the original condition.</p> <p>3. To ensure the vehicle is repaired to the original condition.</p> <p>4. To ensure the vehicle is repaired to the original condition.</p> <p>5. To ensure the vehicle is repaired to the original condition.</p> <p>6. To ensure the vehicle is repaired to the original condition.</p> <p>7. To ensure the vehicle is repaired to the original condition.</p> <p>8. To ensure the vehicle is repaired to the original condition.</p> <p>9. To ensure the vehicle is repaired to the original condition.</p> <p>10. To ensure the vehicle is repaired to the original condition.</p>	<p>1. To ensure the vehicle is repaired to the original condition.</p> <p>2. To ensure the vehicle is repaired to the original condition.</p> <p>3. To ensure the vehicle is repaired to the original condition.</p> <p>4. To ensure the vehicle is repaired to the original condition.</p> <p>5. To ensure the vehicle is repaired to the original condition.</p> <p>6. To ensure the vehicle is repaired to the original condition.</p> <p>7. To ensure the vehicle is repaired to the original condition.</p> <p>8. To ensure the vehicle is repaired to the original condition.</p> <p>9. To ensure the vehicle is repaired to the original condition.</p> <p>10. To ensure the vehicle is repaired to the original condition.</p>
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Part photos.

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	02/09/2021 13:46 (SGT)
Date of Accident	22/08/2021 14:06 (SGT)
Exact Location of Accident	Blk 267, Singapore
Additional Location Information	JUNCTION OF BT BATOK EAST AVE 2 AND BT BATOK EAST AVE 4 AFTER BS:43221 (BLK 267)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB352U
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	NG AH ENG
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NRIC No	SXXXX5381
Date Of Birth	17/05/1958
Occupation	Outdoor
Date Of Driving Pass	19/10/1979
Driving experience	41 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 22/08/2021 at around 1406hrs, I was travelling on the right lane of 02 lanes along Bukit Batok East Avenue 2 heading towards the direction of Bukit Panjang Bus Interchange on service 970, SMB352U. My bus speed was around 35-40km/hrs. While bus was approaching the Signalized T-junction, the traffic light was showing Amber in color, I continued to move on and travelled behind another bus (Svc 985) to pass the traffic junction yellow box. As my bus was passing the traffic junction, I noticed that there were vehicle on my right side ahead waiting for their right turn from the opposite direction. I continued to move on, as my bus was half way passing the yellow box. A third party car from the opposite direction made a right turn and collided onto my bus right front portion. Upon seeing this, immediately stepped on my bus brakes to stop my bus. When bus had completely stopped, I checked on my pax onboard and when all were fine. Suddenly a female Chinese pax approached and informed me that she was injured and complained of her leg pain. I conducted damage checks on my bus and found bus front right headlight broken, front right body dented and cracked. While the third party car had its Front body and engine dented, bumper dislodged. Upon hearing this, immediately called BOCC to report this accident case (I was not aware who had called for the Ambulance to scene). After an initial assessment by a paramedic, the pax did not convey and left after provided her particulars.

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	SJN1090R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN CHINESE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	42
Injuries Sustained	-
Injured person in which vehicle?	SMB352U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SMB 352 U
Bus/08/21/5027

SKETCH PLAN

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 or 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 a/cressaid.

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 Veterinary 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 (a) 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
NRK/EIN No.

SKETCH PLAN #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare the



lars are true in every respect.

Policyholder's Signature
Date & Time:

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

& Time: 23.08.2021



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