

(08/11/13) wef

ASS. REC. BY: PM

REF:

CS/EQ121010936/R19P3

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. DM21HO01575/MT

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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SMB15073

Yr Regn: 2014 / 09

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

Truck / Trailer or

Make:

MAN NL 320F (A22)

c.c 10518

Colour

MULTI

A/C: Insured / Std / NI / NA

Sp. Reading

471797

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMAA22222E7002278

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:

275/70R22.5

R:

D/O

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

TOYO / YOKO or

FIRENZA

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

08/10/21

D.O.I.

26/10/21

Survey held at

SMRT

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

O/S Rear

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

Date / Time Action / Instruction

26/10/21@5.19pm revised to Melody Teoh by email.

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Report Format :

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

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

) \$ + RS, \$ SI

) Photos

) Others

TOTAL

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 : 25/10/2021


User ID : JeongCH

Section A - Accident Details

Registration Number	SMB1507J
Case Reference Number	BUS1021/5033
Registration Date	10/20/2014
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Teoh Phor Siong
Type of Accident	Side Swipe
Accident Date and Time	10/8/2021 9:50 AM
Accident Reported Date and Time	10/8/2021 4:45 PM
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	SMB1507J-RIGHT REAR BODY SCRATCHED PRIVATE CAR (TP) INSURED WITH
Prepared Date and Time	10/25/2021 2:02 PM
Chassis Number	WMAA22ZZ2E7002278
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	\$1,218.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$2,278.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	3 days
Prepared / Adjusted By	Jeong Choon Hwee	
ARC / Surveyor Sign Off Date	25/10/2021 2:08 PM	
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	

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 : 25/10/2021

User ID : JeongCH

Section D - Details of Repair Estimates										
Part 1 - Labour Works										
Job Scope				Quotation from AR				Adjusted by Surveyor, if applicable		
TO REPAIR REAR RHS PORTION				\$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		
TO PUTTY & RESPRAY				\$1,218.00				1048		
Total Spray Painting & Panel Beating				\$1,218.00						
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	
Total										
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 resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Rasul
Hp 90010068
3 days
p/p
26/10/21 @ 1350
Resurvey ~~before~~ after paint

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	25/10/2021 16:02 (SGT)
Date of Accident	08/10/2021 09:50 (SGT)
Exact Location of Accident	Delta Rd & Alexandra Rd, Singapore
Additional Location Information	TRAFFIC JUNCTION OF DELTA ROAD RIGHT TURNING TO ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1507J
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	TEOH PHOR SENG
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Passport No/FIN	GXXXX658Q
Date Of Birth	14/11/1987
Occupation	Outdoor
Date Of Driving Pass	08/06/2016
Driving experience	5 YEARS AND 4 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?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20211008/2069

I am the stated and is working for SMRT bus. On the stated time, date and location I was driving my stated bus SMB1507J along delta road. I then came to stopped due to the red light. I was on the lane where it only turns right. on my right it was also a lane for right turn. When the traffic turns green I proceeded to move and turn right to Alexandra road. When I was turning right I could see the stated vehicle bearing SN81S rushing to turn right and eventually hit the right rear of my bus. The hit causes my bus to sustain scratches and a small hole puncture in. The vehicle did not stop and when his way. I wish to state that there was no passenger injured in my bus. No traffic police or ambulance was at scene. I am lodging this report on behalf of my company SMRT.

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	SN81S
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	EQ Insurance Company Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SMB1507 J
Bus/10/21/5033

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 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 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:

214

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

23536
11/10/11



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

SKETCH PLAN

235 Alameda Rd

$$B = 5ME - 1507J$$

L = 5n 81 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We dec

particulars are true in every respect.

03436

11/10/21

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.



SINGAPORE POLICE FORCE



1/20211008/2069

1 of 1

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No: 1/20211008/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2021 16:39	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: TEOH PHOR SIONG			Address:	
ID Type / ID No.: FIN NO /			Contact No.:	Mobile:
Nationality: MALAYSIAN			Home/Office:	
			Email:	
Sex: Male	Age 33	Date of Birth:	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SMRT BUS DRIVER			Driving Licence Information: Class: 2B, 3, 4A	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/10/2021 09:50	Type of Location: X-Junction
Location: LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB1507J	Bus/Coach/Minibus	MAN	NL 320F (A22) 11L AUTO ABS TURBO	Multi-Colored	Slightly Damaged	5
SN81S	Car	MERCEDES BENZ	S400 HYBRID SEDAN LONG (R19 LED)	Black		0



**SINGAPORE
POLICE FORCE**



T/20211008/2069

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20211008/2069

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEOH PHOR SIONG	ID No	
Related Vehicle	SMB1507J (Bus/Coach/Minibus)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the stated and is working for SMRT bus. On the stated time, date and location I was driving my stated bus SMB1507J along delta road. I then came to stopped due to the red light. I was on the lane where it only turns right. on my right it was also a lane for right turn. When the traffic turns green I proceeded to move and turn right to Alexandra road. When I was turning right I could see the stated vehicle bearing SN81S rushing to turn right and eventually hit the right rear of my bus. The hit causes my bus to sustain scratches and a small hole puncture in. The vehicle did not stop and when his way. I wish to state that there was no passenger injured in my bus. No traffic police or ambulance was at scene. I am lodging this report on behalf of my company SMRT.



**SINGAPORE
POLICE FORCE**



T/20211008/2069

3 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20211008/2069

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 2 Muhammad Balleh
Osman



Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476368

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/10/2021 16:39

Classification Of Case: