

(08/11/13) wef

ASS. REC. BY: *Rasm*

REF:

NS/INC21011506/R1uc

2920

**ASSIGNMENT**

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SG 5815X

at Workshop m/s

of FBF 5731K

Insured:

NTUC

Policy No.

Claims No.

MT/1150273- 002

Sum Insured:

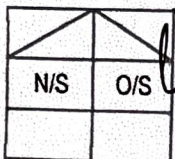
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SG 5815X

Yr Regn:

2017 / July

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

Truck / Trailer or

Make:

MAN AAS

c.c

10518

Colour

GREEN

A/C:

Insured / Std / NI / NA

Sp. Reading

225596

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WMAA952269 700 3465

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/102R22.5

R:

- - d/o

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

TOYO / YOKO or

FALKEN

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

05/11/21

D.O.I.

10/11/21

Survey held at

SMRT

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

O/S Frt

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

Date / Time Action / Instruction

Confirmed L/S \$1100, 2 repair days.

(RED \$939.99; 46%)

Date/Time, File Pass to?

1) 20/12 TYPIST

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

Report Format :

TP

Lump Sum H.B.I. (\$

1100

)





**SMRT Accident Vehicle Repair Estimates**

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

Date Generated : 10/11/2021


User ID : GohKK2

**Section A - Accident Details**

Registration Number	SG5815X
Case Reference Number	BUS/11/21/7004
Registration Date	4/7/2017
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN A95
Name of Driver	Wong Wai Kuan
Type of Accident	Side Swipe
Accident Date and Time	5/11/2021 2:09 PM
Accident Reported Date and Time	5/11/2021 3:15 PM
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	SG5815X-RIGHT FRONT SIDE BODY SCRATCHED FBF5731K (TP) INSURED WITH NTUC
Prepared Date and Time	10/11/2021 8:42 AM
Chassis Number	WMAA95ZZ6G7003465
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	\$786.00	\$0.00
Total Spare Part Cost	\$193.99	\$0.00
Total Other Cost	\$0.00	\$0.00
<b>TOTAL COST</b>	<b>\$2,039.99</b>	<b>\$0.00</b>
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	2 days
Prepared / Adjusted By	Kok Khoon Goh	
ARC / Surveyor Sign Off Date	10/11/2021 8:46 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	

**SMRT Accident Vehicle Repair Estimates**

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

Date Generated : 10/11/2021

User ID : GohKK2

**Section D - Details of Repair Estimates**

**Part 1 - Labour Works**

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR RH PORTION	\$1,060.00	530
<b>Total Labour</b>	<b>\$1,060.00</b>	

**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	\$786.00	616
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$786.00</b>	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
<b>Total Other Costs</b>		

**Part 4 - Spare Parts / Material Usage**

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6010303	VE	4001B05-LAM141	LAMP,INDICATOR,SIDE: LED (MAN BUS)	1.00	\$186.10	10.00	\$167.49	Replace	CRM ✓
			STICKER SMRT	1.00	\$75.00	0.00	\$75.00	Replace	RM ✓
<b>Total</b>					<b>\$261.10</b>		<b>\$242.49</b>		

**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
<b>Total</b>									

Resin  
Hp 20010068  
2 days  
4s  
10/11/21 P 1120  
Resin after repair



# 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	09/11/2021 13:58 (SGT)
Date of Accident	05/11/2021 14:09 (SGT)
Exact Location of Accident	Opp Blk 639, Singapore
Additional Location Information	WOODLANDS AVE 6-AFTER BS:47549 (OPP BLK 639)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5815X
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### 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	WONG WAI KUAN
NRIC No	SXXXX092F

Date Of Birth .....  
Occupation .....  
Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

25/09/1971  
Outdoor  
17/03/2004  
17 YEARS AND 8 MONTHS  
Male  
(Phone) +65-68662672  
-  
Auto-Svcs-BARC@smrt.com.sg  
6 ANG MO KIO STREET 62  
-  
-  
No  
Employee  
No  
-  
-

#### 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

My Bus slow down traveling on his extreme lane approaching Traffic Junction. A motorcycle on the bus right lane lost it balance and hit head to rear on a private car follow by glazed against my bus right front body area.

#### 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 ..... FBF5731K  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... UNKNOWN  
Contact Number ..... -

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	NTUC Income Insurance Co-operative Ltd
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

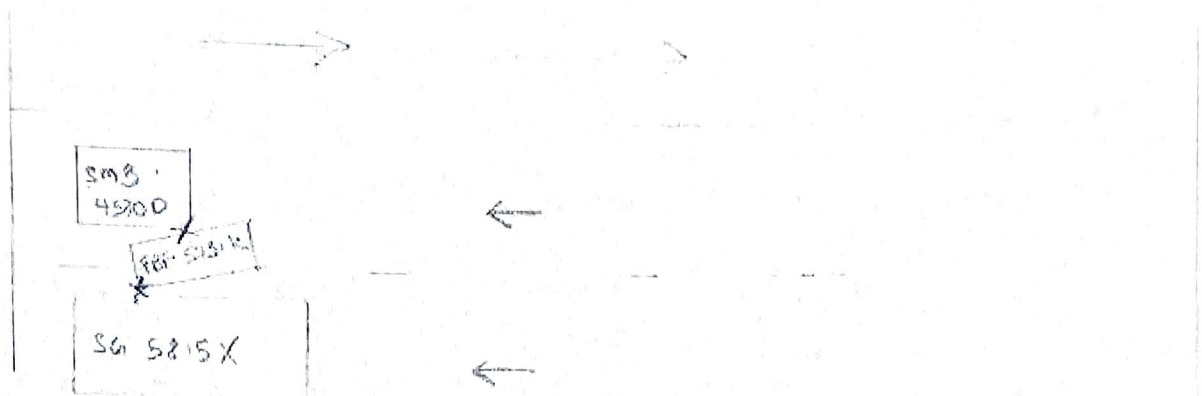
### INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF5731K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



[illegible][illegible]

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

### DECLARATION

I/we declare that:

ACS-ARP 7/00 (4/02) 2002-01

$\text{Pr}(\tau \leq t) = 1 - e^{-\lambda t}$

$\text{Pr}(X = k) = \frac{\lambda^k}{k!} e^{-\lambda}$

*[Signature]*

$\mathcal{L}(\mathbf{y}|\mathbf{X}) = \prod_{i=1}^n \mathcal{L}(y_i|\mathbf{X}_i)$  and  $\mathcal{L}(\mathbf{y}|\mathbf{X}) = \prod_{i=1}^n \mathcal{L}(y_i|\mathbf{X}_i)$   
 $\mathcal{L}(\mathbf{y}|\mathbf{X}) = \prod_{i=1}^n \mathcal{L}(y_i|\mathbf{X}_i)$