



**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 : 15/11/2021

User ID : JeongCH

**Section A - Accident Details**

|                                    |   |
|------------------------------------|---|
| Registration Number                | SMB1649H  |
| Case Reference Number              | BUS/10/21/5036  |
| Registration Date                  | 2/27/2015   |
| Company Type                       | SMRT Buses Ltd  |
| Make                               | MAN   |
| Model                              | A22   |
| Name of Driver                     | Ganesan A/L R Kali  |
| Type of Accident                   | Side Swipe  |
| Accident Date and Time             | 10/23/2021 8:54 AM  |
| Accident Reported Date and Time    | 10/23/2021 9:45 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 | SMB1649H-RIGHT REAR SIDE BODY SCRATCHED<br>SMK4903G (TP) INSURED WITH AIG |
| Prepared Date and Time             | 11/15/2021 11:44 AM   |
| Chassis Number                     | WMAA22ZZ7F7002651   |
| 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            | \$795.00  | \$0.00                              |
| Total Spray Cost             | \$708.00  | \$0.00                              |
| Total Spare Part Cost        | \$822.02  | \$0.00                              |
| Total Other Cost             | \$0.00  | \$0.00                              |
| <b>TOTAL COST</b>            | <b>\$2,325.02</b>   | <b>\$0.00</b>                       |
| Temp Sum Total               | \$0.00  | \$0.00                              |
| Number of Repair Days        | 3.0   | 2 days                              |
| Prepared / Adjusted By       | ARC Manager Team  |                                     |
| ARC / Surveyor Sign Off Date | 15/11/2021 11:47 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**

SMRT Automotive Services Pte Ltd  
60 Woodlands Industrial Park E4, Singapore 75770  
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Estimator Telephone Number : 68662623  
Accident Reporting Number : 68662672

Date Generated : 15/11/2021

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. | \$795.00          | <del>530</del> 530                  |
| <b>total Labour</b>  | <b>\$795.00</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 | \$708.00           | 446                                 |
| <b>total Spray Painting &amp; Panel Beating</b>                     | <b>\$708.00</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 |
|--------------|---------|---------------|---------------------------|----------|-------------------|--------------|-------------------|--------------------|-------------------|
| 010298       | VE      | 88-25225-6039 | LAMP, STOP, LED (MAN BUS) | 1.00     | \$1,141.70        | 10.00        | \$1,027.53        | Replace            | ca/               |
| <b>total</b> |         |               |                           |          | <b>\$1,141.70</b> |              | <b>\$1,027.53</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> |         |              |           |          |               |              |                  |           |                |

- 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:

*Resue*  
*Hf 90010068*  
*2days / L/S*  
*15/11/21 @ 1410*  
*Resurvey 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              | 27/10/2021 16:19 (SGT)                        |
| Date of Accident                | 23/10/2021 08:54 (SGT)                        |
| Exact Location of Accident      | 2 Bukit Batok West Ave 7, Singapore 659003    |
| Additional Location Information | BUKIT BATOK WEST AVE 7-BS:43649 (HOME TEAMNS) |
| Country/State of Loss           | Singapore                                     |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SMB1649H                   |
| 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  | GANESAN A/L R KALI |
| Passport No/FIN | FXXXX157M          |





|  |                            |
|--|----------------------------|
| Date Of Birth  | 21/07/1966                 |
| Occupation   | Outdoor                    |
| Date Of Driving Pass   | 23/08/2008                 |
| Driving experience   | 13 YEARS AND 2 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 23/10/2021 at 0854 hrs, I was driving SMB1649H, Svc 188. There were approximate 09 Pax onboard. I was stationary at Bukit Batok West Ave 7 - Home Team NS (BS43649) bus stop for pax activity. As I remained stationary for pax activity, I felt an impact. I saw from my RHS view mirror there was one TP vehicle squeezing through on the right. There is only one lane on this road. TP vehicle LHS view mirror collided on to my Right rear body of my bus. I conduct a check and my bus Right rear no visible damaged. TP vehicle LHS view mirror Broken. There were no personnel injured in this accident.

#### 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 | SMK4903G    |
| 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                  | AIG Asia Pacific Insurance Pte. Ltd. |
| Nature Of Damage                        | -                                    |
| Details of property damaged in accident | -                                    |
| No. Of Passenger (Including Driver)     | -                                    |

SKETCH PLAN

SMR1649H  
Bus/10/21/5036

**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:  
NIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bukit Batok West Ave 2

## DECLARATION

I/We declare the

ars are true in every respect.

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

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

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
VRIC/FIN No: \_\_\_\_\_