

ASS. REC. BY: *[Signature]*

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMB 11D
 at Workshop m/s _____
 of _____
 Insured: NTUC YP 2498D
 Policy No. _____
 Claims No. MT/1154669-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMB11D Yr Regn: 2008 104
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: MERCEDES BENZ OLS 00LE/830H.c 11967
 Colour: GREEN A/C: Insured / Std / NI / NA
 Sp. Reading: 962187 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WFB63442021000068
 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/D

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FRANZA
 Front 8 mm R/Bal. 8/8 mm
 L/Bal. 8 mm L/Bal. 8/8 mm
 D.O.A. 15/11/21 D.O.I. 19/11/21
 Survey held at SMP
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
O/S Frt
 The UIC / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 1 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction
 Confirmed L/S \$1050, 1 repair day
 (RED \$505.15; 32%)

Date/Time, File Pass to? : Preli. Report
 1) 15/12 TYPIST : Final Report
 Date/Time, File Return to?

Days Of Repair: 1
 Resurvey No. of Trip: 1 Survey Fee:
 Transportation: _____

Report Format : TP
 Lump Sum / T.B.F. (\$) \$1050
 Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)
) S + RS, SI
) Photos
) Others

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 : 19/11/2021
User ID : JeongCH

Section A - Accident Details	
Registration Number	SMB11D
Case Reference Number	BUS/11/21/5016
Registration Date	10/7/2008
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	MBOC500
Name of Driver	Mohamed Zulkifeli Bin Zainal Abidin
Type of Accident	Side Swipe
Accident Date and Time	11/15/2021 4:27 PM
Accident Reported Date and Time	11/15/2021 6:45 PM
Is Surveyor Required?	No
Surveyed by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	
Special Instruction to ARC, if any	SMB11D-RIGHT SIDE VIEW MIRROR CRACKED YP2498D (TP) INSURED WITH NTUC
Prepared Date and Time	11/19/2021 2:41 PM
Chassis Number	WEB63442021000068
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	\$530.00	\$0.00
Total Spray Cost	\$0.00	\$0.00
Total Spare Part Cost	\$1,025.15	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,555.15	\$0.00
Temp Sum Total	\$0.00	\$0.00
Number of Repair Days	2.0	1 day
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	19/11/2021 2:44 PM	
Signature		X
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

SS27213-1
ENTRY DATE:
SUBMITTED:
VERSION:

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 751
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 19/11/2021
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 FRONT VIEW MIRROR RH	\$530.00	265
Total Labour	\$530.00	

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
012673			MIRROR,VIEW:REAR,EL ECTRICAL,RH,MBOC500	1.00	\$1,139.05	10.00	\$1,025.15	Replace	CR
Total					\$1,139.05		\$1,025.15		

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:

Same
Hp 90010668
1 days
4s
19/11/21 @ 1450
Resy 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 19/11/2021 11:09 (SGT)
Date of Accident 15/11/2021 16:27 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information ALONG PIE BEFORE BKE EXIT (TOWARDS CCKI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB11D

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 Mercedes
Model MBOC500
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 11967

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 MOHAMED ZULKIFFELI BIN ZAINAL ABIDIN
NRIC No SXXXX632J

Vehicle Mo
 Vehicle Varia
 Vehicle Colour
 Name
 Con

Date Of Birth 24/12/1970
 Occupation Outdoor
 Date Of Driving Pass 16/10/1993
 Driving experience 28 YEARS AND 1 MONTH
 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 Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20211116/7003
 On 15/11/2021 at 1627hrs, while I was driving my bus (SMB11D) on the 3rd lane of the 5 lane road along PIE towards Tuas(near to BKE exit), a lorry(YP2498D) whom was travelling on the right lane collided onto my right side mirror. I then honked at the driver to alert him however he did not stop his vehicle. My bus suffered a crack on its right side mirror. No one was injured. There is an in vehicle camera installed in my bus.

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 YP2498D
 Vehicle Manufacturer -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SMB11D
Bus/11/21/5016-

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 **repeal 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 lodging 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 purposes 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 any 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

[Handwritten Signature]

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



Reporting Centre Personnel's Signature
Name:
NR 0011, 105

SKETCH PLAN

P 24



3MB110

PIE Towards TUGAS (near ...)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines, intended for describing the circumstances of the accident. The lines are evenly spaced and cover most of the page's width and height.

DECLARATION

I/we declare that the above particulars are true in every respect.



Policy holder's
date & time

Driver's Signature
(If driver is not the policy holder)
date & time



Reporting Centre Person's signature
Name:
S.M.A.R.T. No.


**SINGAPORE
POLICE FORCE**


T/20211116/7003

1 of 3

Report No. T/20211116/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2021 01:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED ZULKIFFELI BIN ZAINAL ABIDIN			Address:		
ID Type / ID No.: NRIC NO /			Contact No.:		Mobile:
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth:	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Bus Captain			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2021 16:27	Type of Location: STRAIGHT ROAD
Location: PIE TOWARD TUAS(NEAR BKE EXIT)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: BETWEEN MOVING VEHICLES - SIDE SWEEP				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMB11D	BUS				Slightly Damaged	0
YP2498D	YP2498D					0



**SINGAPORE
POLICE FORCE**



T/20211116/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 85470000

2 of 3
Report No: T/20211116/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED ZULKIFFELI BIN ZAINAL ABIDIN	ID No.	
Related Vehicle	SMB110 (BUS)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details:

On 15/11/2021 at 1627hrs, while I was driving my bus (SMB110) on the 3rd lane of the 5 lane road along PIE towards Tuas (near to RKF exit), a lorry (YP2498D) whom was travelling on the right lane collided onto my right side mirror. I then honked at the driver to alert him however he did not stop his vehicle. My bus suffered a crack on its right side mirror. No one was injured. There is an in vehicle camera installed in my bus.



**SINGAPORE
POLICE FORCE**



F20211116/7003

3 of 3

Report No. 1/20211116/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 16/11/2021 01:40
Classification Of Case:

This report is lodged at Choa Chu Kang NPP Kiosk 1
NP168