

Veh No: 5MB3195 Yr Regn: 2012 / OCT

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

Truck / Trailer or

Make: MAN NL320F(A22) c.c 10518

Colour **MULTI** A/C: Insured / Std / NI / NA

Sp. Reading 988761 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WMAA 22220 C7001451

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 275/70R22.5

R: 5" D/O

N/S	O/S

Front

R/Bal.	8	mm	R/Bal.	8	mm
--------	---	----	--------	---	----

L/Bal. Q mm L/Bal. Q/Q mm

D.O.A. 04/03/22 . D.O.I. 08/03/22

Survey held at SMRT

Vehicle: IN / OUT

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

FR 50/S

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

[illegible]

Date/Time, File Pass to?

☐: Prel. Report

1)

: Final Report

Date/Time, File Return to?

2) 11/4/22-typist

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$
$$S + RS, \quad SI$$

☐: Interview (\$

1) Photos

	Tech. Invs (\$
--	----------------

Others

Westland (S)

Report Format: TP

Lump Sum / ~~1st~~ 1st \$7550

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 : 08/03/2022

User ID : GohKK2

Section A - Accident Details

Registration Number	SMB319S
Case Reference Number	BUS/03/22/7001
Registration Date	16/10/2012
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN NL320F(A22)
Name of Driver	Seng Han Feng
Type of Accident	Side Swipe
Accident Date and Time	4/3/2022 6:19 AM
Accident Reported Date and Time	4/3/2022 7:45 AM
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	SMB319S - Front right windscreen cracked and headlight cover cracked PA9929S (TP) - INSURED WITH NTUC
Prepared Date and Time	8/3/2022 2:25 PM
Chassis Number	WMAA22ZZ0C7001451
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	\$2,120.00	\$0.00
Total Spray Cost	\$616.00	\$0.00
Total Spare Part Cost	\$5,931.27	\$0.00
Total Other Cost	\$200.00	\$0.00
TOTAL COST	\$8,867.27	\$0.00
Lump Sum Total	\$8,867.27	\$0.00
Number of Repair Days	4.0	3 days
Prepared / Adjusted By	Kok Khoo Goh	
ARC / Surveyor Sign Off Date	08/03/2022 2:31 PM	
Signature		☒
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 : 08/03/2022

User ID : GohKK2

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$2,120.00	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	\$616.00	446
Total Spray Painting & Panel Beating	\$616.00	

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

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TOWING CHARGE	\$200.00	
Total Other Costs	\$200.00	

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6010148	GLASS	4001X01-GLASS5171	WINDSCREEN, FRONT: F OR MAN A22 BUS	1.00	\$5,031.80	10.00	\$4,528.62	Replace	CR
4006315	CONSUMABLE	Aktivator - 100	ACTIVATOR	1.00	\$80.00	0.00	\$80.00	Replace	ne
4006314			SEALANT SIKAFLEX	10.00	\$37.00	0.00	\$370.00	Replace	ne
4006313	CONSUMABLE	SIKA® Primer-206 G+P	PRIMER (SIKA 206 G+P)	1.00	\$80.00	0.00	\$80.00	Replace	ne
6000917			IU BRACKET	1.00	\$35.00	0.00	\$35.00	Replace	ne
6010152	Body	F01001-CW266	COVER, HEADLAMP: FRT, RH, FOR MAN A22 BUS	1.00	\$974.70	10.00	\$877.23	Replace	CR
6010305	VE	81.25101-6540	HEADLAMP, RH (MAN BUS)	1.00	\$1,603.60	10.00	\$1,443.24	Replace	X
6010307	VE	81.25320-6112	FLASHER, AUX HEADLAMP, RH (MAN BUS)	1.00	\$904.40	10.00	\$813.96	Replace	X
Total					\$8,746.50		\$8,228.05		

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:

Pass
Hp 201068
3 days
L/S
08/03/22 P Mon
Ray 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	08/03/2022 14:25 (SGT)
Date of Accident	04/03/2022 06:19 (SGT)
Exact Location of Accident	Ppis Bt Batok, Singapore
Additional Location Information	Upper Bukit Timah Road to Old Jurong Road bef BS43631 (PPIS Bt Batok)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB319S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXXX292D
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	Ng363f
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	Seng Han Feng
----------------	---------------

NRIC No	SXXXX236F
Date Of Birth	02/11/1987
Occupation	Outdoor
Date Of Driving Pass	05/01/2009
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	60 WOODLANDS INDUSTRIAL PARK E4
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 4/3/2022 at around 0619hrs, I was travelling on the extreme left lane of the 05 lane along Upper Bukit Timah Road heading towards the direction of Boon Lay Bus Interchange on Svc 178, SMB319S. My bus speed was around 15-20km/hrs. Bus was approaching the signalized T-Junction of Old Jurong Road for my right turn, the traffic light was showing red in color so I stopped my bus at the stop line behind a pte bus and waited. When the traffic light turned to showed green with green right turning arrow. The pte bus in front began to move on and made its right turn so I continued to move on and followed behind the pte bus for my right turn. When the pte bus in front reached at the receiving lane along Old Jurong Road, the pte bus hit onto the traffic light ahead and stopped. Upon seeing this, I immediately stopped my bus behind and waited. While waiting, the pte bus sudden began to reverse and hit onto my bus front right portion to result in this Reversing accident case. Upon seeing this, I immediately alighted from bus to conduct damage checks. While checking, I noticed that my bus - SMB319S : Front right windscreen cracked and headlight cover cracked while the third party bus (PA9929S) had its Rear portion scratches

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9929S
-----------------------------	---------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

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 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:

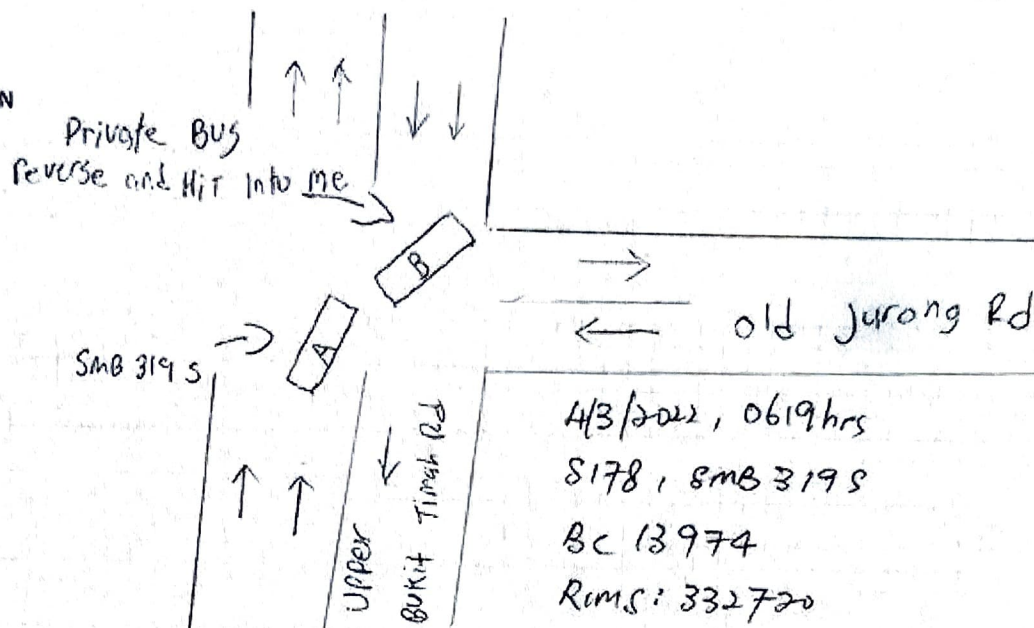
Sm 13974

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When the private bus hit the red light, I was behind the private bus (PA9929 S). After the private bus (PA9929 S) hit the red light he started to reverse the bus and hit into me.

* See S&D Statement

DECLARATION

I/We dec

that particulars 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:
NRIC/FIN No: