

ASS. REC. BY: KRM

REF:

NS/INC22002312/Rtc

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: NTWC

Policy No. \_\_\_\_\_

Claims No. MT/1162305-002

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: SM31582R Yr Regn: 2014 / DECType: M. Car / M. Cycle / BUS / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: MAN NL 320F (A22) ILLA c.c. 10518Colour: MULTI A/C: Insured / Std / NI / NASp. Reading: 494920 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WMAA22 223F 7002551Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_Mod: NP / S/Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: 275/10R22.5R: 8/10

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

TOYO / YOKO or FRANZA

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. 19/02/22 D.O.I. 11/03/22Survey held at SMRT

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

O/S FR

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

Date / Time Action / Instruction

advising our principal a cost of repair of P/P \$1,238.00 /- with 02 days of repair

RED: 1409.70;53%

2647.7

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

S + RS. SI

Photos

Others

TOTAL

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.R. (\$) \_\_\_\_\_)

## 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 : 11/03/2022


User ID : JeongCH

### Section A - Accident Details

Registration Number	SMB1582R
Case Reference Number	BUS/02/22/5030
Registration Date	12/30/2014
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Mohammad Baharin Bin Ismail
Type of Accident	Head To Side
Accident Date and Time	2/18/2022 5:16 PM
Accident Reported Date and Time	2/18/2022 6:15 PM
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	SMB1582R - RIGHT FRONT PORTION SLG5958A (TP) - INSURED WITH NTUC
Prepared Date and Time	3/11/2022 3:53 PM
Chassis Number	WMAA22ZZ3F7002551
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	\$878.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
<b>TOTAL COST</b>	<b>\$1,673.00</b>	<b>\$0.00</b>
Jump Sum Total	\$0.00	\$0.00
Number of Repair Days	2.0	2 days
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	11/03/2022 3:56 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 738690  
FAX Number : 63685592  
Estimator Telephone Number : 68662623  
Accident Reporting Number : 68662672

Date Generated : 11/03/2022  
User ID : JeongCH

### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
REPAIR RH PORTION	\$795.00	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	\$878.00	708
<b>total Spray Painting &amp; Panel Beating</b>	<b>\$878.00</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
010152	Body	F01001-CW266	COVER, HEADLAMP: FRT RH, FOR MAN A22 BUS	1.00	\$974.70	100.00	\$0.00	Repair	R
<b>total</b>					<b>\$974.70</b>		<b>\$0.00</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  
Hp 90010668

2 days

11/03/22 @ 1605

Res 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	09/03/2022 13:04 (SGT)
Date of Accident	19/02/2022 17:16 (SGT)
Exact Location of Accident	Blk 708, Singapore
Additional Location Information	Choa Chu Kang North 5 aft (BS: 45301 - Blk 708)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1582R
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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	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	Mohammad Baharin Bin Ismail
NRIC No	SXXXX125I



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 .....

15/01/1971  
 Outdoor  
 11/02/2021  
 1 YEAR  
 Male  
 (Phone) +65-68662672  
 -  
 Auto-Svcs-BARC@smrt.com.sg  
 60 WOODLANDS INDUSTRIAL PARK E4  
 -  
 -  
 No  
 Employee  
 No  
 -  
 -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Major/Minor Rd  
 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

On 18/2/2022 at around 0005hrs, I was travelling on the single lane of the 02 ways direction heading towards the direction of CCK Bus Interchange on Svc 307,SMB1582R. My bus speed was around 20-25km/hrs. Bus was approaching the non-signalized T-junction, I noticed that there was no vehicle on my right side ahead along the side road stop line, so I continued to move on. When bus was halfway passing through the yellow box, the third-party car exited out from the side road without stopping at its stop line and make its right turn and grazed against my bus right front bumper. Upon seeing this I immediately brake on my bus to avoid but could not avoid resulting in this SS accident case. When bus had fully stopped along the roadside, a Chinese female pax in her 60s approached and complained of pain to her left wrist but left the scene without providing her particulars. After exchanging particulars with the private car driver, the bus was arranged to continue service from location. I conducted damage check on my bus and noticed that my bus Front Right Bumper Scratched. While the pte Car had its Left Rear Door and Body Dented.

#### 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 ..... SLG5958A  
 Vehicle Manufacturer .....  
 Vehicle Model .....

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	-
Name of Driver .....	Private car
Contact Number .....	UNKNOWN
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 CHINESE
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	60
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMB1582R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No



**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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23/1/2019



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 2138



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

## DECLARATION

I/We declare the



ars are true in every respect.

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time: 22/11/2021

Date & Time: 23/11/2017

32127



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 823A