

(08/11/13) wef

ASS. REC. BY: Rose

REF:

NS/INC22003094/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:

Policy No.

Claims No. MT/1170790-001

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

Date / Time

Action / Instruction

Veh No:

SH6124A

Yr Regn:

2019 / APR

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

Truck / Trailer or

Make:

MAN A95

c.c 10518

Colour

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading

18733

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMAA9522SKF008977

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/20R225

R:

- - D/P

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

TOYO / YOKO or

FIRESTONE

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

07/03/22

D.O.I.

31/03/22

Survey held at

SMRT

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

6/8 R/L

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

cost of repair of L/S \$800.00 /- with 01 day

RED: 1832;69%

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: 1

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) \_ \$ + RS, \_ SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

Lump Sum / I.B.I.: (\$ 800

## 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

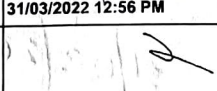
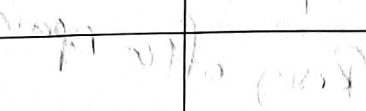
Date Generated : 31/03/2022

User ID : JeongCH

### Section A - Accident Details

Registration Number	SG6124A
Case Reference Number	BUS/03/22/7022
Registration Date	4/5/2019
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN A95 EU6
Name of Driver	Sagahdevan A/L Supparayah
Type of Accident	Side Swipe
Accident Date and Time	3/7/2022 6:16 PM
Accident Reported Date and Time	3/29/2022 2:19 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	SG6124A - Rear right signal light cover cracked PD8602A (TP) - INSURED WITH NTUC
Prepared Date and Time	3/31/2022 9:54 AM
Chassis Number	
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	\$432.00	\$0.00
Total Spare Part Cost	\$169.20	\$0.00
Total Other Cost	\$0.00	\$0.00
<b>TOTAL COST</b>	<b>\$1,396.20 2632</b>	<b>\$0.00</b>
<b>ump Sum Total</b>	<b>\$0.00</b>	<b>\$0.00</b>
Number of Repair Days	2.0	1 day
Prepared / Adjusted By	ARC Manager Team	
ARC / Surveyor Sign Off Date	31/03/2022 12:56 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 757000  
FAX Number : 63685592  
Estimator Telephone Number : 68662623  
Accident Reporting Number : 68662672

Date Generated : 31/03/2022

User ID : JeongCH

### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.	\$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
TO PUTTY & RESPRAY	\$432.00	262
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$432.00</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
012636	VE		REVERSE LAMP BULB (A95 MAN)	1.00	\$235.00	10.00	\$211.50	Replace	bro✓
	Body	G20.10.05.12	O/S REAR BUMPER (A95 MAN)	1.00	\$1,170.00	100.00	\$0.00	Repair	R
<b>Total</b>					<b>\$1,405.00</b>		<b>\$211.50</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:

Rasul

#p 900 car 68

1 day

L/S

31/03/22 @ 1420

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	29/03/2022 14:31 (SGT)
Date of Accident	07/03/2022 18:16 (SGT)
Exact Location of Accident	Admiralty, Singapore
Additional Location Information	Woodlands Avenue 7 - B46779 (Admiralty Station)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG6124A
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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	Sagah Devan
Passport No/FIN	FXXXX751N



Date Of Birth	26/01/1974
Occupation	Outdoor
Date Of Driving Pass	03/01/2017
Driving experience	5 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 07/03/2022 at 1816 hrs, I was driving SG6124A, SVC 912A. There were approximate 40 pax onboard. I was stationary at BS: 46779 with handbrakes engaged for Pax Activity. As I remained stationary, I suddenly heard a thud sound. I saw with my RHS mirror that TP left center body collided onto my right rear vehicle. There were no personnel injured due to this accident. I called BOCC regarding this accident. BOCC requested me to exchange particulars with TP before continue my revenue service back to WITH before reporting this accident to my Ops Sup at WITH

#### 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	PD8602A
Vehicle Manufacturer	Man
Vehicle Model	Ng363f
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	UNKNOWN

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-  
-  
-  
-  
NTUC Income Insurance Co-operative Ltd  
-  
-  
-





**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:

*[Signature]*

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



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

## This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there is a vertical margin line, creating a narrow left margin. The paper appears slightly aged or off-white. There is no handwriting or other markings on the page.

1/We dec

! particulars are true in every respect.

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

Signature \_\_\_\_\_  
is not the policyholder

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