

ASS. EC. BY: John

REF:

2920

ASSIGNMENT

From : _____ Date: _____
Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To In-Set Vehicle No: SMB 3224
at Workshop m/s SMRT
of 60, moonmoss / ul PK 04
Insured: mm

Policy No.

Claim No.

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date/Time Action / Instruction

Veh No: SMB 3224 Yr Regn: 2012 / OCT
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MAN NL320P (A2L) c.c. 10518

Colour: Multi A/C: Insured / Std / NI / NA

Sp. Reading: 655543 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WMAA22228C7004PSS

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: 275/70R22.5

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

TOYO / YOKO or Continental

Front

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

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. 06/07/22 D.O.I. 19/07/22

Survey held at SMRT

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

N/S REAR

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

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) : S + RS. SI

☐ : Interview (\$ _____) : Photos

☐ : Tech. Invs (\$ _____) : Others

☐ : Weekend (\$ _____)

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) _____)

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 : 19/07/2022

User ID : JeongCH

Section A - Accident Details

Registration Number	SMB322G
Case Reference Number	BUS/07/22/5008
Registration Date	10/16/2012
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Chong Yong Min
Type of Accident	Head To Side
Accident Date and Time	7/6/2022 10:52 PM
Accident Reported Date and Time	7/19/2022 10:12 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	SMB322G - rear left panel dented FL9881E (TP) - INSURED WITH NTUC
Prepared Date and Time	7/19/2022 10:43 AM
Chassis Number	WMAA22ZZ8C7001455
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	\$1,590.00	\$0.00
Total Spray Cost	\$616.00	\$0.00
Total Spare Part Cost	\$2,411.78	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$4,617.78	\$0.00
Jump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	2 days
Prepared / Adjusted By	Jeong Choon Hwee	
ARC / Surveyor Sign Off Date	19/07/2022 10:54 AM	
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 757176
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 19/07/2022

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.	\$1,590.00	795
Total Labour	\$1,590.00	

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	432
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
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
010005	BODY LH	A01001-CW561	PANEL, SIDE L11, FOR MAN A22 BUS	1.00	\$1,092.50	10.00	\$983.25	Replace	bt
010411			GAS SPRING 22N	2.00	\$94.90	10.00	\$170.82	Replace	bt
010316	Body	4001A06-LOCK2555	LOCK, CAM: SQUARE, 35 MM, FOR MAN A22 BUS	2.00	\$47.50	10.00	\$85.50	Replace	X
010317	Body	4000F06-HING732	HINGE, LH, SIDE FLAP, FOR MAN A22 BUS	1.00	\$181.20	10.00	\$163.08	Replace	bt
010318	Body	4000F06-HING733	HINGE, RH, SIDE FLAP, FOR MAN A22 BUS	1.00	\$181.20	10.00	\$163.08	Replace	bt
010315	BODY LH	S06006-CW576	PANEL, FRAME SIDE L11, FOR MAN A22 BUS	1.00	\$1,610.00	10.00	\$1,449.00	Replace	bt
Total					\$3,207.30		\$3,014.73		

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
- The 3 party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Reful
Hf 90010068
3 days
L/S
19/07/22 @ 1550
Res after rgnv

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	19/07/2022 10:31 (SGT)
Reported by	Both
Date of Accident	06/07/2022 23:52 (SGT)
Exact Location of Accident	Opp Choa Chu Kang Stn, Singapore
Additional Location Information	Junction of Choa Chu Kang Drive and Choa Chu Kang Ave 4 - bef BS: 44531 (Opp Choa Chu Kang Stn)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB322G
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	-

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
Policy Number / Cover Note Number	D22099124MFBP

DRIVER

Name of Driver	Chong Yong Min
NRIC No	GXXXX121N
Date Of Birth	11/01/1969

Occupation Outdoor
Date Of Driving Pass 07/09/2021
Driving experience 10 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 Collision - Change/cross lane
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? Yes
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
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18007659999
Alt. Police Station Phone No (Fax) +65-67644104
Police Station Address No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT No. T/20220707/20,

On 06/07/2022 at about 2255hrs, I was driving the company SMRT bus (SMB322G) along Choa Chu , Kang Drive turning right towards Choa Chu Kang Ave 4. The traffic light was green in my favour. BeforL turned, I did not see any vehicles coming towards my direction. When I was halfway finishing the right turn, I heard a motorcycle (FL9881 E) had hit the rear left side of my bus. I stopped at the roadside alonr: Choa Chu Kang Ave 4 and came down the bus to check on the motorcyclist. My bus passengers also alighted to see what happened. A passer-by called an ambulance and it subsequently arrived. I inform' SMRT and they called Traffic Police down as well. The motorcyclist was conveyed to Ng Teng Fong Hospital by the ambulance. The motorcycle was towed by a tow truck. I wish to state that a passer-by namely Gerrrome Ong (HP no. 98221637) informed me that he saw the , motorcyclist riding at a high speed and it did not have its headlights on. He also informed me that the motorcyclist braked hard and as a result of the high speed, it flipped forward and the motorbike hit my bus. I could not check if any passengers were ink...red as they all alighted before me, but no one sounded out that they were hurt. My bus sustained dents on the rear left side. I could not clearly see if the motorbike was damaged, but there were no obvious visible damages on it. The Traffic Police that attended issue me a case card with report no. J/20220706/0171 under 10 Esmoi (Tel: 65476200). I am lodging this report as traffic police instructed me to do so.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FL9881E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMB322G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	GEROMME ONG
Phone	(Phone) +65-98221637
Email	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.



Policyholder's Signature / Date & Time

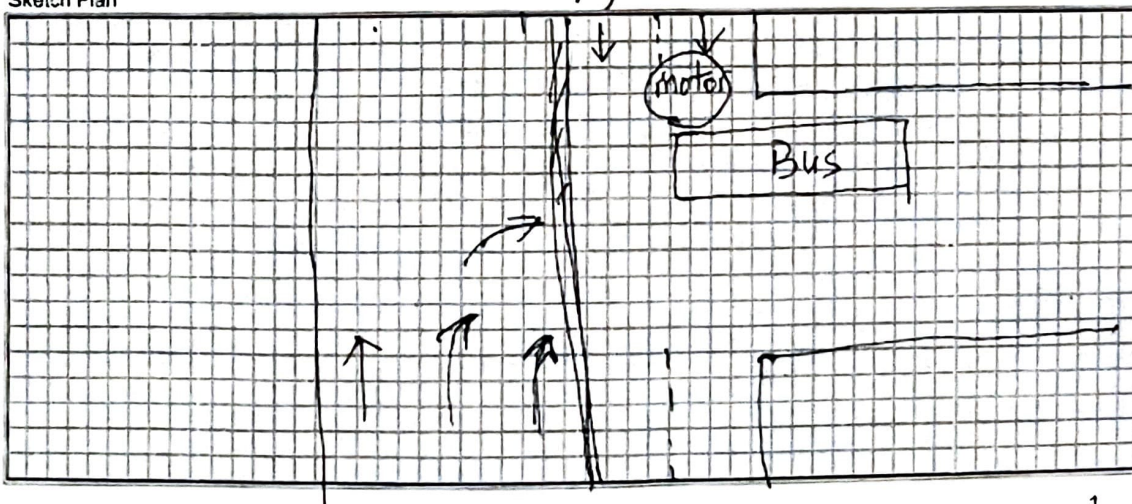
[Signature] 20247

Driver's Signature (if driver is not the policyholder) / Date & Time *8/7/24 12:15 PM*



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) *JAYAN TAN*

Sketch Plan



Describe Circumstance of the Accident

Lined area for describing the accident circumstances.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

20247
Cami

Driver's Signature (if driver is not the policyholder) / Date & Time
8/7/24 (18pm)



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ D card)

James Sam

2



**SINGAPORE
POLICE FORCE**



T/20220707/2002

1 of 1

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No. 1800-7659999

Report No. T/20220707/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2022 02:05	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: CHONG YONG MIN			Address:	
ID Type / ID No.: FIN NO / G2552121N			Contact No.: Home/Office:	Mobile: 85351183
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 53	Date of Birth: 11/01/1969	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2022 22:55	Type of Location: T-Junction
Location: CHOA CHU KANG AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL9881E	Motorcycle	HONDA		Red	Slightly Damaged	0
SMB322G	Bus/Coach/Mi nibus	MAN		White	Slightly Damaged	7

**SINGAPORE
POLICE FORCE**

T/20220707/2002

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20220707/2002

CONTINUATION OF REPORT**Brief Details.**

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**SINGAPORE
POLICE FORCE**



T/20220707/2002

1 of 3

Report No. T/20220707/2002

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J/

Other IVAN TAN YONG QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/07/2022 02:05

Officer In Charge Of Case:

TP / GIT /

STAFF SGT NUR ADELINA BINTE

MOHAMMAD FUAT

Contact No.: 65476066

Classification Of Case:

NP168