ASS. REC. BY: 1844 REF: CC3 914220	11170/Rpais 2920
7.00.1120.011.	GNMENT
From: Date:  Estimated Cost: '  OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Veh No: SMB 1437C Yr Regn: 2014 / July Type: M.Car / M.Cycle (Sue) / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No: SMB 1437C  at Workshop m/s ISTRINGS  of LO WASDLAND MEPOT  Insured: ALL	Make: MAN ALZOF (AD) IL AGD c.c (5518  Colour MUTI A/C: Insured / Std / NI / NA  Sp.Reading LY1897 T/Radio: Insured / Std / NI / NA  Eng/No:
Policy No.  Claims No.  Sum Insured: Excess:  (Client's Record)	C/No: WMAA22ZZLETDO 215Y  Gen. Cond: Good / Fair Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.	Modi: (NII) S/Rim / STD A/Rim or  Tyre Size: F: 275 TOR22-5  R: 50  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or FIRE-20
Bal. or Market Value:  IDAC Accident Rport: 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	Front   Rear   R/Bal.   B   B   mm   L/Bal.   B   B   mm   L/Bal.   B   B   mm   D.O.A.   D.O.I.   D
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:  Date / Time Action / Instruction	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.
	Days Of Repair:
: Final Report    Contain the Price of the P	Survey Fee:  Transportation:  Site Insp (\$ )S+RSSI
eport Format : un:p Sum / I,B.I: (\$	: Interview (\$ ) Photos : Tech. Invs (\$ ) 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 : 07/11/2022
User ID : JeongCH

	Section A - Accide	t Details	**************************************		
egistration Number	SMB1437C				
ese Reference Number	BUS/10/22/7021				
egistration Date	7/24/2014				
ompany Type	SMRT Buses Ltd				
lake .	MAN				
Model	MAN NL320F(A22)				
Name of Driver	Kamsani Bin Daud				
Type of Accident	Side Swipe				
Accident Date and Time	10/28/2022 9:02 AM				
Accident Reported Date and Time	10/31/2022 11:34 AM		5		
s Surveyor Required?	No				
Survey by					
Vehicle is Towed Back?	No				
Towad Back Date and Time					
Replacement Vehicle Issued?	No		, ,		
Job Card Number					
Special Instruction to ARC,if any	SMB1437C - RIGHT REAR SCP1829A (TP) - INSURED	ORTION WITH AIG			
Prepared Date and Time	11/7/2022 5:24 PM				
Chassis Number	WMAA22ZZ6E7002154	T 1/2			
Milosge	- N				
Work Stiop					
Repair Completion Date and Time					
19.14 · 14.15 · 14.16 · 15.16 · 16.16	Section B - Summary of	Repair Estimates			
Summary of Repair Estimates	Quotation from ARC	Adjusted by Surveyor, if applicable	The state of the s		
Summary of Repair Estimates  Total Labour Cost	12,27,43	Adjusted by Surveyor, if applicable \$0.00	D		
•	Quotation from ARC	Adjusted by Surveyor, if applicable \$0.00 \$0.00	Silver and Silver Silve		
Total Labour Cost	Quotation from ARC \$1,060.00	Adjusted by Surveyor, if applicable \$0.00 \$0.00	Silver and Silver Silve		
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## 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 : 07/11/2022

User ID

: JeongCH

			Sect	tion D - Deta	ils of Repair E	stimates						
Part 1 - Labo	ur Works		and the second second	Property.								
Job Scope TO REPAIR RH PORTION		Quotation from AR \$1,060.00 \$1,060.00			Adjusted by Surveyor, if applicable							
							Total Labour				The second of the second	
							Part 2 - Spra	y Painting & I	Panel Beating Rela	ted Works		
Job Scope  PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS					Quotation from ARC \$1,218.00			Adjusted by Surveyor, if applicable				
		Total Spray Painting & Panel Beating		\$1,218.00						\$1,218.00		
Part 3 - Other	Costs - Acc	ident and Acciden	t Repair Related Expe	nse			Y		2000			
Job Scope		Quotation from ARC				Adjusted by Surveyor, if applicable						
Total Other Co	osts					Charles and a second						
Part 4 - Spare	Parts / Mate	rial Usage							and the same of the same			
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved			
- "A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1	C V 1 1/2 C C C C C C C C C C C C C C C C C C C	SMRT STICKERS	1.00	\$200.00	0.00	\$200.00	Replace	Ne/			
Total					\$200.00		\$200.00		2.0			
Added Spare	Parts / Mater	ial Usage After Su	rveyor Signed off									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check			
						0.1-100	4 .900 No. 100	AND STATE OF STATE OF	144212			
otal	1	1	I	1	- 1	1			L			

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
Hp 200/0068

2 dayp

plo

orlule 2 e1538

Resy after report

SS3D22AV0007 / Strides Automotive Services Pte Ltd (757705) ENTRY DATE & TIME: 31/10/2022 11:50 (SGT) SUBMITTED BY: BALQISH BINTE ABDUL HALIL (SMRT14) VERSION: 1 (31/10/2022 11:50 (SGT))

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

- Please report <u>contector</u> the details of the accuse to a peed up the details process.
   This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate oplicy 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** 

Reported by

**Date of Accident** 

**Exact Location of Accident** 

**Additional Location Information** 

Country/State of Loss

31/10/2022 11:50 (SGT)

Both

28/10/2022 09:02 (SGT)

Bedok North Ave 3, Singapore

Bedok North Ave 3 after Bedok North Road

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMB1437C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No

**SMRT BUSES LTD** 

1XXXXX292D

Auto-Svcs-BARC@smrt.com.sg

(Phone) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Man

Ng363f

**Employment** 

No - Claiming third party

Bus

Auto

10518

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

MS First Capital Insurance Ltd D22099124MFBP

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KAMSANI BIN DAUD SXXXX008Z 20/03/1975 Outdoor



Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
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

05/01/1999 23 YEARS AND 9 MONTHS Male

(Phone) +65-68662672

Auto-Svcs-BARC@smrt.com.sg 60 WOODLANDS INDUSTRIAL PARK E4

757705 No Employee No

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe Clear 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) Has the driver been approached by unknown person(s) 1 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I was driving bus S67 (SMB1437C) along the merging lane of Bedok North Ave 3 towards New Upper Changi Road. There was a pte car (SCP1829A) on the extreme right lane behind my bus. As the lanes merged, the pte car drove closed resulting it to collide into the right rear portion of my bus. My bus sustained scratches in the rear right portion. I was then conveying 10 pax at that time however no injuries were reported. After exchanging particularts with the Third Party driver, i continued to revenue service from the accident location as instructed by BOCC.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

No No

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

SCP1829A

-

Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

No s N insi ent

olic nar

A. LF Private car
SEH CHONG PENG
SXXXX553D
AIG Asía Pacific Insurance Pte, Ltd.

Bus 10/27/ 7021

#### SKETCH PLAN

Smb1437c

#### IMPORTANT NOTICE

- 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)

Lunderstand, 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.

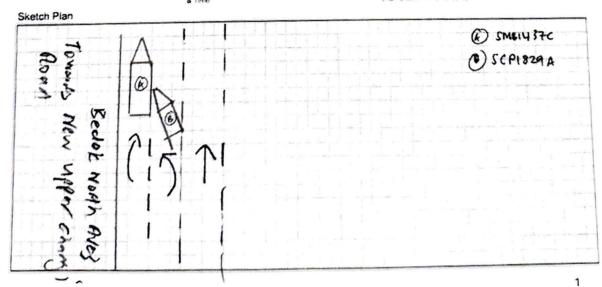
- (ii) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (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

Oriver's Signatu & Time

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



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Policyholder's Signature / Date & Time

Orwer's Signature (if driver is not the purcyhorder) / Date



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

2