

ASS. REC. BY: Taufik

REF:

NS/INC 23006643/Taj

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD (P) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

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

Claims No. \_\_\_\_\_

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 Seent \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: goh

Vehicle: IN / OUT

Veh No: SMR 242D. Yr Regn: 2011, Dec.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MAN NL320F c.c. 10518Colour: Green A/C: Insured / Std / NI / NASp. Reading: 98811 T/Radio: Insured / Std / NI / NA

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

C/No: WM 14 A 22 22 7C 7001253

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5R: ~ ~ (2)

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. 8 mmR/Bal. 8/8 mmL/Bal. 8 mmL/Bal. 8/8 mm

D.O.A.

D.O.I. 3/7/23

Survey held at

SMR 242D

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

Frt O/S

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

Date / Time Action / Instruction

Taufik confirmed lump sum \$1900 and 2 days  
(red. \$5779.1,75%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

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

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

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

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

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

**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 : 03/07/2023

User ID : GohKK2

**Section A - Accident Details**

Registration Number	SMB242D
Case Reference Number	BUS/06/23/5052
Registration Date	27/12/2011
Company Type	SMRT Buses Ltd
Make	MAN
Model	MAN NL320F(A22)
Name of Driver	Azmi Bin Saaid
Type of Accident	Side Swipe
Accident Date and Time	30/6/2023 6:12 AM
Accident Reported Date and Time	30/6/2023 11:11 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	SMB242D - RIGHT FRONT PORTION PC6907P (TP) - INSURED WITH INCOME
Prepared Date and Time	3/7/2023 10:09 AM
Chassis Number	WMAA22Z27C7001253
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	\$786.00	\$0.00
Total Spare Part Cost	\$896.33	\$0.00
Total Other Cost	\$0.00	\$0.00
<b>TOTAL COST</b>	<b>\$3,272.33</b>	<b>\$0.00</b>
Lump Sum Total	\$3,250.00	\$0.00
Number of Repair Days	3.0	
Prepared / Adjusted By	Kok Khoo Goh	
ARC / Surveyor Sign Off Date	03/07/2023 10:18 AM	
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	

Tauferin 97495749

3/7/23 0430

c/s Resurvey after repair.  
tauferin C/Chantawan.

2 days.

**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:

**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 : 03/07/2023

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.	\$1,590.00	795
<b>Total Labour</b>	<b>\$1,590.00</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	\$786.00	446
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$786.00</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
6010161	BODY RH	4001M01-ACCE467	MIRROR,VIEW:FRONT,R H, FOR MAN	1.00	\$1,244.90	10.00	\$1,120.41	Replace	bro ✓
6010073	Body	F01001-CW262	DOVE:FRONT, FOR MAN A22 BUS	1.00	\$2,817.50	100.00	\$0.00	Repair	Rx
6010152	Body	F01001-CW266	COVER,HEADLAMP:FRT ,RH, FOR MAN A22 BUS	1.00	\$974.70	100.00	\$0.00	Repair	Rx
6009984	BODY RH	A01001-CW571	PANEL,SIDE:R3, FOR MAN A22 BUS	1.00	\$266.00	100.00	\$0.00	Repair	Rx
<b>Total</b>					<b>\$5,303.10</b>		<b>\$1,120.41</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>									

## 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 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 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	30/06/2023 12:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/06/2023 06:12 (SGT)
Exact Location of Accident	231 Outram Rd, Singapore 169040
Additional Location Information	OUTRAM ROAD & ZION ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB242D
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#### 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	-

#### 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	D-23100857MFBP

#### DRIVER

Name of Driver	AZMI BIN SAAID
NRIC No	SXXXXX635G
Date Of Birth	22/07/1967
Occupation	Outdoor

Date Of Driving Pass	04/03/2003
Driving experience	20 YEARS AND 3 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	SINGAPORE
Postcode	757705
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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING BUS REGISTRATION NO. SMB242D AT THE STATED DATE AND TIME. I WAS TRAVELLING ON THE 4TH LANE ALONG OUTRAM ROAD. AS I APPROACHED THE TRAFFIC JUNCTION, THE ROAD SPLITS AND I DROVE AND STRAIGHT WITHIN MY LANE TOWARDS ZION ROAD. SUDDENLY, A MINI BUS THAT CAME FROM THE THIRD LANE CUT INTO MY PATH AND SIDE SWIPE MY BUS RIGHT FRONT PORTION. THE MINI BUS WAS IN THE 3RD LANE MEANT FOR GOING STRAIGHT ONLY (NO LEFT TURN). HOWEVER THE MINI BUS DRIVER ADMITTED MAKING A SUDDEN LANE CHANGE AS HE WAS IN GOING THE WRONG DIRECTION. THERE WERE INJURIES REPORTED. THAT'S ALL

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	PC6907P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TEO SENG CHEE
NRIC No	SXXXX716H
Contact Number	(Phone) +65-91785518
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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.

SMB2420 - 13399-

**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.



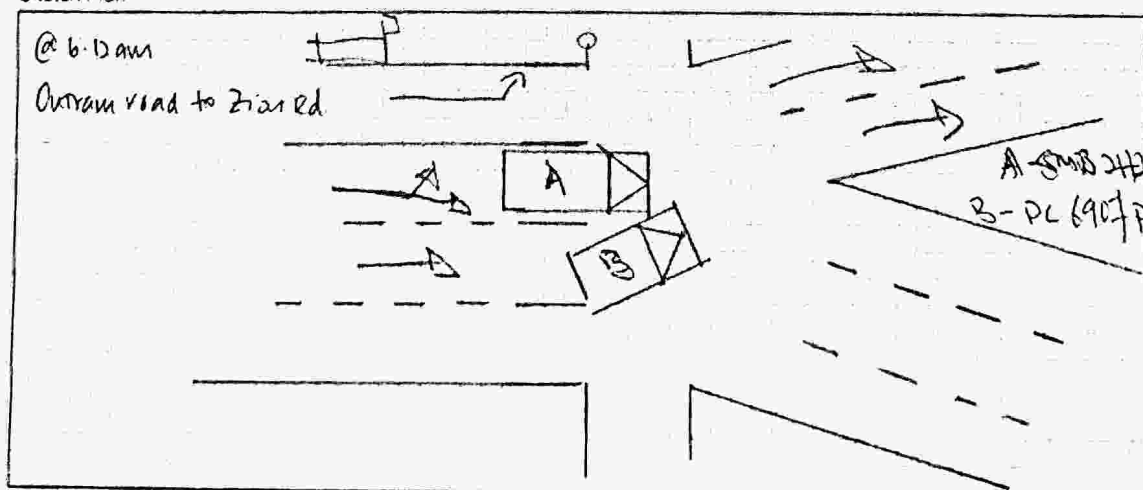
Policyholder's Signature / Date & Time

*[Signature]* 28/6/23  
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel  
(Name as in NR-CID card)

**Sketch Plan**



Describe Circumstance of the Accident

PC6407P @ Superland preschool  
 Teo Seng Chee  
 S14637164  
 9178548

Declaration

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

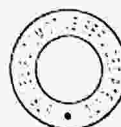


Policyholder's Signature / Date & Time

*[Signature]*

Driver's Signature (if not the policyholder) / Date & Time

30/6/23



Witnessed By Reporting Centre Personnel  
 (Name as in A.R.C.I.D card)