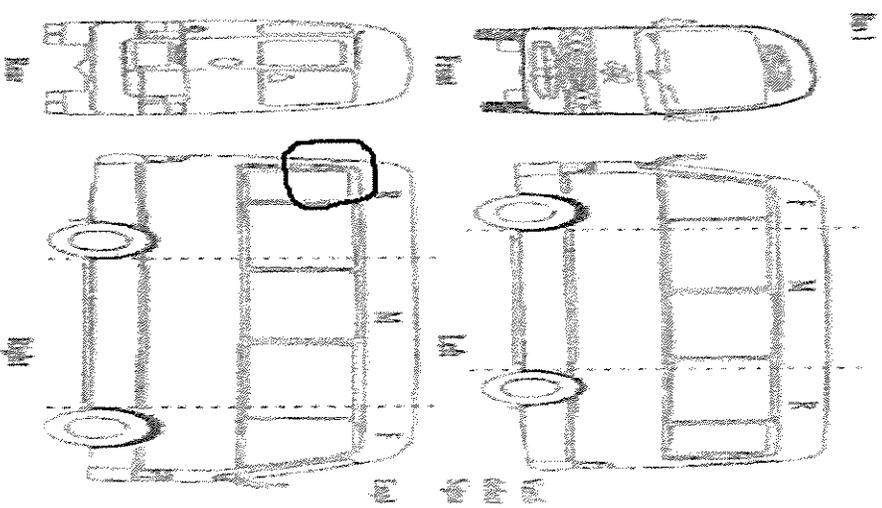


SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd  
 60 Woodlands Industrial Park EA, Singapore 757705  
 FAX Number : 63685592  
 Estimator Telephone Number : 68662623  
 Accident Reporting Number : 68662672

Date Generated : 23/11/2018  
 User ID : PelEngHock

Section A - Accident Details	
Registration Number	PC3683L
Case Reference Number	BPS/10/163001
Registration Date	1/1/1900
Company Type	Bus-Plus Services Pte Ltd
Make	MITSUBISHI
Model	MITSUBISHI ROSA BE637
Name of Driver	Toh Suiy Hwa
Type of Accident	SIDE SWIPE
Accident Date and Time	10/10/2016 8:30 AM
Accident Reported Date and Time	10/11/2016 1:56 PM
Is Surveyor Required?	Yes
Survey by	FCI
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	
Special Instruction to ARC, if any	REAR RIGHT PORTION. TP: SHD397M
Prepared Date and Time	12/10/2016 6:08 PM
Chassis Number	BE641J110175
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	\$2,120.00
Total Spray Cost	\$606.00
Total Spare Part Cost	\$108.00
Total Other Cost	\$1,440.00
TOTAL COST	\$4,274.00
Lump Sum Total	\$4,250.00
Number of Repair Days	6.0
Prepared / Adjusted By	Bus Plus Estimator Team
ARC / Surveyor Sign Off Date	05/06/2017 1:42 PM
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 EA, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 12/11/2018  
 User ID : CatherneLee

### Section D - Details of Repair Estimates

**Part 1 - Labour Works**

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR LH FRONT DOOR	\$1,200.00	
<b>Total Labour</b>	<b>\$1,200.00</b>	

**Part 2 - Spray Painting & Panel Beating Related Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PUTTY AFFECTED AREAS	\$1,000.00	
TO Spray Painting & Panel Beating	\$1,000.00	

**Part 3 - Other Costs - Accident and Accident Repair Related Expense**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE/REFIX FRT DAMAGE PARTS	\$250.00	
TO REMOVE AND REFIT REAR SEAT TO FACILITATE REPAIR	\$250.00	
TO CHECK WIRING AND SYSTEM FUNCTION	\$60.00	
<b>Total Other Costs</b>	<b>\$560.00</b>	

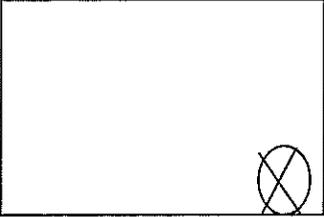
**Part 4 - Spare Parts / Material Usage**

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
			REAR BUMPER	1.00	\$1,588.89	10.00	\$1,429.73	Replace	
			REAR BUMPER REINFORCEMENT	1.00	\$681.32	10.00	\$623.19	Replace	
			REAR BUMPER SIDE BRACKET RH	1.00	\$205.15	10.00	\$184.63	Replace	
			REAR BUMPER REFLECTOR RH	1.00	\$198.45	10.00	\$178.60	Replace	
			REAR TAIL LAMP ( RED ) RH	1.00	\$385.35	10.00	\$349.82	Replace	
			REAR TAIL LAMP PANEL RH	1.00	\$1,231.62	10.00	\$1,108.46	Replace	
			REAR SIDE PANEL SIGNAL LAMP RH11	1.00	\$221.09	10.00	\$198.98	Replace	
<b>Total</b>					<b>\$4,381.57</b>		<b>\$3,943.41</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>									

## SMRT Vehicle Repair Estimate

<p>Group : <u>Buses / Taxis /Private Car</u></p> <p>Reg. No. : <u>PC 3663 L</u></p> <p>Make / Model : <u>MERCEDES-BENZ BUS</u></p> <p>Chassic No : _____</p> <p>Name of Driver : <u>BUS PLUS SERVICES PTE LTD</u></p> <p>Date/Time of Accident : <u>17/8/18 10:15A.M.</u></p> <p>Surveyer is Required ? <u>YES / NO</u></p> <p>If Yes, VICOM / LKK / AIS / Others MSIG : _____</p> <p>Vehicle is Towed Back ? <u>YES / NO</u> Date / Time : _____</p> <p>Accident reporting date : <u>17/8/2018 14:25P. M.</u></p> <p>Type of Accident : <u>Skid / Head-Rear / Head-On / Side Swipe / Others</u></p> <p>Special Instruction to ARC, if any :  <input checked="" type="radio"/> <u>LUMP SUM TP</u></p>	<p>Ref. No. : _____</p> <p>Reg. Date : _____</p> <p>Mileage : _____</p> <p>Rental/Replacement Vehicle : <u>Yes / No</u></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-size: small;">The damages on the vehicle are as indicated in the following diagram :</p> <div style="text-align: center; width: 100px; height: 100px; border: 1px solid black; margin: 0 auto;">  </div> </div>
---	--

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

<p>Accident Repair Job Card No : _____</p> <p>Summary of Repair Estimates</p>	<p>Quotation from ARC</p>	<p>Date Prepared : _____</p> <p>Repair Completed : _____</p> <p>Adjusted by Surveyor, if applicable : _____</p>																									
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Total Labour Charges :</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; border-bottom: 1px solid black;">1,200.00</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 20%; border-bottom: 1px solid black;">-</td> </tr> <tr> <td>Total Spray Painting Charges :</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">1,000.00</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">-</td> </tr> <tr> <td>Total Material Charges :</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">3,943.41</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">-</td> </tr> <tr> <td><input type="radio"/> Other Charges :</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">560.00</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">-</td> </tr> <tr> <td><b>TOTAL</b> :</td> <td style="text-align: right;"><b>\$</b></td> <td style="border-bottom: 1px solid black;"><b>6,703.41</b></td> <td style="text-align: right;"><b>\$</b></td> <td style="border-bottom: 1px solid black;"><b>-</b></td> </tr> </table>			Total Labour Charges :	\$	1,200.00	\$	-	Total Spray Painting Charges :	\$	1,000.00	\$	-	Total Material Charges :	\$	3,943.41	\$	-	<input type="radio"/> Other Charges :	\$	560.00	\$	-	<b>TOTAL</b> :	<b>\$</b>	<b>6,703.41</b>	<b>\$</b>	<b>-</b>
Total Labour Charges :	\$	1,200.00	\$	-																							
Total Spray Painting Charges :	\$	1,000.00	\$	-																							
Total Material Charges :	\$	3,943.41	\$	-																							
<input type="radio"/> Other Charges :	\$	560.00	\$	-																							
<b>TOTAL</b> :	<b>\$</b>	<b>6,703.41</b>	<b>\$</b>	<b>-</b>																							
<p>No. of Repair Days : _____ [ _____ ] days</p> <p>Lump Sum Repair, if any : _____</p>		<p>Adjusted by : _____ [ _____ ] days</p>																									
<p>Signature : _____</p> <p style="text-align: right; font-size: small;">Prepared by: _____</p>		<p>Adjusted by: _____</p>																									

Q/N No. : \_\_\_\_\_ Invoice No. : \_\_\_\_\_

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

	Rear Bumper	1	\$ 1,588.59	10%	\$ 1,429.73	✓	
	Rear Bumper Reinforcement	1	\$ 581.32	10%	\$ 523.19	?	
	Rear Bumper Side Bracket RH	1	\$ 205.15	10%	\$ 184.64	?	
	Rear Bumper Reflector RH	1	\$ 198.45	10%	\$ 178.61	?	
	Rear Tail Lamp (Red) RH	1	\$ 355.35	10%	\$ 319.82	?	
	Rear Tail Lamp Panel RH	1	\$ 1,231.62	10%	\$ 1,108.46	<del>R</del>	
	Rear Side Panel Signal Lamp RH	1	\$ 221.09	10%	\$ 198.98	✓	

Special Nett Items	Parts Description	Qty	Cost Price (\$)	Discount	Final Price (\$)	Repair (R)	Not given (X)
						Replace (/)	Repair (R)
							Replace (/)
<b>TOTAL MATERIALS</b>			\$ 4,381.57	-	\$ 3,943.41		

Surveyor Remark:

**Part 1 - Labour Works**

Job Scope	Quotation from ARC	
To repair RH side door	\$ 1,200.00	
<b>Total Labour Cost</b>	<del>1,200.00</del> \$ 600	-

**Part 2 - Spray Painting & Panel Beating Related Works**

Job Scope	Quotation from ARC	
To respray affected areas	\$ 1,000.00	
<b>Spray Painting</b>	<del>1,000.00</del> 500	

**Part 3 - Other Costs - Accident and Accident Repair Related Expenses**

Page ( )

Job Scope	Quotation from ARC	
Towing		
To remove & refix side glass		
To tuffcoat affected areas	\$ <del>250.00</del> 100	
To remove & refix front windscreen		
To renew engine mountings		
To remove /refit aircon condensor, pipings, vacuum and recharge aircon gas		
To remove/refit replace dashboard		
To remove and refit interior upholstery and seat	\$ <del>250.00</del> 80	
To remove and replace steering column		
To remove /refit wiring check	\$ <del>60.00</del> 30	
To remove/refit adjust brake 4 wheel		
To remove/replace exhaust silencer box and straighten centre pipe		
To remove/ replace door mechanism		
To remove &replace advertisement sticker		
To remove & renew Fuel Tank		
To remove and replace floor carpet		
<b>Total Other Costs</b>	\$ 560.00	

Howe Jim - Lic (91803151)

18/12/18

1/5 5days

*one*

**Part 4 - Spare Parts / Material Usage**

### 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report 12/10/2016 16:47  
Date Of Accident 10/10/2016 08:30  
Exact Location Of Accident THOMSON ROAD  
Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3663L  
**Insured/Policyholder**  
Name Of Registered Owner BUSPLUS SERVICES PTE LTD-  
Co Reg No 198202292D  
Email Address NOEMAIL  
Mobile Phone No OFFICE-88888888  
Alternative Phone No  
**Vehicle Particulars**  
Manufacturer MITSUBISHI  
Model BUS  
Exact Purpose for which vehicle was being used at time of accident  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken  
Vehicle Category THIRD PARTY  
BUS

#### Insurance Company

Name of Insurance Company FIRST CAPITAL INSURANCE LTD  
Type Of Coverage THIRD PARTY  
Fleet Policy YES  
Policy Number D-IIO27593MFBP  
Cover Note Number

#### Driver

Name of Driver THOMSON ROAD  
NRIC No S1627338D  
Date Of Birth 27/12/1964  
Occupation OUTDOOR  
Date Of Driving Pass 06/05/1988  
Driving Experience 28 YEARS AND 5 MONTHS  
Gender MALE  
Mobile Number  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident**

Type Of Accident SIDE SWIPE- SAME DIRECTION  
Weather Conditions CLEAR  
Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? NO  
Was any other material or property damaged? YES  
Was there any video captured by Car Camera? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 3

**Details of Police Action**

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

REFER TO GIA.

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD3997M

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver NG SAY CHENG

NRIC/Passport Number

Contact Number 96403545

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**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 Authorized 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 **reject** 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 General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application by interested parties.  
7. By the lodging 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) report being made available aforesaid.  
I understand, acknowledge 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 the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyer/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 claim including the settlement of the claim and any necessary investigations relating to the claim;  
(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 making 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/packages); and/or  
(v) complying with applicable law to administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in the accident and the insurers' lawyer/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 lawyer/law firm), which may be sited outside of Singapore, for one or more of the above Purposes.



11/10/2016

ZN

Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

11/10/2016 1356 hrs

Sketch Plan

Report to sketch plan

SKETCH PLAN

BFS 10/16/3001



