

(08/11/13) Wef

ASS. REC. BY:

REF:

CS/CT124690488/Rnh3

417K

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No:

SBS 3344P

at Workshop m/s

TOWNE TRANSIT

of

Bulim DR

Insured:

CTI

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 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

Veh No:

SBS 3344P

Yr Regn:

2013 / MSY

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

Truck / Trailer or

Make:

VOLVO B9TL

C.C. 9364

Colour

GREEN

A/C:

Insured / Std / NI / NA

Sp. Reading

694540

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

4V334P9280A/160574

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:

275/10R22.5

R:

275/10R22.5

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PR / SUMI /

TOYO / YOKO or

FIRENZA

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

18/09/24

D.O.I.

30/09/24

Survey held at

Bulim DR

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

N/S FRT

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

Date / Time

Action / Instruction

We will be advising our principal a cost of repair P/P \$3,728.96 /- with 03 days of repair.

(red, \$975, 20%)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

1)

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) \$ + RS \$

) Photos

) Others

Report Format:

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

TOTAL

ESTIMATED ACCIDENT REPAIR COST



Co. / GST Reg No. 201419417K

ACCIDENT TIME REPORTED	14:42 HRS
ACCIDENT DATE	18-Sep-24
BUS CAPTAIN NAME	SARIZAL BIN KARADI
THIRD PARTY CLAIM AGAINST	China Taiping Insurance

BUS REGISTRATION NUMBER	SBS3344P
BUS TYPE (SD/DD)	DD
BUS ROUTE NO.	
BUS ADVERT (Y/N)	Y

SECTION 1 : PARTS & CONSUMABLE ITEMS (MATERIAL COST)

NO.	Part or Item Description	Quantity	Total Cost
1	NSF VIEW MIRROR <i>sch</i>	1	\$ 2,025.96
2	REFLECTOR STICKER <i>sch</i>	1	\$ 88.00
		9% GST	\$ 190.26
		PARTS TOTAL COST	\$ 2,304.21

SECTION 2 : ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE :- • DISMANTLE AND REPLACE ITEM NO :1-2	<i>975</i> \$ 1,300.00
TO REMOVE & INSTALL PARTS SO AS TO PERFORM REPAIR WORKS :- • FRONT LOWER DOME	\$ 650.00
SPRAY PAINTING :- • FRONT LOWER DOME	\$ 640.00
SPRAY PAINTING \$640 PER PANEL	9% GST \$ 233.10
LABOUR CHARGES \$650 PER DAY	LABOUR TOTAL COST \$ 2,823.10

SECTION 3 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

	DATE IN	18/Sep/2024
	DATE & TIME SURVEY	
	DATE OUT	
	TOTAL NUMBER OF DAYS	5
BUS TYPE (SD / DD)	DD	
LOSS OF USE COST		\$2,000.00

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:

*Repair
Hp 90000000
3 days
P/P
Reg after repair*

SUMMARY	
SECTION NO.	COST
1	\$ 2,304.21
2	\$ 2,823.10
3	\$ 2,000.00
TOTAL	\$ 7,127.31

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 First Submission	23/09/2024 17:08 (SGT)
Reported by	Actual Driver
Date of Accident	18/09/2024 14:42 (SGT)
Exact Location of Accident	International Rd & Corporation Rd, Singapore
Additional Location Information	JUNCT OF INTERNATIONAL RD AND CORPORATION RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3344P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No	2XXXXX417K
Email Address	feedback@towertransit.sg
Mobile Phone No	(Phone) +65-18002480950
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B9tl
Variant	DOUBLE DECKER
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	10000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102356MFBP

DRIVER

Name of Driver	SARIZAL BIN KARADI
Work Permit No	GXXXX434M
Date Of Birth	19/11/1981
Occupation	Outdoor
Driving Pass Date	15/11/2022
Driving License Pass Class	4A
Driving License Validity	Valid
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-18002480950
Alt. Phone Number	-
Email Address	feedback@towertransit.sg
Address	C/O: 21 BULIM DRIVE
Address complement	BULIM BUS DEPOT
Postcode	648170
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK4757S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



Statement Form

IMPORTANT
1. Please
2. To

Employee Name Sarizal bin Korodi Date Taken: 20/09
Employee ID: 14736 Time Taken:
Date of Incident: 18/09 Time of Incident: 1440 hrs
Service No. & Reg No: - 79 Duty Number: -
Nature of Incident:

Details: On 18/09 about 1440 hrs, I driving my Service 79 bearing 3344P bus. I was travelling along International Road on lane 1 of 3 lane road. When I making a right turn into Corporation Drive. I saw a white lorry overtaking me on my left side. I couldn't avoid in time and the lorry collided onto my left side and caused damages to the left side mirror. I harked at the lorry to stop but the lorry continue travelling. Hence, I stopped my bus and report the incident to my BOCC. No one was injured.

Use age of 360 degrees CCTV camera. Yes (/) No ()

*I confirmed that the above statement given by me is correct to the best of my knowledge.

SARIZAL B/M KORODI

Employee Name & No.

[Signature]

Signature

20/9/24

Date & Time

Statement Taken Conducted By:

K.C 14536

Name / Employee ID

Interchange Sup.

[Signature]
Designation

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Actual Driver.
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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

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



K.C. Gan

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



Sketch Plan

