

Accident Repair Estimate

NT DATE:	12-Oct-24
IDENT TIME:	1219Hrs
ACCIDENT REPORT NUMBER:	AR-2024-5632
3RD PARTY CLAIM AGAINST :	GBC2E

BUS NUMBER: SMB3052R

BUS MODEL: WSD

DATE OF SURVEY: 23-Oct-24

SECTION A :

PARTS & MATERIAL COST

[illegible]

SECTION B:

ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)

To Remove / Replace / Repair Damaged Parts by Workshop	\$188.00 ✓
To Remove / Replace / Repair Damaged Parts by Contractor	\$400.00 ✓
To Remove/ Replace/ Repair Damaged Advertisement Panel	\$0.00
TOTAL LABOUR COST	\$588.00

SECTION C:

SUMMARY

Total Repair Costs		\$1,167.84
Total Downtime (Days)	1	\$408.10
Towing Cost		\$0.00
Total Overheads Costs		\$350.35
<i>*Please kindly note that the downtime (days) is just an estimate.</i>	TOTAL COST	\$1,926.29

**Please kindly note that the downtime (days) is just an estimate.*

****Please undersign to acknowledge this repair estimate.***

Prepared by:

ERIC NG

Surveyor Name & Contact:

Snr Technical Officer
Ulu Pandan Workshop
Bus Engineering

Signature:

Signature :

Date:

Date:

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:

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	22/10/2024 17:50 (SGT)
Reported by	Actual Driver
Date of Accident	12/10/2024 12:19 (SGT)
Exact Location of Accident	Near 743 Dunman Rd, Singapore 439241
Additional Location Information	JUNCTION OF DUNMAN ROAD AND ONAN ROAD BEFORE B/S 82139
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB3052R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS Transit Ltd
Company Reg No	1XXXXXXXXXXTE01
Email Address	leehj@sbstransit.com.sg
Mobile Phone No	(Phone) +65-9999
Alternative Phone No	(Office) +65-65151383

VEHICLE PARTICULARS

Manufacturer	Man
Model	A22 EU5 SD
Variant	-
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 - 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-24102280MFBP

DRIVER

Name of Driver	SEE CHO WEE
NRIC No	SXXXX857J
Date Of Birth	29/06/1963
Occupation	Outdoor
Driving Pass Date	28/06/2018
Driving License Pass Class	4A
Driving License Validity	Valid
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97218171
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	C/O 1 Business Park Drive
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	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)	28
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name
Gender
PASSENGER 7
UNKNOWN
Female

Name
Gender
UNKNOWN
Female

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

According to BC 80550: I was driving along Dunman Road when my bus was involved in an accident with lorry (GBC2E). The lorry was illegally made a U-turn from Onan Road junction. No one was injured. Bus sustained right headlight damaged, and lorry sustained right rear no visible damages. OCC was informed and I was instructed to RTD to UPD after exchanging particulars with 3P.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident Confidentiality

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC2E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage RIGHT REAR SUSTAINED NO VISIBLE DAMAGES
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

AR-2024-5632
12/10/2024

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. The 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 lodgment 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

WIMIN LEE HUEY JUAN
Safety Officer
Ulu Pandan Depot

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

SKETCH PLAN

AS per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per attached

DECLARATION

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

Policyholder's Signature
Date & Time

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

VIVIAN LEE HUEY JUAN
Safety Officer
Ulu Falsion Project

Reporting Centre Personnel's Signature
Name
NRIC/PRN No:

SBS Transit

Sketch Plan

A - SMB3052R

B - GBC2E

Track ID: 062177

I/O In charge	:	Andrew Goh
Report No	:	AR-2020-5632
Date & Time Acc	:	12/10/2020 12/9hrs
意外日期與時間	:	
Bus No: 巴士車牌	:	SMB3052R
Svc No: 路線	:	016
BC No: 工牌號碼	:	80550
BC Name: 姓名	:	SEE CHO WEE
Signature: 簽名	:	
Date: 日期	:	14/10/2020

Junction of Dunman Road
and Onan Road before 1/3
82139 Maranatha Hall.

