

(08/11/13) wsf
ASS. REC. BY:

REF: CS/ICS24100432/Rgp3

653m

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: SBS3164S

at Workshop m/s SBS TRANSIT

of Ulu PANGAN

Insured:

ICS

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.

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:

SBS3164S

Yr Regn: 2012 July

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

Truck / Trailer or

Make:

Volvo B9TL

c.c 9364

Colour

MULTI

AC: Insured / Std / NI / NA

Sp. Reading

714688

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

4V394P926CA156594

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

275/70R22.5

R:

D/D

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

16/10/24

D.O.I.

28/10/24

Survey held at

ULU PANGAN

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

REAR O/S

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐
☐

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐
☐
☐
☐

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

) S + RS \$

) Photos

) Others

TOTAL

Report Format :

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

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	24/10/2024 10:29 (SGT)
Reported by	Actual Driver
Date of Accident	16/10/2024 20:20 (SGT)
Exact Location of Accident	Opp Newest, Singapore
Additional Location Information	AYA B/S 20029
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3164S
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	Volvo
Model	B9tl
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	9364
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	OH SOON LYE
Work Permit No	SXXXX100C
Date Of Birth	20/03/1968
Occupation	Outdoor
Driving Pass Date	05/08/2016
Driving License Pass Class	4A
Driving License Validity	Valid
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90693169
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	Collision - Head to Rear
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)	16
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

UNKNOWN

Female

PASSENGER 7

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 78513: My bus was stationary at b/s 20029, Opp Newest, along AYE, conducting passenger activities. Suddenly I felt an impact coming from the rear of the bus. I then alighted from the bus and made a checked. I discovered that rear of the bus was being hit by a car (SJS9399Y). No one was injured. Bus sustained rear engine cover and rear bumper dented. Car sustained front bumper 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

SJS9399Y

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Private car

Name of Driver

UNKNOWN

Contact Number

(Phone) +65-86619399

Address

-

Address complement

-

Postcode

-

Insurance Company Name

-

Nature Of Damage

FRONT BUMPER DAMAGES

Details of property damaged in accident

-

No. Of Passenger (Including Driver)

-



AR 2024 5700.
16/10/2024.

IMPORTANT NOTICE

SKETCH PLAN

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 repeal the 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)

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.

VIVIAN LEE HUEY JUAN
Safety Officer
Jia Pandan Depot

[Signature]

014.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

As Per Attached.

vJun2022

Describe Circumstance of the Accident

As Per Attached

Declaration

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

VIVIAN LEE HUEY JIDAN
Safety Officer
Ulu Pandan Detent

Policyholder's Signature / Date & Time

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

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

Track 10: 062366

SBS Transit

Sketch Plan

A - SBS 31645

B - SJS 9399Y

I/O In charge :	Chan Weijie
Report No :	AR-2024-5700
Date & Time Acc :	16/10/2024
意外日期與時間 :	2020hrs
Bus No: 巴士車牌 :	SBS 31645
Svc No: 路線 :	198
BC No: 工牌號碼 :	78513
BC Name: 姓名 :	Oh Soon Lye
Signature: 簽名 :	Oh
Date: 日期 :	17/10/2024

AYE b/s 20029 opp Newgate

