From: Date:    Date:	(08/11/13) Wef	REF: CS ICS2	4100432 Rgp3	653m
Type: III.Car / III.Cyplat   Prign Van / Lerry / Total / Prime Never / Treet /	700	Δ	SSIGNMENT	
To Inspect Vehicle No. \$0.53 645  at Workshop m/s \$6.5 TRP-SST Colour Montation of ULLA POTTSPIN Sp. Resetting TIME Sp. Resetti	Estimated Cost:		Type: M.Car / M.Cycle / Big Van / 1	
of ULIA PST-12PN of ULI				cc 9364
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Colors No.  Clearing No.  Sum insured: Excess:  (Clearing Record)  Make of Veh:  (Policy Condition)  Remark: The web had commenced its repair at the time of inspection.  Bol or Market Value:  IDAC Accident Rport  Gays Res.: Yes or No  Claim Som:  Action / Instruction  Date: Time  Action / Instruction  Date: Time Action / Instruction  Date: Time Action / Instruction  Date: Time Action / Instruction  Date: Time Report  Date: T		מת בביד	Sp.Reading ~ 714688	TiRadio: Incured J Std J WI J NA
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	1 41110000 1	•	1. 90 Anno 12	1: Others

TOTAL

NT DATE:

16-Oct-24

**BUS NUMBER:** 

SBS31645

WDD

NT TIME:

2020Hrs

BUS MODEL

ODENT REPORT NUMBER:

PARTY CLAIM AGAINST :

AR-2024-5700

DATE OF SURVEY:

24-Oct-24

YEEEESTS

SECTION A :	PARTS & MATERIAL COST	
Part or Item Description DOOR.LOWER BOOT	Quantity	Total Cost
NUMBER PLATE RECESS PAN;EXT.RR CA	1	\$1,650.84 \$168.61
REAR REVERSE LAMP; B9TL EUS CON LED LICENSE PLATE LAMP CON	1	\$191.40 \$83.00
	1	\$21.40
	TOTAL PARTS & MATERIAL CO	\$2,115.25

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		\$700.00
To Remove/ Replace/ Repair Damaged Advertisement Panel		\$0.00
	TOTAL LABOUR COST	\$888.00

SECTION C:	SUMMARY	
Total Repair Costs		\$3,003.25
Total Downtime (Days)		\$458.52
Towing Cost	\$0.00	
Total Overheads Costs		\$900.98
*Please kindly note that the downtime (days) is just an estimate.	TOTAL COST	\$4.362.75

\*Please undersign to acknowledge this repair estimate.

Prepared by:

ERIC NG

Surveyor Name & Contact:

Snr Technical Officer Ulu Pandan Workshop

**Bus Engineering** 

Signature:

Date:

Signature:

24/0/20

Date:

24/10/24

Pez bx puit / I day

**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:

Un

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 witholding of material facts may allow insurance companies to repudiate 3, information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow missiance 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.

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** Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

24/10/2024 10:29 (SGT) **Actual Driver** 16/10/2024 20:20 (SGT) Opp Newest, Singapore AYA B/S 20029 Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SBS3164S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No.

Yes SBS Transit Ltd 1XXXXXXXXXXTE01 leehj@sbstransit.com.sg (Phone) +65-9999 (Office) +65-65151383

#### VEHICLE PARTICULARS

Manufacturer Model Variant

Volvo B9tl

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?

Transmission

Vehicle Category CC Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

No - Claiming third party

Bus Auto 9364

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

MS First Capital Insurance Ltd D-24102280MFBP

DRIVER



Name of Driver Work Permit No. OH SOON LYF Date Of Birth SXXXX100C Occupation 20/03/1968 **Driving Pass Date** Outdoor **Driving License Pass Class** 05/08/2016 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? 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 **UNKNOWN** Name 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

Gender

PASSENGER 7

Name Gender UNKNOWN Female

UNKNOWN Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No No

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?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes

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)

### IMPORTANT NOTICE

#### SKETCH PLAN

- 16/10/2024.
- Please raport correctly the datails of the accident to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Actual Driver
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to report at policy subsity.
- 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 Contre established by the General Insurance Association of Singapore (GIA) for archiving and that copion of this report will for a fee be made available upon application by interested parties
- 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)

Lunderstand, 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 enquires by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invokes, reports or notices to me, which could involve disclosure of cortain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail backages), and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (coBectively the 'Purposes')
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' (awyers/law firms, may/are permitted to collect use, disclose and/or process my Personal Information for one or more of the above Perposes, 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.

VIVIEN LEE HUSY JIUAN Entity Officer 'Ulu Pandan Depot

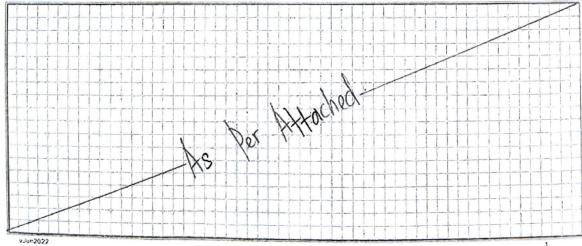
Policyholder's Signature / Date & Tie

0/1.

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

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

#### Sketch Plan



nci in

t FC SU Describe Circumstance of the Accident

Declaration

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

VIVIEN LEE HUEY JUAN Salety Citizer

Policyholder's Signature / Date & Tir Actual Driver's Signature of driver is not the policyholder) Witnessed by Roporling Centre Personnel / Date & Time (Name as in NRIC/ID card)

41Am2022

Track 10: 062366

# SBS Transit

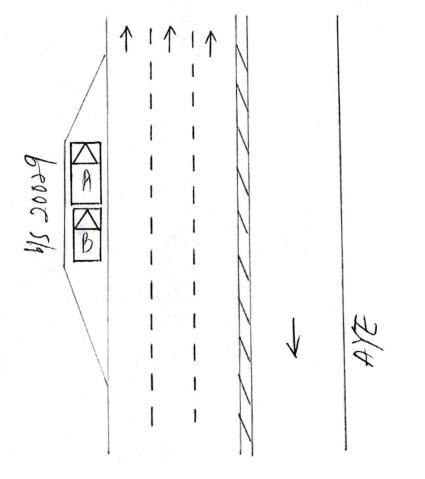
# Sketch Plan

A- SBS 31645

B-SJS 9399Y

I/O In charge :	chan weight
Report No :	AR-7049-5700
Date & Time Acc :	16/10/8084
塞外 日期 與 時間:	2020 pl.
Bus No: 巴士 基際:	SBS 31645
Svc No: 路線:	198
BC No: 工牌 號碼:	78513
BC Name: 烷名:	oh Soon Lye
Signature: 簽名:	01%
Date: 目期:	17/10/8084

AYE BS 20029 Opp Newost



np S