

ASS. REC. BY: TaufikREF: CS/CT/24060233/7th3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

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 Report \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seer: \_\_\_\_\_ 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: Sam

Vehicle: IN / OUT

Veh No: SMR1532K Yr Regn: 2014 / 11Type: M.Car / M.Cycle Bys / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_ 10518

Make: MAN NL 320 c.c. 6000Colour: White A/C: Insured / Std / NI / NASp. Reading: 922792 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WM4A2277+E7002372Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: MT / S/Rlm / STD A/Rlm orTyre Size: F: 275/70R22.5R: 275/70R22.5BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 8 mm R/Bal. 8/0 mmL/Bal. 0 mm L/Bal. 8/15 mmD.O.A. \_\_\_\_\_ D.O.I. 25/6/24Survey held at Mandu Depot

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

Rear O/S

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

Date / Time Action / Instruction

Taufikh confirmed part by parts \$3494.76 and 4 days (red, \$3248.42, 48%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Rep. Format: \_\_\_\_\_

Lump Sum / L.B. / L.F.

# ESTIMATED ACCIDENT REPAIR COST



TOWER TRANSIT

Co. / GST Reg No. 201419417K

ACCIDENT TIME REPORTED	06:04 HRS
ACCIDENT DATE	23-Jun-24
BUS CAPTAIN NAME	PHOON POON ONN
THIRD PARTY CLAIM AGAINST	China Taiping Insurance

BUS REGISTRATION NUMBER	SMB1532K
BUS TYPE (SD/DD)	SD
BUS ROUTE NO.	
BUS ADVERT (Y/N)	N

## SECTION 1 : PARTS & CONSUMABLE ITEMS (MATERIAL COST)

NO.	Part or Item Description	Quantity	Total Cost
1	OS REAR TAIL LAMP COVER	1	\$ 924.00
2	OS REAR REFLECTOR RH	1	\$ 92.40
		9% GST	\$ 91.48
		<b>PARTS TOTAL COST</b>	<b>\$ 1,107.88</b>

## 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	\$ 1,300.00
TO REMOVE & INSTALL PARTS SO AS TO PERFORM REPAIR WORKS :- • RADIATOR DOOR • RADIATOR DOOR BOTTOM PANEL • OS REAR SUPPORT PILLAR	\$ 1,950.00
SPRAY PAINTING :- • RADIATOR DOOR • RADIATOR DOOR BOTTOM PANEL • OS REAR TAIL LAMP COVER	\$ 1,920.00
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	9% GST \$ 465.30
	<b>LABOUR TOTAL COST \$ 5,635.30</b>

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

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

BUS TYPE (SD / DD)	SD
Acknowledged by Repairer	
Signature:	LOSS OF USE COST
Date:	

DATE IN	23/Jun/2024
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	5
	\$1,500.00

## SUMMARY

SECTION NO.	COST
1	\$ 1,107.88
2	\$ 5,635.30
3	\$ 1,500.00

Tanfer 97495749  
w/p 25/6/24 & 31/5/24  
p/p resurvey before paint 4 days



# 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 24/06/2024 14:21 (SGT)  
Reported by Actual Driver  
Date of Accident 23/06/2024 06:04 (SGT)  
Exact Location of Accident Woodlands Ave 12, Singapore  
Additional Location Information ALONG SLE TWDS BKE BEF WOODLANDS AVE 12 EXT  
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB1532K  
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 Man  
Model A22  
Variant SINGLE 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

## INSURANCE COMPANY

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

## DRIVER

Name of Driver PHOON POON ONN  
NRIC No SXXXXX050G  
Date Of Birth 05/05/1965  
Occupation Outdoor

Driving Pass Date .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

02/05/2017  
7 YEARS AND 1 MONTH  
Male  
(Phone) +65-18002480950  
-  
feedback@towertransit.sg  
C/O: 21 BULIM DRIVE  
BULIM BUS DEPOT  
648170  
No  
Employee  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Side Swipe  
Clear  
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? ..... No  
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 ..... SND53K  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
Name of Driver ..... Private car  
Contact Number .....

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

F

## 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 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 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

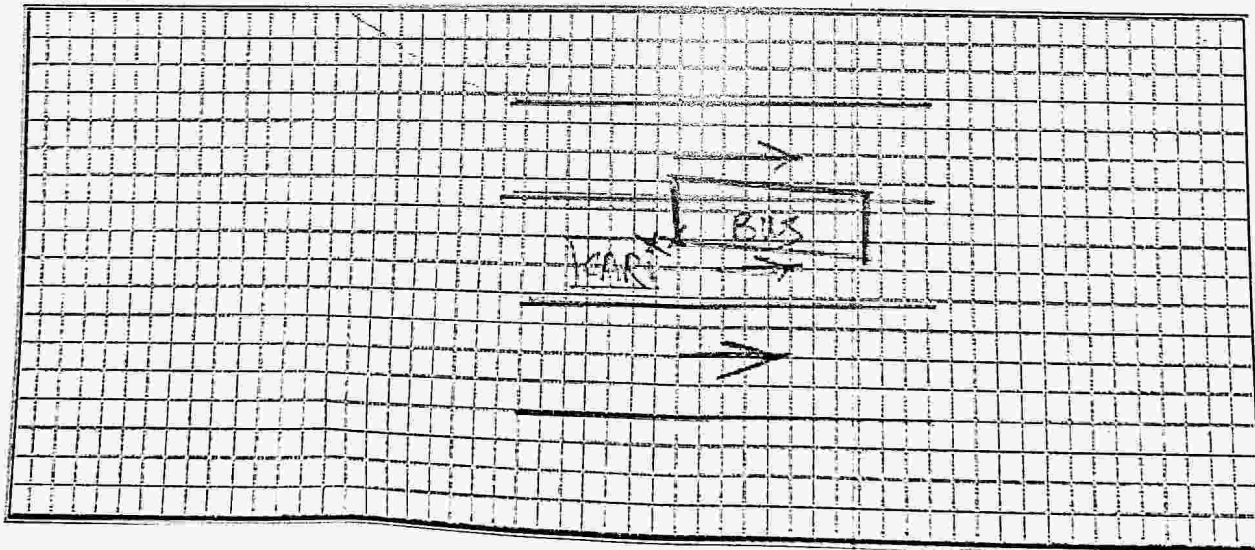


Driver's Signature (if driver is not the policyholder) / Date & Time



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

### Sketch Plan





## Statement Form

Employee Name	Phoon Poon Onn	Employee ID	13706
Designation	BC	Date Taken	23/06/2024
Service No	858	Time Taken	1326hrs
Bus Registration No	SMB1532K	Date of Incident	23/06/2024
Duty Number	858A15	Time of Incident	0604hrs
Nature of Incident	Accident at SLE ( Towards BKE )		

I BC Phoon (13706) while travelling along SLE towards BKE before Woodland ave 12 exit, I was switching from lane 3 to lane 2. However, while doing so, I feel a jerk on the bus so I assume it come from the gear box. Upon reaching at WITH, I suspect my bus was hit by other vehicle, so I came down and check at the rear and found out that my right rear bumper has a big hole on it. After I park my bus, I called BOCC immediately to report this incident.

My bus is equipped with 360-degree cameras and in operation at time of incident.

## Details:

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

Phoon Poon Onn 13706

Employee Name and ID

[Signature]  
Signature

23/6/24 1330hrs

Date & Time

## Statement Taken By:

Kenny Lim 14491

Employee Name and ID

[Signature]  
Signature

Interchange Supervisor

Designation

Describe Circumstance of the Accident

**Declaration**

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



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