

CS (CT) 24060233 / 7th 3

## TOTAL

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

# 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	\$ 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

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

- 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

BUS TYPE (SD / DD)	SD
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
<b>TOTAL</b>	<b>\$ 8,243.18</b>

Tanfer 92495749  
 wp 25/6/24 & 315pm  
 p/p resurvey before paint 4 days  
 tanfer c/kuhan to cu



# 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	SXXXX050G
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 .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
Name of Driver .....  
Contact Number .....  
SND53K  
-  
-  
-  
-  
Private car  
-  
-

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

## 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

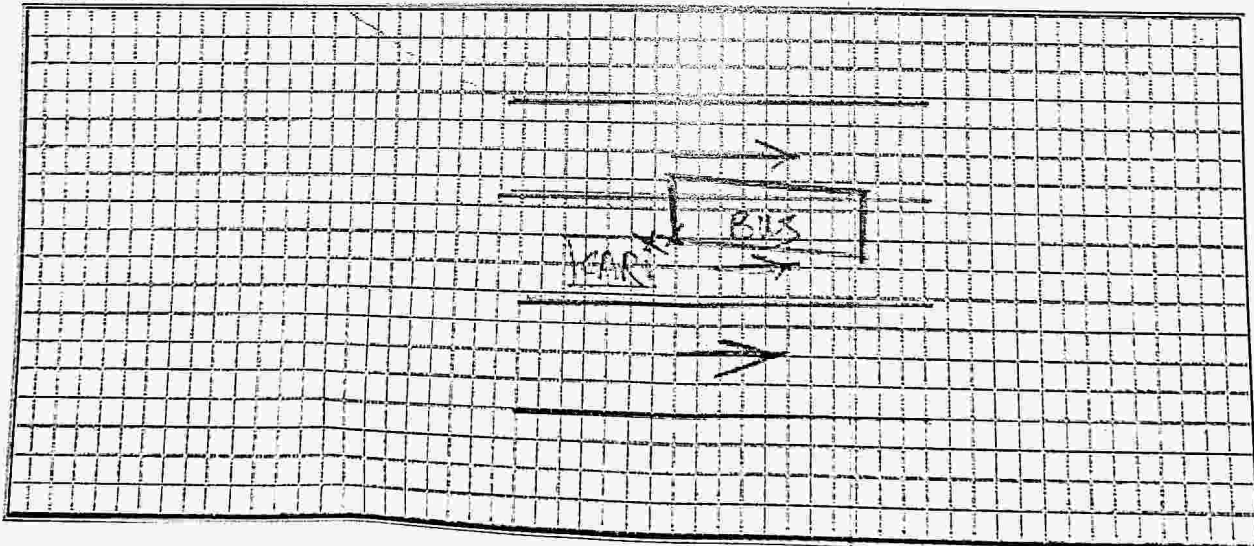


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/AD 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

23/6/24 1330hrs

Date & Time

## Statement Taken By:

Kenny Lim 14491

Employee Name and ID

Signature

Interchange Supervisor

Designation

**Describe Circumstance of the Accident**

## 2