

Accident Repair Estimate

ACCIDENT DATE:	13-Oct-24
ACCIDENT TIME:	1059Hrs
ACCIDENT REPORT NUMBER:	AR-2024-5615
3RD PARTY CLAIM AGAINST :	SLG1294H

BUS NUMBER:	<i>SBS6719Y</i>
BUS MODEL:	<i>WSD</i>
DATE OF SURVEY:	<i>24-Oct-24</i>

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	\$200.00 ✓
To Remove/ Replace/ Repair Damaged Advertisement Panel	\$0.00
TOTAL LABOUR COST	\$388.00

SECTION C:

SUMMARY

Total Repair Costs		\$444.22
Total Downtime (Days)	1	\$408.10
Towing Cost		\$0.00
Total Overheads Costs		\$133.27
<i>*Please kindly note that the downtime (days) is just an estimate.</i>		\$985.59
TOTAL COST		

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

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

Prepared by:

ERIC NG
Snr Technical Officer
Ulu Pandan Workshop
Bus Engineering

Surveyor Name & Contact:

ASAC - Hq 90010068
for

Signature:

Signature :

28/10/24 / 1 day

Date:

Date:

Pay by post

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:

email: rasu@kkanto.com

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	17/10/2024 16:16 (SGT)
Reported by	Actual Driver
Date of Accident	13/10/2024 10:59 (SGT)
Exact Location of Accident	Near CP6J+4P Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6719Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS TRANSIT LTD
Company Reg No	1XXXXX653M
Email Address	simht@sbstransit.com.sg
Mobile Phone No	(Phone) +65-99999999
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Citaro
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	6374
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	Lu Peng
Passport No/FIN	MXXXX703X
Date Of Birth	19/07/1979
Occupation	Outdoor
Driving Pass Date	27/07/2022
Driving License Pass Class	4A
Driving License Validity	Valid
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	simht@sbstransit.com.sg
Address	Blk 209 Boon Lay PI #08-303
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	Sim Huat Tiang
Translator's ID	SXXXX247C
Translator's phone number	(Phone) +65-99999999
Translator's email	simht@sbstransit.com.sg
Original language used in the statement	English

PASSENGER 1

Name	unk
Gender	Male

PASSENGER 2

Name	unk
Gender	Female

PASSENGER 3

Name	unk
Gender	Male

PASSENGER 4

Name	unk
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000

Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

(Fax) +65-65474900
10 Ubi Avenue 3 Singapore 408865
No
-

CIRCUMSTANCES OF ACCIDENT

The left was a row of parked vehicles. The said car was 'looking/searching' for a parking lot & the car stopped. I also stopped as I was unable to overtake him. The car then reversed & his right rear side body panel grazed against the left front body panel of my bus.

ATTACHMENT(S)

Are accident photos available for attachment? No
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident confidential.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG1294H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver Cherly Chan
Contact Number (Phone) +65-96955502
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

AP 2024-5615
BC 61988

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 reassess 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

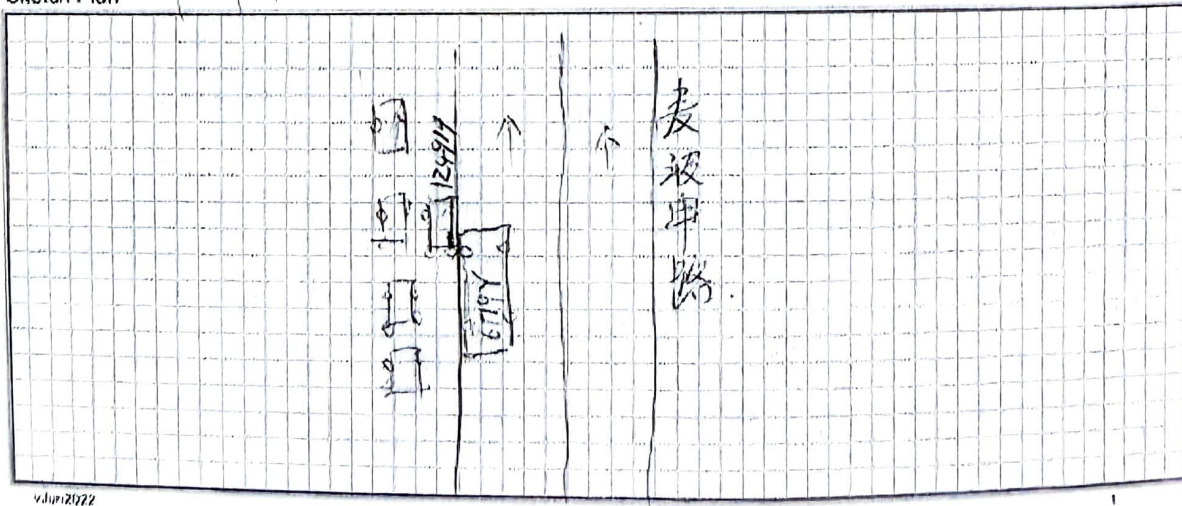
14/10/24

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

14/10/24 61988

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

Sketch Plan



vJuni2022

Describe Circumstance of the Accident

See
/ 7th
Attached
to
Gua
Report

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

[Signature]

14/10/24

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

[Signature]

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

10/2022

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SINGAPORE POLICE FORCE



T/20241013/7043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241013/7043

CONTINUATION OF REPORT

Driver			
Name	LU PENG		ID No. M3064703X
Related Vehicle	(bus)		Contact No. 87612169
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4A Date of Expiry: 05/07/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	CHERIE CHAN		ID No. NIL
Related Vehicle	NIL		Contact No. 96959502
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	(bus)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my SBS bus bearing registration number SBS6719Y service number 151 along Macpherson road near 70139 Jin Belangkas Bus Stop. While driving along that road, I noticed a car bearing registration number SLG1294H in front of me. The vehicle had come to an abrupt stop, and subsequently reversed and collided into the front bumper of my bus.

During the time of the incident, there were about eight passengers on board. None reported any injuries to me at the time of the incident.

I then got out of the bus and spoke to the driver and exchanged particulars.

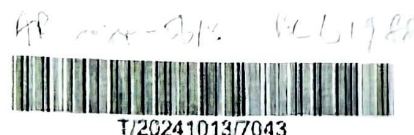
I am not feeling any bodily pains as of the lodging of the report.

I immediately informed my supervisor who advised me to lodge a police report.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241013/7043

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Report No. T/20241013/7043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2024 18:06	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LU PENG		Address: 209 BOON LAY PLACE #8-303 BOON LAY PLACE SINGAPORE 640209	
ID Type / ID No.: FIN NO / M3064703X		Contact No.: Home/Office:	Mobile: 87612169
Nationality: CHINESE		Email: 3438747252@qq.com	
Sex: Male	Age: 45	Date of Birth: 19/07/1979	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: BUS CAPTAIN		Driving Licence Information: Class: 3,4A Date of Expiry: 05/07/2027	

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 13/10/2024 11:05	Type of Location: Straight Road
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG1294H	Motor car	MAZDA		Black	Slightly Damaged	0
	bus	MERCEDES BENZ		White	Slightly Damaged	8

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241013/7043

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Report No. T/20241013/7043

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
13/10/2024 18:06

Classification Of Case:

This report is lodged at Jurong East NPC Kiosk 1
NP168