(Stn 1/13) wd
ASS. REC. BY:

REF: CS/CTI24110014/Rgh3

657M

ASSIGNMENT

From: Date:

Estimated Cost

OD / TP / WS / TP RES / OD RES / EVA / RNV / MV

To Inspect Vehicle No: SG 6047P

at Workshop m/s SBS TRANSIT

of ULU PANDAN

Insured: CTI

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 1 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SG 6047P Yr Regn: 2018 / DEC

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: MAN A95 c.c 10518

Colour GREEN A/C: Insured / Std / Nil / NA

Sp.Reading 266884 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: WMA A95 ZZZ 2KF008449

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5

R: " " S/D

BS / DUN / EXNOVA / 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. 27/10/24 D.O.I. 01/11/24

Survey held at ULU PANDAN

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

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

Date / Time Action / Instruction

Rasul finalised final fig $1181, 1 day (Red $0/-, 0%) (Fair & reasonable)

Date/Time, File Pass to? : Preli. Report

1) 06/11 Typist : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: : Site Insp ($) S+RS S

: Interview ($) Photos

: Tech. Invs ($) Others

: Weekend ($)

Report Format : EZCLAIMS-TP

~~Lump Sum~~ / L.B.I: ($ 1181)

TOTAL

Accident Repair Estimate

NT DATE:	27-Oct-24	BUS NUMBER:	SG6047P
DENT TIME:	1350Hrs	BUS MODEL:	WDD
CIDENT REPORT NUMBER:	AR-2024-5881	DATE OF SURVEY:	1-Nov-24
RD PARTY CLAIM AGAINST :	XE9237P		

SECTION A : PARTS & MATERIAL COST

Part or Item Description	Quantity	Total Cost
MIRROR ARM COMPLETE W/MIRROR.N/S.E5/6	1	$991.00
STKR;3M SCOTCHLITE FLUOR DIAMOND GRD	1	$2.00
	TOTAL PARTS & MATERIAL CO	$993.00

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		$0.00
To Remove/ Replace/ Repair Damaged Advertisement Panel		$0.00
	TOTAL LABOUR COST	$188.00

SECTION C: SUMMARY

Total Repair Costs		$1,181.00
Total Downtime (Days)	1	$458.52
Towing Cost		$0.00
Total Overheads Costs		$354.30
	TOTAL COST	$1,993.82

*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

Signature:

Date: 1/11/24

Surveyor Name & Contact: RASUL - Hp 90010068

Signature :

Date: 01/11/24 / 1 day

Reg after repair

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:

Your NCD will be affected due to late reporting

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 witholding 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	31/10/2024 13:59 (SGT)
Reported by	Actual Driver
Date of Accident	27/10/2024 13:50 (SGT)
Exact Location of Accident	Near 701 Hougang Ave 2, Singapore 530701
Additional Location Information	ALONG UPP SERANGOON ROAD JUNCTION WITH HOUGANG AVE 2 AFTER B/S 63051
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG6047P

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	Man
Model	A95 EU6 DD AC
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	10000
Vehicle Fuel	-
First Regisration 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	TAN KEE CAI
Work Permit No	GXXXX177K
Date Of Birth	16/06/1993
Occupation	Outdoor
Driving Pass Date	12/03/2015
Driving License Pass Class	4A
Driving License Validity	Valid
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93730063
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)	31
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	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	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 76753: I was driving along Upper Serangoon Road and was stopping on 4th lane of 5 lane road, waiting for the traffic light to turn green. There was a truck (XE9237P) stopped in front of me. Suddenly, the said truck rolls backward and hit onto the LHS rear view mirror. No one was injured. Bus sustained LHS rear view mirror damaged, and truck sustained right rear no visible damages. OCC was injured and I was instructed to wait for CRS after exchanging particulars with truck driver.

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	XE9237P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RANJIT SINGH
Contact Number	(Phone) +65-91057079
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	NO VISIBLE DAMAGES
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

AR-2024-5881
27/10/2024

SKETCH PLAN

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 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 making 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.

VIVIEN LEE HUEY JIUAN
Safety Officer
[illegible] Depot

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

We declare the foregoing particulars are true in every respect

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

Track ID: 062840

SBS Transit

Sketch Plan

I/O In charge :	Seow Yong Hua
Report No :	AR-2024-5881
Date & Time Acc : 意外日期與時間 :	27/10/2024 (3.50pm)
Bus No: 巴士號碼:	SG6047P
Svc No : 路線:	080
BC No: 工牌號碼:	76753
BC Name: 姓名:	Tan Kee Cai
Signature: 簽名:	
Date : 日期:	

A - SG6047P

B - XE7337P
(Reported Absent)

Along Upp Serangoon Road, junction with Hougang Ave 2 after b/s 63051 opp Blk 370