

ASS REC BY:

REF: CS/CT124110014/Rgh3

657M

ASSIGNMENT

From: Date:

Veh No: SH 6047P Yr Regn: 2018 1D62

Estimated Cost:

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

OD / TP / WS / TP RES / OD RES / EVA / RV / MV

Truck / Trailer or

To Inspect Vehicle No: SH 6047P

Make: MAN ASS C.C 10518

at Workshop m/s SBS TRANSIT

Colour: GREEN AC: Insured / Std / NI / NA

of ULU PANDAN

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

Insured: CTI

Eng/No:

Policy No.

C/No: WMA ASS 222 2KF 008 469

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size: F: 275/20R22.5

Remark: The veh had commenced its repair at the time of inspection.

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

ES / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Bal. or Market Value:

Front Rear

IDAC Accident Report: Consistent?: Yes or No

R/Bal. 8 mm R/Bal. 8/8 mm

GIA / PR Seen: Consistent?: Yes or No

L/Bal. 8 mm L/Bal. 8/8 mm

Est. Repairs: days Res.: Yes or No

D.O.A. 27/00/24 D.O.I. 01/11/24

Lum Sum: % 3 Val.: Yes or No

Survey held at ULU PANDAN

CA / REV / REP. / 24 HRS

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

Date: Person Contacted:

Vehicle: IN / OUT

N/S FR

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

Date / Time Action / Instruction

Date/Time, File Pass to?

Preli. Report Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

1)

Date/Time, File Return to?

2)

Add Fee: Site Insp (\$ Interview (\$ Tech. Inv (\$ Weekend (\$

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.I. (\$

Empty box for additional notes or calculations.



# 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        | 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 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   | 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  
Gender UNKNOWN  
Female

PASSENGER 7

Name  
Gender UNKNOWN  
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) -

SKETCH PLAN

AR-2024-5887  
27/10/2024

**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 willful misrepresentation or withholding of material facts may allow insurance companies to revoke 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 lodgment 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.

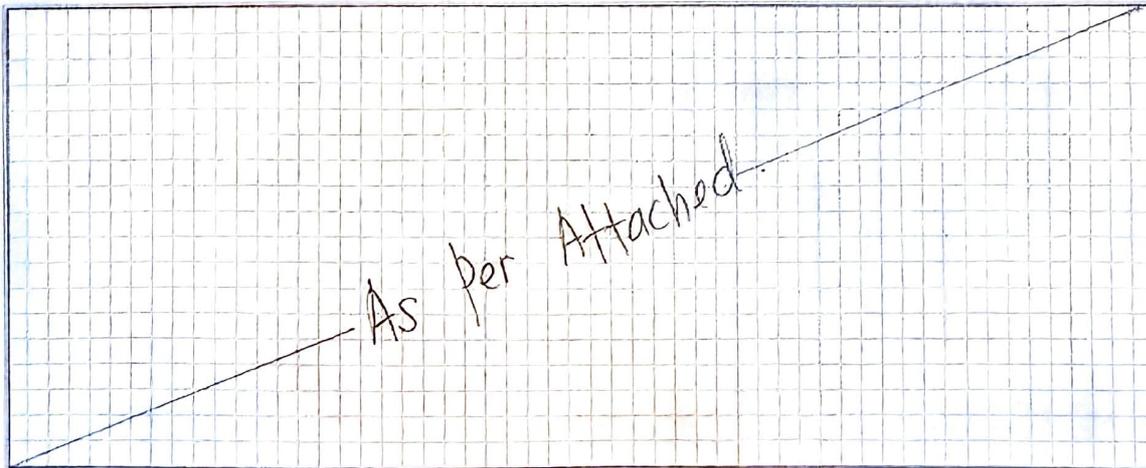
WHERN LEE WHEY JUAN  
Safety Officer  
The Transport Dept

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**



4 Jun 2022

Describe Circumstance of the Accident

As per Attached.

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Name  
Policy No.  
Date

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

  
\_\_\_\_\_  
Actual Driver's Signature (if other than the policyholder)  
Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NREID card)

Track ID: 062840

SBS Transit

Sketch Plan

|                   |                    |
|-------------------|--------------------|
| I/O In charge :   | Seow Yong Hua      |
| Report No :       | AR-2001-5881       |
| Date & Time Acc : | 27/10/2004         |
| 意外日期與時間 :         | 13:50hrs           |
| Bus No: 巴士車牌 :    | SE6047P            |
| Svc No: 路線 :      | 080                |
| BC No: 工牌號碼 :     | 76753              |
| BC Name: 姓名 :     | Tan Kee Cai        |
| Signature: 簽名 :   | <i>[Signature]</i> |
| Date: 日期 :        |                    |

A - SE6047P

B - XE9337P  
(Retrofitted)

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

