



## Accident Repair Estimate

ACCIDENT DATE:	20-Oct-24
ACCIDENT TIME:	1057Hrs
ACCIDENT REPORT NUMBER:	AR-2024-5762
3RD PARTY CLAIM AGAINST :	SH108G

BUS NUMBER:	SG1128Y
BUS MODEL:	WSD
DATE OF SURVEY:	4-Nov-24

### SECTION A :

## PARTS & MATERIAL COST

Part or Item Description	Quantity	Total Cost
OUTSIDE REARVIEW MIRROR;O/S CM ✓	1	\$1,026.29
STKR;3M SCOTCHLITE FLUOR DIAMOND GRD n ✓	1	\$2.00
TOTAL PARTS & MATERIAL CO		\$1,028.29 ✓

### 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	
<b>TOTAL LABOUR COST</b>	<b>\$188.00</b>	

### SECTION C:

## SUMMARY

Total Repair Costs		\$1,216.29
Total Downtime (Days)	1	\$408.10
Towing Cost		\$0.00
Total Overheads Costs		\$364.89
*Please kindly note that the downtime (days) is just an estimate.		
TOTAL COST		\$1,989.28

*\*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:**

RASME - Hg 90010068

**Signature:**

**Signature :**

Date:

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

04/11/24

1 days

Revised

LKK & its 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: \_\_\_\_\_



## 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 11:48 (SGT)
Reported by	Actual Driver
Date of Accident	20/10/2024 10:57 (SGT)
Exact Location of Accident	Near Johor Bahru Checkpt, Bukit Chagar, 80300 Johor Bahru, Johor, Malaysia
Additional Location Information	JOHOR BAHRU B/S 46211 ALIGHTING AREA
Country/State of Loss	Malaysia

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1128Y
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#### 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	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	WONG SWEE SIANG
Work Permit No	GXXXX265L
Date Of Birth	23/08/1983
Occupation	Outdoor
Driving Pass Date	31/07/2009
Driving License Pass Class	4A
Driving License Validity	Valid
Driving experience	15 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89119772
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	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)	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

According to BC 70376: I was driving along Johor Bahru Checkpoint and was stationary conducting passenger alighting activities. A Singapore-Johor Express bus (SH108G), side swiped me when the driver was leaving the alighting point. No one was injured. Bus sustained RHS rear view mirror damages and Express bus sustained left rear body scratches. OCC was informed and I was instructed to RTD to UPD by CRS.

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident

Yes  
Yes  
Confidentiality

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH108G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LAU SIE WEI
Contact Number	(Phone) +65-89187163
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Left rear body scratches.
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

AR-2024-5762  
20/10/2024

**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 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.

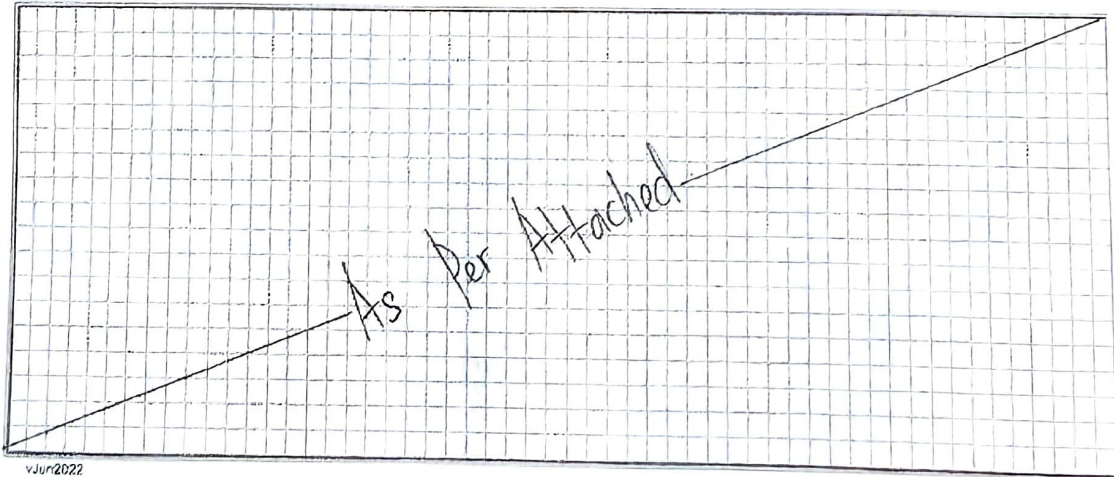
VIVIAN LEE HUEY JUAN  
Safety Officer  
The Pandan Depot

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



Describe Circumstance of the Accident

As Per Attached

Declaration

(We declare the foregoing particulars are true in every respect)

Policyholder's Signature / Date & Time

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

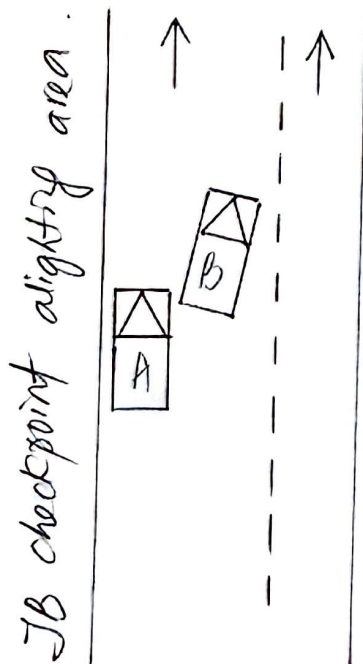
Witnessed by Reporting Centre Personnel  
(Name as in ADR100 card)

SBS Transit

# Sketch Plan

A - SG1128Y

B - SH108G  
(Singapore-Johore)  
Express



Track 10:062581

I/O In charge	: Ng Ching Ying
Report No	: AR-2020-5762
Date & Time Acc	: 20/10/2020
意外日期與時間	: 1057 hrs
Bus No: 巴士車牌	: SG1128Y
Svc No: 路線	: 170X
BC No: 工牌號碼	: 70376
BC Name: 姓名	: Wong Sun Sing
Signature: 簽名	: [Signature]
Date: 日期	: 21/10/2020

Johor Bahru 46211  
JB checkpoint alighting  
area.