

A.S. REC. BY: TaujiREF: CS/1CS24120387/TP3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD (TP) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

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 Report _____ Consistent? : Yes or No

GIA / PR Seent _____ Consistent? : Yes or No

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Vincent Vehicle: IN / OUTVeh No: SMB3040A Yr Regn: 2013 03

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

Truck / Trailer or

Make: MAN NL 320F c.c. 10000Colour: Green A/C: Insured / Std / NI / NASp. Reading: 637061 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NM AA 2277 107001752Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil S/Rim / STD A/Rim orTyre Size: F: 275/70 R22.5
R: ~ ~ (D)BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUMI /

TOYO / YOKO or

Front		Rear	
R/Bal.	<u>8</u> mm	R/Bal.	<u>8/8</u> mm
L/Bal.	<u>8</u> mm	L/Bal.	<u>8/8</u> mm
D.O.A.		D.O.I.	<u>26/12/24</u>

Survey held at SBS Transit ulu PandanDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Photos _____

Others _____

Report Format: _____

Lump Sum / P.P.C.

Accident Repair Estimate

ACCIDENT DATE: 04-Dec-24

BUS NUMBER: SMB3040A

ACCIDENT TIME: 0614Hrs

BUS MODEL: WSD

ACCIDENT REPORT NUMBER: AR-2024-6685

DATE OF SURVEY: 26-Dec-24

3RD PARTY CLAIM AGAINST : SLS5954Y

SECTION A :

PARTS & MATERIAL COST

Part or Item Description	Quantity	Total Cost
DOOR.COMPLETE.C SERIES.RR ENG	1	\$1,300.00 <i>cng</i>
BUMPER.STEEL.RR	1	\$150.00 <i>bt</i>
BUMPER.REAR CENTER,REAR FRP	1	\$650.00 <i>ur</i>
LENS-R-PAINTED 501675.REAR FRP	1	\$37.20 <i>ner</i>
LENS-R-PAINTED 501674.REAR FRP	1	\$37.20 <i>ne</i>
ADHESIVE SIKA 265 600ML SAUSAGE	3	\$39.00 <i>nr</i>
TOTAL PARTS & MATERIAL COST		\$2,213.40

SECTION B:

ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)

Assessment of Bus (With Damaged)	\$188.00
To Remove / Replace / Repair Damaged Parts by Contractor	\$898.00
To Remove/ Replace/ Repair Damaged Advertisement Panel	\$0.00
TOTAL LABOUR COST	\$1,086.00

SECTION C:

SUMMARY

Total Repair Costs			\$3,299.40
Total Downtime (Days)	2		\$816.20
Towing Cost			\$0.00
Total Overheads Costs			\$989.82
*Please kindly note that the downtime (days) is just an estimate.			
TOTAL COST			\$5,105.42

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

**Please undersign to acknowledge this repair estimate.*

Prepared by:

Surveyor Name & Contact:

Signature:

Signature :

Date:

Date:

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:

62563561
Taufik 97495749
taufik
26/12/24 @ 345P
Resunny before paint. 2 days
taufik@lkkauto.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	13/12/2024 14:59 (SGT)
Reported by	Actual Driver
Date of Accident	04/12/2024 06:14 (SGT)
Exact Location of Accident	Near 350 Orchard Rd, Singapore 238868
Additional Location Information	ORCHARD ROAD BEFORE B/S 09048
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB3040A
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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	Man
Model	A22 EU5 SD 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	WONG YONG CHEE
NRIC No	SXXXX866I
Date Of Birth	13/08/1979
Occupation	Outdoor
Driving Pass Date	22/10/2021
Driving License Pass Class	4A
Driving License Validity	Valid
Driving experience	3 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92979395
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	Hit and run / Vandalism / Damaged whilst parked
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 83554: While my bus was stationary along Paterson Road junction right turn towards Lucky Plaza, at this point my bus jerked forward, however I did not suspect it was hitting by another vehicle. Upon arrived at BMI, I noticed the rear of my bus is dented and cracked on both side of my bus plate. OCC was informed and I was instructed to continue service.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLS5954Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	UNKNOWN - HIT & RUN
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

AR-2024-6685
04/12/2024

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 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.

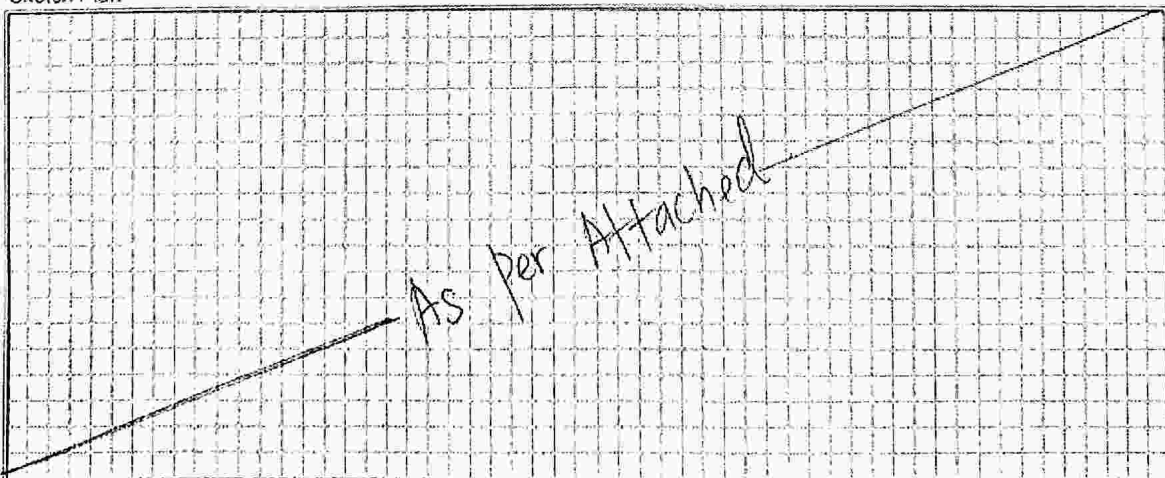
WALIN LEE HUEY JUAN
Safety Officer
1st Member Depot

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



vJun2022

1

Describe Circumstance of the Accident

As per Attached

Declaration

I/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 NRIC/ID card)
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Track ID: 065333

SBS Transit

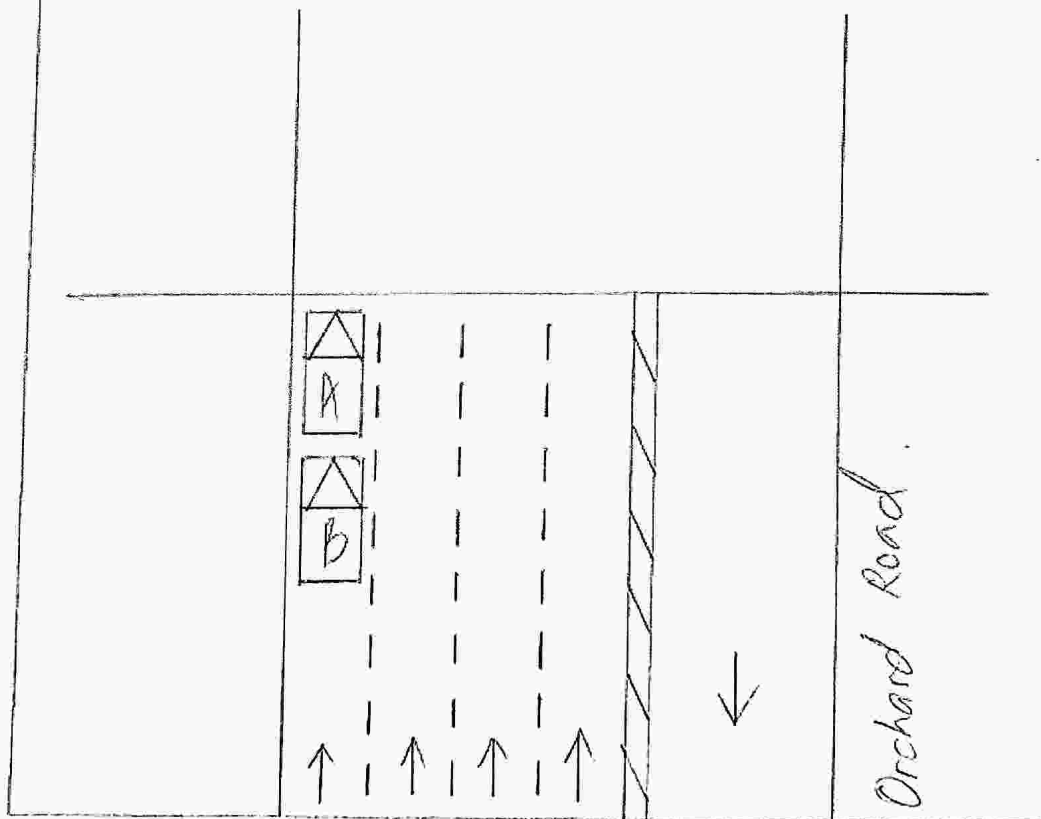
Sketch Plan

A - SMB3040A

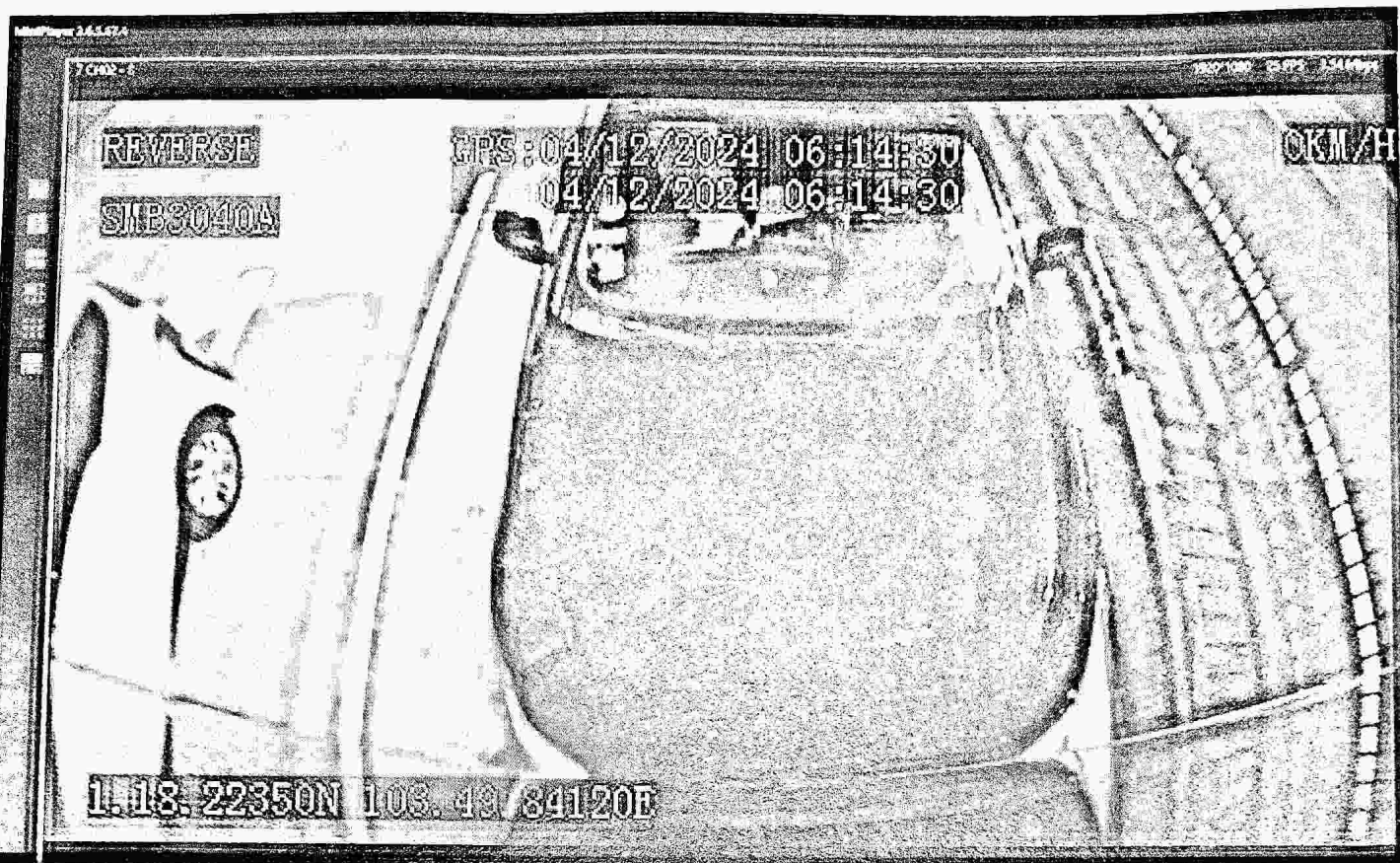
B - SLS5954 Y
(Hit & Run)

IO In charge :	Ng Ching Yung
Report No :	AR-2024-6685
Date & Time Acc :	06/12/2024
意外日期與時間 :	06/12/2024
Bus No: 巴士車牌:	SMB3040A
Svc No: 路線:	016
BC No: 工牌號碼:	83554
BC Name: 姓名:	WONG YONG CHEE
Signature: 簽名:	<i>[Signature]</i>
Date: 日期:	09/12/2024

Orchard Road before
b/s 09048 Orchard Stn/
Lucky Plaza









**SINGAPORE
POLICE FORCE**



T/20241206/7121

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

1 of 3

Report No. T/20241206/7121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2024 19:12	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: Wong Yong Chee			Address: 1 JALAN BUKIT MERAH #04-4532 BRICKWORKS ESTATE SINGAPORE 150001		
ID Type / ID No.: NRIC NO / S7987866I			Contact No.: Home/Office: Mobile: 92979395		
Nationality: MALAYSIAN			Email: vanicewong@hotmail.com.tw		
Sex: Female	Age: 45	Date of Birth: 13/08/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Bus driver			Driving Licence Information: Class: 4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/12/2024 06:12	Type of Location: X-Junction
Location: PATERSON 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
	Bus	MAN		Green	Slightly Damaged	5

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/20241206/7121

2 of 3

Report No. T/20241206/7121

CONTINUATION OF REPORT

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
Driver			
Name	WONG YONG CHEE	ID No.	S79878661
Related Vehicle	(Bus)	Contact No.	92979395
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I am a bus driver for Bus service 16, I drove Bus bearing plate number SMB3040A on 04/12/2024 leaving the bus terminal at about 0555hrs to start my standard Bus route for Bus service 16, however when I was along Paterson Rd junction right turn towards lucky plaza, I pulled my handbrake and released my foot brake, at this point my bus jerked forward and this happens sometimes when I release my foot brake too quickly so I did not suspect it was another vehicle hitting onto my bus, but at about 0900hrs when I returned back to bus terminal, I noticed the rear of my bus is dented in at the bottom and there were 2 crack lines on both side of my bus plate.

My company informed me on 06/12/2024 at about 0930hrs that the bus I drove on 04/12/2024 requires a police report to be done in order for them to start their own investigations as well. No passenger was injured.



**SINGAPORE
POLICE FORCE**



T/20241206/7121

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000

3 of 3

Report No. T/20241206/7121

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SUFYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

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

Date/Time:
06/12/2024 19:12

Classification Of Case:

This report is lodged at Queenstown NPC Kiosk 1
NP168