

Your Ref: TO BE ADVISED
Our Ref: 2024-3021/RC/ND



21/06/2024

Accident Claims Officer
Transport Services Branch,
Logistics Department
HQ Singapore Civil Defence Force
91, Ubi Ave 4
Singapore 408827

SBS Transit Ltd
205 Braddell Road Singapore 579701

Mainline +65 6284 8866
Facsimile +65 6287 0311

www.sbstransit.com.sg

Company Registration No: 199206653M

Dear Sir/ Madam,

ACCIDENT INVOLVING SBS3747K & XD6103S ON 11/06/2024

We understand that you are the Government in-charge of vehicle no. XD6103S, which was involved in the above accident with our bus no. SBS3747K.

We are of the opinion that the accident was caused by the negligent driving of the driver. As a result of the accident, we have been put to loss and expense as follows:

Cost of repair	\$	244.40
Loss of use	\$	229.26 (458.52 x 0.50)
Total	\$	473.66

We enclose the following supporting documents: -

- | | |
|---|---|
| <input type="checkbox"/> A set of GIA report -5 pages | <input type="checkbox"/> After Repaired Photos – 10 pages |
| <input type="checkbox"/> Police Report of SBS3747K – 1 page | <input type="checkbox"/> Sketch plan – 1 page |
| <input type="checkbox"/> A copy of the Certification for Bus Repair -1 page | <input type="checkbox"/> SCDF letter |
| <input type="checkbox"/> Before Repair Coloured Photographs / Scene Photographs – 7 pages | |

We trust that you will settle this claim promptly to avert legal costs and interest charges. To this end, please treat this as notice in accordance with the protocol for Non-Injury Motor Accident litigation.

We look forward to hearing from you early in order to resolve this matter amicably at minimum cost to you.

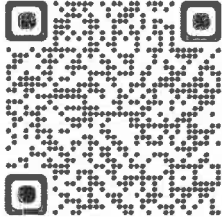
Yours faithfully,

Nirzahan
Group Claims Unit
DID: 63837408
Email: nirzahan@sbstransit.com.sg

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Please scan QR code to read SBS Transit Ltd Data Protection Policy:



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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	12/06/2024 15:17 (SGT)
Reported by	Actual Driver
Date of Accident	11/06/2024 19:15 (SGT)
Exact Location of Accident	Aft Grace Baptist Ch, Singapore
Additional Location Information	Mattar Rd (b/s 70241), 10.7km twds HFI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3747K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBSTRANSIT LTD
Company Reg No	1XXXXXXXXXXTE01
Email Address	seahhh@sbstransit.com.sg
Mobile Phone No	(Phone) +65-62444534
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B9tl
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	9364

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102280MFBP

DRIVER

Name of Driver	Wan Shahril Ezwan Bin W. Ahmad
Passport No/FIN	GXXXX955R
Date Of Birth	22/08/1985
Occupation	Outdoor

Driving Pass Date	07/03/2013
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86184141
Alt. Phone Number	-
Email Address	seahhh@sbstransit.com.sg
Address	512, Tampines Central 1
Address complement	No.15 Jalan Perniagaan Setia 2/20 Taman Perniagaan Setia Johor Bahru 81100
Postcode	Singapore 5205
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)	10
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	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
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Gender

Male

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: When my bus was stationary at the bus stop 70241 along Mattar Road, I heard the sound. I then found SCDF truck XD6103S LH mirror hit my bus RHR. OCC was informed and after exchanged details, I was told to continue my service. No injury. That's all.

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	Confidentiality

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6103S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	Mohamed Hasli Bin Mohamed Noor
Contact Number	(Phone) +65-92335659
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 central fund to copies of the report being made available aforesaid.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 purposes of:
 - (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) investigating the accident and/or my claims;
 - (iv) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (v) 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/postal packages) and/or
 - (vi) 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 be 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)

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

Version 2017

1

We declare the foregoing particulars are true in every respect:

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 Officer: *[Signature]*
(Name as in NRIC ID card)



SINGAPORE
POLICE FORCE



G:202406137006

1 of 1

POLICE REPORT (NP293)

Report No. G:202406137006

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No 1800-2440000

Date/Time Report Made 13/06/2024 02:08	Video Report No.	Station Diary No.
Name Of Informant WAN SHAHRIL EZWAN BIN W AHMAD	Address	
ID Type / ID No.	Contact No.	
FIN NO	Home/Office	Mobile
Nationality MALAYSIAN	Email Address	
Occupation Bus Captain	Sex Male	Age
Institution/School Name	Language English	Date of Birth
Date/Time Of Incident 11/06/2024 19:15 - 11/06/2024 19:20	Race	
	Location Of Incident 1 MATTAR ROAD MASJID SALLIM MATTAR SINGAPORE 387725	

Brief details.

On 11/06/2024 about 7.15pm, I was driving double deck SBS bus service number 65 bearing the registration plate number SBS3747K. I was driving along Mattar Rd towards junction of Aljunied Road. My bus was at stationary at bus stop number 70241 and it was on the second lane. Suddenly one lorry from the right lane knocked onto my bus rear with the lorry side mirror. I immediately alighted to check the damages. There are scratches on the bus rear portion and the lorry left side mirror broken. The lorry driver alighted. He is one Mohamed Hasli Bin Mohamed Noor S8809846C 30/03/1988 HP: 92335659 and we exchanged particulars and he left. I informed my SBS company control about the accident and was informed to resume driving. At that moment there are passengers inside the bus but nobody informed me injured. My SBS company instructed me to lodge a police report for record purpose.

Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter Not applicable	Date/Time 13/06/2024 02:08
Officer In-Charge Of Case:	Classification Of Case:

EAM

Accident Report

SBS Transit

Certificate of Bus Repair

Depot	BN	Bus No	SBS3747K
Driver	83691	Accident Date	Jun 11, 2024
Work Order No	1346976	Case No / AR No	20888 / AR-2024-3233

Date IN	Jun 18, 2024	Date Out	Jun 18, 2024
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Registration Date	Model/Manufacturer	Chassis No.
Feb 26, 2014	Volvo B9TL Eu5, DD, AC, 3 Axle	YV3S4P928EA165162

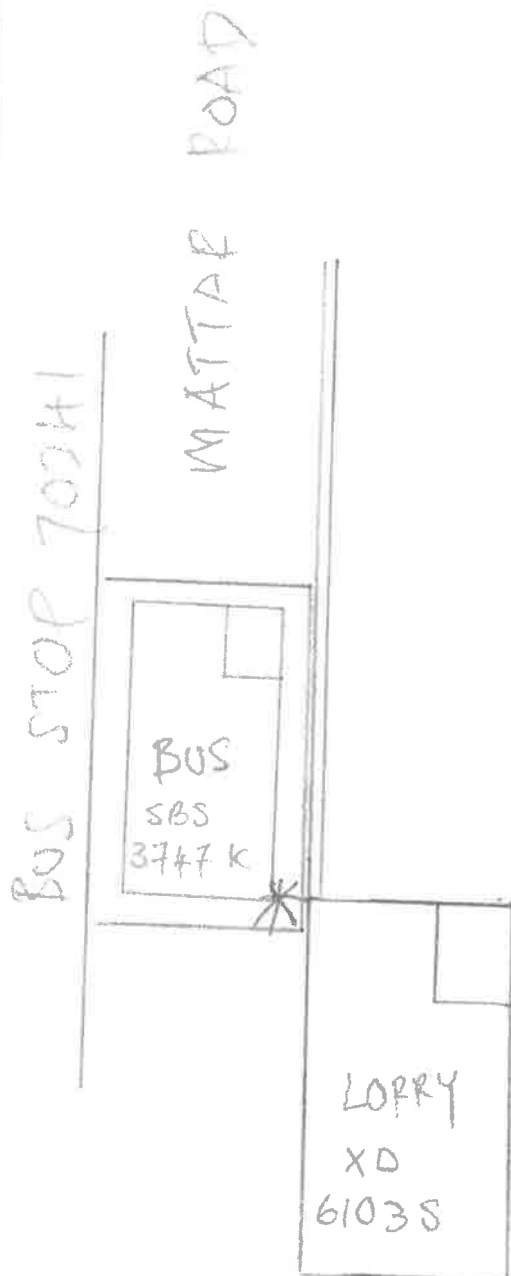
Stock Code	Description	Quantity	Total Material Cost (S\$)
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Stock items not used in Work Order

TOTAL FOR PARTS		S\$	0.00
S/N	Labour / Spray Painting / Contractor Cost	Amount	
1	Workshop Labour	S\$	188.00
2	Contractor's Repair Charges	S\$	0.00
TOTAL LABOUR / SPRAY PAINTING / CONTRACTOR COST		S\$	188.00
Repair cost of Advertisement / Livery		S\$	0.00
TOTAL DAMAGE		S\$	188.00
Overheads		S\$	56.40
Towing Charges		S\$	0.00
Repair Period : 0.50 Days		Loss of Use	S\$ 229.26
TOTAL LOSS		S\$	473.66

SBS Transit

Sketch Plan

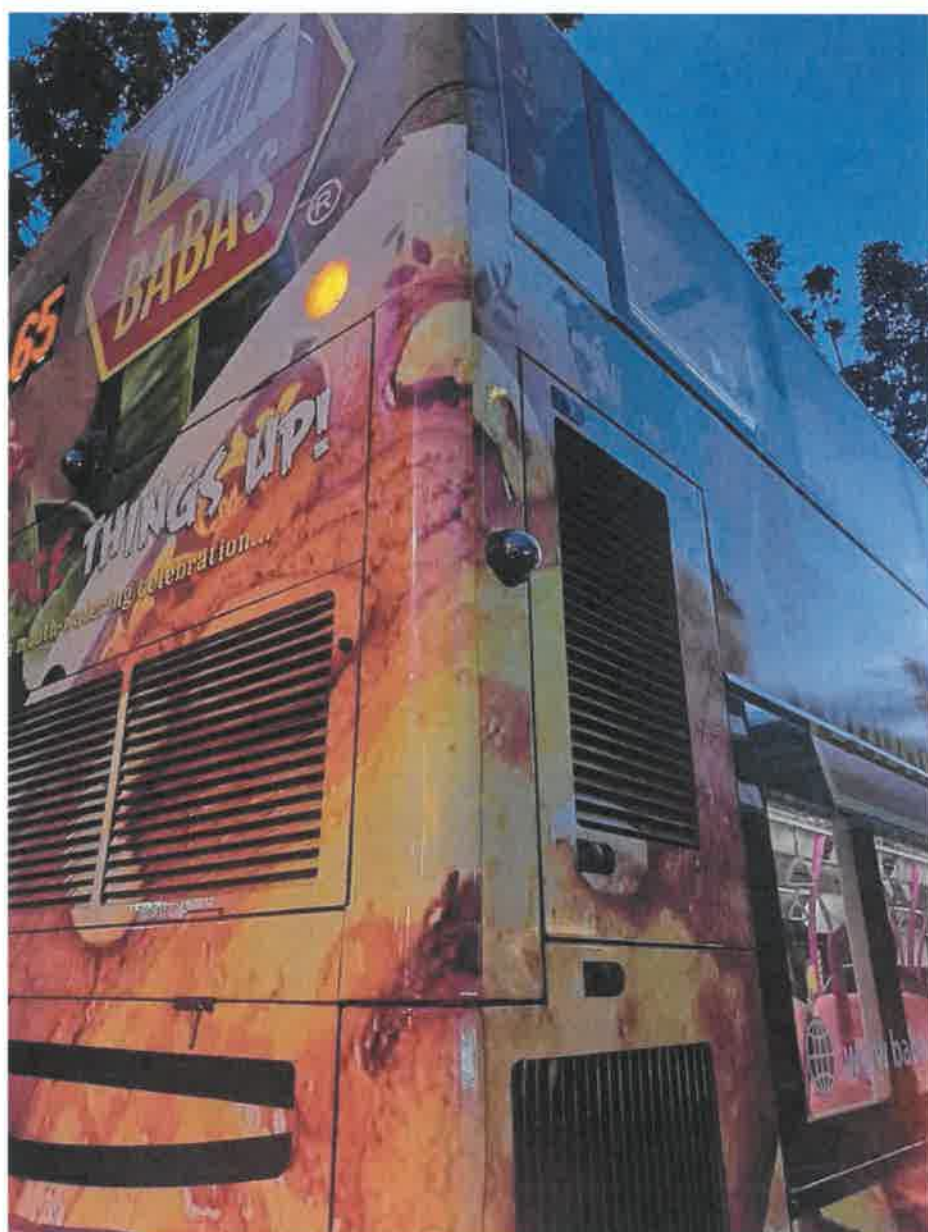


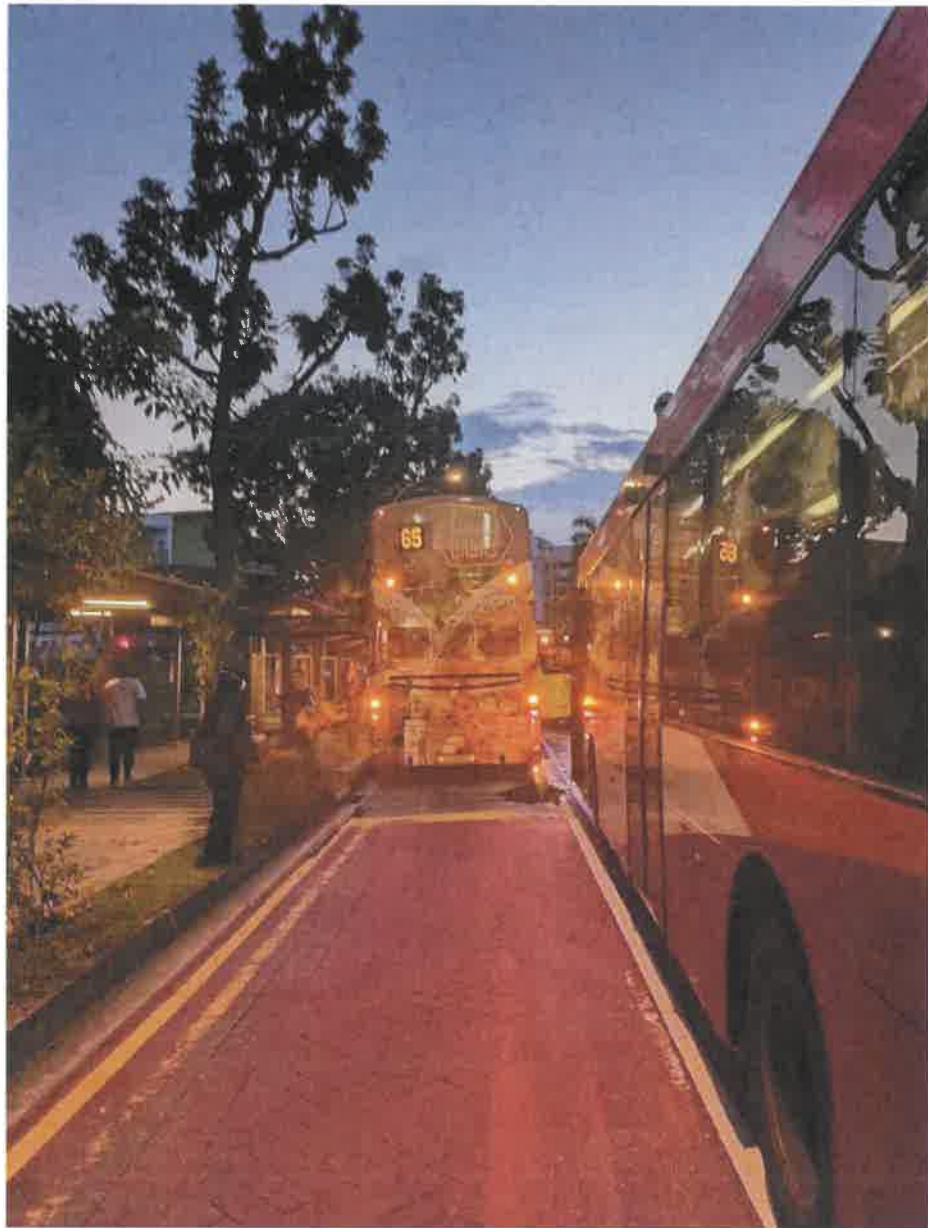
I/O In charge :	Chow Kei Lin
Report No :	AR-2024-3739
Date & Time Acc :	11.6.2024
意外日期與時間 :	7.15 pm
Bus No: 巴士車牌:	SBS 3747 K
Svc No: 路線:	65
BC No: 工牌號碼:	83691
BC Name: 姓名:	Wong Shauvi F2Wan
Signature: 簽名:	AW
Date: 日期:	12.06.24

















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Tik Tok

SBS3747K





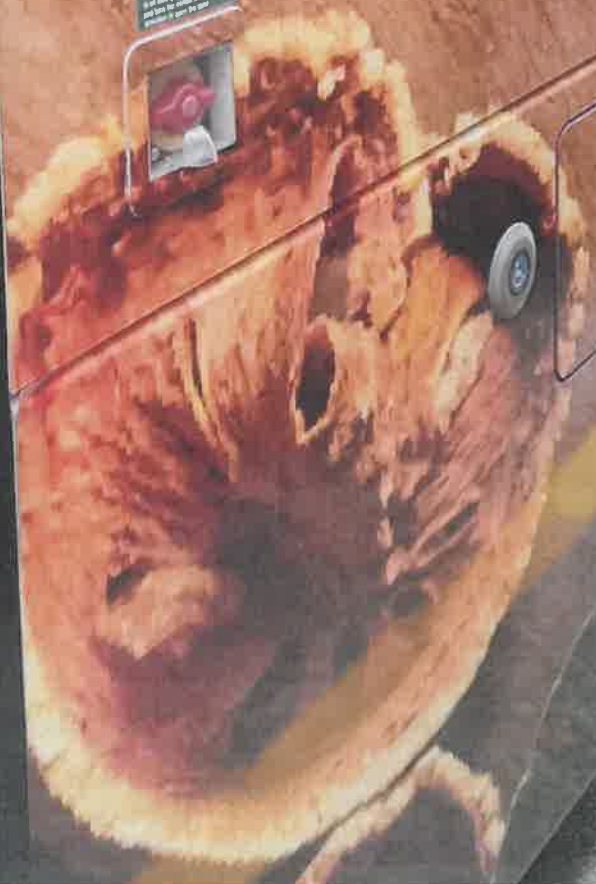




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back and hold the handle in the
position to open the door



LET'S











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峇峇肉類咖哩粉



BEST BEFORE / BAK SEBELUM (DOMMYYT)

