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400, NCV. DI.	1 - 71	

KEF:

CS/ CT 24060075/Tvh3e2

ASSIGNMENT

From: Date:	Veh No: SMB 3087 Yr Regn: 2012, 07
Estimaled Cost:	Type: M.Car / M.Cycle / Dup / Van / Lorry / Taxl / Prime Mover /
OD (TP) WS I TP RES I OD RES I EVA I INV I MY	Truck / Treller or
To Inspect Vehicle No:	Make: MAN NL320F c.c 10000
at Workshop m/s	Colour . Multi AC: Insured/Std/NI/NA
of	Sp.Reading 27188 T/Radio: Insured / Std / NI / NA
Insured: YL 3958H	Eng/No:
Policy No.	CINO: WMAY22 27 8C.700 1407
Claims No. SNM24D203411	Gen. Cond; Good / Fair / Poor / Burnt
Sum Insured: Excess:	Sleering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake; Interer/Jammed/Leaked/Burnt or
Make of Veh;	Modi: Ni / S/Rim / STD A/Rim or
	Tyre Size: F: 275 70 R 22.5
(Policy Condition)	R:
Remark: The veh had commenced its repair at the time of inspection.	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value;	Front Rear
IDAC Accident Roort Consistent? : Yes or No	R/Bal. 8/8 mm R/Bal. 8/8 mm
GIA / PR Seen: Consistent? : Yes or No	L/8al. 8 mm U8al. 8/8 mm
Est Repairs: days Res.: Yes or No	D.O.A. 8/6/2024 D.O.L. 13/6/24
Lum Sum: % 3 Val.: Yes or No	Survey held at Mandan Depot
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/G / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
9/7/24 Final fig \$4880 confirmed by email	(Red 1840, 27%)
	The state of the s
Date/Time, File Pass to? : Prell. Report	Days Of Repair: 4
and the second s	Resurvey No. of Trlp: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee	
Report Formal:	: Interview (\$ ) Photos : Tech, Invs (\$ ) Offices
Lung Sun/LB.I: (F	: Tech, Invs (\$ ) others

# **ESTIMATED ACCIDENT REPAIR COST**



GST Reg No. 201419417K

ACCIDENT TIME REPORTED	10:24 HRS	BUS REGISTRATION NUMBER	SMB30	8Z	
ACCIDENT DATE	8-Jun-24	BUS TYPE (SD/DD)	SD		
BUS CAPTAIN NAME	CHEONG TWON HIM	BUS ROUTE NO.			
THIRD PARTY CLAIM AGAINST	China Taiping Insurance	BUS ADVERT (Y/N)	N		
SECTION 1 : F	PARTS & CONSUMABLE ITEMS (MAT	ERIAL COST)			
NO.	Part or Item Des	cription	Quantity		Total Cost
1	NO.3 DOOR GLASS PANEL		1 cut	\$	1,210.00
2	NO.4 DOOR GLASS RUBBER		1 ant	\$	990.00
			9% GST	\$	198.00
			PARTS TOTAL COST	\$	2,398.00

# SECTION 2: ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY	PAINT)	T	OTAL COST
TO DISMANTLE & REPLACE :-			
DISMANTLE AND REPLACE ITEM NO: 1-2	7	\$	1,300.00
TO REMOVE & INSTALL PARTS SO AS TO PERFORM REPAIR WORKS :-	7 1300		
NS REAR BODY PANEL	\	\$	1,300.00
<ul> <li>EXIT DOOR 3 GLASS PANEL</li> </ul>	)	7	1,000.00
SPRAY PAINTING :-			
<ul> <li>NS REAR BODY PANEL</li> </ul>	1600	\$	1,920.00
<ul> <li>AFT EXIT DOOR TO NS</li> </ul>	10	T	1,520.00
REAR LAMP COVER			
SPRAY PAINTING \$640 PER PANEL	9% GST	\$	406.80
LABOUR CHARGES \$650 PER DAY	LABOUR TOTAL COST	\$	4,926.80

# SECTION AS IN WORKSHOP FOR SURVEY & REPAIRS

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 BUS TYPE is subject to final approval from Insurance Company(St) / DD) Supplementary item(s) must be resurveyed and

LOSS OF USE COST

DATE IN 8/Jun/2024 **DATE & TIME SURVEY** 

DATE OUT

**TOTAL NUMBER OF** 6

\$1,800.00

Acknowledged by Repairer Signature:

# prouvery new & dd parts taufhir e lithauto: com

SUMM	ARY	
SECTION NO.		COST
1	\$	2,398.00
2	\$	4,926.80
3	\$	1,800.00
TOTAL	\$	9,124.80

PAGE 1



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/06/2024 10:37 (SGT) Actual Driver 08/06/2024 10:24 (SGT) Sembawang Rd, Singapore BS 57061 DIEPPE BARRACKS ALONG SEMBAWANG RD Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMB308Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No. Alternative Phone No.

Yes TOWER TRANSIT SINGAPORE PTE LTD 2XXXXX417K feedback@towertransit.sg (Phone) +65-18002480950

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Man A22 SINGLE DECKER

**Employment** 

No - Claiming third party Bus Auto 10000

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

MS First Capital Insurance Ltd D-24102356MFBP

DRIVER

Name of Driver Work Permit No Date Of Birth Occupation

CHEONG TWON HIM GXXXX743M 15/09/1992 Outdoor



14/03/2018 6 YEARS AND 3 MONTHS **Driving Pass Date** Driving experience Gender (Phone) +65-18002480950 Mobile Number Alt, Phone Number feedback@towertransit.sg Email Address C/O: 21 BULIM DRIVE Address **BULIM BUS DEPOT** Address complement 648170 Postcode No Is the driver the policyholder? Employee If No, Relationship of the Driver with the Insured 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 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Yes Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

# DETAILS OF OTHER VEHICLE PROPERTY 1



Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)



## **Statement Form**

Employee Name	Cheong Twon Him	Employee ID	13189
Designation	Bus Captain	Date Taken	08/06/2024
Service No	980	Time Taken	1105hrs
<b>Bus Registration No</b>	SMB308Z	Date of Incident	08/06/2024
Duty Number	980A03	Time of Incident	1024hrs
Nature of Incident	Sideswipe with tow truck	T. T	1 10241113

### Details:

I BC13189 Cheong, was driving SMB308Z on the abovementioned time and date.

There was a tow truck that was attempting to uncouple with a concrete pump on Lane 3. I had signalled my intention to overtake the tow truck at B/S 57061 (Dieppe Barracks) when I noticed that there were passengers flagging to board my bus from that bus stop. As I swerved in after overtaking the tow truck to the bus stop to pick up the passengers, the left side of my bus came into contact with the open driver's door of the tow truck.

I had about 25 passengers onboard at the time of the incident. There were no injuries reported.

My bus (SMB308Z) sustained paint damage on the rear door and left hand side body panels. The tow truck sustained damages to the driver's side door.

My bus is equipped with 360-degree camera and was in operation at the time of the incident.

\*I confirmed that the above statement given by me is correct to the best of my knowledge.

Employee Name and ID	Signature	Designation
Statement Taken By: Oh Ce Xun (Andy) 14393	~	Interchange Supervisor
Employee Name and ID	Signature	Date & Time
13189 Cheong Twon Him	$\sim$	08/06/2024 1105hrs

Page 1 of 1

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful insrepresentation 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 lability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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 law yers/law fams, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SINGADOR POLITICAL MAIN PARTICAL MAIN POLITICAL MAI

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

SINGA

Sketch Plan

Sembaryony Road

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