

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 Authorised 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 ability.
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 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 Report	02/09/2017 09:23
Date Of Accident	31/08/2017 14:50
Exact Location Of Accident	MACPHERSON RD TOWARDS UPPER PAYA LEBAR RD B/S HAVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB2317U
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE SERVICES
Co Reg No	53287737C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO-1.5 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	17-MG000197-R02
Cover Note Number	
Driver	
Name of Driver	LIM KIM SIAH
NRIC No	S1670088F
Date Of Birth	05/03/1964
Occupation	INDOOR
Date Of Driving Pass	20/03/1986
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96756742
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 126 RIVERVALE ST #05-896
Postcode	540128
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 31/08/2017 AT ABOUT 1450HRS AT ALONG MACPHERSON ROAD TOWARDS UPPER PAYA LEBAR ROAD BESIDE HARVEY ROAD. I WAS TRAVELLING ON THE CENTER LANE AND SUDDENLY I HEARD A LOUD BANG FROM BEHIND. WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY LEFT REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. TOTAL 4 VEHICLES INVOLVED IN THIS ACCIDENT. (A) SJB 2317U (B) SKR 4861E (C) SBS 3166L (D) SLD 4180Z

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR4861E
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Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBS3186L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLD4180Z

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJB2317U

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

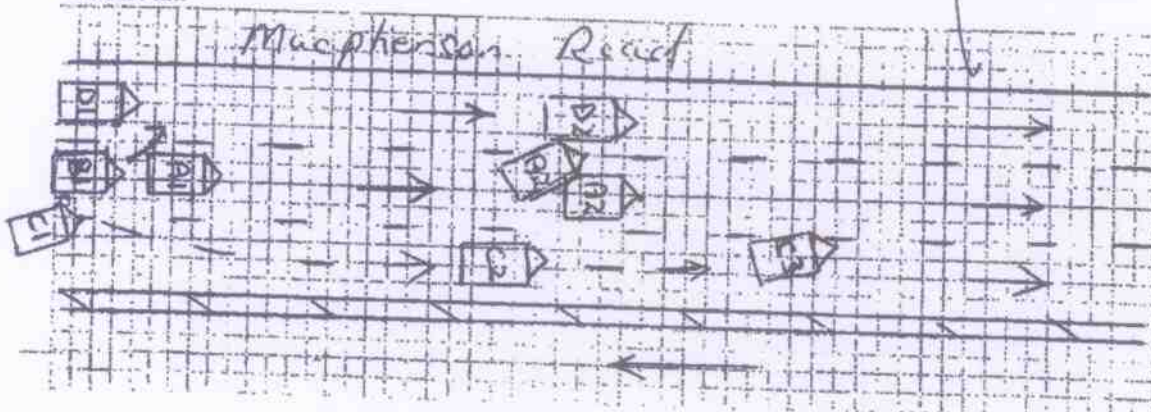
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

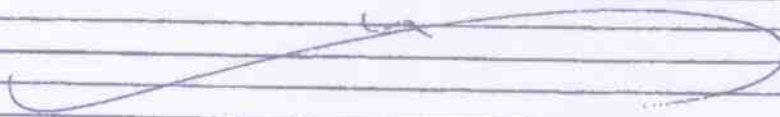
On 31/08/2017 at about 14.50 hrs I was along
Macpherson Road towards Upper Rye River
Road vehicle Harvey Road. I was travelling on
the center lane and suddenly I heard a loud
bang from behind. When I alighted, I realised
that it was Vehicle (B) who hit onto my left Rear
Portion of my Vehicle (A) causing damages to my
vehicle. Total 4 vehicles involved in this accident.

(A) SJR 2317 U

(B) SKR 4861 E

(C) SRS 3166 L

(D) SLD 4180 Z



Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



IP: 03815 / 17 / RCLND



TAX INVOICE

SBS Transit Ltd
205 BRADDELL ROAD
SINGAPORE 579701



VICOM LTD
385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4555
Facsimile (65) 6458 1040

www.vicom.com.sg
Company Registration No: 198100320K

ATTN : MOTOR CLAIMS DEPT.

VEHICLE No. : SBS3166L
ACCIDENT DATE : 31/08/2017
C M No. : E/4034/2017
INSURED VEH.No: SKR4861E

GST REG No. : M9-0000652-A
CUSTOMER ID : VACS0001
INVOICE No. : CL016928
INVOICE DATE : 19/10/2017
PAYMENT TERM : 30 Days Credit

DESCRIPTION	QTY	UNIT PRICE (SG\$)	AMOUNT (SG\$)
Photographs	6	1.00	\$ 6.00
Transportation	1	50.00	\$ 50.00
VAC Assessment Fee	1	115.00	\$ 115.00

GROSS AMOUNT	\$	171.00
GST @ 7%	\$	11.97
INVOICE AMOUNT	\$	182.97

This is a computer generated TAX INVOICE

No signature required

Cheque should be made payable to 'VICOM LTD'.

Sin Ming
385 Sin Ming Drive Singapore 575718
Tel: (65) 6455 5358 Fax: (65) 6455 8638

Bukit Batok
511 Bukit Batok St 23 Singapore 659545
Tel: (65) 6580 3312 Fax: (65) 6569 0722

Kaki Bukit
23 Kaki Bukit Ave 4 Singapore 415933
Tel: (65) 6741 6697 Fax: (65) 6749 2305

SBS Transit Ltd
205 BRADDELL ROAD
SINGAPORE 579701



VICOM LTD
385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4555
Facsimile (65) 6458 1040

www.vicom.com.sg
Company Registration No: 198100320K

SURVEY REPORT

GENERAL INFORMATION

VAC Ref. No.	: 516307	Claim No.	: E/4034/2017
Accident Date	: 31/08/2017	Claim Type	: THIRD PARTY
Assignment Date	: 02/10/2017	Policy No.	:
Survey Date	: 02/10/2017	Finalised Dt.	:
Survey Report Date	: 18/10/2017	Insured Veh.	: SKR4861E

VEHICLE PARTICULARS

Vehicle No.	: SBS3166L	Chassis No.	: YV3S4P929DA158316
Registration Date	: 16/11/2012	Engine No.	: D9188799
Make	: VOLVO	Engine Cap.	: 9364 CC
Model	: B9TL	Transmission	: AUTOMATIC
		Colour	: MULTI-COLOURED

CONDITION OF VEHICLE DURING SURVEY (VISUAL and STATIC TEST ONLY)

Foot Brake	: SERVICEABLE	Steering	: SERVICEABLE
Hand Brake	: SERVICEABLE	Modification	: NONE
Mileage	: 307847		

<u>TYRES</u>	<u>SIZE</u>	<u>MAKE</u>	<u>BALANCE (mm)</u>
FRONT RH	275/70R22.5	BRIDGESTONE	10
FRONT LH	275/70R22.5	BRIDGESTONE	10
REAR RH	275/70R22.5	BRIDGESTONE	10
REAR LH	275/70R22.5	BRIDGESTONE	10

SURVEY CONDUCTED AT

15 ANG MO KIO STREET 53
SINGAPORE 569117
TEL:65529620

REMARKS

- [1] Workshop Estimate : S\$ 338.34
[2] Our Adjustment : S\$ 338.34
[3] Repair Period : 1 days
[4] We have not authorised repairs. This survey was carried out on without prejudice basis.

SUPPLY REPORT

Annex B: Adjustment on Labour and Spray Painting

#	Job Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
1	(3) workshop labour for repair and replace bus damage & parts	272.00	272.00
2	Contractor's repair charges	0.00	0.00
3	Repair cost of advertisement / livery	66.34	66.34
TOTAL FOR LABOUR AND SPRAY PAINTING		338.34	338.34

Summary

Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
TOTAL FOR SPARE PARTS	0.00	0.00
TOTAL FOR LABOUR AND SPRAY PAINTING	338.34	338.34
TOTAL REPAIR COST	338.34	338.34

SURVEY REPORT**Annex C: Conclusion****ASSESSOR'S REPORT**

At the place of inspection, we saw this vehicle sustained rear damage.

The damages seen during our survey were at rear engine bottom door/cover, bumper and number plate panel and surrounding areas. A fuller detailed description of the damages is in Annex A of this survey report.

We examined all the rear damages and assessed they were from a collision or impact nature.

By cross-referencing with the e-filed report, we were satisfied the damages were consistent with the circumstances of accident as detailed.

ASSESSOR'S RECOMMENDATION

Sbs Transit Ltd - (Amk Bus Depot) estimated a repair cost of S\$338.34. We adjusted it to S\$338.34 on a part-by-part basis.

Accordingly, we recommend repairs to this vehicle be carried out on a part-by-part basis at S\$338.34.

The repairs would require a period of 1 working days.

We submit our survey report for your kind attention and would add the survey was carried out to the best of our ability, knowledge and experience.

REMARKS

SBS Transit, as owner of a large fleet and having an infrastructure of own workshops to maintain its buses at various depots, would have the parts price at costs. The parts are in the inventory. Correspondingly, the labour charge is actual cost based on man hours expended for the repairs. SBS Transit provides transportation to the general public. The repairs carried out by SBS Transit workshops is not a profit entity.



Fock Ping Yan
for VICOM Ltd





Certification for Bus Repairs


CBR REF NO. : AM20174495

Depot :

AMReport No.: E40342017BUS VEHICLE NO. : SBS3166L

Driver's Co no. & Name :

14711 Tan Khin Toong

Accident Date :

31/08/2017Date in : 21/09/2017Date Out : 21/09/2017

Yr Of Reg	Make / Model	Chassis No.
2012	Volvo B9TL Eu5, DD, AC, 3 Axle	YV3S4P929DA158316

Stock Code	Description	Quantity	Total Material cost (S\$)
		0	\$0.00
TOTAL FOR PARTS			S\$ -
S/N	Labour / Spray Painting / Contractor Cost	Amount	
1	(3) Workshop Labour for Repair and Replace Bus Damage & Parts	S\$	272.00
2	Contractor's repair charges	S\$	-
TOTAL LABOUR / SPRAY PAINTING / CONTRACTOR COST			S\$ 272.00
Repair cost of Advertisement / Livery			S\$ 66.34
TOTAL DAMAGE			S\$ 338.34

Certification for Bus Repairs

SBS Transit
CBR REF NO. : AM2017449S

Depot :

AMReport No.: E40342017BUS VEHICLE NO. : SBS3166L

Driver's Co no. & Name :

14711 Tan Khin Toong

Accident Date :

31/08/2017Date in : 21/09/2017Date Out : 21/09/2017

Yr Of Reg	Make / Model	Chassis No.
2012	Volvo B9TL Eu5, DD, AC, 3 Axle	YV3S4P929DA158316
TOTAL DAMAGE		S\$ 338.34
Overheads		S\$ 81.60
Towing Charges		S\$ -
Repair Period : 1 day(s)		Loss of Use
		S\$ 420.67
TOTAL LOSS		S\$ 840.61

Prepared By : Zulkifli Bin AmariDate : 03/10/2017

Approved By

Workshop Mgr : Tan Meng KiangDate : 03/10/2017

	Survey Fee	NA
TOTAL DUE	S\$	840.61

Approved By

District Safety : Chang Su PengDate : 03/10/2017

* This is computer generated document and does not require signature

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-006051

Date of Request: 11/01/2018

Your Ref No:

Online Purchase

SBS Transit Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date: 11/01/2018

Enquiry By: Linda Yeung Fook Mooi

TP Vehicle No.: SLD4180Z

Accident Date: 31/08/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLD4180Z	MSIG Insurance (Singapore) Pte. Ltd.	16/06/2017-15/06/2018	+65 6827 7888

Thank You.

The Images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under



RECORDS MANAGEMENT CENTRE

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TAX INVOICE

Our Ref No: GR-18-006051
Date of Request: 11/01/2018

Your Ref No: Online Purchase

SBS Transit Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 11/01/2018
Enquiry By Linda Yeung Fook Mool
TP Vehicle No. SLD4180Z
Accident Date 31/08/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque