



# ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	10:00HRS
ACCIDENT DATE	19-Sep-20
BUS CAPTAIN NAME	KAM SIEW WENG
THIRD PARTY CLAIM AGAINST	GREAT AMERICAN INSURANCE COMPANY

BUS REGISTRATION NUMBER	SBS6311P
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

## SECTION 1: PARTS & CONSUMABLE ITEMS (MATERIAL COST)

NO.	Part or Item Description	Quantity	Total Cost	
1	N/S/F CORNER BUMPER / BR	1	\$1,508.75	
2	N/S MIRROR / BR	1	\$2,948.75	
3	HEADLAMP ASSY LH / BR	1	\$585.04	
4	FRONT FLAP (Grille) / BR	1	\$1,906.00	
5	FRONT BUMPER / BR	1	\$1,398.88	
6	FRONT WINDSHIELD GLASS / BR	1	\$1,905.00	
7	N/S GLASS QUARTER / BR	1	\$722.86	
8	N/S EXTERIOR COVERING / BR	1	\$476.83	
9	BUMPER LOCK (LH) / MIS	1	\$40.18	
10	N/S BLINKER / SIGNAL LAMP / BR	1	\$44.03	
11	IU BRACKET FROM VICOM / NEC	1	\$16.00	
12	N/S/F PILLAR / DD	1	\$2,125.00	
13	FASTENER / NEC	1	\$61.50	
14	TOWER TRANSIT LOGO (S) / NEC	1	\$35.00	
15	SIKAFLEX BLACK / MC	6M	\$96.00	
			7% GST	\$970.89
			<b>PARTS TOTAL COST</b>	<b>\$14,840.70</b>

**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:

# ESTIMATED ACCIDENT REPAIR COST



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

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		TOTAL COST
TO DISMANTLE & REPLACE DAMAGED PARTS 650	2925	\$3,250.00
TO PERFORM VEHICLE ALIGNMENT AND RUN DIAGNOSTIC CHECK ON VEHICLE PERFORMANCE	500	\$1,000.00
SPRAY PAINTING 640	1920	\$3,200.00
	7% GST	\$521.50
	<b>LABOUR TOTAL COST</b>	<b>\$7,971.50</b>

SPRAY PAINTING \$640 PER PANEL  
LABOUR CHARGES \$650 PER DAY

## SECTION 3: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	(8711)	\$300.00
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## SECTION 4 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

BUS TYPE (SD / DD)	SD	DATE IN	19/9/2020
		DATE & TIME SURVEY	
		DATE OUT	
		TOTAL NUMBER OF DAYS	
LOSS OF USE COST			\$3,000.00

SUMMARY	
SECTION NO.	COST
1	\$14,840.70
2	\$7,971.50
3	\$300.00
4	\$3,000.00
<b>TOTAL</b>	<b>\$26,112.20</b>

Steve (LKK) 8322 8813  
 WIL PM  
 23/9/20, 3.00 pm  
 6 days  
 P/P  
 My Refr spj

### 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 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 Report	21/09/2020 10:34
Date Of Accident	19/09/2020 10:00
Exact Location Of Accident	JOO KOON INTERCHANGE JUNCT. OF JOO KOON CIRCLE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6311P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	2XXXXX417K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62480987

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITARO O530-6.4 D AT TURBO ABS (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	BUS

#### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19094584MFBP/4
Cover Note Number	

#### Driver

Name of Driver	KAM SIEW WENG
Passport No/FIN	FXXXX021X
Date Of Birth	30/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	+65-98888888
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD ON COLLISION  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? NO  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 3

**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**

PLEASE REFER ATTACHED

**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 XE3831M  
 Vehicle Make/Model/Colour SCANIA  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver JANARTHANAM SATHISH  
 NRIC/Passport Number GXXXX796X  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name GREAT AMERICAN INSURANCE COMPANY  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

Accident Sketch Plan



Statement Form

BC Name : Kam Siew Weng Date Taken : 19/9/2020  
 BC No : BC 12673 Time Taken : 15:30 hrs.  
 Nature of Incident : Incident with prime mover  
 Date of Incident : 19/9/2020 Time of Incident : 10:01 hrs.  
 Service No : 974 Bus Reg No : SBS 6311P Duty No : 974A09

Details :

I BC 12673, on 19 Sep 20, I was on duty 974A09.  
 Bus No: SBS 6311P. Location at Joo Koon Interchange  
 toward to Bukit Panjang, at about 10:01 hrs at the  
 junction after Joo Koon interchange egress. I stopped  
 in front of junction and wait for the traffic light, when  
 the traffic light be come green. I slowly move on,  
 suddenly on my left side a prime mover come from my  
 left side and hit onto my bus. 3 passenger on board.  
 Damage SBS 6311P left side mirror damaged, front windscreen on  
 left side shattered, front bumper dislodged and damaged.  
 Damage to lorry still uncertain.  
 No injuries.

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

Kam Siew Weng  
 BC Name & No.

AA  
 Signature

19-09-2020  
 Date & Time

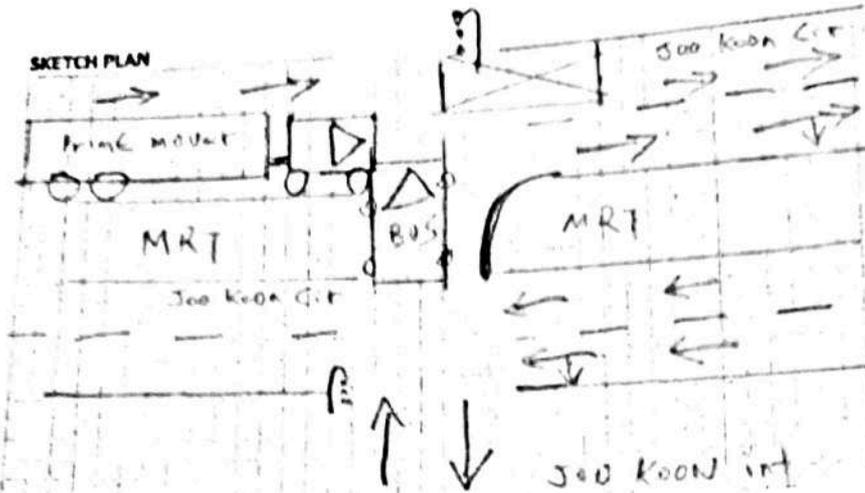
Statement Taken By:

Lip Choong  
 Name

IS  
 Designation

[Signature]  
 Signature

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I RC 12673, on 19 Sep 20, I was on duty 97909.  
 Bus No: SBS 6311P. Location at Joo Koon Interchange  
 Toward to Bukit Panjang, at about 10:01 hrs at the  
 Junction after Joo Koon interchange egress. I stopped  
 in front of junction and wait for the traffic light, when  
 the traffic light be came green. I slowly mover on,  
 Suddenly on my left side a prime mover came from my  
 left side and hit onto my bus. 3 passenger on board.  
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 left side shattered, front bumper dislodged and damaged.  
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 No injuries.

注意巴士內只有3名乘客

DECLARATION

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

Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: