

TOTAL

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# ESTIMATED ACCIDENT REPAIR COST



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

TOTAL TOWING COST	
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## SECTION 4 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

DATE IN	6/10/2020
DATE & TIME SURVEY	19/10/2020
DATE OUT	
TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	SD
LOSS OF USE COST	(EXCLUDE) \$900.00

SUMMARY	
SECTION NO.	COST
1	\$987.74 923.12
2	\$695.50 650.00
3	-
4	\$900.00 (EXCLUDE)
TOTAL	<del>\$2,583.24</del> 1,573.12

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- 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:

Rahul  
Hp 90010068  
1 day  
19/10/2020 @ 1420  
Reg after repair

## 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	07/10/2020 15:15
Date Of Accident	06/10/2020 09:10
Exact Location Of Accident	TEBAN GARDENS ROAD TWDS JURONG EAST INTERCHANGE
Country/State Of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6395Y
<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	LIM POH WAT
NRIC No	SXXXX939G
Date Of Birth	24/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2016
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98888888
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

21 BULIM DRIVE SINGAPORE 648170

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 -

Insurance Company of Driver's Own Vehicle -

### 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 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) 10

### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
POLICE STATION NAME [OTHER] NANYANG NPC  
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? YES  
Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 11

Vehicle Registration Number YP4279G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category GOODS VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name ERGO INSURANCE PTE. LTD.  
Nature Of Damage  
No. Of Passenger (Including Driver)



**SINGAPORE  
POLICE FORCE**



T/20201006/2059

Police Station Of Origin:  
Nanyang N P C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No T/20201006/2059

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/10/2020 13 48		Vide Report No. D/20201006/0029		Station Diary No.: 76	
<b>Informant's Particulars</b>					
Name of Informant: LIM POH WAT		Address: APT BLK 678C JURONG WEST STREET 64 #11-329 SINGAPORE 643678			
ID Type / ID No.: NRIC NO / S1321939G		Contact No.: Home/Office: Mobile: 98488161			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 62	Date of Birth: 24/07/1958	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name	
Occupation: Bus driver		Driving Licence Information: Class 3,4,5		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/10/2020 09:15	Type of Location: Straight Road
Location: TEBAN GARDENS ROAD				
Lamp Post Number: 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
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
SBS6395Y	Bus/Coach/Mi nibus	MERCEDES BENZ	CITARO O530 6.4L AT TURBO ABS	Multi-Colored	Slightly Damaged	7

**Details of Person Involved**

Any Pedestrian Involved No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



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Report No: T/20201006/2059

## CONTINUATION OF REPORT

Driver			
Name	LIM POH WAT	ID No.	S1321939G
Related Vehicle	SBS6395Y (Bus/Coach/Minibus)	Contact No.	98488161
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3,4A,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 06/10/2020 at 0915hrs, I was driving my bus bearing registration number (SBS6395Y) along Teban Gardens Road. As I was approaching the pedestrian crossing between lamp post number 32 and 34, I slowly brake to a stop as there were pedestrian crossing the road. Subsequently, I drove off to the bus stop no. 20231 to alight my passengers in my bus after the road was clear. While I was dropping off the passengers, one member of public informed me that my rear right brake light was damaged. He informed that one white colour lorry with unknown vehicle number had hit my bus. Therefore, I called my company, Tower Transit Singapore, and subsequently the called for Police. Traffic Police was at the incident location.

I would like to state that this is the first time such incident happened to me and I do not have any suspect in mind. My passengers and I are not injured. I did not notice nor realise that I got hit as it was a slight bang. My bus have in-vehicle camera and the video footages will be forwarded to the Police.

Vide report no. D/20201006/0029.

Accident Sketch Plan



SINGAPORE  
POLICE FORCE



T/20201006/2059

Police Station Of Origin:  
Nanyang N P C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No T/20201006/2059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 2 AHMAD SUFYAN BIN AMRAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/10/2020 13:48
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN Contact No.: 65476206	Classification Of Case:
Authentication Stamp  SIGNATURE	



# Accident Sketch Plan



## Statement Form

BC Name : Lim Poh WAT Date Taken : 06 Oct 2020  
 BC No : BC 10105 Time Taken : 12:30 hrs.  
 Nature of Incident : Tuban Gdns Rd, pedestrian crossing.  
 Date of Incident : 06/10/2020 Time of Incident : 09:09 hrs.  
 Service No : 143 Bus Reg No : SBS 6395Y Duty No : 143502

### Details :

I BC 10150, on 6 Oct 2020, I was on duty 143502, Bus No: SBS 6395Y, Location at Tuban garden toward to Jurong East Interchange. While slow down at pedestrian crossing, suddenly right side and boby a lorry sideswipped my right signal light, then cracked. Then the lorry never stops and drive away, I inform RCC and take pictures of the damage send RCC and resume duty.

Police arrived at 09:42 hrs.

No injuries..

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

LIM POH WAT 10150  
BC Name & No.

[Signature]  
Signature

6/10/2020 09:15hrs  
Date & Time

### Statement Taken By:

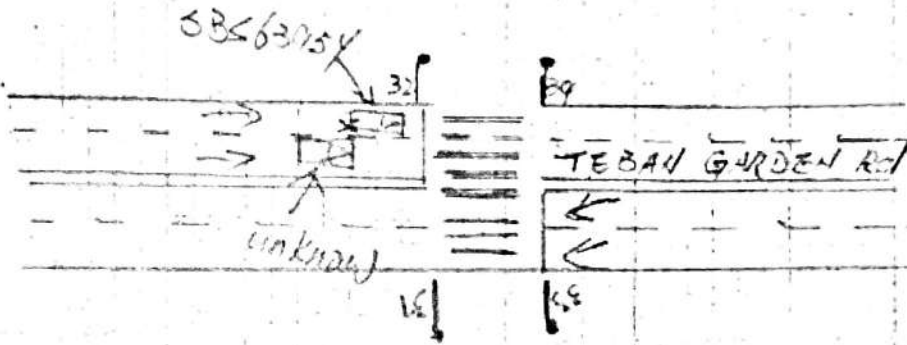
Lip Cheong  
Name

IS  
Designation

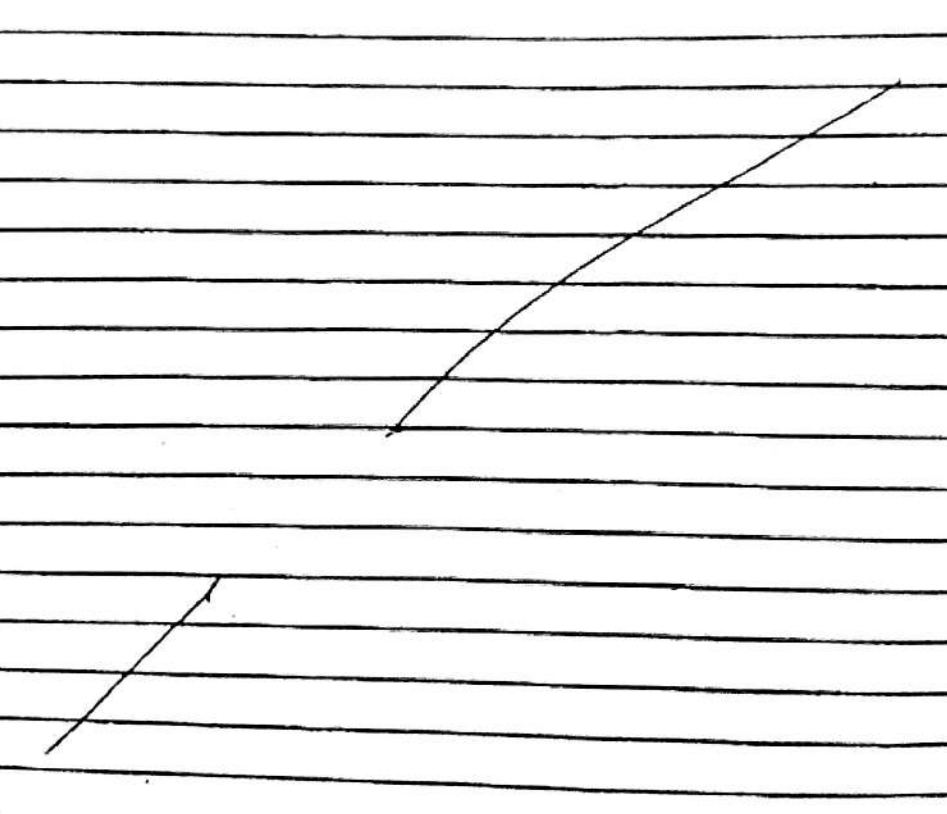
[Signature]  
Signature

### Accident Sketch Plan

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

A large rectangular area with horizontal lines, intended for a signature or stamp. The lines are evenly spaced and cover the majority of the page's width and height.

### 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:

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

# Accident Sketch Plan

## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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: 6/10/2020 09:15 hrs.

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

# Accident Sketch Plan



TRAFFIC INVESTIGATION BOARD  
TRAFFIC POLICE  
INQUIRY UNIT  
MAYLAND ROAD, LONDON  
E11 1AA

## CASE CARD

REPORT NO. D/2000/01/0001  
Traffic Accident No. 1000000000  
Reporting Authority 1000000000  
Date 10/10/00 at 10:00 AM

It is certified by the Board that the information supplied in this report is true and correct to the best of the Board's knowledge.

The accident occurred on the road at Traffic Police No. 1000000000  
at 10:00 AM on 10/10/00 at the following location: 1000000000

1. Please bring along with you:  
a) Driver's License/Passport/Work Permit  
b) Driving License/Insurance Certificate  
c) Vehicle License/Insurance Certificate  
d) Any other documents  
e) All other relevant documents (e.g. witness statements)

1000000000  
1000000000  
1000000000

2. If you are unable to bring the appropriate documents, please contact the Investigation Officer.  
Name 1000000000  
Contact 1000000000

Author's contact  
1000000000  
Phone: 100 10 1000000000