

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	16:57hrs
ACCIDENT DATE	03-Jun-21
BUS CAPTAIN NAME	RAGHU S/O KUPPEN
THIRD PARTY CLAIM AGAINST	AIG Asia Pacific Insurance

BUS REGISTRATION NUMBER	SG7005D
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

SECTION 1 : PARTS & CONSUMABLE ITEMS (MATERIAL COST)

NO.	Part or Item Description	Quantity	Total Cost
1	OS BATTERY COMPARTMENT DOOR MTG <i>repair</i>	1	\$840.00
2	OS REAR LAST COMPARTMENT <i>repair</i>	1	\$840.00
3	ADVERTISEMENT STICKER <i>ne /</i>		<i>200</i> \$250.00
4			
5			
6			
7			
8			
		7% GST	\$135.10
		PARTS TOTAL COST	\$2,065.10

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

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE :- <ul style="list-style-type: none"> OS BATTERY COMPARTMENT DOOR MTG OS REAR LAST COMPARTMENT DOOR MTG . . 	<i>320</i> \$1,950.00
SPRAY PAINTING :- <ul style="list-style-type: none"> OS BATTERY COMPARTMENT DOOR MTG OS REAR LAST COMPARTMENT DOOR MTG . . 	<i>640</i> \$1,280.00
CONTRACTOR'S COST : TO REPLACE ADVERTISEMENT STICKER	<i>100</i> \$150.00
SPRAY PAINTING \$640 PER PANEL	7% GST
LABOUR CHARGES \$650 PER DAY	LABOUR TOTAL COST
	\$236.60
	\$3,616.60

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	10-Jun-2021
		DATE & TIME SURVEY	10-Jun-2021
		DATE OUT	
		TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	DD		
LOSS OF USE COST		\$1,600.00	

SUMMARY	
SECTION NO.	COST
1	\$2,065.10
2	\$3,616.60
3	-
4	\$1,600.00
TOTAL	\$7,281.70

Rasul
Hp 90010068
3 days
10/06/21 @ 1420
Ready after repair

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:

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 Submission 04/06/2021 14:40 (SGT)
Date of Accident 03/06/2021 16:57 (SGT)
Exact Location of Accident Clementi, Singapore
Additional Location Information SLIP RD FR CLEMENTI AVE 6 TWDS COMMONWEALTH AVE
Country/State of Loss WEST
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG7005D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No 2XXXXX417K
Email Address feedback@towertransit.sg
Mobile Phone No (Phone) +65-18002480950
Alternative Phone No (Office) +65-18002480950

VEHICLE PARTICULARS

Manufacturer Yutong
Model Zk6122he9
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 11000

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-19094584MFBP
Cover Note Number -

DRIVER

Name of Driver RAGHU S/O KUPPEN

NRIC No SXXXX464Z
 Date Of Birth 23/07/1966
 Occupation Outdoor
 Date Of Driving Pass 20/04/2016
 Driving experience 5 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-18002480950
 Alt. Phone Number -
 Email Address feedback@towertransit.sg
 Address C/O : 21 BULIM DRIVE
 Address complement BULIM BUS DEPOT
 Postcode 648170
 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 material or property damaged? Yes
 Number of Passengers (Including Driver) 1
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

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

PLEASE REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident FILE TOO BIG
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME3594C
 Vehicle Manufacturer Kia
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -

Address -
Address complement -
Postcode -
Insurance Company Name AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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Statement Form

Employee Name:	<u>Raghu S/O Kuppen.</u>	Date Taken:	<u>03/06/2021.</u>
Employee BC:	<u>BC10311.</u>	Time Taken:	<u>19:05hrs.</u>
Date of Incident	<u>03/06/2021.</u>	Duty Number:	<u>189S09.</u>
Service No. & Reg No.:	<u>189/SG7005D.</u>	Time of Incident:	<u>1657hrs.</u>
Nature of Incident:	<u>Private Car sideswiped my bus.</u>		

Details:

On 03-Jun-2021, at about 1657hrs. I BC 10311 on svc 189S09 was driving bus no SG7005D. After BS17379 Clementi Ave 6 slip road towards Commonwealth. At the slip road one private car front left side bumper Sideswiped my bus at rear right-side body. No visible injuries, there was 2 pax onboard. I informed BOCC. Damage of my bus SG 7005D is scratches on rear right side body.

Damage on the private car is scratches on front left bumper. After exchanging particulars with the 3 Party at same location and continued my service.

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

Raghu S/O Kuppen /BC10311

Employee Name & No.


Signature

03/06/2021/19:05hrs.

Date & Time

Statement Taken Conducted By:

Sivakumar S/O T. S /10082.

Name / Employee ID

IS

Designation

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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' 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

Sketch Plan

[Signature]

3/6/2021

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

19.05



Witnessed by Reporting Centre Personnel

Clementi Ave 6 slip road towards

ST1021640001
SME 3594C

Describe Circumstances of the Accident

On 03-Jun-2021, at about 1657hrs. I BC 10311 on svc 189S09 was driving bus no SG7005D. After BS17379 Clementi Ave 6 slip road towards Commonwealth. At the slip road one private car front left side bumper Sideswiped my bus at rear right-side body. No visible injuries, there was 2 pax onboard. I informed BOCC.

Damage of my bus SG 7005D is scratches on rear right side body.

Damage on the private car is scratches on front left bumper. After exchanging particulars with the 3 Party at same location and continued my service.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Declaration

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

& Time 3/6/2021



Witnessed by Reporting Centre
Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	417K
Vehicle No.:	SG7005D
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jun 2021
Vehicle Make:	YUTONG
Vehicle Model:	ELECTRIC ZK6125BEVGS AUTO
Primary Colour:	Multicolor
Manufacturing Year:	2020
Engine No.:	-
Chassis No.:	LZYTAGEWXL1056949
Maximum Power Output:	-
Open Market Value:	\$667,519.00
Original Registration Date:	04 Jun 2020
First Registration Date:	04 Jun 2020
Transfer Count:	0
Actual ARF Paid:	\$0.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 10 Jun 2021

OK