A CC	OD 6551 Rigf3 417K
A55	SIGNMENT
From: Date:	Veh No: SG 70050 Yr Regn: 2020 / JUN
Estimated Cost:	Type: M.Car / M.Cycle / Sus / Van / Lorry / Taxi / Prime Mover /
OD / (FP)/ WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SG 7005	Make: YUTONG EUROPRICZKOWS C.C
at Workshop m/s TOWER TRANSIT	Colour Cycle A/C: Insured / Std / NI / NA
of ZI, BULIM DRIVE	Sp.Reading 29428 T/Radio: Insured / Std / NI / NA
Insured: A14	Eng/No:
Policy No.	C/NO: LZYTAGE WXLlos 6449
Claims No.	Gen. Cond: Good / Paty / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: MIP S/Rim / STD A/Rim or
	Tyre Size: F: 305 70R 22-5
(Policy Condition)	Tyre Size.
(Policy Condition) Remark: The veh had commenced its N/S O/S	<u> </u>
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	- DIPO 6 - DIPO 6/8
IDAC Accident Rport: Consistent? : Yes or No	1/Del 0/0
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 8 8 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 03 06 2021 D.O.I. 16 06 21
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	The state of the s
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
	Days Of Repair:
te/Time, File Pass to? Prelli. Report	Days Of Repair: Resurvey No. of Trip: Survey Fee:
e/Time, File Pass to? : Preli. Report : Final Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
e/Time, File Pass to? : Prell. Report : Final Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$)S+RS,SI
e/Time, File Pass to? : Prell. Report : Final Report e/Time, File Return to? Add Fe	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Pee: Site Insp (\$)S+RS,SI Interview (\$) Photos
e/Time, File Pass to? : Prell. Report :: Final Report e/Time, File Return to? Add Fe	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Pee: Site Insp (\$)S+RS,SI
e/Time, File Pass to? : Preli. Report :: Final Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Pee: Site Insp (\$)S+RS,SI Interview (\$) Photos

ESTIMATED ACCIDENT REPAIR COST



PAGE 1

ORTED	16:57hrs	BUS REGISTRATION NUMBER	SG7005	D
CCIDENT DATE	03-Jun-21	BUS TYPE (SD/DD)	DD	
BUS CAPTAIN NAME	RAGHU S/O KUPPEN	BUS ROUTE NUMBER		The second secon
THIRD PARTY CLAIM	AIG Asia Pacific Insurance			and the second s
AGAINST	AIG Asia Facilit Insurance	BUS ADVERTS (Y/N)	N	
SECTION 1 : PARTS	& CONSUMABLE ITEMS (MATERIAL COS	т)		
NO.	Part or Ite	n Description	Quantity	Total Cost
1	OS BATTERY COMPARTMENT DOOR MT	g refnir	1	\$840.0
2	OS REAR LAST COMPARTMENT	repair	1	
3	ADVERTISMENT STICKER		1617 CARRE	200 \$250.0
4	to the property of the		x - 10 (x	200 4900
5	1.00	Transfer May 1977 v supposets discount	# # # # # # # # # # # # # # # # # # #	
6	and the same of th	No state in	¥	11
7		M		
8			1100	A TO MAKE TO A
	3000		7% GST	¢125.4
			PARTS TOTAL COST	\$135.1 \$2,065.1
			· · · · · · · · · · · · · · · · · · ·	\$2,005.1
TION 2 : ASSESSMI	ENT / REPAIR / SPRAY PAINT (LABOUR	COST		
A	OUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT,			
DISMANTLE & REPL		REPAIR OR SPRAY PAINT)	A	TOTAL COST
	OS BATTERY COMPARTMENT DOOR M	ΓG		
• (OS REAR LAST COMPARTMENT DOOR I	MTG	320	\$1,950.00
<u> </u>				
Y PAINTING :-				No.
	OS BATTERY COMPARTMENT DOOR MT		640	
•	OS REAR LAST COMPARTMENT DOOR N	ATG	0 70	\$1,280.00
•	A company on the party	A S A MAY 1 WEST	March 1	
RACTOR'S COST :	DEDIAGE ADVICE		Table 1	
101	REPLACE ADVERTISMENT STICKER		(0)	\$150.00
	The state of the s	S MAN S LOS	r r r	
CHARGES \$650 PER DA		4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7% GST	\$236

ESTIMATED ACCIDENT REPAIR COST



ECTION 3: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST

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	
4		\$1,600.00

LOSS OF USE COST

DD

BUS TYPE (SD / DD)

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

Parul Hp 90010068 3 clays 10/06/21@1420 Rosy after repail

PAGE 2

<u>LKK Auto Consultants</u> 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:

1021640001 / TOWER TRANSIT SINGAPORE PTE LTD NTRY DATE & TIME: 04/06/2021 14:40 (SGT)
UBMITTED BY: BAZLIN BINTE AHMAD ERSION: 1 (04/06/2021 14:40 (SGT))



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 witholding of material facts may allow insurance companies to repudiate

- 3. Information provided must be as utuliful and accurate as possible to policy liability on the part of the insurance companies.

 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 the control of the mode available upon application by interested narries. 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 WEST Country/State of Loss 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.sq 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 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

RAGHU S/O KUPPEN

		Mess co
NRIC No	SXXXX464Z	dress col dress code ostrone
Date Of Birth	23/07/1966	aste an
Occupation	Outdoor	nsure Naur Det
Date Of Driving Pass	20/04/2016	Harak
Driving experience	5 YEARS AND 2 MONTHS	Lys or
Gender	Male	4,
Mobile Number	(Phone) +65-18002480950	
Alt. Phone Number	THE THE	
Email Address	feedback@towertransit.sg	
	C/O : 21 BULIM DRIVE	A STORY
Address	BULIM BUS DEPOT	
Address complement		
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		
No. 1 The second of the second	Andrick with the second of the second	
Insurance Company of Other Vehicle Owned by Driver		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Side Swipe	
Type or Accident	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	The same of the sa
Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
DETAILS OF POLICE ACTION		
** det et de the police?	AL NI	
Was the accident reported to the police?	No No	
Was notice of intended Prosecution given?	No	
f yes, against whom?		
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER ATTACHED		
ATTACHMENT(S)		
	Mark Control of the C	
re accident photos available for attachment?	Yes	
as there any video captured by Car Camera?	Yes	
easons for not uploading a video of the accident	FILE TOO BIG	
as there any audio recorded?	No	
DETAILS OF OTHER	R VEHICLE PROPERTY 1	
hicle Registration Number	CME2EO4C	
	SME3594C	
hicle Manufacturer	Kia	
hicle Model		

Private car



Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

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

Accident report ST1021640001

rket Va dent R_{I.} Seen:



Statement Form

Employee Name:	Raghu S/O Kuppen.	Date Taken:	03/06/2021.
Employee BC:	BC10311.	Time Taken:	19:05hrs.
Date of Incident	03/06/2021.	Duty Number:	189509.
Service No. & Reg No.:	189/SG7005D.	Time of Incident:	1657hrs.
Nature of Incident:	Private Car sideswiped m	y bus.	
Details:			
On 03-Jun-2021, at abou	t 1657hrs. I BC 10311 on svc 18	9S09 was driving bus no SG	7005D.After BS17379
	towards Commonwealth. At the		
	ar right-side body. No visible inj		rina i a
	05D is scratches on rear right si		a de la companya de l
Damage on the private ca	ar is scratches on front left bum	per. After exchanging parti	culars with the 3
Party at same location an	nd continued my service.		
w			
St. 1 188 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1800 H	
*I confirmed that the above	ve statement given by me is co	rrect to the best of my know	owledge.
Raghu S/O Kuppen /BC103	311 m	C	3/06/2021/19:05hrs.
Employee Name & No.	Signature	Da	te & Time
Statement Taken Conducto	ed By:		
Sivakumar S/O T. S /10082		IS	
Name / Employee ID		Designation	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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 <u>truthful and accurate as possible</u>. 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)

Lunderstand, 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 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;

& Time

- (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SINGAOORING PORTING PO

Policyholder's Signature / Date & Time

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

/ Date Witnessed by Personnel

Clementi Rueb she rand town

Accident report ST1021640001

Page 5 of 10

Describe	Cleanme	ances	of the	Accident
Describe	Circums	ances	OI UIG	Modiadii

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, the 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.	On 03-Jun-2021, at about 1657hrs. I BC 10311 on svc 189509 was driving bus no SG7005D.After BS17379
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	On US-Jun-2021, at about 165/hrs. I BC 10511 on SVC 10505 Was an inches on front left side humber
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	Clementi Ave 6 slip road towards Commonwealth. At the slip road one private car noncier slave being s
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	Sideswiped my bus at rear right-side body. No visible injuries, the was 2 pax onboard. I informed BOCC.
Damage on the private car is scratches on front left bumper. After exchanging particulars with the 3	
	AND CONTRACTOR OF THE CONTRACT
Taky at same location and continued my service.	
	rarty at same location and continued my service.

Declaration

IWe 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 3 (b (\alpha 2)

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:	04Jun 2020
Transfer Count:	0
Actual ARF Pald:	\$0.00
International Parking Date in a	
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