

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	18:11HRS
ACCIDENT DATE	19-Jul-21
BUS CAPTAIN NAME	PANG CHEE WAH
THIRD PARTY CLAIM AGAINST	AIG Asia Pacific Insurance Pte. Ltd.

BUS REGISTRATION NUMBER	SMB3502J
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	FRONT WINDSCREEN LOWER <i>crn /</i>	1	\$2,214.98
2	OSF BUMPER <i>crn /</i>	1	\$395.58
3	OSF LAMP COVER <i>crn /</i>	1	\$637.90
4	TOWER TRANSIT LOGO "S" <i>neu /</i>	1	\$120.00
5	IU BRACKET <i>neu /</i>	1	\$16.00
6	SIKAFLEX BLACK <i>neu /</i>	<i>tube</i> 5 METRE	\$80.00
7			
8			
		7% GST	\$242.51
		PARTS TOTAL COST	\$3,706.97

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"> FRONT WINDSCREEN GLASS OSF BUMPER OSF LAMP COVER 	\$1,300.00 975
TO PERFORM REPAIR WORKS ON :- <ul style="list-style-type: none"> FIBER BODY GLASS PANEL 	\$1,950.00 975
SPRAY PAINTING :- <ul style="list-style-type: none"> WHITE & GREY LINING OSF BUMPER FIBER BODY GLASS PANEL 	\$1,920.00 1280
SPRAY PAINTING \$640 PER PANEL	7% GST
LABOUR CHARGES \$650 PER DAY	LABOUR TOTAL COST
	\$361.90
	\$5,531.90

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	19-Jul-2021
		DATE & TIME SURVEY	
		DATE OUT	
		TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	DD		
LOSS OF USE COST		\$2,000.00	

SUMMARY	
SECTION NO.	COST
1	\$3,706.97
2	\$5,531.90
3	-
4	\$2,000.00
TOTAL	\$11,238.87

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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:

Rasm
Hp 90010068
4 days
22/07/21 P1025
Resy 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 Submission 21/07/2021 15:21 (SGT)
Date of Accident 19/07/2021 18:11 (SGT)
Exact Location of Accident Bukit Batok, Singapore
Additional Location Information BUKIT BATOK EAST AVE 3 BEFORE BUS STOP 43189
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB3502J

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 Alexander Dennis
Model ENVIRO500
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 12000

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 PANG CHEE WAH
NRIC No SXXXX7911

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

15/11/1971
 Outdoor
 13/05/2016
 5 YEARS AND 2 MONTHS
 Male
 (Phone) +65-18002480950
 -
 feedback@towertransit.sg
 C/O : 21 BULIM DRIVE
 BULIM BUS DEPOT
 648170
 No
 Employee
 No
 -
 -

Code
 Insurance Company
 Nature Of Damage
 Details of property damage
 No. Of Passenger (Including 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 1
 Was anybody injured in the Accident? No
 Was any injured conveyed to hospital by ambulance? -
 Was any other vehicle 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
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD5640U
 Vehicle Manufacturer Subaru
 Vehicle Model Forester
 Vehicle Variant -
 Vehicle Colour White
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -

Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
AIG Asia Pacific Insurance Pte. Ltd.
-
-
-



Statement Form

BC Name: Pang Chee Wah Date Taken: 19 July 2021
 BC No : 10937 Time Taken: 2115 hrs
 Nature of Incident: Accident between bus and private car
 Date of Incident: 19 July 2021 Time of Incident: 1811 hrs
 Service No: 106 Bus Reg No: SMB 3502J Duty No: 106P04

Details:

Around 1811 hrs, I BC 10937 driving bus reg. number SMB 3502J travelling straight. After BS 43189, suddenly a private car SMD5640V swerve in and stopped in front of my bus. Immediately, I applied brake but not able to stop in time. There was around 15 pax onboard and all self alighted the bus before BOCC give further instruction. I report to BOCC about the accident and exchange particular with said car driver.

My bus sustained front windscreen cracked and RHS bumper damaged while the said car sustained rear glass shattered and left side bumper damaged.

BOCC instructed me returned to depot.

No injured reported in this accident.

* Third party details: Manasi Bhargar (Sxxxx928F) 8444 2596(Tel.)

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

Pang Chee Wah

BC Name & No.

[Signature]
Signature

19 July 2021

Date & Time

Statement Taken By:

Lim Chun Kai

Name

Panel IS

Designation

SKETCH PLAN

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. 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.



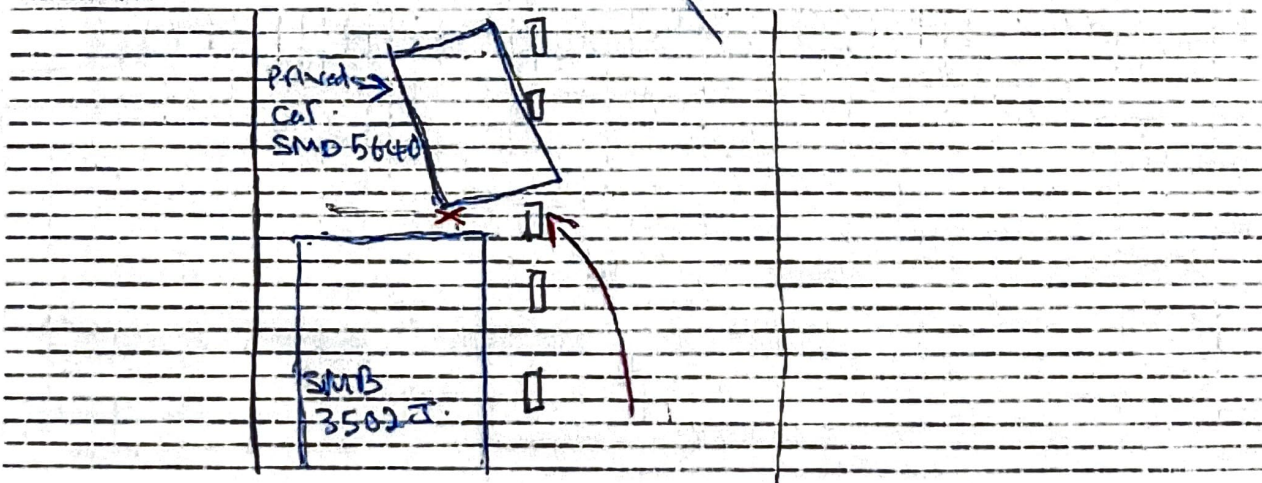
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Pls follow statement taken

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten signature]

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



Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	417K
Vehicle No.:	SMB3502J
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Jul 2021
Vehicle Make:	ALEXANDER DENNIS
Vehicle Model:	ENVIRO500
Primary Colour:	Silver
Secondary Colour:	Black
Manufacturing Year:	2014
Engine No.:	22113363
Chassis No.:	SFD76CLR5EMTL3367
Maximum Power Output:	-
Open Market Value:	\$470,004.00
Original Registration Date:	01 Jul 2014
First Registration Date:	01 Jul 2014
Transfer Count:	1
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 23 Jul 2021

OK