

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMB 3516U

at Workshop m/s TowR Trans II

of 21, Bulum Dr

Insured: SMB SMB 1397J

Policy No.

Claims No. BUS/08/21/5048

Sum Insured:

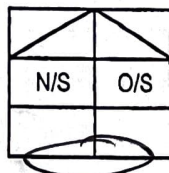
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMB 3516U

Yr Regn:

2d8 mch

Type: M.Car / M.Cycle Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

ALFA ROMEO DENNIS CHINA 8849

Colour:

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading

413331

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SFD76CLRSEMIL3381

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NIIP / S/Rim / STD A/Rim or

Tyre Size:

F:

305/WR22-8

R:

22

P/O

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

05/08/21

D.O.I.

18/08/21

Survey held at

TowR Trans II

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Confirmed final fig P/P \$4555.20, 3 repair days.

(RED \$2093; 31%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 20/9 TYPIST

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format : TP

Lump Sum / I.B.I.: (\$ 4555.20

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	09:06HRS
ACCIDENT DATE	06-Aug-21
BUS CAPTAIN NAME	KOH THIAM FAH
THIRD PARTY CLAIM AGAINST	SMRT BUSES

BUS REGISTRATION NUMBER	SMB3516U
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	REAR DOOR PANEL TOP <i>bt</i>	1	\$1,185.20
2	TOWER TRANSIT LOGO (B) <i>m</i>	1	\$300.00 <i>150</i>
3	60KM/HR STICKER <i>x</i>	1	\$3.00
		7% GST	\$104.17
		PARTS TOTAL COST	\$1,592.37

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">• REAR ENGINE DOOR		\$650.00
TO PERFORM REPAIR WORKS ON :- <ul style="list-style-type: none">• OSR LIGHT POD FIBER BODY GLASS• LEFT & RIGHT REAR DOME		\$1,950.00 650
SPRAY PAINTING :- <ul style="list-style-type: none">• REAR ENGINE DOOR• OSR LIGHT POD FIBER GLASS BODY• LEFT & RIGHT REAR DOME		\$2,500.00 1920
SPRAY PAINTING \$640 PER PANEL		7% GST
LABOUR CHARGES \$650 PER DAY		LABOUR TOTAL COST
		\$361.20
		\$5,521.20

ESTIMATED ACCIDENT REPAIR COST

TOWER TRANSPORT SINGAPORE
 002 / TOWER TRANSPORT SINGAPORE
 DATE & TIME TRANSPORTED BY: BAZLIN BINTE AHMAD
 ON: 1 (06/08/2021 15:13 (SGT))
 IMPORTANT
 1. Please read the terms and conditions of the insurance policy.
 2. This is a preliminary estimate and is subject to final approval from the insurance company.
 3. This is a preliminary estimate and is subject to final approval from the insurance company.

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	
		DATE & TIME SURVEY	
		DATE OUT	
BUS TYPE (SD / DD)	DD	TOTAL NUMBER OF DAYS	6
LOSS OF USE COST			\$2,400.00

SUMMARY	
SECTION NO.	COST
1	\$1,592.37
2	\$5,521.20
3	-
4	\$2,400.00
TOTAL	\$9,513.57

Repair
 At 90010068
 3 days
 18/08/21 @ 1100
 Reg after before
 paint

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	06/08/2021 15:13 (SGT)
Date of Accident	06/08/2021 09:06 (SGT)
Exact Location of Accident	Near Jln Jurong Kechil, Singapore
Additional Location Information	JUNCT OF JLN JURONG KECIL & JLN ANAK BUKIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB3516U
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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	KOH THIAM FAH
NRIC No	SXXXX728J



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

28/01/1968
 Outdoor
 20/04/2016
 5 YEARS AND 4 MONTHS
 Male
 (Phone) +65-18002480950
 -
 feedback@towertransit.sg
 C/O : 21 BULIM DRIVE
 BULIM BUS DEPOT
 648170
 No
 Employee
 No
 -
 -

Address compleme
 Postcode
 Insurance Comp
 Nature Of Dam
 Details of pro
 No. Of Pass

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
 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
 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 SMR1397J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver -
 Contact Number -
 Address -

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



Statement Form

BC Name: Koh Thiam Fah

BC No : 10298

Nature of Incident: BUS BEING REAR ENDED BY SMART BUS

Date of Incident: 06/08/21

Service No: 66

Bus Reg No: GMB3516 U

Date Taken: 06/08/21

Time Taken: 1240hrs

Time of Incident: 0906hrs

Duty No: 505

Details:

I, BC 10298 was driving OFF SERVICE to assume my 66805 duty and stopped at the junction of Jalan Jurong Keenil towards Jalan Bukit. The location is after BUS 42254 SMART bus, service 910, then rear ended my bus. I informed Bacc and went down to check on the bus. No passenger was onboard and 4 passengers in the SMART bus. No one reported injured. After taking photos of the damages and exchanging particulars with the SMART bus captain, Bacc instructed me to off service back to Jurong East Interchange.

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

Koh Thiam Fah 10298

BC Name & No.

Signature

06/08/21 1240hrs

Date & Time

Statement Taken By:

Leo Zi Yang

Name

IS (PANEL)

Designation

Signature

Describe Circumstances of the Accident

Refer to BC statement

Declaration

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

06/08/21 1240hrs



Witnessed by Reporting Centre Personnel

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.
- (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]

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

06/08/21 1240hrs



Witnessed by Reporting Centre Personnel

3/S 42259
Jalan Jurong Kechil
SMB 1397J SMB 35164

Jalan Anak Bukit

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	417K
Vehicle No.:	SMB3516U
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Aug 2021
Vehicle Make:	ALEXANDER DENNIS
Vehicle Model:	ENVIRO500
Primary Colour:	Silver
Secondary Colour:	Black
Manufacturing Year:	2014
Engine No.:	22115588
Chassis No.:	SFD76CLR5EMTL3381
Maximum Power Output:	-
Open Market Value:	\$470,004.00
Original Registration Date:	08 Aug 2014
First Registration Date:	08 Aug 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 19 Aug 2021

OK