(08/11/13) wef

ASS. REC. BY: Rasul

REF: CS/SMR2100858 6/Ruf3

417K

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SBS 3396P

at Workshop m/s TOWER TRANSIT

of 21, Bulim DRIVE

Insured: SMR SMB 1341U

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBS 3396P Yr Regn: 2014 / July

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

Make: VOLVO B9TL 9.4L AUTO c.c 9364

Colour GREEN A/C: Insured / Std / NI / NA

Sp.Reading 427777 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV3S4P923EA167319

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 275/70R22.5

R: " D/A

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.	06/08/21	D.O.I.	18/08/21

Survey held at TOWER TRANSIT

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

ESTIMATED ACCIDENT REPAIR COST

TOWER TRANSIT

ACCIDENT TIME REPORTED	17:08HRS	BUS REGISTRATION NUMBER	SBS3396P
ACCIDENT DATE	05-Aug-21	BUS TYPE (SD/DD)	DD
BUS CAPTAIN NAME	WONG KAI WENG	BUS ROUTE NUMBER	
THIRD PARTY CLAIM AGAINST	SMRT - MSFCIL	BUS ADVERTS (Y/N)	N

SECTION 1 : ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO PERFORM REPAIR WORKS ON :- • OSR DOME FIBER GLASS BODY	~~$650.00~~ 325
SPRAY PAINTING :- • OSR DOME FIBER GLASS BODY	$640.00

SPRAY PAINTING $640 PER PANEL

LABOUR CHARGES $650 PER DAY

7% GST	$90.30
LABOUR TOTAL COST	$1,380.30

SECTION 2 : RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-

SECTION 3 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

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:

DATE IN	
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	

BUS TYPE (SD / DD)	DD	
	LOSS OF USE COST	$1,200.00

Rashid
Hp 90016968
2 days
18/08/21 @ 11:10
Rag after repair ✓

SUMMARY	
SECTION NO.	COST
1	$1,380.30
2	-
3	$1,200.00
TOTAL	$2,580.30

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 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 12:30 (SGT)
Date of Accident	05/08/2021 17:08 (SGT)
Exact Location of Accident	Jurong East, Singapore
Additional Location Information	JUNCT OF JURONG EAST CTRL & ST 21 - BS28311
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3396P

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	Volvo
Model	B9tl
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	WONG KAI WENG
Work Permit No	GXXXX763T

Date Of Birth	13/03/1986
Occupation	Outdoor
Date Of Driving Pass	09/03/2020
Driving experience	1 YEAR AND 5 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 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	SMB1341U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-

complement	-
ode	-
ance Company Name	-
ure Of Damage	-
tails of property damaged in accident	SMRT
lo. Of Passenger (Including Driver)	-

TOWER TRANSIT

Statement Form

Date Taken: 5/8/2021
Time Taken: 2000hrs

BC Name: Wong Kai Weng
BC No : 12832
Nature of Incident: Minor RTA with SMRT Bus (Svc 176)
Time of Incident: 1708
Date of Incident: 5/8/2021
Service No: 96
Bus Reg No: SBS3396P
Duty No: 98503

Details:

The accident happened at 5.15pm on Thursday evening 5/August/2021. When I was driving the bus (3396) to Jurong East Central from bus stop (28311), I tried to change into middle because there was a white van parked on the side of the road in front of me, that is facing my direction. However, there were too many cars at the time. As the bus was crowded, I had to stop for safety reasons. Meanwhile I also tried to enter the middle lane of the road.

When I stopped, there was a SMRT bus (SMB1341U) from the rear in a flash! Apparently the rear mirror of the opposing crashed! I will confirm the situation of the passengers on my bus immediately, and inform Occ when there's no problem! Then go down to understand, took a picture of the scene also sent to OCC! I was notified by OCC and allowed to resume my trip and left the scene.

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

Wong Kai Weng 12832		5/8/21 0202hrs
BC Name & No.	Signature	Date & Time

Statement Taken By:

Name	Dept Supervisor	Signature
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.

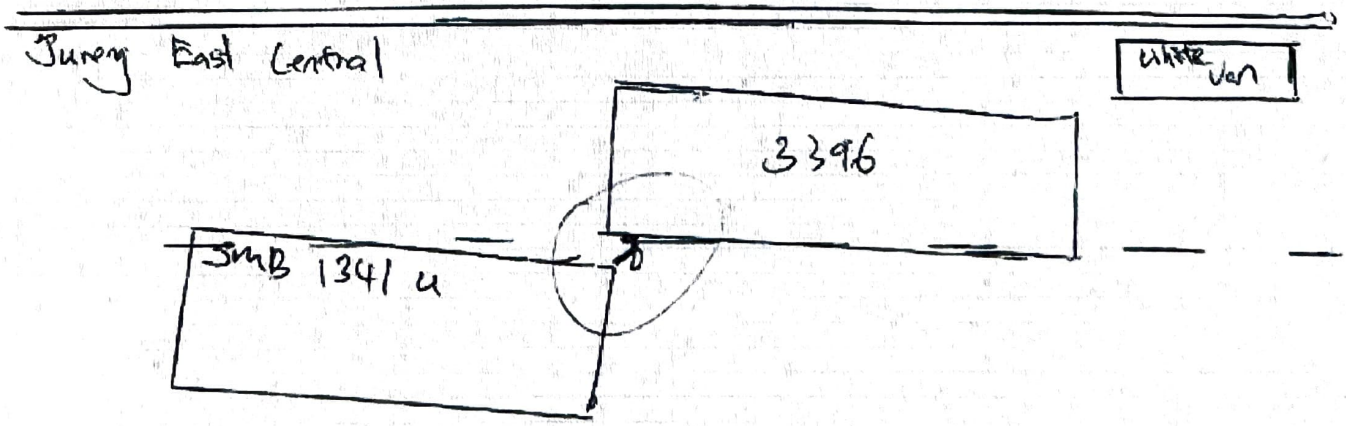
TOWER TRANSIT SINGAPORE PTE LTD Reg. No. 201419417K

Wong Kai Wey 12832 5/8 @2000hrs.

TOWER TRANSIT SINGAPORE PTE LTD Reg. No. 201419417K

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #3

Describe Circumstances of the Accident

Refer to Statement Form

Declaration

I/We declare the foregoing particulars are true in every respect.

TOWER TRANSIT SINGAPORE PTE LTD Reg. No. 201419417K

Wy Ka Way 12/8/32 5/8 @2000hrs.

Policyholder's Signature / Date & Time

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

TOWER TRANSIT SINGAPORE PTE LTD Reg. No. 201419417K

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	417K
Vehicle No.:	SBS3396P
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Aug 2021
Vehicle Make:	VOLVO
Vehicle Model:	B9TL 9.4L AUTO TURBO ABS
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No.:	D9192820
Chassis No.:	YV3S4P923EA167319
Maximum Power Output:	-
Open Market Value:	$479,149.00
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 19 Aug 2021

OK