

ASS. REQ. BY:

Steve

CS/A1021010726/EF3

ASSIGNMENT

From:

Date:

Estimated Cost:

OR TP/WS/TPR/OD/REG/EVA/INV/MV

To Inspect Vehicle Not:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

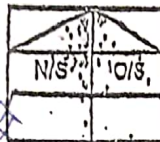
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

GIA / PR. Sent

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBS 5128T

Yr Regn:

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

Truck / Trailer or

Make:

Scania KUN4X2

CZ

Colour:

Majm - Colm...

A/O: Insured / Std / NI / N

Sp. Reading

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

Y S2K4X20901866360

Gen. Cond: Good / Fair / Poor / Bunt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

U/Bal.

4

mm

D.O.A.

13/10/21

D.O.A.

19/10/21

Survey held at

SBS Transit

Des. of Damages: Frt / Rear / O/S / N/S / VIC / Roof/Top or

Rear LH

The U/S / CHASSIS frame / Body Structure affected due to collision

Date / Time

Action / Instruction

me/Tue, File, Retain

☐

: Prel. Report

Days Of Repair:

me/Tue, File, Retain

☐

: Final Report

Resurvey No. of Trips

Survey Fee:

Transportation

Add Fee:

☐

: Site Insp (\$

S + RS, \$

☐

: Interview (\$

Private

☐

: Tech. Insp (\$

Others

☐

: VVest and (\$

TOTAL

me/Tue, File, Retain

me/Tue, File, Retain

9641 3931 Tefery

13 Oct 2021

BUS REGISTRATION NUMBER

SBS5128J

15:10

BUS TYPE (DD OR SD)

SD

SMN9838M

SBST Case Ref.

W4432021

TOTAL PARTS & MATERIAL COST	\$	933.00
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TOTAL LABOUR COST	\$400.00
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TOTAL REPAIR COSTS	\$2,608.60
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In attendance:	
) auth - com 2 dys p/p	

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	14/10/2021 15:54 (SGT)
Date of Accident	13/10/2021 15:10 (SGT)
Exact Location of Accident	71 Farrer Rd, Singapore 268857
Additional Location Information	Farrer Road before b/s 41111
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS5128J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS TRANSIT LTD
Company Reg No	1XXXXXXXXXXTE01
Email Address	leehj@sbstransit.com.sg
Mobile Phone No	(Phone) +65-99999999
Alternative Phone No	(Office) +65-65151383

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KUB4X2 (EEV)
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	8867

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ActLiability
Fleet Policy	No
Policy Number	D-21097501MFBP
Cover Note Number	-

DRIVER

Name of Driver	NGUI SOON PENG
Work Permit No	GXXXX608U



Date Of Birth	20/04/1988
Occupation	Outdoor
Date Of Driving Pass	12/04/2018
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	NO, 4 JALAN SRI PERKASA 1/6 TAMAN TAMPOI JB MALAYSIA
Address complement	-
Postcode	81200
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	Collision - Head on collision
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)	26
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

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

I was driving at the right lane along Farrer Road. While approaching to b/s 41111, after Junction of Lutheran Road, after checking traffic was clear, I then filter to left lane and prepared to call in the bus stop. Suddenly, I felt an impact from my left rear. I noticed that there was a car (SMN9838M) had hit onto my bus. I then stopped at b/s 41111 and make a check. No injury on bus and car. OCC was informed and I was instructed to RTD to UPD after exchanging particulars with 3P.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN9838M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH CHIANG TIEN
Contact Number	(Phone) +65-96221908
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT RIGHT BODY CRACKED
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

W/4432/2021
13/10/2021

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

WVIEH LEE HUEY JUAN
Safety Officer
URA Pandan Depot
Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

SKETCH PLAN

As per attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

I/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:

WONG LEE HUEY JUAN
Safety Officer
Uta Pandra Discot
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SBS Transit

Sketch Plan

I/O In charge	: Any Key Boon
Report No	: W/443/2021
Date & Time Acc	: 13/10/2021 15:10 hrs
意外日期與時間	: 13/10/2021 15:10 hrs
Bus No: 巴士車牌	: SBS 5128J
Svc No: 路線	: 093
BC No: 工牌號碼	: 80175
BC Name: 姓名	: Ngai Lam Ping
Signature: 簽名	: [Signature]
Date: 日期	: 14/10/2021

