

ASS. REQ. BY

Steve T. CS/LPC 21010913/E4f3

ASSIGNMENT

From:

(Date)

Estimated Cost:

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

To inspect Vehicle No:

SBS 6635E

at Workshop m/s

Insured:

SKX 7552X

Policy No.

Claims No.

20/21/21/VP05/025069

Sum Insured:

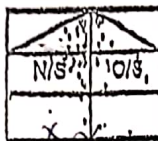
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Rel. or Market Value:

IDAO Accident Report

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repair:

2 days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

GA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date:

Person Contacted:

Veh No:

SBS 6635E

Yr Regn: Feb 2013

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

Truck / Tractor or

Maker:

Mercedes-Benz (Car)

C.B. 7799

Colour:

White - (Car)

A/O: Insured / Std / NI / N

Sp. Reading

668251

TIR: Insured / Std / NI / N

Eng No:

O No:

WE 6780832.0.724 795

Gen. Cond: Good / Fair / Poor / Bupl

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / 3/Rim / STD / 4/Rim or

Tyre Size:

P:

R:

275/70R15

ES / DUN / EXNOVA / OY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Sel:

5 mm

R/Sel:

5 mm

U/Sel:

5 mm

U/Sel:

5 mm

D.O.A.

22/12/21

D.O.A.

26/12/21

Survey held at

SBS Trans

Des. of Damages: FR / (Rear) / O/S / H/S / VIC / Roof/Top or

The V/S / CHASSIS frame / Body structure affected due to collision

Date / Time

Action / Instruction

Confirmed P/P \$1231, 2 repair days

(RED \$0)

Time/Date, File, Remarks:

1/11

Procl. Report

1/11 TYPIST

1/11

Final Report

Time/Date, File, Remarks:

Days Of Repair:

2

Resurvey No. of Trips

2

Survey Fee:

Transportation:

S + RS, SI

Fines:

Quota:

TOTAL

Add Fee:

Site Insp (\$

Interview (\$

Tech. Inve (\$

Vehicle Ins (\$

Amount/Date:

TP

Amount/Date:

\$1231

Workshop Accident Repair Estimate

ACCIDENT DATE

22 Oct 2021

BUS REGISTRATION NUMBER

SBS6635E

ACCIDENT TIME

12:05

BUS TYPE (DD OR SD)

SD

THIRD PARTY CLAIM AGAINST

SKX7552X

SBST Case Ref.

W45502021

[illegible]

SECTION B:		ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)
LEXBUILD MOTORS PTE LTD		
Labour	Replace damaged parts	
Spray paint & putty	Paint & putty damaged parts	
Sticker livery	Purple	
	TOTAL LABOUR COST	\$400.00

SECTION C :		SUMMARY	
Loss of use + Overheads			\$1,245.00
		TOTAL REPAIR COSTS	\$2,476.00
		TOTAL DOWNTIME	2

Prepared by:	Steve (LKK) 26/10/21, 12.30pm	In attendance:	ML PL 2 dgs P/P
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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

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	22/10/2021 17:14 (SGT)
Date of Accident	22/10/2021 12:05 (SGT)
Exact Location of Accident	180 Bencoolen St, Singapore 189646
Additional Location Information	Junction of Bencoolen Street and Rochor Road after b/s 07551
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6635E
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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) +65-9999999
Alternative Phone No	(Office) +65-65151383

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Citaro
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	6374

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	Hemamalini A/P Ganason
Work Permit No	GXXXX492R

Date Of Birth	05/08/1986
Occupation	Outdoor
Date Of Driving Pass	02/01/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	NO. 30 JALAN LANJUT 7 TAMAN DESA CEMERLANG ULU TIRAM JB MALAYSIA
Address complement	-
Postcode	81800
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 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	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)	9
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 waiting at the traffic light junction of the pedestrian crossing. When the traffic light turned to green, I started to move on. Suddenly, I felt an impact from the rear of the bus. I stopped my bus and make a check. I noticed that a car (SKX7552X) had collided onto the rear of my bus. No injures 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	SKX7552X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIN XINUAN
Contact Number	(Phone) +65-96425197
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT BUMPER DENTED
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

W/4550/2021
22/10/2021

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN 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

VIVIAN LEE HUEY JUAN
Safety Officer
Ulu Pandan Unit

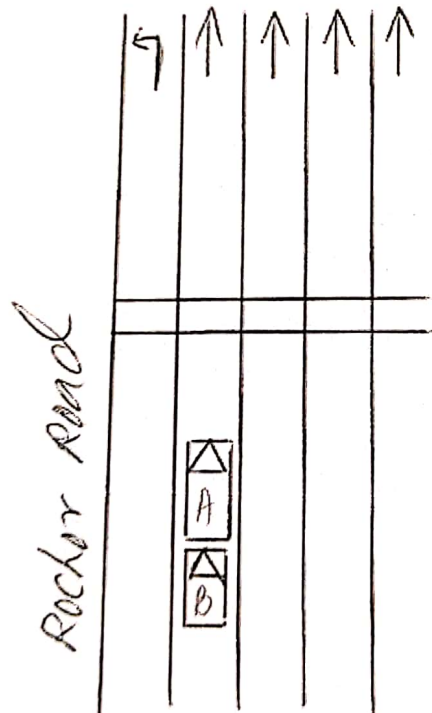
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SBS Transit

Sketch Plan

I/O In charge	: Seon Yee Hwa
Report No	: W/2550/2021
Date & Time Acc	: 22/10/2021
意外日期與時間	: 1805hrs
Bus No: 巴士車牌	: SB8663SE
Svc No. 路線	: 057
BC No: 工牌號碼	: 19110
BC Name: 姓名	: HEMANATHAN
Signature: 簽名	: [Signature]
Date: 日期	: 22/10/2021

Junction of Bencoolant
Street and Rochor Rd
after b/s 07551



A- SB8663SE

B- SKX752X



