(08/11/13) wef

ASS. REC. BY: Jamie

REF: CS/AGI/2011666/Rivf3

412K

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMB 1379L

at Workshop m/s TOWER TRANSIT

of 310, MANDAI RD

Insured: SJQ 5268D AGI

Policy No.

Claims No. C10012449/KY

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: SMB 1379L Yr Regn: 2013 / AUG

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

Truck / Trailer or

Make: MAN NL320F (A22) c.c 10518

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

Sp.Reading 886347 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WMA92222ZDT001985

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/D

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.	11/11/21	D.O.I.	17/11/21

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
19/11/21	Final fig $645 confirmed by email (Red 1635.30, 71%)

Date/Time, File Pass to?

1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) 19/11/21-typist

Days Of Repair: 1

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ 645)

ESTIMATED ACCIDENT REPAIR COST

TOWER TRANSIT

CIDENT TIME EPORTED	09:06HRS	BUS REGISTRATION NUMBER	SMB1379L
ACCIDENT DATE	11-Nov-21	BUS TYPE (SD/DD)	SD
BUS CAPTAIN NAME	SOO TECK LIE	BUS ROUTE NUMBER	
THIRD PARTY CLAIM AGAINST	Auto & General Insurance (Singapore) Pte. Limited.	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 REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- • REAR CORNER BUMPER repair • • •		$ ~~650.00~~ 325
SPRAY PAINTING :- • REAR CORNER BUMPER • • •		$ ~~640.00~~ 320
SPRAY PAINTING $640 PER PANEL	7% GST	$ 90.30
LABOUR CHARGES $650 PER DAY	LABOUR TOTAL COST	$ 1,380.30

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:

SECTION 2 : RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-

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

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

BUS TYPE (SD / DD)	SD	
LOSS OF USE COST		$ 900.00

Rosal
HP 9000 [illegible]
1 days
17/11/21 @1355
Resy after repair

SUMMARY	
SECTION NO.	COST
1	$ 1,380.30
2	-
3	$ 900.00
TOTAL	$ 2,280.30

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	12/11/2021 16:09 (SGT)
Date of Accident	11/11/2021 09:06 (SGT)
Exact Location of Accident	Near 21 Eunos Cres, Block 21, Singapore 400021
Additional Location Information	SLIP ROAD JLN EUNOS TWDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1379L

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	Man
Model	A22
Variant	SINGLE DECK
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	11000

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	SOO TECK LIE
Work Permit No	GXXXX630M

e Of Birth	13/02/1992
cupation	Outdoor
ate Of Driving Pass	18/03/2015
riving experience	6 YEARS AND 8 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	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)	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	SJQ5268D
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

ltcode	-
urance Company Name	Auto & General Insurance (Singapore) Pte. Limited.
ature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

TOWER TRANSIT

Statement Form

Employee Name	Soo Teck Lie	**Employee ID**	13807
Designation	Bus Captain	**Date Taken**	11112021
Service No	966	**Time Taken**	1705hrs
Bus Registration No	SMB1379L	**Date of Incident**	11112021
Duty Number	966A03	**Time of Incident**	0906HRS
Nature of Incident	Bus graze by 3rd party vehicle		

Details:

I, BC13807 was driving at the inner left lane along Jalan Eunos slip road to PIE Tuas, this car SJQ5268D graze the right side bumper of my bus. I came down to check that my bus SMB1379L sustained scratches, whereby SJQ5268D left bumper scratch and left body slightly dented.There is no injury reported.

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

Soo Teck Lie 13807	Lie	11/11/21
Employee Name and ID	**Signature**	**Date & Time**

Statement Taken By:

R-IBRAHIM 13580	[signature]	**Interchange Supervisor**
Employee Name and ID	**Signature**	**Designation**

Page 1 of 1

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

Policyholder's Signature / Date & Time

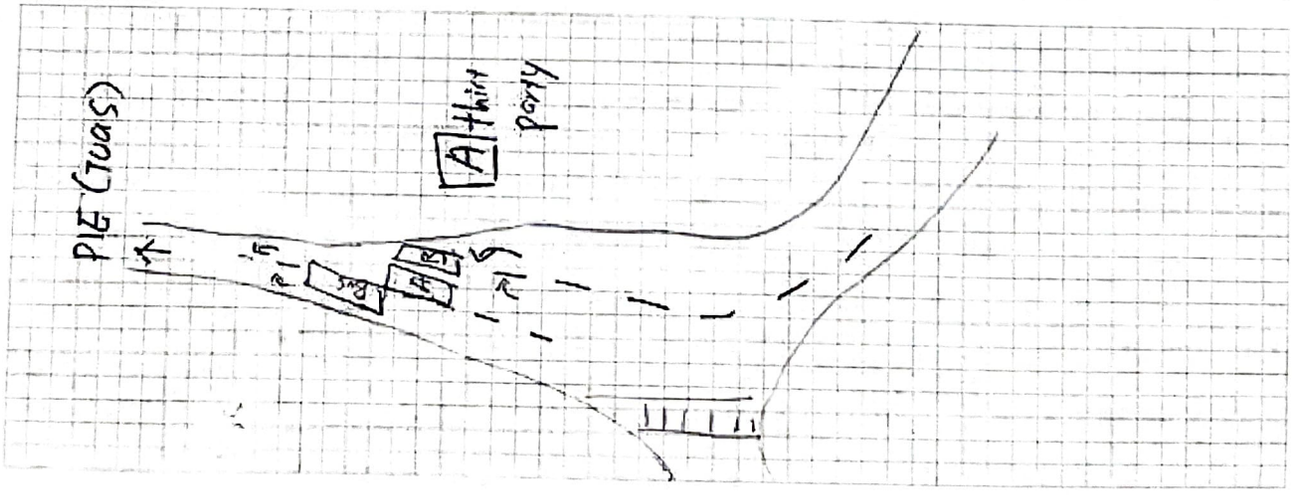
11/11/21 1738pm

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

TOWER TRANSIT SINGAPORE PTE LTD Reg. No. 201419417K

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO BC STATEMENT

Declaration

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

TRANSIT SINGAPORE PTE LTD ★ TOWER Reg. No. 201419417K

Policyholder's Signature / Date & Time

11/11/21 1738 pm

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

TRANSIT SINGAPORE PTE LTD ★ TOWER Reg. No. 201419417K

Witnessed by Reporting Centre Personnel