

(08/11/13) wef

ASS. REC. BY: Amu

REF:

CS/AH/210/1666/RIV/3

417K

## 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

of 310, MANORAI RD

Insured:

AGI

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 Rpt:

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 16518

Colour

MULTI

A/C: Insured / Std / NI / NA

Sp. Reading

886347

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WMA A2222007001985

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/70R22.5

R:

0/0

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

TONK 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?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

) TOTAL

Report Format :

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

)

TOTAL

# ESTIMATED ACCIDENT REPAIR COST



TOWER TRANSIT

ACCIDENT TIME REPORTED	09:06HRS
ACCIDENT DATE	11-Nov-21
BUS CAPTAIN NAME	SOO TECK LIE
THIRD PARTY CLAIM AGAINST	Auto & General Insurance (Singapore) Pte. Limited.

BUS REGISTRATION NUMBER	SMB1379L
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
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 :- <ul style="list-style-type: none"> <li>REAR CORNER BUMPER <i>repair</i></li> <li>.</li> <li>.</li> <li>.</li> </ul>	\$ <del>650.00</del> <b>325</b>
SPRAY PAINTING :- <ul style="list-style-type: none"> <li>REAR CORNER BUMPER</li> <li>.</li> <li>.</li> <li>.</li> </ul>	\$ <del>640.00</del> <b>320</b>
SPRAY PAINTING \$640 PER PANEL	
LABOUR CHARGES \$650 PER DAY	
<div style="border: 1px solid black; padding: 5px;"> <p><u>LKK Auto Consultants</u> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> </div>	
7% GST	\$ 90.30
LABOUR TOTAL COST	\$ 1,380.30

## SECTION 2 : RECOVERY OF ACCIDENT BUS (TOWING COST)

Signature:	
Date:	
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

*Repair  
4p 50010028  
1 days  
17/11/21 P1355  
Resy after repair*

SUMMARY	
SECTION NO.	COST
1	\$ 1,380.30
2	-
3	\$ 900.00
<b>TOTAL</b>	<b>\$ 2,280.30</b>



# 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 ..... 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



Date Of Birth .....	13/02/1992
Occupation .....	Outdoor
Date Of Driving Pass .....	18/03/2015
Driving 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 .....	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## 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 3 <sup>rd</sup> 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

Employee Name and ID

Lie

Signature

11/11/21

Date & Time

Statement Taken By:

A. Ibrahim 13560

Employee Name and ID

A. Ibrahim

Signature

Interchange Supervisor

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.



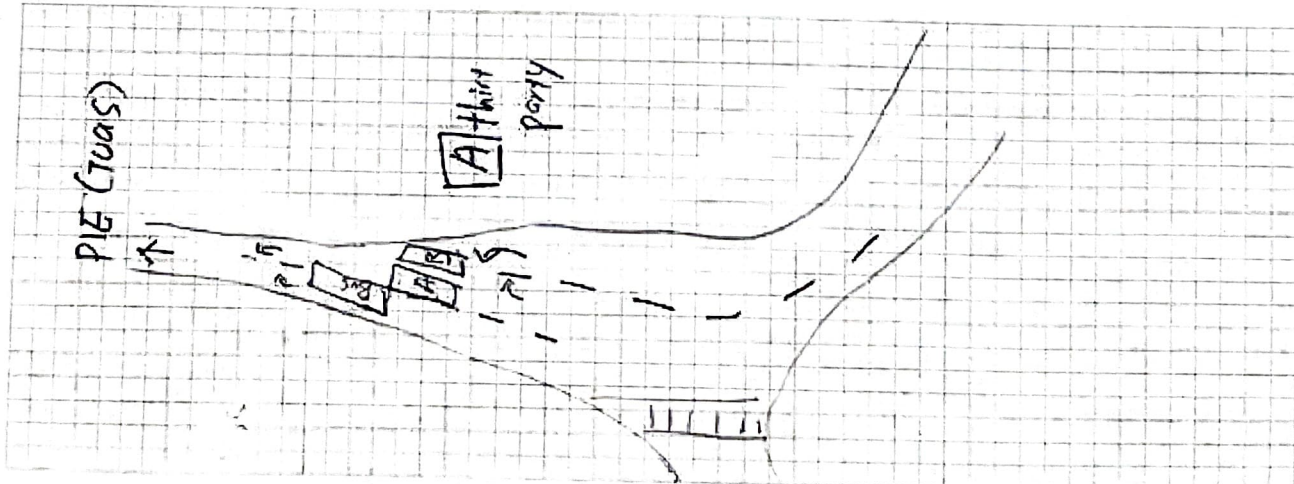
Policyholder's Signature / Date & Time

*lie* 11/11/21 1738pm  
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO BC STATEMENT

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* 11/11/21 1738 PM

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



Witnessed by Reporting Centre Personnel