

Workshop Accident Repair Estimate

ACCIDENT DATE 2 Jan 2022 BUS REGISTRATION NUMBER SBS6162C
 ACCIDENT TIME 12:17 BUS TYPE (DD OR SD) SD
 THIRD PARTY CLAIM AGAINST SNB6480G SBST Case Ref. W00342022

SECTION A :

PARTS & MATERIAL COST

Part or Item Description	Quantity	Total Cost
OSF LIGHT PANEL	1	536.50
OSF SIGANL LAMP	1	44.00
OS SIDE SIGANL LAMP	1	37.00

- 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:

TOTAL PARTS & MATERIAL COST \$ 617.50

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
	\$1,000.00

SECTION C :

SUMMARY

Loss of use + Overheads	
	TOTAL REPAIR COSTS
	\$1,689.60
	TOTAL DOWNTIME
	\$3,307.10

Prepared by:

In attendance:

Taufik 97495749/
62563561

taufik@lkkauto.com

Resurvey new parts

3 days - WP 5/1/22 @ 430pm

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	03/01/2022 17:42 (SGT)
Date of Accident	02/01/2022 12:17 (SGT)
Exact Location of Accident	93 Pasir Ris Drive 3, Singapore 519498
Additional Location Information	Pasir Ris Drive 3 after b/s 78101
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6162C
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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	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	ZHOU DONG
NRIC No	SXXXX529G

Date Of Birth	27/01/1969
Occupation	Outdoor
Date Of Driving Pass	23/01/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	BLK 550 CHOA CHU KANG ST 52 #10-67
Address complement	-
Postcode	680550
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	Raining
Road Surface	Wet

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)	16
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 left most lane along Paris Ris Drive 3, after pedestrian crossing traffic light, there was a car (SNB6480G) was driving at the 2nd lane behind my bus. Suddenly the said car drove very close to my bus and cut into my lane. I unable to stop and collided onto the said car. I stopped bus and make check. No one was injured during the incident. OCC was informed via my mobile phone. 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	SNB6480G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Charmaine Lim Xue Min
Contact Number	(Phone) +65-81139622
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LHS REAR VIEW MIRROR AND BRAKE LIGHT DAMAGED
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

W/ 0034/2022
W/0016/2021
02/01/2022

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.

VIVIAN LEE HUEY JUAN
 Safety Officer
 Uta Pandan Depot

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.

WIVEN LEE HUIYI JUAN
Safety Officer
UNU Prudent Driver

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

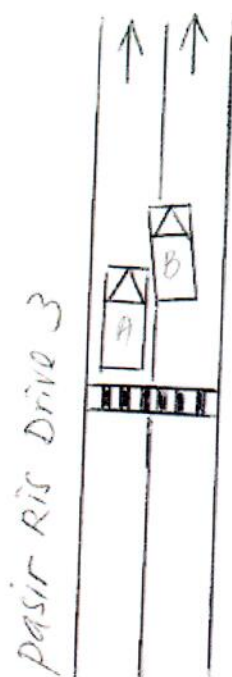
SBS Transit

Sketch Plan

Ang cheng Boon

I/O in charge :	Ang cheng Boon
Report No :	WI 0034/2022
Date & Time Acc :	02/01/2022
意外日期與時間 :	12:17 hrs
Bus No: 巴士車牌 :	SBS 6162C
Svc No: 路線 :	005
BC No: 工牌號碼 :	79930
BC Name: 姓名 :	Zhou 170NG
Signature: 簽名 :	(Signature)
Date: 日期 :	03/01/2022

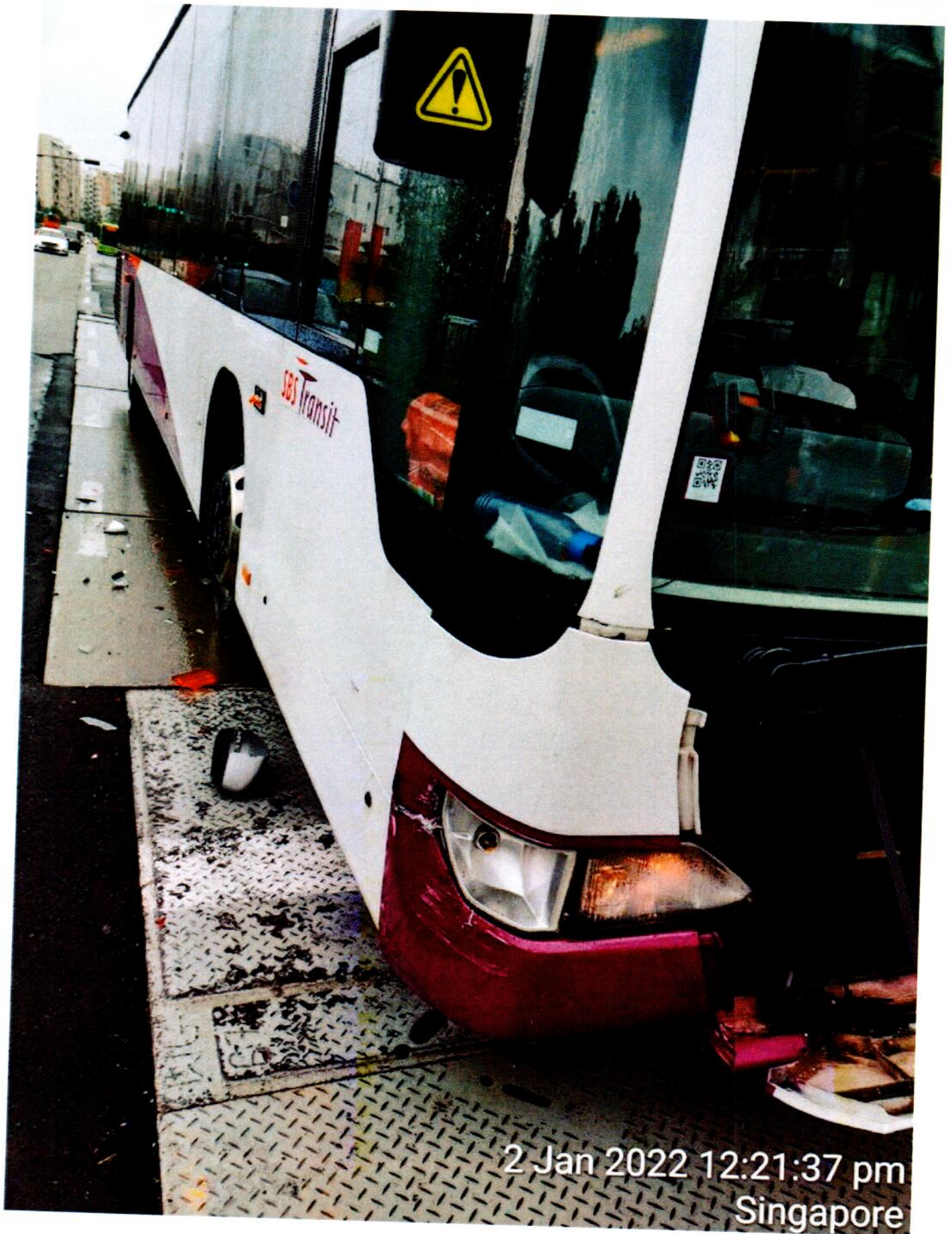
Pasir Ris Dr 3, after
b/s 78101



A - SBS 6162C
B - SNB 6480G

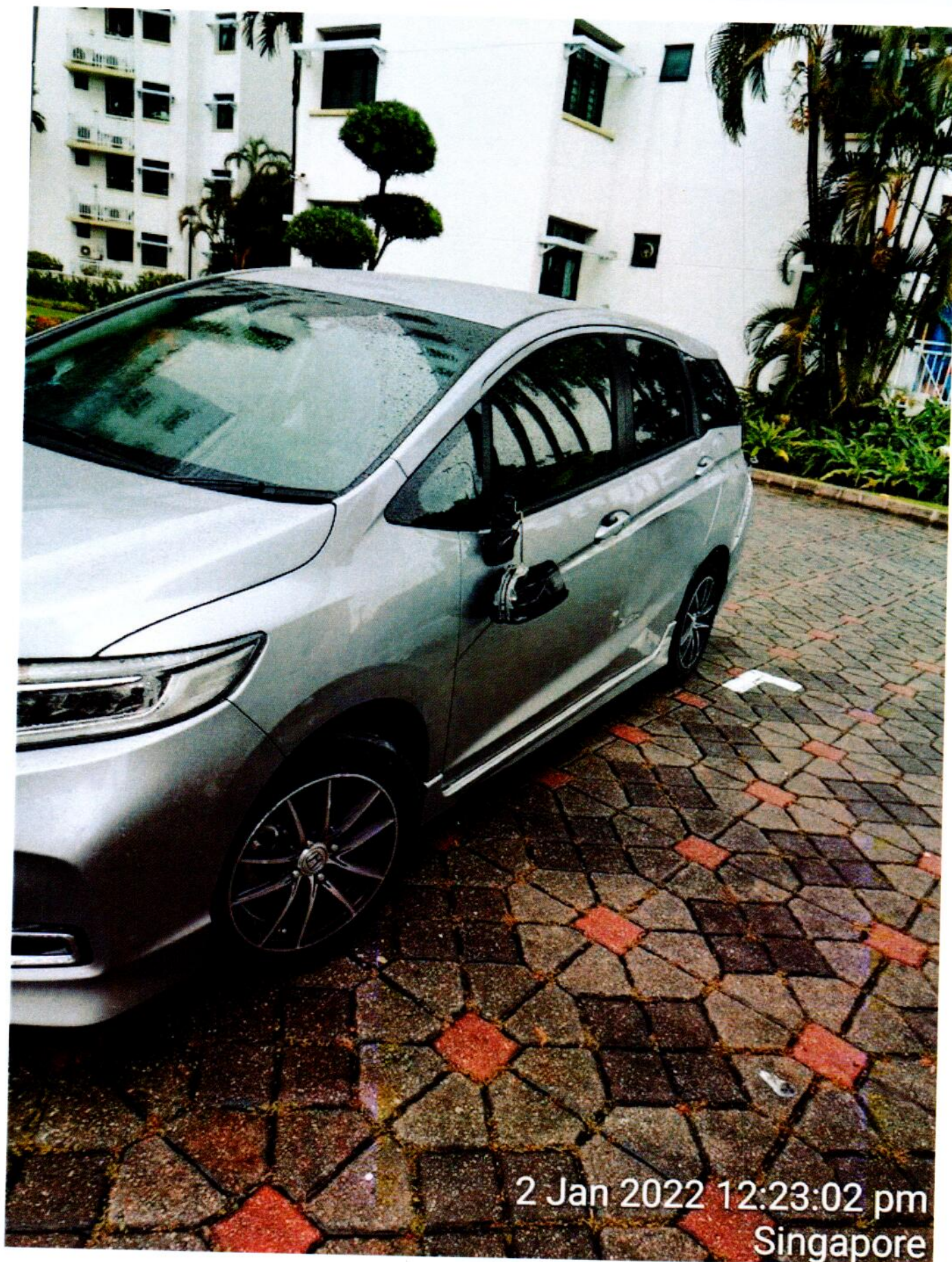
SKETCH PLAN #4







2 Jan 2022 12:23:20 pm
Singapore



2 Jan 2022 12:23:02 pm
Singapore