

ASS. REQ. BY: Steve

REF: CS/FC/22000512/ETf3

ASSIGNMENT

12 Nov 2018

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 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 Report: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SG 6003R Yr Regn: 1
 Type: M.Car / M.Cycle ☒ Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: MAN A95 c.c. 10,518
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 189740 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WM AA 95 22 6 JF 0079 20
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NII / S/Rim / STD A/Rim or
 Tyre Size: F: 295/80R22-5
 R: 11

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 L/Bal. 4 mm
 D.O.A. 11/1/22 D.O.I. 14/1/22
 Survey held at SBS Transit
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	PART BY PART \$625, DAYS
	RED:802.46; 56%

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

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

☐ : Prell. Report
☐ : Final Report

Days Of Repair: 1
 Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

Workshop Accident Repair Estimate

ACCIDENT DATE	11 Jan 2022	BUS REGISTRATION NUMBER	SG6003R
ACCIDENT TIME	23:51	BUS TYPE (DD OR SD)	DD
THIRD PARTY CLAIM AGAINST	SMB1403X	SBST Case Ref.	W01842022

SECTION A :		PARTS & MATERIAL COST	
Part or Item Description		Quantity	Total Cost
30400005 OS VIEW MIRROR ASSY / BR		1	\$433.00
		TOTAL PARTS & MATERIAL COST	\$ 433.00

SECTION B:		ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)	
Labour	Replace damaged parts	\$	✓ 192.00
Spray paint & putty	Paint & putty damaged parts	Nil	
Sticker livery	Purple		
	TOTAL LABOUR COST		\$192.00

SECTION C :		SUMMARY	
Loss of use + Overheads			\$802.46
		TOTAL REPAIR COSTS	\$1,427.46
		TOTAL DOWNTIME	1

Prepared by:	In attendance:
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:	Steve (LKK) 14/11/92, 11.30 am WML RL P/P My Bel dy 1 dys

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	12/01/2022 12:19 (SGT)
Date of Accident	11/01/2022 23:54 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	Thomson Road before b/s 50049
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG6003R
-----------------------------	---------

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	Man
Model	A95 EU6
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	10518

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	CHANG TECK SENG
Work Permit No	GXXXX172M

Date Of Birth	23/06/1982
Occupation	Outdoor
Date Of Driving Pass	05/06/2015
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	NO. 8 JALAN PULAI 52 TAMAN PULAI UTAMA KANGKAR PULAI JB MALAYSIA
Address complement	-
Postcode	81110
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	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

I was driving at the left most lane along Thomson Road. TTS bus was at the 2nd lane. I slow down when I saw him signal to the left. Suddenly, TTS bus left body grazed against my RHS rear view mirror. I stopped bus and make a check. No one was injured on both buses during the incident. OCC was informed and I was instructed to wait for CRS arrival.

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	SMB1430X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-

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

NO VISIBLE DAMAGED

SKETCH PLAN

10/0184/2022

11/01/2022

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
Via Pardon Report

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.

WIMEN LEE HUEY JUAN
Safety Officer
Ulu Pandan District

Policyholder's Signature
Date & Time:

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

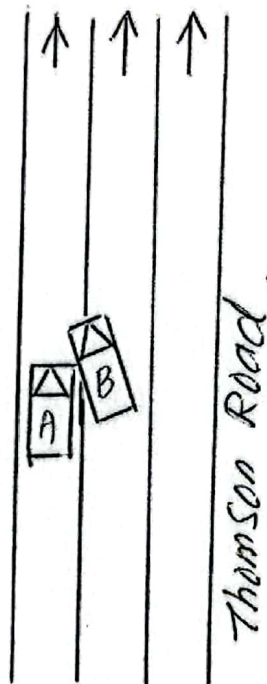
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

SBS Transit

Sketch Plan

I/O In charge :	Seow Yong Hua
Report No :	W10184 12022
Date & Time Acc :	11/01/2022
意外日期與時間 :	2354hrs
Bus No: 巴士車牌:	SG6003R
Svc No: 路線:	005
BC No: 工牌號碼:	77072
BC Name: 姓名:	Cheng Tack Seng
Signature: 簽名:	
Date: 日期:	12/01/2022

Thomson Road before
b/s 50049.



A - SG6003R
B - SMB1430X

