

ASS. REC. BY: SteveREF: CS/ER122001824/ET#3

## ASSIGNMENT

26 May 2008

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 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: SBS 84724 Yr Regn: \_\_\_\_\_  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Scania KUB4X2 c.c. 9290  
Colour: mint-green A/C: Insured / Std / NI / NA  
Sp. Reading: 1076647 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: YS2K4X70001860496  
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 245/80R225  
Tyre Size: F: \_\_\_\_\_ R: \_\_\_\_\_  
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. 16/2/22 D.O.I. 25/2/22  
Survey held at SBS  
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
FRONT RH  
The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

submit \$1182, 2 days

red:991.10;45%

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1) \_\_\_\_\_  
Date/Time, File Return to?

2) \_\_\_\_\_

Rep. Format: \_\_\_\_\_

Lump Sum / L.B.H. (\$) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$I

Photos

Others

TOTAL

## Workshop Accident Repair Estimate

ACCIDENT DATE	16 Feb 2022	BUS REGISTRATION NUMBER	SB58472U
ACCIDENT TIME	20:15	BUS TYPE (DD OR SD)	SD
THIRD PARTY CLAIM AGAINST	SLT4198P	SBST Case Ref.	W07672022

[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	
	<b>TOTAL LABOUR COST</b>	<b>\$992.00</b>

SECTION C :		SUMMARY	
Loss of use + Overheads			\$991.10
		<b>TOTAL REPAIR COSTS</b>	<b>\$2,173.10</b>
		<b>TOTAL DOWNTIME</b>	

Prepared by:	In attendance:
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before any spray painting</li> <li>• To display damaged name etc</li> </ul>	<p>Steve (LKK) 25/2/22, 3.00pm m XL</p>

**KKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before any repair 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:

**In attendance:**

Sfern CLKK/  
25/2/22, 3.00  
m KL

P/P  
R BL  
2 5



## 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	17/02/2022 11:42 (SGT)
Date of Accident	16/02/2022 20:15 (SGT)
Exact Location of Accident	302 Tiong Bahru Rd, Singapore 168732
Additional Location Information	Tiong Bahru Road b/s 06051
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS8472U
-----------------------------	----------

### 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	Scania
Model	KUB4X2
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	8867

### 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	Jilse Mathew Mundackal
NRIC No	SXXXX299C



Date Of Birth	26/04/1970
Occupation	Outdoor
Date Of Driving Pass	13/01/2017
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	BLK 474 JURONG WEST ST 41 #12-394
Address complement	-
Postcode	640474
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)	11
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 the left most lane along Tiong Bahru road after b/s 06051. There was a car (SLT4198P) coming from my right, cut into my lane and sideswiped with my bus. I stopped bus and make a check. No one was injured during the incident. OCC was informed and I was instructed to continue with my service after exchanging particulars with 3P driver.

#### 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	SLT4198P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG YEOW FAI
Contact Number	(Phone) +65-87357388
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LHS BODY SCRATCHES
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

W/10767/2022

16/02/2022

**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 purposes 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  
Ulu 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.

VIVIAN LEE TIOU JOAN  
Safety Officer  
Ulu Pandan Depot

Policyholder's Signature  
Date & Time

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

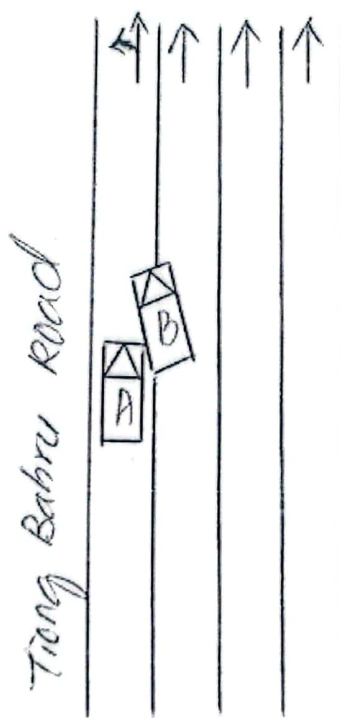
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

**SBS Transit**

# Sketch Plan

PO in charge :	Raymond (Sara)
Report No :	W10767/2022
Date & Time Acc :	16/02/2022
意外日期與時間 :	2015hrs
Bus No: 巴士車牌 :	SBS8472U
Svc No: 路線 :	033
BC No: 工牌號碼 :	78930
BC Name: 姓名 :	hsc m... ..
Signature: 簽名 :	<i>[Signature]</i>
Date: 日期 :	17/02/2022

Tiong Bahru Road  
after b/s 06051



A - SBS8472U

B - SLT4198P



SKETCH PLAN #4



