

ASS. REC. BY: Kami

REF:

CS/FCI 2200 2294/Rty3

417K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMB 5063Xat Workshop m/s TOUR TRANSITof MANDAL ROOMInsured: FCI

Policy No. _____

Claims No. _____

Sum Insured: _____


Excess: \$50,000

(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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMB 5063XYr Regn: 2015 / JunType: M.Car / M.Cycle / ☒ Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: ALEXANDER DENNIS ENVIRO Svc.c8849Colour: MULTI

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SFO 76 CLR SENTL 3779Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ order / Jammed / Leaked / Burnt orBrake: ☒ order / Jammed / Leaked / Burnt orModl: M11 / S/Rim / STD A/Rim orTyre Size: F: 305/10R225R: 0/0

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

FIRENZA

Front

Rear

R/Bal. 8

mm

R/Bal. 8/8

mm

L/Bal. 1/8

mm

L/Bal. 8/8

mm

D.O.A. 21/02/22D.O.I. 11/03/22

Survey held at

TOUR TRANSITDes. 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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

Rep. Format: _____

Lump Sum / L.B.L. (\$) _____

Add Fee: ☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

ESTIMATED ACCIDENT REPAIR COST



TOWER TRANSIT

ACCIDENT TIME REPORTED	23:58HRS	BUS REGISTRATION NUMBER	SMB5063X
ACCIDENT DATE	21-Feb-22	BUS TYPE (SD/DD)	DD
BUS CAPTAIN NAME	ZHU GUOQIANG	BUS ROUTE NUMBER	
OD CLAIM AGAINST	MSFC	BUS ADVERTS (Y/N)	N

SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	Washer 1/4 Turn Screw <i>NC/</i>	4	\$ 8.88
2	Fast Lead Thread Screw Large <i>NC/</i>	4	\$ 129.76
3	Fast Thread Screw Receptacle <i>NC/</i>	4	\$ 44.72
4	Fast Thread Screw Retainer <i>NC/</i>	4	\$ 6.00
5	Flanged Btn Head Socket Screw <i>NC/</i>	10	\$ 16.60
6	Nylon Washer M8 <i>NC/</i>	12	\$ 5.76
7	Large Flange Open End Nutsert <i>NC/</i>	12	\$ 25.92
8	HINGE BUTT 4" X 3" OPEN, 3mmthk	2	\$ 220.00
9	Screw Machine Csk Hd M 6 X25mm <i>NC/</i>	6	\$ 0.60
10	Washer Plain M/S Bz T2 M 6 <i>NC/</i>	6	\$ 0.60
11	Nut Nylon Insert Pdin982 M 6 <i>NC/</i>	6	\$ 0.60
12	Rivet Avex 5/32" 1604-0514 <i>NC/</i>	4	\$ 0.40
13	M5 X 20 Taptite Csk Flat Head <i>NC/</i>	32	\$ 28.80
14	M6 X 30 Taptite Csk Flat Head <i>NC/</i>	40	\$ 36.00
15	Velcro Retain Strap <i>NC/</i>	1	\$ 9.78
16	Velcro Retain Strap <i>NC/</i>	1	\$ 9.78
17	Side Indicator, LED <i>3 CM/</i>	1	\$ 122.92
18	Hinge Se 5" ?	2	\$ 202.28
19	Magna - Latch Side Pull S2 ?	1	\$ 185.02
20	M5 X 20 Taptite Csk Flat Head <i>NC/</i>	20	\$ 18.00
21	Cap Screw M4 <i>NC/</i>	26	\$ 49.40
22	Hexbolt <i>NC/</i>	6	\$ 11.40
23	Washer Shakeproof St/St <i>NC/</i>	6	\$ 11.40
24	DRL 5 Lt. Led + Module ?	2	\$ 1,168.32
25	Headlamp Fixing Bracket <i>CM/</i>	2	\$ 24.88
26	Main Beam Headlamp <i>bt/</i>	2	\$ 253.20
27	H1-Headlamp Dipped Beam <i>CM/ ?</i>	2	\$ 565.96

28	Front Led Position/D.I Lamp ?	2	\$	675.36
29	Harness R.H. Headlamp <i>ca/</i>	1	\$	656.36
30	Harness L.H. Headlamp <i>ca/</i>	1	\$	266.72
31	Check Strap ?	1	\$	152.50
32	PORTAL STRIP TOP ?	1	\$	541.76
33	PORTAL STRIP SIDE ?	2	\$	1,365.24
34	PORTAL U-FRAME 1350 ?	1	\$	1,294.64
35	DOORSHAFT R 1350 ?	1	\$	2,534.92
36	DOORSHAFT L 1350 ?	1	\$	2,534.92
37	DOOR MECHANISM 1350 (3REED SW.) ?	1	\$	8,039.56
38	DOORLEAF R ?	1	\$	5,154.76
39	DOORLEAF L ?	1	\$	5,154.76
40	BOTTOM SUPPORT R 100 ?	1	\$	339.58
41	BOTTOM SUPPORT L 100 ?	1	\$	339.58
42	FILTER REGULATOR COMPLETE Ø8 ?	2	\$	877.48
43	AIR PIPING / TUBE KIT FOR DOORS ?	2	\$	877.52
44	FRONT DOOR ASSY WITH DOOR PUMP (COMPLETE ASSY) <i>st/</i>	1	\$	18,272.28
45	Panel Front Dome <i>ca/</i>	1	\$	17,630.78
46	FRONT WINDSCREEN <i>bro/</i>	1	\$	2,214.98
47	Quarter Window Glass R/H ?	1	\$	191.34
48	Quarter Window Glass L/H ?	1	\$	215.62
49	Pillar ?	1	\$	1,677.38
50	Front Pillar Attachment ?	1	\$	35.74
51	Bracket Ent Door Support ?	1	\$	233.38
52	Front Frame Lower <i>ca/</i>	1	\$	2,962.18
53	Bracket Pivot ?	2	\$	1,584.00
54	Floorboard, Front & Entrance <i>ca/</i>	1	\$	604.30
55	Wear Resist Floor Plate Front ?	1	\$	433.60
56	Wear Resist Floor Plate Rear ?	1	\$	1,016.12
57	Ext Panel, L/H ?	1	\$	200.72
58	Ext Panel, L/H ?	1	\$	85.80
59	Ext Panel, L/H ?	1	\$	200.72
60	Front Dome Access Panel Assy <i>ca/</i>	1	\$	2,104.92
61	Catches for front access panel ?	2	\$	729.72
62	L/H Corner Bumper <i>ca/</i>	1	\$	729.60
63	R/H Corner Bumper <i>ca/</i>	1	\$	729.60
64	L/H Light Pod (DRL) ?	1	\$	665.66
65	R/H Light Pod (DRL) ?	1	\$	829.28
66	Fast lead thread screw medium <i>m/</i>	4	\$	27.04
67	Clip On Receptacle <i>m/</i>	4	\$	7.76
68	DRL Bracket L/H ?	1	\$	116.08

69	Headlamp Bracket R/H	1	\$	503.14
70	DRL Bracket R/H	1	\$	116.08
71	Panel X-Front Front	1	\$	6,745.60
72	Binnacle Driver	1	\$	13,263.16
73	CONSOLE DRIVER R.H.	1	\$	8,004.22
74	Door Coin Vault Access	1	\$	4,395.78
75	Door Drivers Cab Access	1	\$	2,728.42
76	Panel Cab Step Support	1	\$	335.68
77	Brkt, Check Strap P/Ct Black	2	\$	85.52
78	Rubber Glazing	1	\$	25.48
79	First Aid Glass	1	\$	116.34
80	Plate, Bottle Holder	1	\$	115.46
81	X Front Handrail 35 O/D,Ss	1	\$	1,265.18
82	Entrance Stanchion 35 O/D St/St	1	\$	951.88
83	End Spigot 31.5 Dia x 40mm Long	9	\$	239.94
84	Floor Moulding Carrier	1	\$	55.98
85	Floor Moulding Carrier	1	\$	79.16
86	Floor Moulding Carrier	1	\$	193.98
87	Floor Moulding Carrier	1	\$	83.16
88	Floor Moulding Carrier	1	\$	83.16
89	Floor Moulding Carrier	1	\$	193.98
90	FRONT DOOR INTERIOR DOOR CAPPING	1	\$	616.28
91	SHARKS TOOTH RUBBER YELLOW AND BLACK	1	\$	156.08
92	NUMBER PLATE FRONT "SMB5063X"	1	\$	36.00
93	WA FLOOR SUPPORT	2	\$	2,531.48
94	WA ENT RAMP	1	\$	6,843.12
95	FRONT PILLAR SUPPT LH	1	\$	278.60
96	ANGLE SKID PLATE	1	\$	270.28
97	ANGLE FR RAMP MOUNT	1	\$	201.00
98	ANGLE ENT STEP	1	\$	187.40
99	WA FRONT Z SINGAPORE	1	\$	4,124.70
100	FRONT PILLAR SUPPT RH	1	\$	852.58
101	RISER - CAB SUPPORT	1	\$	627.90
102	FABRICATION OF CHASSIS SIDE METAL	2	\$	3,520.00
			7% GST	\$ 8,848.64
			PARTS TOTAL COST	\$ 167,066.16

ESTIMATED ACCIDENT REPAIR COST



SECTION 2 : LABOUR COST - ASSESSMENT / REPAIR / SPRAY PAINT

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		TOTAL COST
TO DISMANTLE & REPLACE :-		
• ITEMS 1 - 102	17000	\$ 19,500.00
BODY AND CHASIS ALIGNMENT	1300	\$ 1,950.00
SPRAY PAINTING :-	1600	\$ 9,600.00
SPRAY PAINTING \$640 PER PANEL	7% GST	\$ 2,173.50
LABOUR CHARGES \$650 PER DAY	LABOUR TOTAL COST	\$ 33,223.50

SECTION 3 : RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	\$0.00
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SECTION 4 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

DATE IN	21-Feb-2022
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	DD
LOSS OF USE COST	\$ -

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:

SUMMARY

SECTION NO.	COST
1	\$ 167,066.16
2	\$ 33,223.50
3	\$ -
4	\$ -
TOTAL	\$ 200,289.66

Plame
4p 90010568
30 days
p/p
EXCESS: 50,000
REVERT
Resurvey before paint



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 09/03/2022 17:18 (SGT)
Date of Accident 21/02/2022 23:58 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information SLE BKE TWDS MANDAI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB5063X

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 Alexander Dennis
Model ENVIRO500
Variant DOUBLE 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 - Reporting only
Vehicle Category Bus
Transmission Auto
CC 12000

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 ZHU GUOQIANG
NRIC No SXXXX499J



Date Of Birth	30/03/1986
Occupation	Outdoor
Date Of Driving Pass	22/09/2018
Driving experience	3 YEARS AND 5 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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	YP5047C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD2383B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ZHU GUOQIANG
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMB5063X
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes



Statement Form

Employee Name	Zhu Gouqiang	Employee ID	14024
Designation	Bus Captain	Date Taken	28/02/2022
Service No	965	Time Taken	1130
Bus Registration No	SMB5063X	Date of Incident	21/02/2022
Duty Number	965P01	Time of Incident	2358HRS
Nature of Incident	CAT 1 Accident Report BC14024 Off Svc965 SMB5063X 21022022		

Details:

I am BC14024 duty 965P01 drive Reg NO (SMB5063X).

At around 23:38hrs I'm from Sengkang Interchange end on my revenue service, and off service heading back to Mandai Depot. While pass by SLE (BKE) After Thomson Road Exit 5, I drove on the most left lane I didn't see anything in front of my way and I take a look on my telematics when I look back on the front it's been crash on to the rear of the truck. I do not know the rest of the vehicle damaged condition and I didn't take any third-party particulars. And I ask one of the workers at the scene to help me call ambulance. Then ambulance arrive they send me to Khoo Teck Phuat Hospital.


I am slightly injured at my leg.

On 19 Feb 2022 is my Day Off I did go gathering with friends at the afternoon, then at evening I been watching TV until midnight 12PM.

On 20 Feb 2022 I woke up on around 8.00am and after my breakfast at around 9.30am I start having diarrhea. At 11.28am I call in to Woodlands interchange and report sick on the day. I did play handphone games until around 12PM midnight. I did take Chinese medicine names POH CHAI YUN . And sleep at around 12.10PM

On 21 Feb 2022 I woke up on around 7-8am. I report at around 1315pm.

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

14024 Zhu Gouqiang  28.02.22 11:30

Employee Name and ID Signature Date & Time

Statement Taken By:

Peter Ng 13644  Interchange Supervisor

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 willful 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

Zhu Guo Qiang

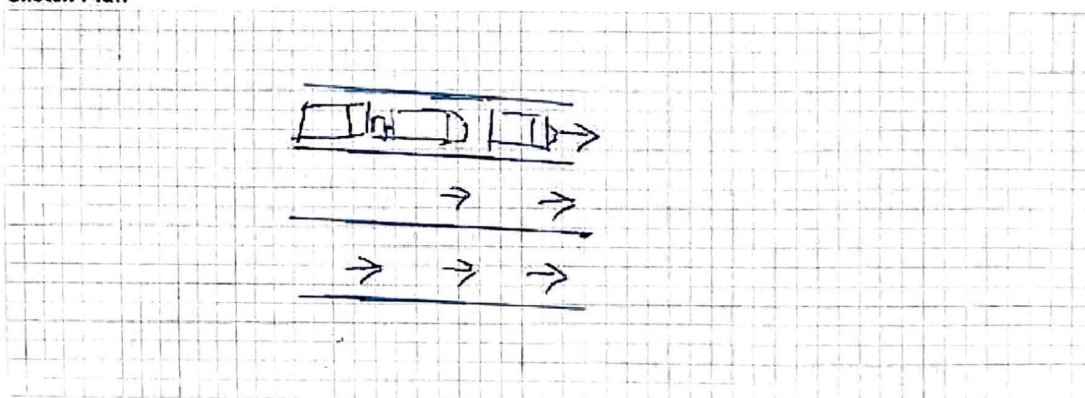
Driver's Signature (If driver is not the policyholder) / Date & Time

11:30am
2802-22



Witnessed by Reporting Centre Personnel

Sketch Plan



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	417K
Vehicle No:	SMB5063X
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Mar 2022
Vehicle Make:	ALEXANDER DENNIS
Vehicle Model:	ENVIRO500
Primary Colour:	Silver
Secondary Colour:	Black
Manufacturing Year:	2014
Engine No.:	22145769
Chassis No.:	SFD76CLR5EMTL3779
Maximum Power Output:	-
Open Market Value:	\$507,930.00
Original Registration Date:	01 Jun 2015
First Registration Date:	01 Jun 2015
Transfer Count:	1
Actual ARF Paid:	\$0.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 13 Mar 2022

OK