

ASS. REC. BY:

REF:

CS/SMO22003575/Aqy3

ASSIGNMENT

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. **CMTD2201175/THE**

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: **2** 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: **SBS3087G** Yr Regn: **2012 / April**Type: M.Car / M.Cycle / **Bus** / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Volvo B9TL** c.c. **9364**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **866236** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **YV3S4P923CA154227**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 orTyre Size: F: **275/70R22.5**R: **275/70R22.5**

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **19/04/22**Survey held at **ulu Pandan**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front o/s

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

Date / Time Action / Instruction

TP Samp.**21/04/22@9.53am revised to Thelma by email.****21/04/22 Submit \$892.00, 2 days. (repair cost not conclude)**

MV:

PV:

Nett:

653m

Date/Time, File Pass to?



Preli. Report

1) **21/04 Typist**

Final Report

Date/Time, File Return to?

2)

Days Of Repair: **2**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

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

Report Format: _____

Lump Sum / L.R. / G



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	07/04/2022 19:07 (SGT)
Date of Accident	06/04/2022 19:39 (SGT)
Exact Location of Accident	Near 700B Ang Mo Kio Ave 6, Block 700B, Singapore 562700
Additional Location Information	Ang Mo Kio Ave 3 before b/s 54241
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3087G
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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	Volvo
Model	B9tl
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	9364

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	CHAN CHUN WYE
Work Permit No	GXXXX759R



Date Of Birth	09/02/1987
Occupation	Outdoor
Date Of Driving Pass	12/12/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	NO. 25 JALAN PERUBATAN 23 TAMAN UNIVERSITI SKUDAI JB MALAYSIA
Address complement	-
Postcode	81300
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	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)	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

According to BC 76287 : I was driving at the left lane along the mentioned junction, there was a van (GBG9730G) at right lane. While crossing the traffic light junction, the van had sideswiped with my bus. I stopped my bus after the junction 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.

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 GBG9730G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver MR. GAN
 Contact Number (Phone) +65-83604258
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage LHS DOOR AND BODY DENTED WITH SCRATCHES
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

SKETCH PLAN

W/1587/2022
06/04/2022

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
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 HUEY JUAN
Safety Officer
133 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

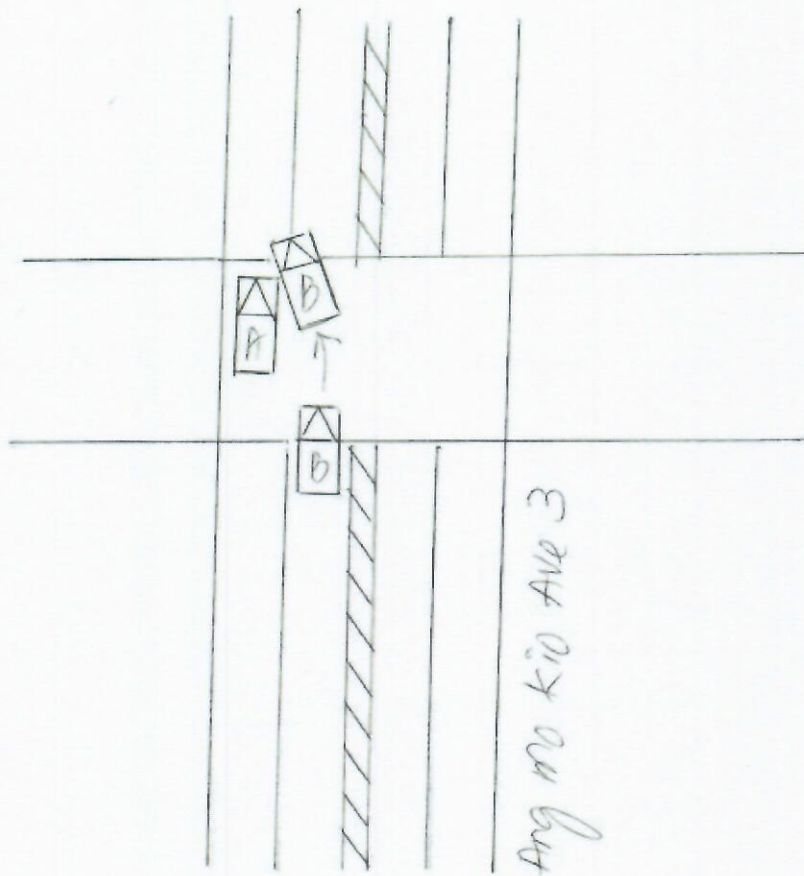
Sketch Plan

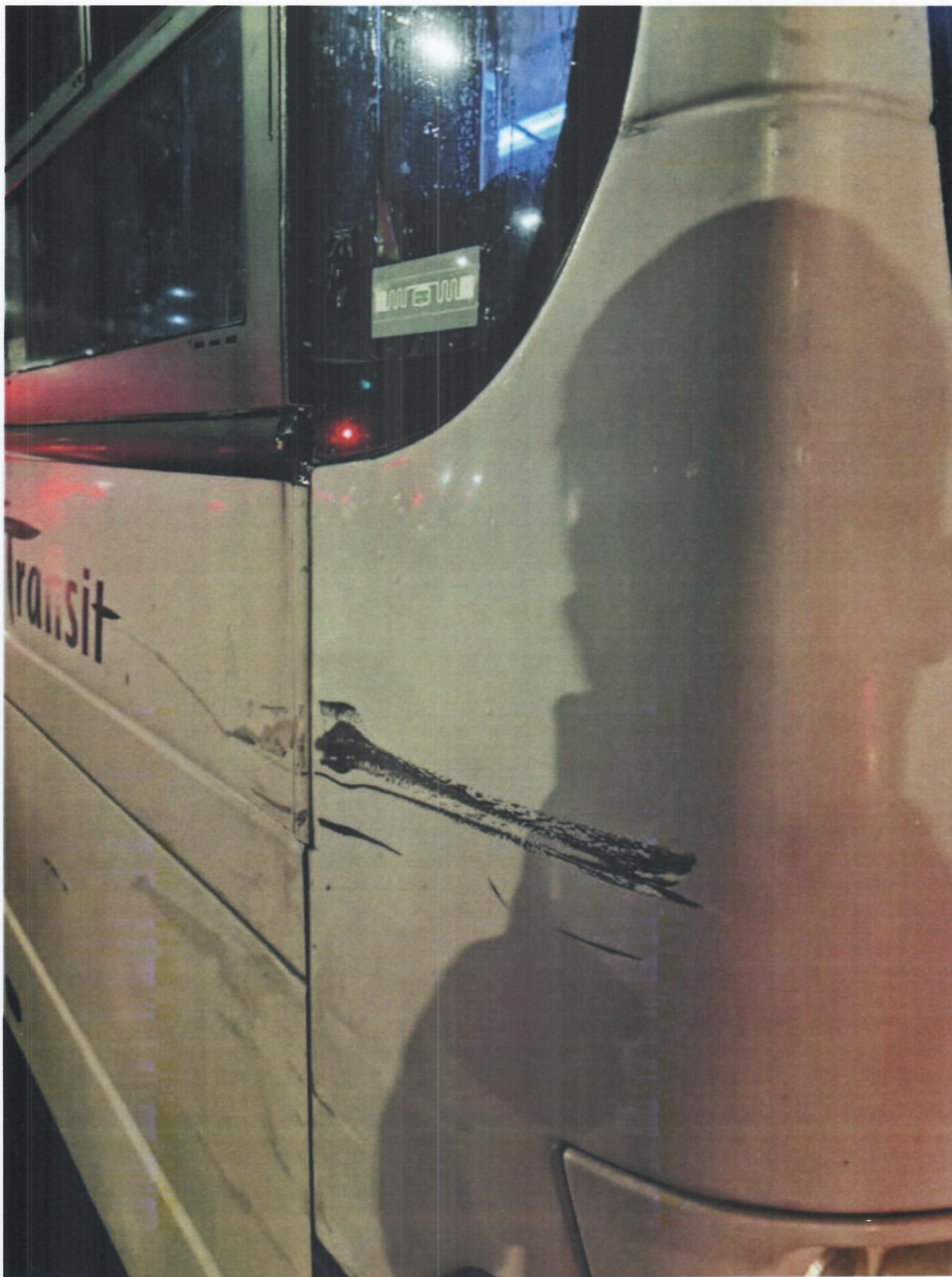
A - SBS3087G

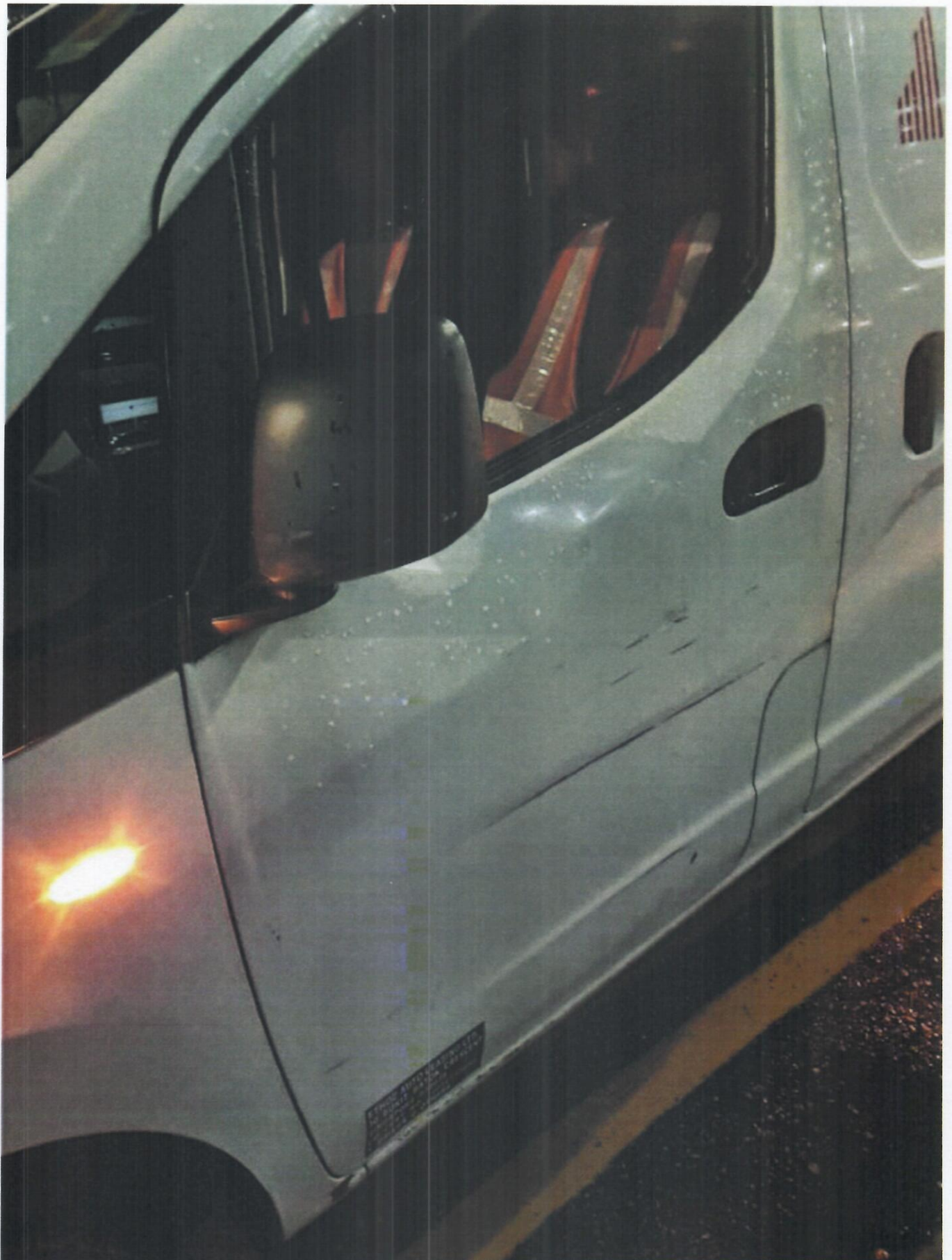
B - GBE9730G

I/O In charge :	Andrew 60A
Report No :	W11587/2021
Date & Time Acc :	06/04/2022
意外日期與時間 :	1939hrs
Bus No: 巴士車牌:	SBS3087G
Svc No: 路線:	132
BC No: 工牌號碼:	76287
BC Name: 姓名:	x chan chan w, c
Signature: 簽名:	X 17
Date: 日期:	07/04/2022

Ang Mo Kio Ave 3
before b/s 54241.







Workshop Accident Repair Estimate

ACCIDENT DATE

6 Apr 2022

BUS REGISTRATION NUMBER

SBS3087G

ACCIDENT TIME

19:39

BUS TYPE (DD OR SD)

DD

THIRD PARTY CLAIM AGAINST

GBE9730G

SBST Case Ref.

W15872022

[illegible]

SECTION B:		ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)	
Lexbuild Motors Pte.Ltd.			✓ \$700.00
Labour	Replace damaged parts	\$	✓ 192.00
Spray paint & putty	Paint & putty damaged parts		
Sticker livery	Purple		
	TOTAL LABOUR COST		\$892.00

SECTION C :		SUMMARY	
Loss of use + Overheads			\$1,061.52
		TOTAL REPAIR COSTS	\$1,953.52
		TOTAL DOWNTIME	2

Prepared by:

In attendance:

toughnatty
(a) yahoo.com.sg

Adrian Lj
P/P 19/04/22
02 Days
96893735.

[> Back to CarMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Company

Owner ID:

653M

Vehicle Details

Vehicle No.:

SB53087G

Vehicle to be Exported:

No

Intended Deregistration Date:

19 Apr 2022

Vehicle Make:

VOLVO

Vehicle Model:

B9TL

Primary Colour:

Multicolor

Manufacturing Year:

2011

Engine No.:

D9177800

Chassis No.:

YV3S4P923CA154227

Maximum Power Output:

-

Open Market Value:

\$475,118.00

Original Registration Date:

09 Apr 2012

First Registration Date:

09 Apr 2012

Transfer Count:

0

Actual ARF Paid:

\$0.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Rebate Amount:

\$0.00

Total Rebate Amount:

\$0.00

The information contained herein is correct as at 19 Apr 2022

OK