

Steve

ECICS

## 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. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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: SMB3533U Yr Regn: 1/9/14Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Alexander Dennis Enviro 500.c.c 8849Colour: Multi-Colour A/C: Insured / Std / NI / NASp. Reading: 476887 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: SFD76CLRSEMTL3462Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SR / STD A/Rim orTyre Size: F: 295/80R22.5R: 17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 24/4/22 D.O.I. 26/4/22Survey held at Tower Transit

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

Front RH

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / I.B.F. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

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

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

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

# ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	09:24HRS	BUS REGISTRATION NUMBER	SMB3533U
ACCIDENT DATE	24-Apr-22	BUS TYPE (SD/DD)	DD
BUS CAPTAIN NAME	OSMAN BIN YUSUF	BUS ROUTE NUMBER	
THIRD PARTY CLAIM AGAINST	ECICS Limited	BUS ADVERTS (Y/N)	N

## SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	QUARTER WINDOW GLASS RH ✓ <i>MR</i>	1	\$ 258.33
2	SIKAFLEX BLACK ✓ <i>MR</i>	1	\$ 32.00
		7% GST	\$ 20.32
		<b>PARTS TOTAL COST</b>	<b>\$ 310.65</b>

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

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE :- • ITEM NOS. 1-2 <i>JJS</i>	\$ 650.00 ✓
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- • FRONT RH CORNER BUMPER	\$ 1,300.00 X
SPRAY PAINTING :- • FRONT RH CORNER BUMPER	\$ 640.00 ✓
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	7% GST \$ 181.30
	<b>LABOUR TOTAL COST \$ 2,771.30</b>

## SECTION 3 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

		DATE IN	24-Apr-2022
		DATE & TIME SURVEY	
		DATE OUT	
		TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	DD		
<b>LOSS OF USE COST</b>		\$	1,600.00

KK 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

*Steve (LKK) 26/4/22 12:30 P/P by BL 2 dys*

SUMMARY	
SECTION NO.	COST
1	\$ 310.65
2	\$ 2,771.30
4	\$ 1,600.00
<b>TOTAL</b>	<b>\$ 4,681.95</b>

Acknowledged by Repairer  
Signature:  
Date:



## 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	25/04/2022 16:22 (SGT)
Date of Accident	24/04/2022 09:24 (SGT)
Exact Location of Accident	Jln Anak Bukit, Singapore
Additional Location Information	JLN ANAK BUKIT - BS 42089 OPP BT TIMAH PLAZA
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMB3533U

#### 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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	13000

#### 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	osman bin yusuf
NRIC No	SXXXX000Z

Date Of Birth	22/12/1965
Occupation	Outdoor
Date Of Driving Pass	20/04/2016
Driving experience	6 YEARS
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	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

#### 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	SMV1851J
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) .....

- ECICS Limited  
-  
-  
-





## Statement Form

Employee Name: OSMAN BIN YUSOF Date Taken: 24-APRIL-2022  
 Employee BC: BC 10189 Time Taken: 15:40 HRS  
 Date of Incident: 24-APRIL-2022 Duty Number: 41A01  
 Service No. & Reg No.: 41 / SMB3533U Time of Incident: 09:24 HRS

Nature of Incident: SIDE SWIPE ROAD TRAFFIC ACCIDENT

## Details:

On 24-April-2022 at about 09:24 hrs, I BC 10189 on svc 41A01 was driving bus registration no SMB3533U with 1 pax was onboard my bus and my journey was from Jalan Anak Bukit towards Jurong East bus interchange.

While driving along Upper Bukit Timah Road before BS42087 Shell petrol kiosk, I was on the extreme left lane.

Suddenly a private white colour car SMV1851J from the right lane collided onto my front right side bus body panel.

I stopped my bus safely at the side of the road to check my bus and to change particulars. No injuries to both parties. My bus SMB3533U sustained ride side glass panel damage and third party SMV1851J sustained left front door damaged.

my passenger alighted and left the bus. I informed the incident to BOCC, instructed me return to Bulim Depot to change bus and to make statement after end of my duty.

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

OSMAN BIN YUSOF / BC 10189

Employee Name & No.

  
Signature

24-APRIL-2022 / 15:40 HRS

Date & Time

Statement Taken Conducted By:

Abdul Rahim Bin Jusof / 10146

Interchange Supervisor

Name / Employee ID

Designation

Refer to BC Statement Report

We declare the foregoing particulars are true in every respect.



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



**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 wilful misrepresentation or withholding of material facts 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 insurers 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.
- (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

Sketch Plan

Dec 24.04.22 1140

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

WIPER BRUSH TIRAH ED



Witnessed by Reporting Centre Personnel



















