ASS. REC. BY: [illegible] REF: CS/SMR 22004592/Rvg3 417K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMB 50R

at Workshop m/s TOWER TRANSIT

of 310, MANDAI RD

Insured: SMB 3578R SMR

Policy No. _____

Claims No. BUS/05/22/5018

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 Rport: _____ 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: SMB 50R Yr Regn: 2004 / DEC

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: MERCEDES BENZ OC500LE1830H/A.C 11567

Colour GREEN A/C: Insured / Std / NI / NA

Sp.Reading 201549 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WEB 6344202 0V0122

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 _____

Tyre Size: F: 275/70R22.5

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	12/05/22	D.O.I.	18/05/22

Survey held at TOWER TRANSIT

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

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

Date / Time	Action / Instruction
25/5/22	Final fig $3872 confirmed by email (Red 2590, 40%)

Date/Time, File Pass to?

1) _____ : Preli. Report

Date/Time, File Return to? : Final Report

2) 26/5/22-typist

Report Format : TP

Lump Sum / I.B.I: (% $3872.00)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp ($ _____)

: Interview ($ _____)

: Tech. Invs ($ _____)

: Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

ESTIMATED ACCIDENT REPAIR COST

TOWER TRANSIT

ACCIDENT TIME REPORTED	19:34HRS	BUS REGISTRATION NUMBER	SMB50R
ACCIDENT DATE	12-May-22	BUS TYPE (SD/DD)	SD
BUS CAPTAIN NAME	R KRISHNAN A/L G RATNAM	BUS ROUTE NUMBER	
THIRD PARTY CLAIM AGAINST	MSFCL / SMRT	BUS ADVERTS (Y/N)	N

SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	OS REAR SIGNAL LAMP LED SUK/	1	$ 420.00
2	OS REAR BRAKE LAMP (LED) SUK/	2	$ 840.00
3	OS REAR LAMP (LED) SUK/	1	$ 672.00
		7% GST	$ 135.24
		PARTS TOTAL COST	$ 2,067.24

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 - 3	$ ~~1,300.00~~ 650
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- • OS REAR UPPER FRP • OS REAR LOWER FRP	$ ~~1,300.00~~ 650
SPRAY PAINTING :- • OS REAR UPPER FRP • OS REAR LOWER FRP	$ ~~1,280.00~~ 640

SPRAY PAINTING $640 PER PANEL
LABOUR CHARGES $650 PER DAY

7% GST	$ 317.10
LABOUR TOTAL COST	$ 4,847.10

ESTIMATED ACCIDENT REPAIR COST

TOWER TRANSIT

SECTION 3 : RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-

SECTION 4 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

DATE IN	13-May-2022
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	5

BUS TYPE (SD / DD)	SD
LOSS OF USE COST (INCL. 1 WEEKENDS, 1 PH & SURVEY DAY)	$ 1,500.00

SUMMARY	
SECTION NO.	COST
1	$ 2,067.24
2	$ 4,847.10
3	-
4	$ 1,500.00
TOTAL	$ 8,414.34

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:

Rosnan
Hp 90100868
3 days
18/05/22 @ 1130
Req after repair

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 witholding 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	14/05/2022 18:51 (SGT)
Date of Accident	12/05/2022 19:34 (SGT)
Exact Location of Accident	3591 Bukit Merah Central, Singapore 159840
Additional Location Information	BT MERAH INTERCHANGE BUS BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB50R

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	Mercedes
Model	Benz OC500
Variant	SINGLE 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	11000

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	R KRISHNAN A/L G RATNAM
Work Permit No	FXXXX314X

Date Of Birth	20/03/1967
Occupation	Outdoor
Date Of Driving Pass	24/07/2014
Driving experience	7 YEARS AND 10 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	Hit and run / Vandalism / Damaged whilst parked
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	SMB3578R
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	SMRT BUS
No. Of Passenger (Including Driver)	-

TOWER TRANSIT

Statement Form

Employee Name	R. Krishnan A/L G.Ratnam	Employee ID	13725
Designation	Bus Captain	Date Taken	13/05/2022
Service No	167	Time Taken	1720
Bus Registration No	SMB50R	Date of Incident	12/05/2022
Duty Number	P16	Time of Incident	1934
Nature of Incident	Incident at Bt Merah Int with SMRT bus.		

Details:

I BC13725 at 1934hrs after I park my bus at parking lot. When I came back from the toilet, I saw my bus right rear body was dented. Foreign worker came and told me that he saw SMRT S/176 while reversing out from parking lot his bus hit my bus .The SMRT bc had drove off after this incident.. I informed BOCC regarding this incident. There was no injury as my bus was parked and stationary in the parking lot. BOCC instructed me to continue my revenue service. Bus SMB50R is installed with 360-degree camera operation .as normal

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

R. KRISNAN 13725 — Employee Name and ID

Signature

13/05/2022 17x — Date & Time

Statement Taken By:

MOHD SIRAT 13534 — Employee Name and ID

Signature

Interchange Supervisor — Designation

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 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.

TRANSIT SINGAPORE PTE LTD TOWER Reg. No. 201419417K

Policyholder's Signature / Date & Time

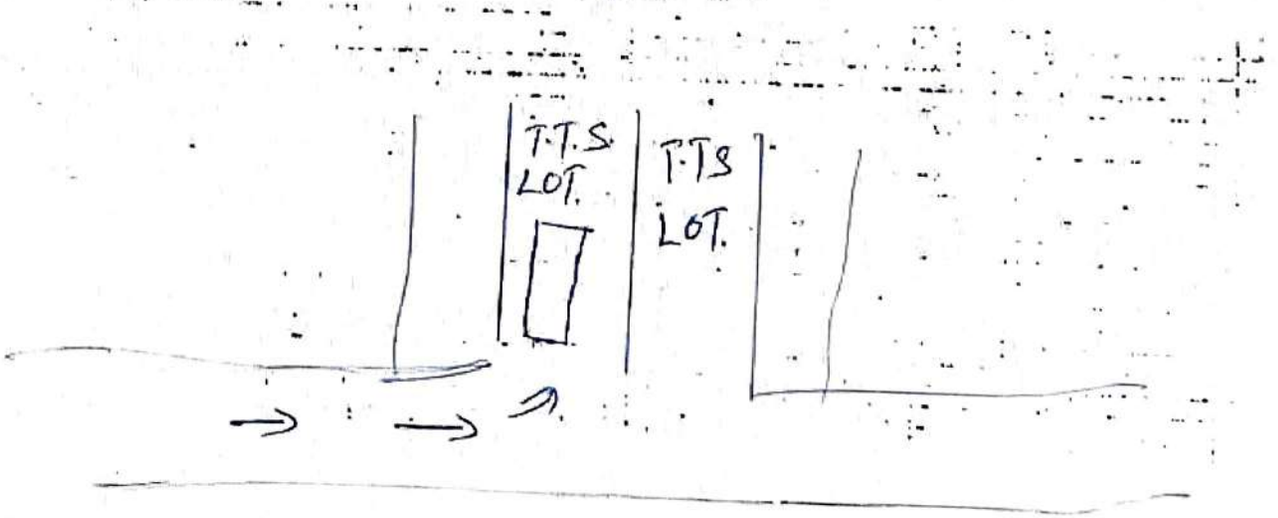
13/5/22

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

TRANSIT SINGAPORE PTE LTD TOWER Reg. No. 201419417K

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO STATEMENT

Declaration

We declare the foregoing particulars are true in every respect.

TOWER TRANSIT SINGAPORE PTE LTD Reg. No. 201419417K

Policyholder's Signature / Date &

13/5/22 17.20

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

TOWER TRANSIT SINGAPORE PTE LTD Reg. No. 201419417K

Witnessed by Reporting Centre

TOWER TRANSIT

Statement Form

Employee Name	R. Krishnan A/L G.Ratnam	Employee ID	13725
Designation	Bus Captain	Date Taken	13/05/2022
Service No	167	Time Taken	1720
Bus Registration No	SMB50R	Date of Incident	12/05/2022
Duty Number	P16	Time of Incident	1934
Nature of Incident	Incident at Bt Merah Int with SMRT bus.		

Details:

I BC13725 at 1934hrs after I park my bus at parking lot. When I came back from the toilet, I saw my bus right rear body was dented. Foreign worker came and told me that he saw SMRT S/176 while reversing out from parking lot his bus hit my bus .The SMRT bc had drove off after this incident.. I informed BOCC regarding this incident. There was no injury as my bus was parked and stationary in the parking lot. BOCC instructed me to continue my revenue service. Bus SMB50R is installed with 360-degree camera operation .as normal

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

R. KRISHNAN 13725 — Employee Name and ID

Signature

13/05/2022 17x — Date & Time

Statement Taken By:

MOHD SIRAT 13534 — Employee Name and ID

Signature

Interchange Supervisor — Designation

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	417K
Vehicle No.:	SMB50R
Vehicle to be Exported:	No
Intended Deregistration Date:	19 May 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	OC500LE1830H
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	45796600144418
Chassis No.:	WEB63442021000122
Maximum Power Output:	-
Open Market Value:	$319,995.00
Original Registration Date:	18 Dec 2008
First Registration Date:	18 Dec 2008
Transfer Count:	1
Actual ARF Paid:	$16,000.00
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 19 May 2022

OK