From: Date: Veh No: SMB 80317 Yr Regn: 2015 16CT	(08/11/13) Wef	REF: CS	mr2200	5469	Rty3		4176	<u> </u>
Profit:   Date:   Veh Not:   STAR_003 T   Yr, Ragn:   215   OCT.	ASS. REC. BY:	<u> </u>				10 m		1
To Inspect Vehicle No. SMNB 6031T at Workshop m/s Tower Towe	From: Estimated Cost:		Ve Ty	/pe: <b>M.Car</b> /	M.Cycle / Eug	31T /Van / Lorn	Yr Regn: _ <b>&gt;e(S</b> y / Taxi / Prime Mov	rerl
at Workshop m/s   Thursh   Thu	The state of the s					106 14	<i>(</i> 3)	40214
at Workshop mis   TWPR   Type			M	ake:		658 (A)		
Insured: Ins	at Workshop m/s Th	wer transit						
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.  Bal. or Market Value: (DAC Accident Rport: Consistent?: Yes or No GIA / PR Sen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS  CA / REV / REP. / 24 HRS  Vehicle: IN/OUT Date: Person Contacted: Vehicle: IN/OUT Date: Person Contacted: The Vehicle: IN/OUT Date: Person Contacted: The Vehicle: IN/OUT  Date / Time Action / Instruction  CA / Rev / Rep. / 24 HRS  Caterrian, File Pass to? The UIC / Chassis frame / Body Structure affected due to collision  Date / Time Action / Instruction  CA / Rep. / Sent Report  Date / Time Action / Instruction  CA / Rep. / Sent Report  Date / Time Action / Instruction  CA / Rep. / Sent Report  Caterrian, File Pass to? Sent Report  Ca	of 310 mars		Sp	p.Reading	71344		T/Radio: Insured /	JU / NI / NA
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.  Bal. or Market Value: (IDAC Accident Roort: Consistent?: Yes or No.  Est. Repairs: days Res.: Yes or No.  Est. Repairs: days Res.: Yes or No.  Lum Sum: % 3 Val.: Yes or No.  CA / REV / REP. / 24 HRS  Date/Time, File Pass to?   Person Contacted:	Insured:	SMR	Er	ng/No:		26	21-2100	
Steering:	Policy No.	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9					100 265 1	
Brake:	Claims No.							
Modi:   Cilif   Strim   StD A/Rim or	Sum Insured:	Excess:	S1		<u> </u>			
Tyre Size: F: 278 70R225    Permark: The veh had commenced its repair at the time of inspection.   Bal. or Market Value:   Bal. or Market Value:   IDAC Accident Rport:   Consistent?: Yes or No   Est. Repairs:   days   Res.: Yes or No   Lum Sum:   % 3 Val.: Yes or No   CA / REV / REP. / 24 HRS	(Client's Record)		В	rake: (Ino	rder / Jammed	/ Leaked / B	urnt or	
Rear	Make of Veh:		M	1odi : 🐠	S/Rim / STD			
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Remark: The veh had commenced its repair at the time of inspection.  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  Date/Time, File Pass to?  Date/Time, File Pass to?  Date/Time, File Return to?  Date/Time, File Return to?  Add Fee:  Resurvey No. of Trip:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Date Survey Fee:  Interview (\$ ) Photos  Report Format:  Lump Sum / I R I: (\$ ) Others  N/S O/S  BS / DUN / EXNOVA / GY / FS / LiZA / MIC / OHTSU / PIR / SUMI /  TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI /  TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI /  TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI /  TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI /  TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI /  TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO or File Call / MIC / OHTSU / PIR / SUMI / TOYO/YOKO OR TOYON OR OHTSU / TOYON OR OHTSU / PIR / SUMI / TOYO/YOKO OR OHTSU / PIR / SUMI / TOYO/YOKO OR OHTSU / PIR / SUMI / TOYO/YOKO OR OHTSU / TOYON OR	(Policy Condition)				R:	````\		
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## **ESTIMATED ACCIDENT REPAIR COST**



ACCIDENT TIME REPORTED	08:58HRS
ACCIDENT DATE	26-May-22
BUS CAPTAIN NAME	LIN YOUQING
THIRD PARTY	SMRT BUS - MSFCL

BUS REGISTRATION NUMBER	SMB8031T
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

## SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	T	Total Cost
1	OS FRONT MIRROR ASSY SUL /			
2	REFLECTIVE STICKER **/		1 \$	836.00
1.5 5			2 \$	32.00
201	10.00			1) 
	Ф.	-		
174		1457		
				The state of the s
		7% GST	\$	60.76
		PARTS TOTAL COST		
		TAKES TOTAL COST	\$	928.76

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

TO DESCRIPTION (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	
TO DISMANTLE & REPLACE :-	TOTAL COST
OS FRONT MIRROR ASSY     REFLECTIVE STICKER	\$ 1,360.00 320
TO DEMONT	320
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :-	
<ul> <li>OS FRONT CORNER BUMPER</li> <li>OS FRONT CORNER EXTERIOR FRP</li> </ul>	\$ 2,600.00
	97-
SPRAY PAINTING :-	112
<ul> <li>OS FRONT CORNER BUMPER</li> <li>OS FRONT CORNER EXTERIOR FRP</li> </ul>	\$ 1,280.00
SPRAY PAINTING AGAIN	1640 I
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY  7% GST	
7% GST	\$ 362.60
LABOUR TOTAL COST	\$ 5,542.60

# ESTIMATED ACCIDENT REPAIR COST



**S** 

SECTION 3: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST

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

The state of the s	
DATE IN	
DATE & TIME SURVEY	a 20
DATE OUT	
TOTAL NUMBER OF DAYS	
\$	1,500.00

BUS TYPE (SD / DD)	SD	TOTAL NUMBER OF DAYS	
(SD / DD)	LOSS OF USE COST	\$	1,500.00
1			440

SUMM	SUMMARY		
SECTION NO.		COST	
1	\$	928.76	
2	\$	5,542.60	
3	-	_ H	
4	\$	1,500.00	
TOTAL	\$	7,971.36	

PAGE 2

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:

Rasul Ap Evolvobs
3 days
09/06/22 P 1155
Rosey after near



## **©** 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 2. This committee of samplesed by the concurrence annual the numerical bursts.

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

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.

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**

27/05/2022 16:16 (SGT) Date of Submission Date of Accident 26/05/2022 08:58 (SGT) Exact Location of Accident Changi Airport PTB2, Singapore Additional Location Information Country/State of Loss ..... Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMB8031T

#### INSURED/POLICYHOLDER

Is company? ..... Yes TOWER TRANSIT SINGAPORE PTE LTD Name Of Registered Owner ..... Company Reg No ..... 2XXXXX417K Email Address ..... feedback@towertransit.sg Mobile Phone No ..... (Phone) +65-18002480950 (Office) +65-18002480950 Alternative Phone No .....

#### VEHICLE PARTICULARS

Man Model SINGLE DECK Variant ..... Exact purpose for which vehicle was being used at time of **Employment** accident ..... Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category ..... Bus Transmission ..... Auto 11000 CC

#### INSURANCE COMPANY

Name of Insurance Company ...... MS First Capital Insurance Ltd Type of Coverage Comprehensive Fleet Policy D-19094584MFBP Policy Number ..... Cover Note Number

#### DRIVER

LIN YOUQING SXXXX998A

ManceCon aure of Damag Service of Property Mo. d becelog 23/10/1968 Date Of Birth Outdoor Occupation 20/03/2014 8 YEARS AND 2 MONTHS Date Of Driving Pass Driving experience (Phone) +65-18002480950 Gender Mobile Number feedback@towertransit.sg Alt. Phone Number Email Address C/O: 21 BULIM DRIVE Address BULIM BUS DEPOT Address complement ..... 648170 Postcode Is the driver the policyholder? **Employee** If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver ...... Insurance Company of Other Vehicle Owned by Driver ..... GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident ..... Clear Weather Conditions ..... 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? **DETAILS OF POLICE ACTION** Was the accident reported to the police? 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 SG1699R Vehicle Manufacturer ..... Mercedes Vehicle Model Citaro Vehicle Variant Vehicle Colour

Bus

Vehicle Category

Name of Driver
Contact Number
Address
Address complement

istcode	-
nsurance Company Name	-
Nature Of Damage	- 3
Details of property damaged in accident	SMRT BUS
No. Of Passenger (Including Driver)	-



## **Statement Form**

		Employee ID	13469
T. James Name	Lin Youqing		26/05/2022
Employee Name	Bus Captain	Date Taken	1400hrs
Designation		Time Taken	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME
Service No	858	Date of Incident	26/05/2022
<b>Bus Registration No</b>	SMB8031T	Time of Incident	0858hrs
Duty Number	858A18	Time of melecipies	
Nature of Incident	Accident with SMRT bus		

#### **Details:**

I, BC13469 (Lin Youqing), was on duty 858A18 and driving SMB8031T on the mentioned time and location.

At B/S91529 (Changi Airport PTB2) my bus was park and stationary at the boarding berth suddenly Svc110 SG1699R LH rear side hit my bus RH front side. I immediately call to BOCC and reported the accident case and BOCC instructed exchange particular with SMRT BC. The SMRT BC ID:31658

Around 0930hrs Airport police arrive scene and leave scene 0957hrs. After police leave, I reported to BOCC and they instructed me off-service back to WITH for meal break then continue revenue trip follow by the timecard.

04 passengers were onboard, and no injuries reported.

My bus RH front side mirror cover scratches and front RH side body was scratches.

My bus was not equipped with 360-degree camera but the CCTV is operate like normal.

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

Employee Name and ID

Signature

Date & Time

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Statement Taken By:

COW 13810

**Employee Name and ID** 

Signature

Designation

Page 1 of 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willul 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SING4 MOLA

Policyholder's Signature / Date & Time

26/5/2022 14:30

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

Witnessed by Reporting Personnel

SINGA

Sketch Plan

CHANGI AIRPORT

escribe Circumstances of the Accident	
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#### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

### > Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	417K
Vehicle No.:	SMB8031T
Vehicle to be Exported:	No No
Intended Deregistration Date:	10 Jun 2022
Vehicle Make:	MAN
Vehicle Model:	NG 363F (A24)
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No.:	50339800223982
Chassis No.:	WMAA24773F7002657
Maximum Power Output:	
Open Market Value:	\$446,230.00
Original Registration Date:	05 Oct 2015
First Registration Date:	05 Oct 2015
Transfer Count:	
Actual ARF Paid:	\$0.00
PARF Eligibility:	Na
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 10 Jun 2022