



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

NO.	Part or Item Description	Quantity	Total Cost
1	OS FRONT MIRROR ASSY <i>Sub /</i>	1	\$ 836.00
2	REFLECTIVE STICKER <i>101 /</i>	2	\$ 32.00
		7% GST	\$ 60.76
		PARTS TOTAL COST	\$ 928.76

TO DISMANTLE & REPLACE :-		TOTAL COST
<ul style="list-style-type: none"> • OS FRONT MIRROR ASSY • REFLECTIVE STICKER 		\$ 1,300.00 320
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :-		
<ul style="list-style-type: none"> • OS FRONT CORNER BUMPER • OS FRONT CORNER EXTERIOR FRP 		\$ 2,600.00 975
SPRAY PAINTING :-		
<ul style="list-style-type: none"> • OS FRONT CORNER BUMPER • OS FRONT CORNER EXTERIOR FRP 		\$ 1,280.00 640
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	7% GST	\$ 362.60
	LABOUR TOTAL COST	\$ 5,542.60

ESTIMATED ACCIDENT REPAIR COST



TOWER TRANSIT
ENTRY DATE & TIME:
SUBMITTED BY: 842JIN
VERSION: 1 (27/05/2022)

SECTION 3 : RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST

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

BUS TYPE (SD / DD)	SD
LOSS OF USE COST	

DATE IN	
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	
\$ 1,500.00	

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

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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:

Rane
Ap 90010068
3 days
09/06/22 P 11:55
Resy 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 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 27/05/2022 16:16 (SGT)
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
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 Man
Model A24
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 No
Policy Number D-19094584MFBP
Cover Note Number -

DRIVER

Name of Driver LIN YOUQING
NRIC No SXXXX998A

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

23/10/1968
 Outdoor
 20/03/2014
 8 YEARS AND 2 MONTHS
 Male
 (Phone) +65-18002480950

-
 feedback@towertransit.sg
 C/O : 21 BULIM DRIVE
 BULIM BUS DEPOT
 648170
 No
 Employee
 No

tcode
 urance Com
 ature Of Damage
 Details of property
 No. Of Passenger

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) 0
 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 SG1699R
 Vehicle Manufacturer Mercedes
 Vehicle Model Citaro
 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
No. Of Passenger (Including Driver)

-
-
-
SMRT BUS
-



Statement Form

Employee Name	Lin Youqing	Employee ID	13469
Designation	Bus Captain	Date Taken	26/05/2022
Service No	858	Time Taken	1400hrs
Bus Registration No	SMB8031T	Date of Incident	26/05/2022
Duty Number	858A18	Time of Incident	0858hrs
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.

Lin Youqing 13469
Employee Name and ID

[Signature]
Signature

26/5/2022 14:30
Date & Time

Statement Taken By:
Ken SOW 13810
Employee Name and ID

[Signature]
Signature

26/5/22 1440hrs
Designation

SKETCH PLAN

IMPORTANT NOTICE

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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

[Signature] 26/5/2022 14:30

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



Witnessed by Reporting Centre Personnel

Sketch Plan

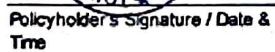
B3 1699R

SMB 8031T

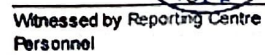
B/S 91529 CHANGI AIRPORT PTB2

[illegible]

We declare the foregoing particulars are true in every respect.



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



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	417K
Vehicle No.:	SM88031T
Vehicle to be Exported:	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.:	WMAA24ZZ3F7002657
Maximum Power Output:	-
Open Market Value:	\$446,230.00
Original Registration Date:	05 Oct 2015
First Registration Date:	05 Oct 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 10 Jun 2022

OK