



# ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	18:23HRS
ACCIDENT DATE	25-May-22
BUS CAPTAIN NAME	LEE ENG CHAI
THIRD PARTY CLAIM AGAINST	AXA Insurance Pte Ltd

BUS REGISTRATION NUMBER	SBS3343S
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

## SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	NS CORNER BUMPER <i>OR</i>	1	\$ 429.00
		7% GST	\$ 30.03
		<b>PARTS TOTAL COST</b>	<b>\$ 459.03</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 NO. 1	<i>325</i> \$ 650.00
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- • FRONT DOME	\$ 1,300.00
SPRAY PAINTING :- • FRONT DOME • NS CORNER BUMPER	\$ 1,280.00
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	7% GST \$ 226.10
	<b>LABOUR TOTAL COST \$ 3,456.10</b>

## SECTION 3 : RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
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## SECTION 4 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

DATE IN	6-Jun-2022
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	DD
LOSS OF USE COST	\$ 1,600.00

*Steve (LKK)  
8/6/22, 2.17p*

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PIP  
4 RL 9  
2 45*

SUMMARY	
SECTION NO.	COST
1	\$ 459.03
2	\$ 3,456.10
3	-
4	\$ 1,600.00
<b>TOTAL</b>	<b>\$ 5,515.13</b>

LKK Auto Consultants would 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

## 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 19:09 (SGT)
Date of Accident	25/05/2022 18:23 (SGT)
Exact Location of Accident	Jurong East, Singapore
Additional Location Information	JURONG EAST AVE 1 AFTER BUS STOP 28459
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS3343S

#### 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	Yong
Model	B66
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	LEE ENG CHAI
NRIC No	SXXXX751J

Date Of Birth 18/12/1966  
 Occupation Outdoor  
 Date Of Driving Pass 07/12/2020  
 Driving experience 1 YEAR AND 5 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 -

Address complement  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 Details of property damaged in a  
 No. Of Passenger (including

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) 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 SMR1643P  
 Vehicle Manufacturer Toyota  
 Vehicle Model Camry  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Private car  
 Name of Driver SHERMAINE LOH WAI FUN  
 NRIC No SXXXX023H  
 Contact Number -  
 Address -

ess complement  
code  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
-  
AXA Insurance Pte Ltd  
-  
-  
-



Statement Form

BC Name: Lee Eng chai

Date Taken: 29/5

BC No : 14074

Time Taken: 0025

Nature of Incident: side s

Time of Incident: 1823

Date of Incident: 29/5/2022

Service No: - 334

Bus Reg No: - SB53343S

Duty No: - 334P05

Details:

While driving toward Jurong Ave 1 at Junction of Jurong Town Hall Rd. My bus SB53343S was at Centre lane where I noticed a private car cut of sudden from left lane which goes straight only sideways from my front left bumper corner as the private car went to cut into my lane to turn in Jurong Town Hall. Stopped and update DCC and exchange particulars with the private car.

Our bus side front left bumper have cracked and scratches. Private car sustained right rear body scratches.

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

Lee Eng chai 14074

*[Signature]*

29/5 00:25

BC Name & No:

Signature

Date & Time

Statement Taken By:

Anwar Agil

Interchange Supervisor

*[Signature]*

Name

Designation

Signature

SKETCH PLAN

IMPORTANT NOTICE

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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) 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/are 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.

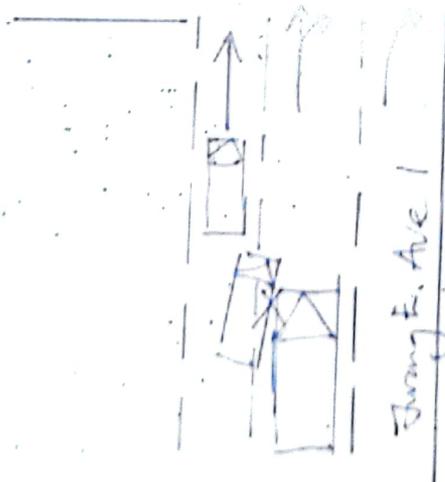


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Jurong Town Hall Rd

Describe Circumstances of the Accident

Pol statement form

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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



Witnessed by Reporting Centre Personnel



