

## 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. S2M04276

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 Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 1 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: SBS 8345DYr Regn: 22/09/2008

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Scania KUB4X7

c.c

9240Colour MVH-Colour

A/C: Insured / Std / NI / NA

Sp. Reading 1356146

T/Radio: Insured / Std / NI / NA

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

C/No: YS2X4X7W007861546

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 295/80R 225R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

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

Front

Rear

R/Bal. 4

mm

R/Bal. 4

mm

L/Bal. 4

mm

L/Bal. 4

mm

D.O.A. 23/5/22D.O.I. 13/6/22Survey held at SBS

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

Rear 21

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

Date / Time Action / Instruction

20/06/22@2.59pm revised to Cynthia Loh via Smart Claims.

final fig \$926, 1 day (Red \$0/-, 0%)

Date/Time, File Pass to?



: Prel. Report

1) 20/06 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Report Format: SMART CLAIMS - TP

Lump Sum / L.S. (\$) 926

## Workshop Accident Repair Estimate

ACCIDENT DATE	23 May 2022	BUS REGISTRATION NUMBER	SBS8345D
ACCIDENT TIME	11:15	BUS TYPE (DD OR SD)	SD
THIRD PARTY CLAIM AGAINST	SHD3411	SBST Case Ref.	AR-2022-0336

<b>SECTION A :</b>		<b>PARTS &amp; MATERIAL COST</b>	
<b>Part or Item Description</b>	<b>Quantity</b>	<b>Total Cost</b>	
30122063 BODY PANEL / ON	1	\$96.00	
30122034 WHEEL ARCH / ON	1	\$42.00	
		TOTAL PARTS & MATERIAL COST	\$ 138.00

SECTION B:		ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)	
Lexbuild Motors Pte.Ltd.			\$600.00
Labour Workshop	Replace damaged parts	\$	188.00
Spray paint & putty	Paint & putty damaged parts		
Sticker livery	Purple		
	<b>TOTAL LABOUR COST</b>		<b>\$788.00</b>

SECTION C :		SUMMARY	
Loss of use + Overheads			\$656.46
		<b>TOTAL REPAIR COSTS</b>	<b>\$1,582.46</b>
		<b>TOTAL DOWNTIME</b>	<b>1</b>

<b>Prepared by:</b> LKK Auto Consultants I hereby certify that I have notified the Repairer of the following: <ul style="list-style-type: none"><li>• To resurvey before/after spray painting</li><li>• To display damaged part(s) during resurvey</li><li>• Parts prices are subject to confirmation</li><li>• Third party survey is on a "Without Prejudice" basis</li><li>• No illegal modification(s) is allowed</li><li>• Supplementary item(s) must be resurveyed <u>and</u> is subject to final approval from Insurance Company</li></ul> <b>Acknowledged by Repairer</b> Signature: Date:	<b>In attendance:</b>  Steve (LKK) 13/6/22, 439p m IL 1 dys My PK Ly	
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## 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	26/05/2022 10:29 (SGT)
Date of Accident	23/05/2022 11:20 (SGT)
Exact Location of Accident	Near Opp Keppel DP Blk 517, Singapore
Additional Location Information	Keppel Road before b/s 14101
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS8345D
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS TRANSIT LTD
Company Reg No	1XXXXXXXXXXTE01
Email Address	leehj@sbstransit.com.sg
Mobile Phone No	(Phone) +65-99999999
Alternative Phone No	(Office) +65-65151383

#### VEHICLE PARTICULARS

Manufacturer	Scania
Model	KUB4X2
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	8867

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ActLiability
Fleet Policy	No
Policy Number	D-22099137MFBP
Cover Note Number	-

#### DRIVER

Name of Driver	EDDYNOR BIN HISHAM
Work Permit No	GXXXX933Q

Date Of Birth	29/12/1991
Occupation	Outdoor
Date Of Driving Pass	16/06/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81650104
Alt. Phone Number	-
Email Address	leehj@sbstransit.com.sg
Address	1 BUSINESS PARK DRIVE
Address complement	-
Postcode	608506
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	14
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

Name	UNKNOWN
Gender	Male

#### PASSENGER 4

Name	UNKNOWN
Gender	Male

#### PASSENGER 5

Name	UNKNOWN
Gender	Female

#### PASSENGER 6

Name	UNKNOWN
Gender	Female

#### PASSENGER 7

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION



Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Clementi Neighbourhood Police Centre

(Phone) +65-18008729999

(Fax) +65-68728039

No, Singapore 129858

No

-

#### CIRCUMSTANCES OF ACCIDENT

According to the BC, the bus was travelling straight along the extreme left lane of Keppel Road when the 3P taxi (CDG) travelling at right side of the bus swerved from right to left encroaching into the lane of the bus. In the process, the left front portion of 3P taxi collided onto the right rear portion of the bus. Driver of 3P taxi was injured and requested for ambulance service.

#### ATTACHMENT(S)

Are accident photos available for attachment?

Yes

Was there any video captured by Car Camera?

No

Was there any audio recorded?

No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD3411L

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Taxi

Name of Driver

TANG HIANG LENG

Contact Number

-

Address

-

Address complement

-

Postcode

-

Insurance Company Name

-

Nature Of Damage

LEFT FRONT BODY DAMAGED

Details of property damaged in accident

-

No. Of Passenger (Including Driver)

-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person

TANG HIANG LENG

Gender

Male

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

56

Injuries Sustained

3P DRIVER FELT BREATHLESS (NO VISIBLE INJURY)

Injured person in which vehicle?

SHD3411L

Were seat belts worn?

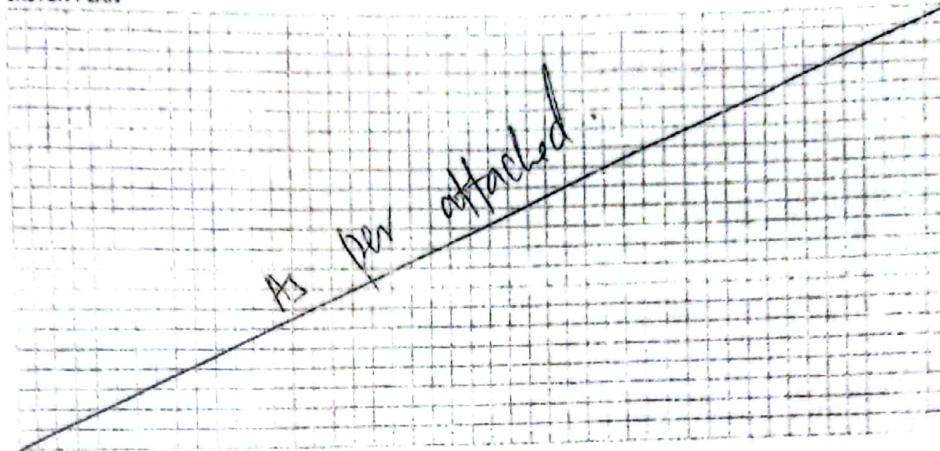
-

Was this injured conveyed to hospital by ambulance?

Yes



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the accident circumstances. It is crossed out with a diagonal line and the handwritten text 'As per attached'.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

VIVIAN LEE NUR EY JIAH  
Safety Officer  
Ulu Pandan Depot

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*Eddy*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Track ID: 010742

SBS Transit

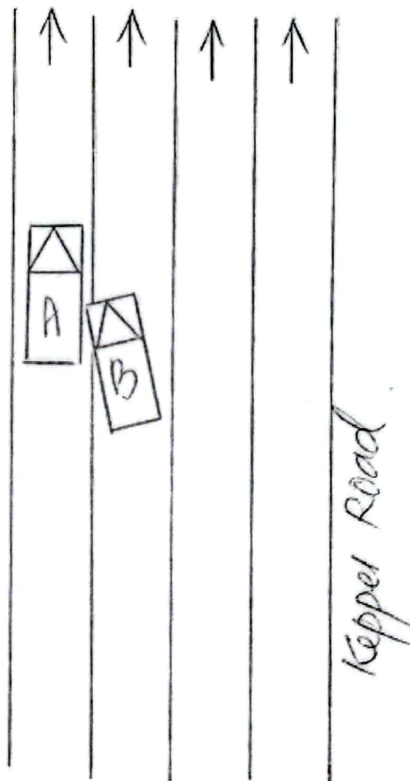
# Sketch Plan

A-SBS8345D

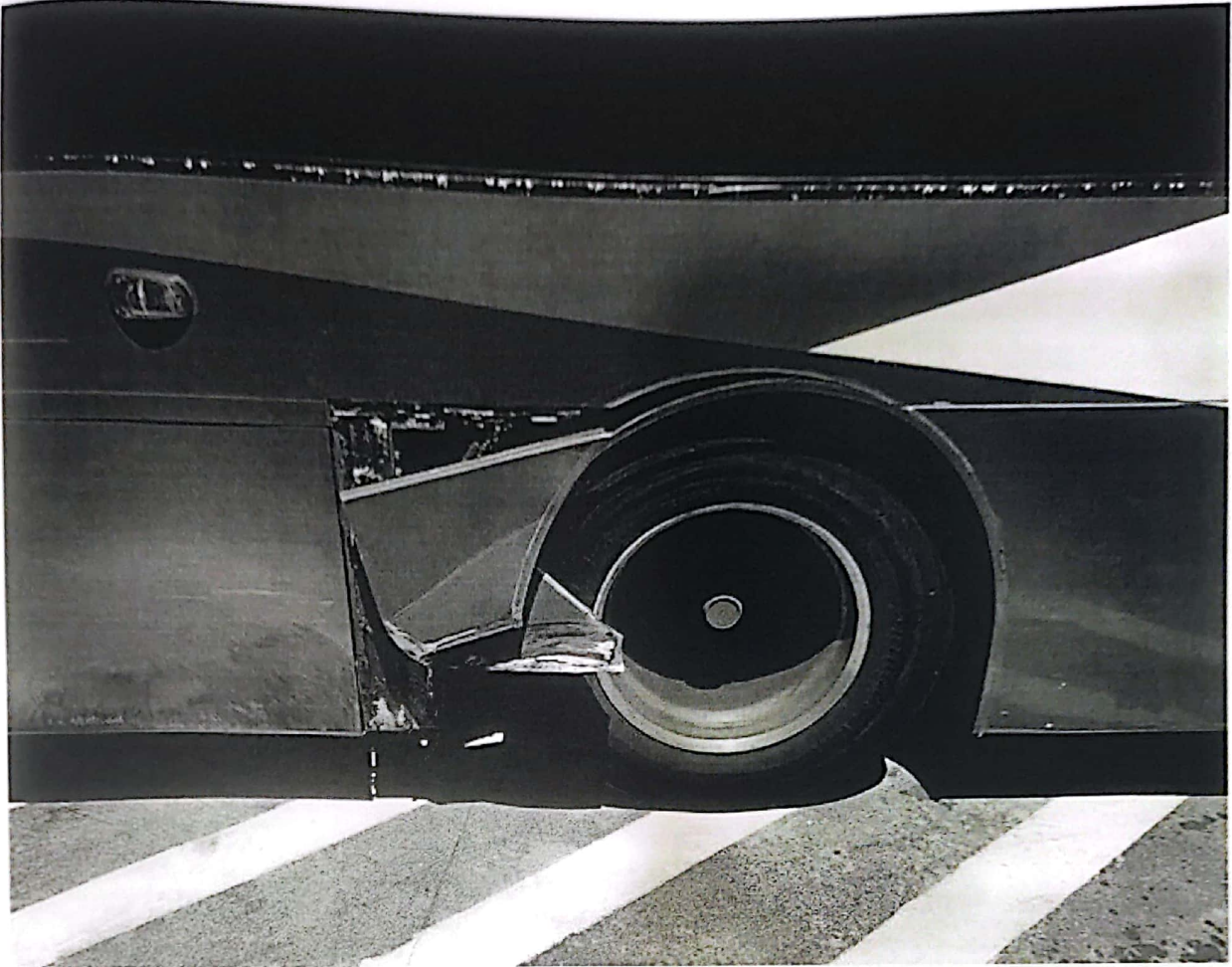
B-SHD3411L

I/O In charge	: Sean Tony Hua
Report No	: AR-2037-0331
Date & Time Acc	: 23/05/2022
意外日期與時間	: 1130hrs
Bus No: 巴士車牌	: SBS8345D
Svc No: 路線	: 131
BC No: 工牌號碼	: 78859
BC Name: 姓名	: EDDY NG
Signature: 簽名	: [Signature]
Date: 日期	: 24/05/2022

Keppel Road before  
b/s 14101.













**SINGAPORE  
POLICE FORCE**



T/20220523/2070

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20220523/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/05/2022 16:55			Vide Report No.: A/20220523/0052		Station Diary No.: 125	
<b>Informant's Particulars</b>						
Name of Informant: EDDYNOR BIN HISHAM				Address:		
ID Type / ID No.: FIN NO / G2741933Q				Contact No.: Home/Office:		Mobile: 81650104
Nationality: MALAYSIAN				Email:		
Sex: Male	Age: 30	Date of Birth: 29/12/1991	Type of Informant: Driver			
Race: Malay			Language: English		Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2022 11:15	Type of Location: Straight Road
Location:  KEPPEL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS8345D	Bus/Coach/Minibus	SCANIA		White	Slightly Damaged	0
SHD3411L	Car	HYUNDAI	i40	Blue	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220523/2070

2 of 3

Report No. T/20220523/2070

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

**CONTINUATION OF REPORT****Brief Details.**

On the above mentioned date, time and location, I was driving SBS Bus Service number 131, bearing registration plate number SBS8345D, from Whampoa towards Bukit Merah Interchange.

When I was travelling along Keppel Road, along the bus lane, at a speed of 40km/hr, I suddenly felt an impact coming from the rear of the bus. I then pulled over and went down to check. It was then I discovered a taxi had collided into the rear of my bus. No passenger on the bus was injured.

I then informed my control station about the said incident and they then activated the police for assistance. This is the first time such incident happened to me and the CCTV installed onboard the bus could captured the whole incident. I am lodging a police report under the instructions of Traffic Police.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 120858  
Tel No: 1800-8729999



T/20220523/2070

3 of 3

Report No. T/20220523/2070

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
D /  
SGT 2 CLEMENT CHEE WEI  
JUN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT NUR ADELINA BINTE  
MOHAMMAD FUAT  
Contact No.: 65476066

Signature Of Informant:

Date/Time:  
23/05/2022 16:55

Classification Of Case:

NP168