ASS. REC. BY: REF: CS/SMO22005686/Aqc

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. CMTD2202063/MYE

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: SG5005S. Yr Regn: 2015, Nov

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

Make: Volvo B9TL c.c 9364.

Colour Green. A/C: Insured / Std / NI / NA

Sp.Reading 347567 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV3S4P926GA174607

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: 275/70R22.5.

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

Front		Rear	
R/Bal.	08 mm	R/Bal.	08 mm
L/Bal.	08 mm	L/Bal.	08 mm
D.O.A.		D.O.I.	15/06/22

Survey held at Bulim.

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

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

Date / Time	Action / Instruction
	TP Sompo.
24/06/22@6.06pm revised to Melvin Ye by email.	
	MV :
	PV :
	Nett :

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

Report Format :

Survey Fee:

Transportation: $ + RS $

Photos

Other

ESTIMATED ACCIDENT REPAIR COST

TOWER TRANSIT

ACCIDENT TIME REPORTED	08:11hrs	BUS REGISTRATION NUMBER	SG5005S
ACCIDENT DATE	13-Jun-22	BUS TYPE (SD/DD)	DD
BUS CAPTAIN NAME	TAN LEE MING	BUS ROUTE NUMBER	
THIRD PARTY CLAIM AGAINST	Sompo Insurance Singapore Pte. Ltd.	BUS ADVERTS (Y/N)	N

SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	CROSSMEMBER Bent.	1	$ 7,831.80
2	REAR ENGINE SERVICE Bent	1	$ 3,784.54
3	NSR REAR BUMPER PANEL Dented	1	$ 195.60
4	LAMP INDICATOR - LED Not	1	$ 158.62
5	LAMP STOP SIDE REAR - LED Nec	1	$ 241.40
6	LAMP REVERSE - LED cracked	1	$ 216.30
7	NO. PLATE RECESS PAN Bent.	1	$ 229.32
8	VOLVO SMALL LOGO 192 x 26mm Nec	1	$ 95.38
9	CROSSMEMBER BOLT KITS Nec	20	$ 12.00
10	GIVE WAY STICKER	1	$ 40.00
11	"SG BUS" STICKER Nec	1	$ ~~300.00~~ 200
12	TOWER TRANSIT LOGO (B)	1	$ ~~300.00~~ 150
13	60KM STICKER	1	$ 4.00
		7% GST	$ 938.63
		PARTS TOTAL COST	$ 14,347.59

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 - 13	$ ~~2,600.00~~ 1950
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- • REAR TOP A/C ACCESS DOOR • REAR A/C CONDITIONER ACCESS DOOR	$ ~~3,250.00~~ 650
SPRAY PAINTING :- • REAR TOP A/C ACCESS DOOR • REAR A/C CONDITIONER ACCESS DOOR • REAR ENGINE DOOR ACCESS • NSR BUMPER PANEL • NO. PLATE PAN	$ ~~3,200.00~~ 2560
7% GST	$ 633.50
LABOUR TOTAL COST	$ 9,683.50

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

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-Jun-2022
DATE & TIME SURVEY	15/06/22
DATE OUT	
TOTAL NUMBER OF DAYS	

BUS TYPE (SD / DD)	DD

LOSS OF USE COST	$ 2,800.00

SUMMARY	
SECTION NO.	COST
1	$ 14,347.59
2	$ 9,683.50
3	-
4	$ 2,800.00
TOTAL	$ 26,831.09

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:

Adrian Ng

P/P 15/06/22.

07 Days.

96893735

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	14/06/2022 14:44 (SGT)
Date of Accident	13/06/2022 08:11 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	JUNCT OF JURONG PORT RD & JLN AHMAD IBRAHIM AFTER BUS STOP 21041
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5005S

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	Volvo
Model	B9tl
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-22099187MFBP
Cover Note Number	-

DRIVER

Name of Driver	TAN LEE MING

NRIC No	SXXXX618D
Date Of Birth	18/04/1962
Occupation	Outdoor
Date Of Driving Pass	11/01/1995
Driving experience	27 YEARS 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	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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	XD8604A
Vehicle Manufacturer	Scania
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	Sompo Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN #2

Describe Circumstances of the Accident

Refer Statement

Declaration

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

SINGAPORE TRANSIT TOWER PTE LTD Reg. No. 201419417K

13/06/2022 2115 pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

TOWER TRANSIT

Statement Form

Employee Name:	Tan Lee Ming	Date Taken:	13 Jun 2022
Employee ID:	10736	Time Taken:	2115hrs
Date of Incident:	13 Jun 2022	Service No:	079
Time of Incident:	0811hrs	Duty No:	079S07
Bus Reg No:	SG5005S		
Nature of Incident:	Accident between Bus and Lorry		

Details:

On 13 June 2022 I BC 10736 on 079S07 driving SG5005S around 0811hrs I was travelling along Jurong Port Rd. My bus was stationary while waiting for traffic light to turn green. Suddenly I heard a loud sound from behind my bus. I immediately alight to check for my bus and found out that a lorry rear-ended my bus. I called BOCC to informed on this accident. BOCC instruct me to exchange particular with 3rd party and then continue my service. There's 6 pax onboard when this accident happened. No injury reported in this accident.

My bus sustained LHS rear bumper dent and reversing light dislodge. 3rd party sustained no visible damage.

3rd Party details:

Lim Yeong Hua (XD8604A)

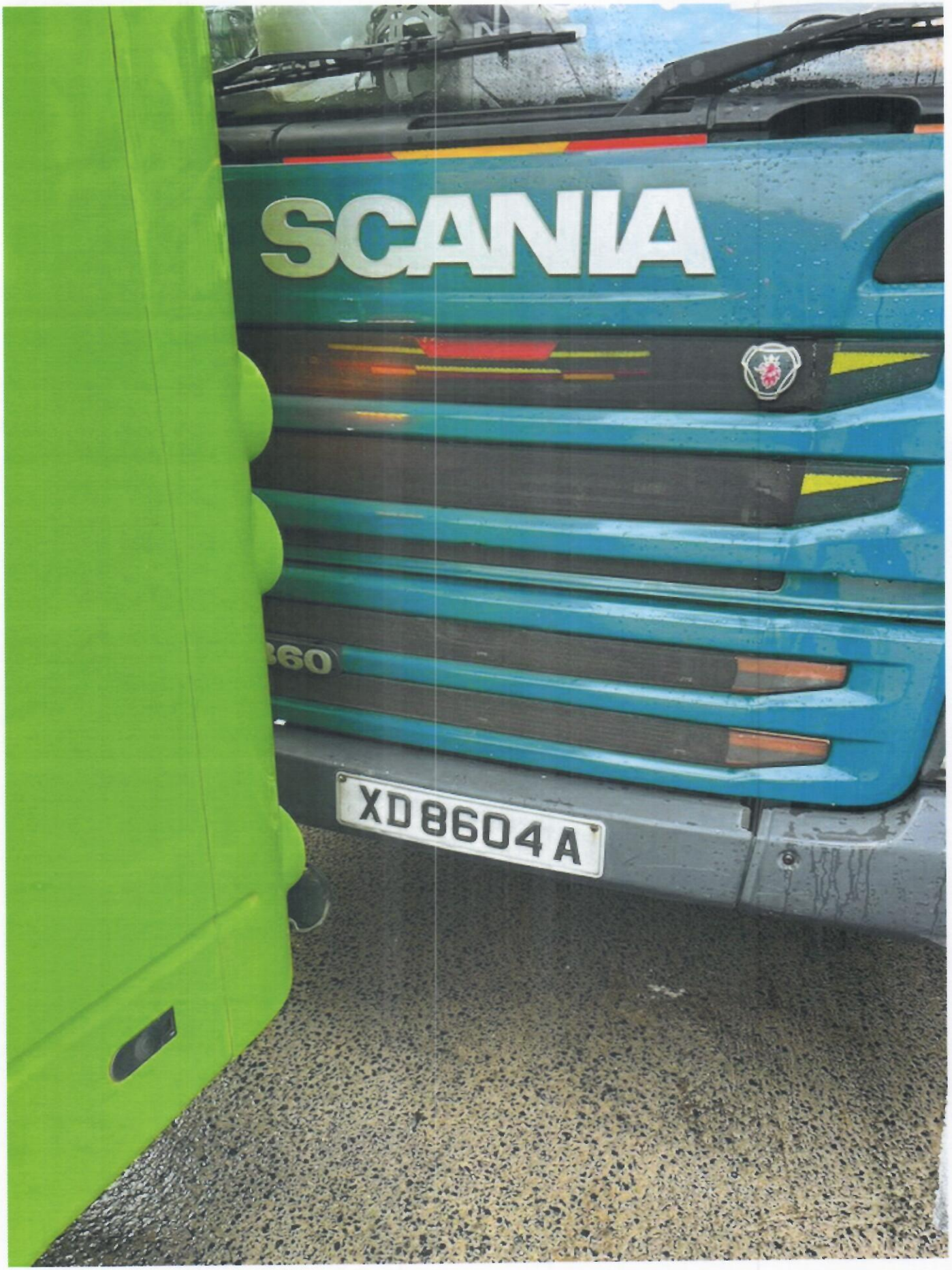
9468 7022

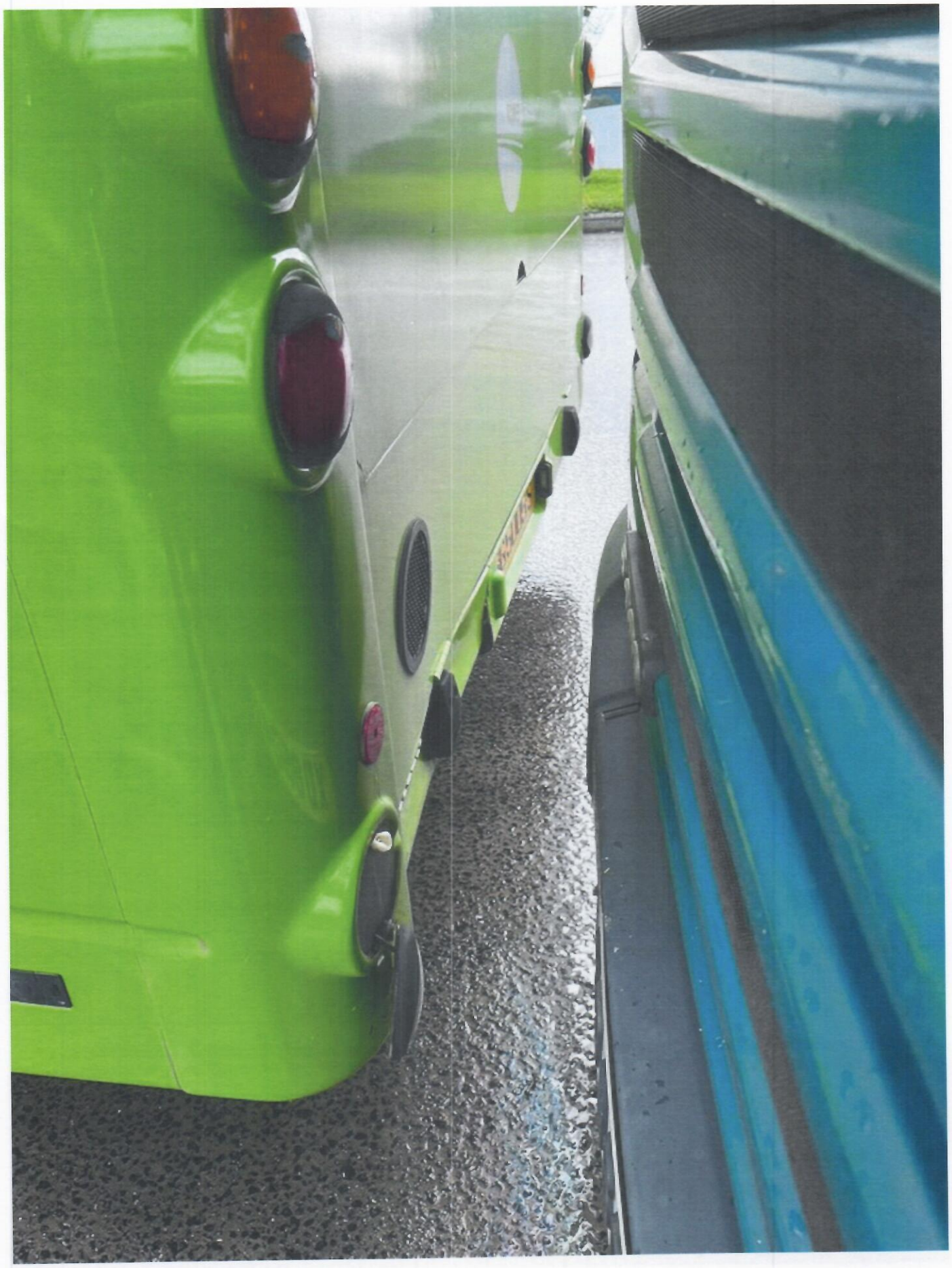
*I confirmed that the above statement given by me is correct to the best of my knowledge.

Tan Lee Ming 10736		*13 Jun 2022 2115hrs*
Employee Name & No.	Signature	Date & Time

Statement Taken Conducted By:

Lim Chun Kai	*IS*
Name	Designation


SCANIA
XD 8604 A

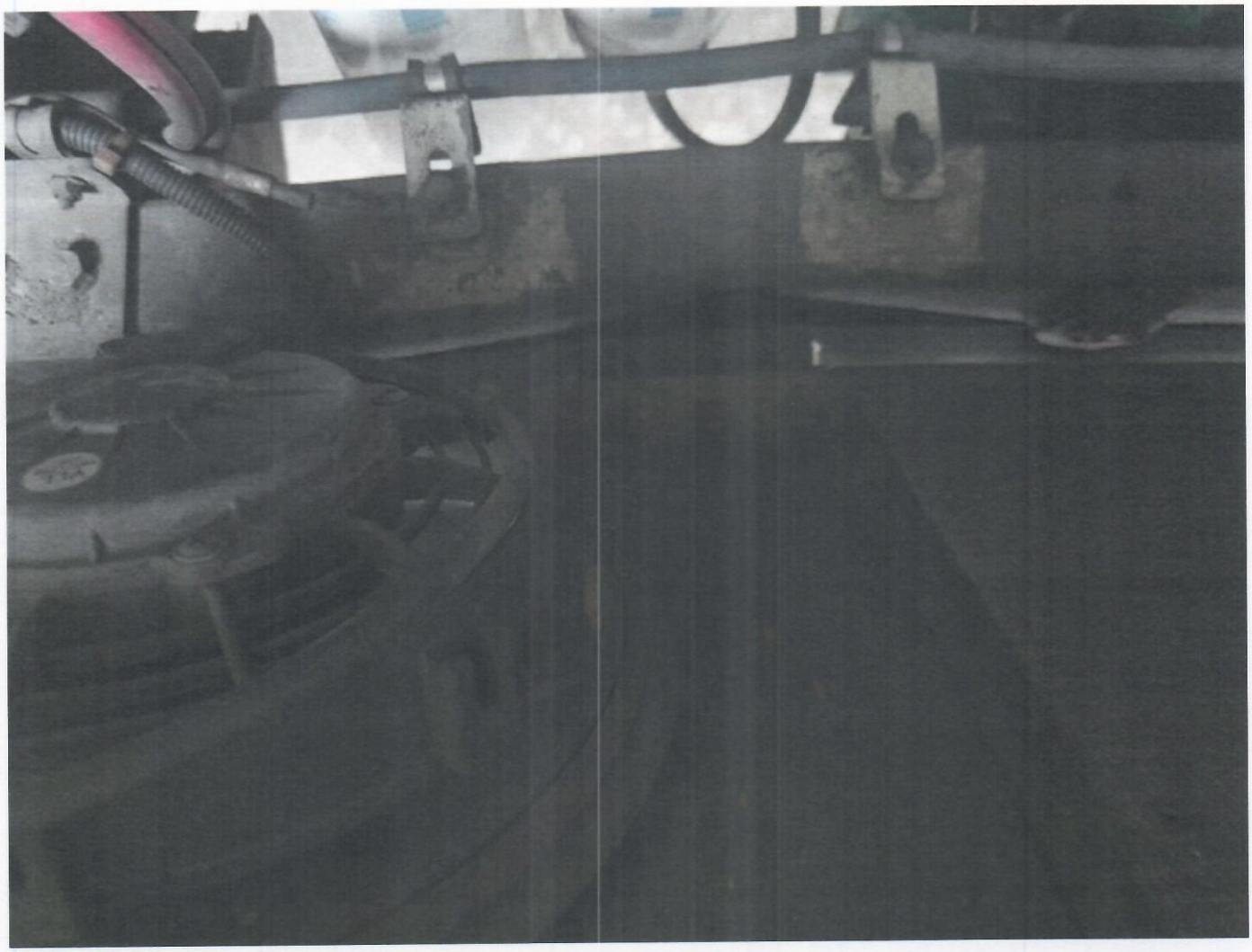



KAH
s Pte Ltd
6299 2027
TOWER TRANSIT


IN KAH
Logistics Pte Ltd
Office : 6299 2027
TOWER TRANSIT
SG5005S


VOLVO

IMAGES #6



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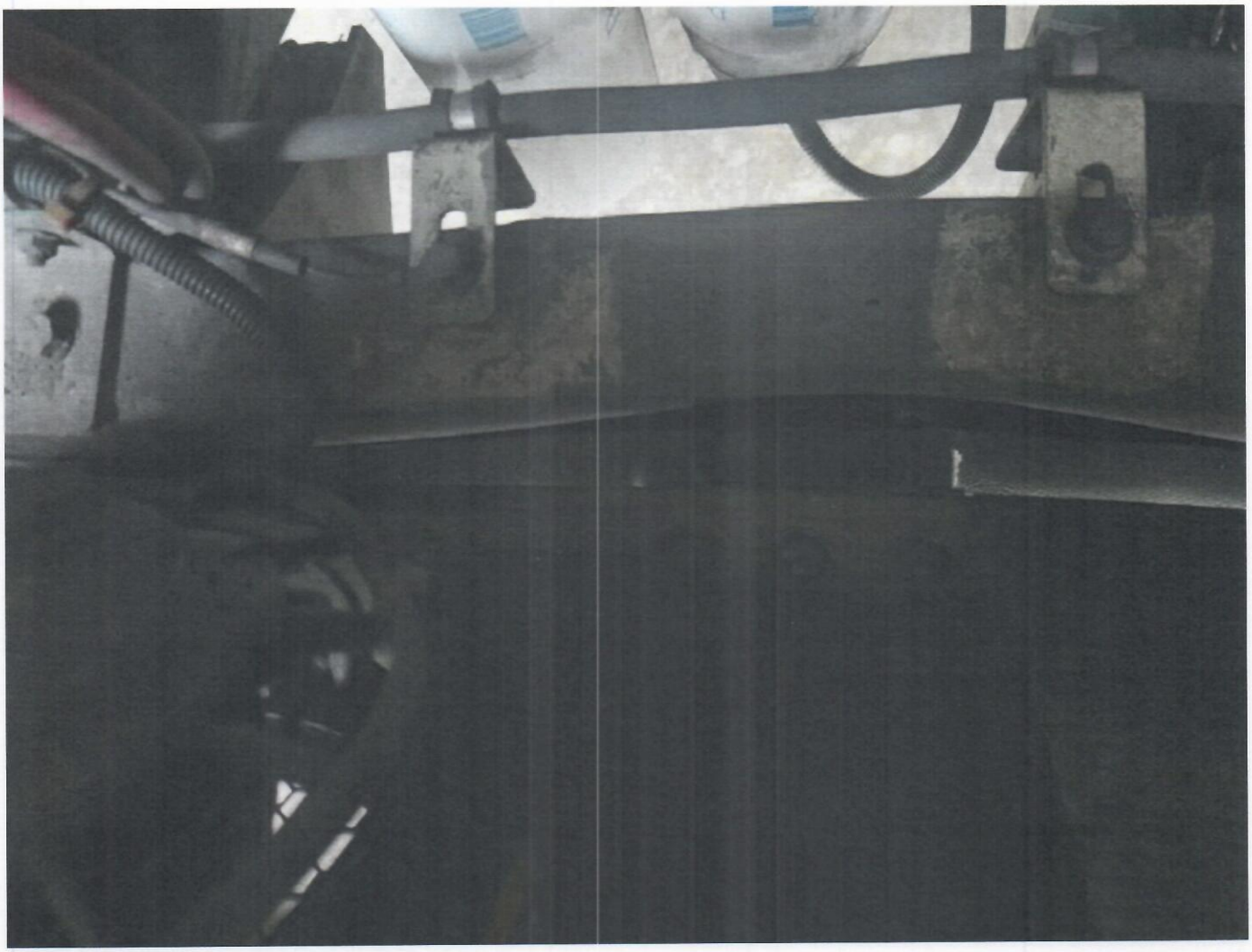

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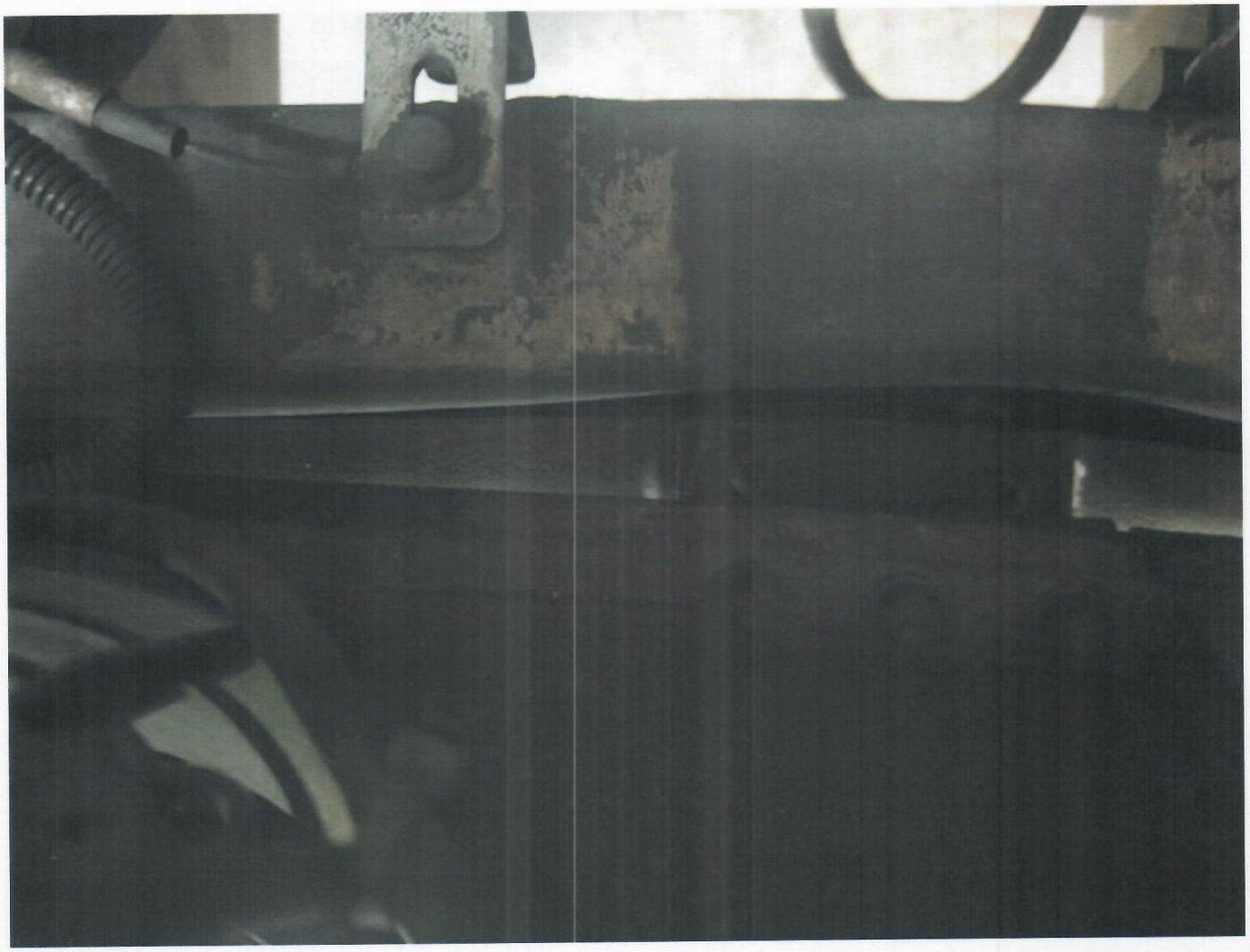

IMAGES #9

IMAGES #10

IMAGES #11