

(08/11/13) wef

ASS. REC. BY: Janm

REF:

CS/SMB22005702/Rtc

417K

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMB 1562Zat Workshop m/s TOWER TRANSITof 310, M. R. ROAD

Insured:

SMB

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

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:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SMB 1562Z

Yr Regn:

2014 / DEC

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

Truck / Trailer or

Make:

MAN NL 320 F (A22)

c.c

10518

Colour

MULTI

A/C:

Insured / Std / NI / NA

Sp. Reading

612797

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WMA 422227F 7002822

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

275/70R22.5

R:

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

TOYO / YOKO or

D/A

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

13/06/22

D.O.I.

15/06/22

Survey held at

TOWER TRANSIT

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

o/s REAR

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$) )

TOTAL



# ESTIMATED ACCIDENT REPAIR COST



5MB1562Z

ACCIDENT TIME REPORTED 15:23HRS

BUS REGISTRATION NUMBER

ACCIDENT DATE 13-Jun-22

BUS TYPE (SD/DD)

SD

BUS CAPTAIN NAME ZAINUDDIN BIN ABU BAKAR

BUS ROUTE NUMBER

THIRD PARTY CLAIM AGAINST SMRT - MSFCL

BUS ADVERTS (Y/N)

N

## SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	OS SIDE GLASS R6 <i>cr ✓</i>	1	\$ 765.60
2	OS SIDE FUEL TANK DOOR <i>bt ✓</i>	1	\$ 520.00
3	OS SIDE SMALL PANEL ABV FUEL TANK DOOR <i>bt ✓</i>	1	\$ 149.60
4	SEALANT <i>m ✓</i>	5	\$ 350.00
		7% GST	\$ 124.96
		<b>PARTS TOTAL COST</b>	\$ 1,910.16

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

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE :- • ITEMS NO. 1 - 4	\$ 1,950.00
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- • OS REAR BODY PANEL	\$ 650.00
SPRAY PAINTING :- • OS SIDE FUEL TANK DOOR • OS SIDE SMALL PANEL ABV FUEL TANK DOOR • OS REAR BODY PANEL	\$ 1,280.00
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	7% GST \$ 316.40
	<b>LABOUR TOTAL COST</b> \$ 4,836.40

# ESTIMATED ACCIDENT REPAIR COST



0226E0002 / TOWER  
TRY DATE & TIME: 14/06/2022  
SUBMITTED BY: BAZLIN BILAL  
VERSION: 1 (14/06/2022)

## 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	
		DATE OUT	
		TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	SD		
LOSS OF USE COST		\$	2,100.00

SUMMARY	
SECTION NO.	COST
1	\$ 1,910.16
2	\$ 4,836.40
3	-
4	\$ 2,100.00
TOTAL	\$ 8,846.56

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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:

Rosa  
Hp 90010068

5 days  
P/P

15/06/22 @ 1600

Res before part



# 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 ..... 14/06/2022 16:41 (SGT)  
Date of Accident ..... 13/06/2022 15:23 (SGT)  
Exact Location of Accident ..... HarbourFront, Singapore  
Additional Location Information ..... HARBOURFRONT INTERCHANGE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMB1562Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TOWER TRANSIT SINGAPORE PTE LTD  
Company Reg No ..... 2XXXXXX417K  
Email Address ..... feedback@towertransit.sg  
Mobile Phone No ..... (Phone) +65-18002480950  
Alternative Phone No ..... (Office) +65-18002480950

### VEHICLE PARTICULARS

Manufacturer ..... Man  
Model ..... A22 E5  
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 ..... Yes  
Policy Number ..... D-22099187MFBP  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ZAINUDDIN BIN ABU BAKAR  
NRIC No ..... SXXXX141G



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 .....

20/11/1959  
 Outdoor  
 21/11/2001  
 20 YEARS AND 7 MONTHS  
 Male  
 (Phone) +65-18002480950  
 -  
 feedback@towertransit.sg  
 C/O : 21 BULIM DRIVE  
 BULIM BUS DEPOT  
 648170  
 No  
 Employee  
 No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
 Weather Conditions .....  
 Road Surface .....

Hit and run / Vandalism / Damaged whilst parked  
 Clear  
 Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....  
 Number of vehicles involved in the accident .....  
 Was anybody injured in the Accident? .....  
 Was any injured conveyed to hospital by ambulance? .....  
 Was any other vehicle or property damaged? .....  
 Number of Passengers (Including Driver) .....  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....

No  
 2  
 No  
 -  
 Yes  
 1  
 No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
 Was notice of intended Prosecution given? .....  
 If yes, against whom? .....

No  
 No  
 -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment? .....  
 Was there any video captured by Car Camera? .....  
 Was there any audio recorded? .....

Yes  
 Yes  
 No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....  
 Vehicle Manufacturer .....  
 Vehicle Model .....  
 Vehicle Variant .....  
 Vehicle Colour .....  
 Vehicle Category .....  
 Name of Driver .....  
 Contact Number .....  
 Address .....  
 Address complement .....

SG5701R  
 Alexander Dennis  
 ENVIRO500  
 -  
 -  
 Bus  
 BC67637  
 -  
 -  
 -

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





## Statement Form

Employee Name	Zainuddin Bin Abu Bakar	Employee ID	14008
Designation	Bus Captain	Date Taken	13/06/2022
Service No	963	Time Taken	2030hrs
Bus Registration No	SMB1562Z	Date of Incident	13/06/2022
Duty Number	963S05	Time of Incident	1523hrs
Nature of Incident	Accident with SMRT Svc188 at Harbourfront Interchange driveway area		

## Details:

I, BC 14008, was doing Service 963 driving SMB1562Z.

I arrived at Harbourfront Interchange and saw that the berth for Service 963 was full hence I drove into boarding/alighting berth of Service 855 to let the passengers alight.

After the passengers alighted, I reversed the bus out and stopped at the side along the driveway as the 963 berth was still full.

After about 2mins, I reversed my bus slightly to allow another 963 bus to reverse out. I was about to drive to the berth to park when I realized that the 963 had stopped. I then checked my right-side mirror and saw a SMRT bus 188 also reversing so I just continued waiting at the side along the driveway.

I turned my head further to check the blind spot and saw that the 188 bus was getting nearer to my bus. I wanted to sound my horn to alert the SMRT BC but it was too late as the bus had already collided onto the right side body of my bus.

SMB1562Z is equipped with 360 camera

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

14008  
ZAINUDDIN BIN ABU BAKAR

Employee Name and ID

[Signature]

Signature

13-6-2022 20:40pm

Date & Time

## Statement Taken By:

Aaron 13394

Employee Name and ID

[Signature]

Signature

Interchange Supervisor

[Signature]

Designation

# **SKETCH PLAN**

## **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. 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.

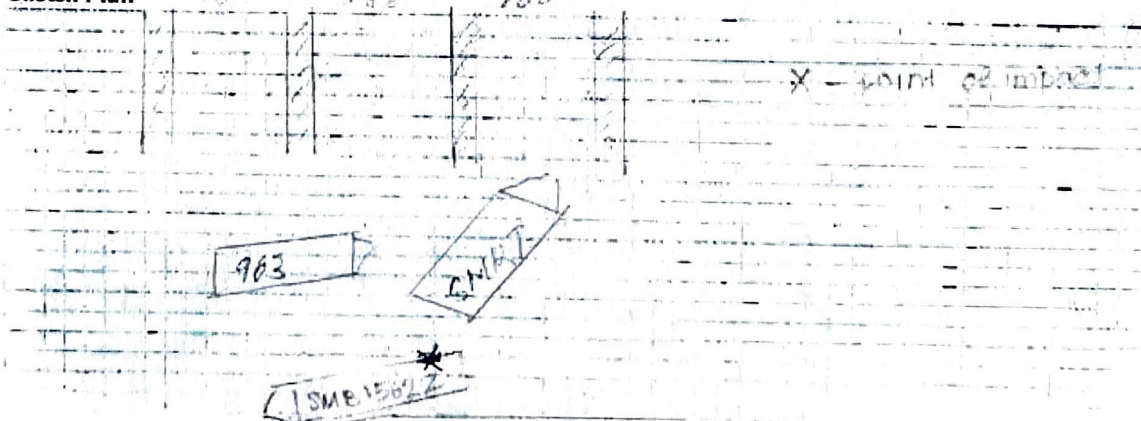


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

We declare the foregoing particulars are true in every respect.



Jai  
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:	SMB1562Z
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jun 2022
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multicolor
Manufacturing Year:	2014
Engine No:	50339060883910
Chassis No:	WMAA22ZZ7F7002522
Maximum Power Output:	-
Open Market Value:	\$249,995.00
Original Registration Date:	23 Dec 2014
First Registration Date:	23 Dec 2014
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 16 Jun 2022

OK