

(08/11/13) wef

ASS. REC. BY:

REF:

CS/CT122005763/Rqy3

TFR 653m

ASSIGNMENT

From:

Date:

Estimated Cost:

Veh No:

SH 6156H

Yr Regn: 2020/ FEB

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

Truck / Trailer or

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SH 6156H

Make:

MAN A45

c.c 10518

at Workshop m/s

SBST (608506)

Colour

GREEN

A/C: Insured / Std / NI / NA

of

ULU PANDAN WS, 1 BUSINESS PRDR

Sp. Reading

167081

T/Radio: Insured / Std / NI / NA

Insured:

CTI

Eng/No:

C/No:

WMAA95 22SK-P009191

Policy No.

Gen. Cond: Good / Fair / Poor / Burnt

Claims No.

SNM22D203804/C02

Steering: Inorder / Jammed / Leaked / Burnt or

Sum Insured:

Excess:

Brake: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

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

Make of Veh:

Tyre Size:

F:

275/70R22-5

R:

"

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

N/S	O/S

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

8

mm

R/Bal.

8/8

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

8

mm

L/Bal.

8/8

mm

Est. Repairs:

2

days

Res.: Yes or No

D.O.A.

27/05/22

D.O.I.

17/06/22

Lum Sum:

%

3 Val.: Yes or No

Survey held at

SBST CULU PANDAN

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

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

Date / Time

Action / Instruction

20/06/22 @ 1.18pm revised to Irene Tay by email.

Rasul finalised final fig \$2072, 2 days. (Red \$0/-, 0%)

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

2

1)

☐

: Final Report

Resurvey No. of Trip:

1

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:

☐

: Site Insp (\$

) \$ + RS \$ SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format : MER-TP

Lump Sum / I.B.I. (\$) 2072

TOTAL

Workshop Accident Repair Estimate

ACCIDENT DATE

27 May 2022

BUS REGISTRATION NUMBER

SG6156H

ACCIDENT TIME

20:00

BUS TYPE (DD OR SD)

DD

THIRD PARTY CLAIM AGAINST

SGT7769G

SBST Case Ref.

AR-2022-0455

SECTION A :		PARTS & MATERIAL COST	
Part or Item Description		Quantity	Total Cost
30400348 NS NO 3 BODY PANEL SA ✓		1	\$232.00
30400349 NS NO 4 BODY PANEL SA ✓		1	\$200.00
30400350 NS NO 5 BODY PANEL SA ✓		1	\$200.00
30400381 WHEEL ARCH SW ✓		2	\$200.00
30730009 BOSTICK SEALANT M ✓		4	\$52.00
		TOTAL PARTS & MATERIAL COST	\$ 884.00

SECTION B: ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)		
Lexbuild Motors Pte.Ltd.		
Labour	Replace damaged parts	\$1,000.00
Spray paint & putty	Paint & putty damaged parts	\$188.00
Sticker livery	Purple	
	TOTAL LABOUR COST	\$1,188.00

SECTION C :		SUMMARY	
Loss of use + Overheads		X	\$1,448.62
	TOTAL REPAIR COSTS		\$3,468.62
	TOTAL DOWNTIME		2

Prepared by:

In attendance:

RASUL

HP 90010068

2 days

17/06/22 P11W

email: rasul@lkkauto.com

Resumey before print

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:

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 31/05/2022 16:49 (SGT)
Date of Accident 27/05/2022 20:00 (SGT)
Exact Location of Accident Near 49 Lor 25A Geylang, Singapore 388246
Additional Location Information Junction of Sims Ave and Sims Way before b/s 80071
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG6156H

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 Man
Model A95 EU6 DD
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 10518

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 MOHD ZUKI BIN MOHAMED
Work Permit No GXXXX157R

Date Of Birth	06/07/1972
Occupation	Outdoor
Date Of Driving Pass	25/11/2014
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83056466
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	36
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?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

According to BC 76248 : I was driving at left most lane along Sim Ave. As I was approaching the slip road from Sims Way towards Sims Ave, I noticed a car (SGT7769G) did not stop and collided onto my bus. No one was injured. OCC was informed and I was instructed to continue my service after exchanging particulars with 3P driver. However, 3P driver refused to provide his particulars and left scene.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT7769G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT BUMPER DAMAGED
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

AR-2022-0455

27/05/2022

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

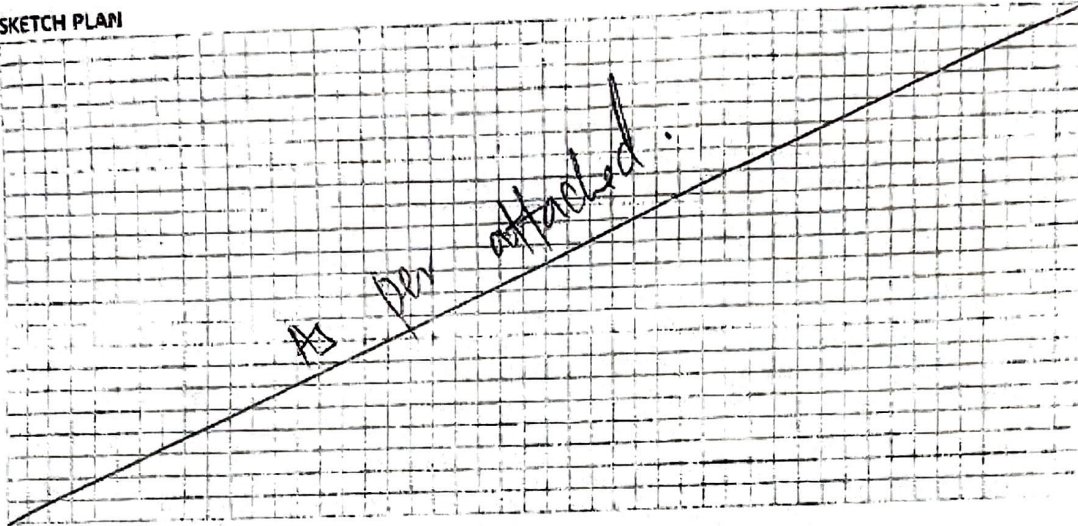
VIVIEN LEE HUEY JUAN
Safety Officer
Ulu Pandan Depot

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for text entry. A diagonal line is drawn from the bottom-left corner to the top-right corner. The text 'As per attached' is written diagonally across the lines.

DECLARATION

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

VIVIAN LEE HUEY JUAN
Society Officer
Ulu Pandan Depot

Policyholder's Signature
Date & Time:

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

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

Track ID : 010993

SBS Transit

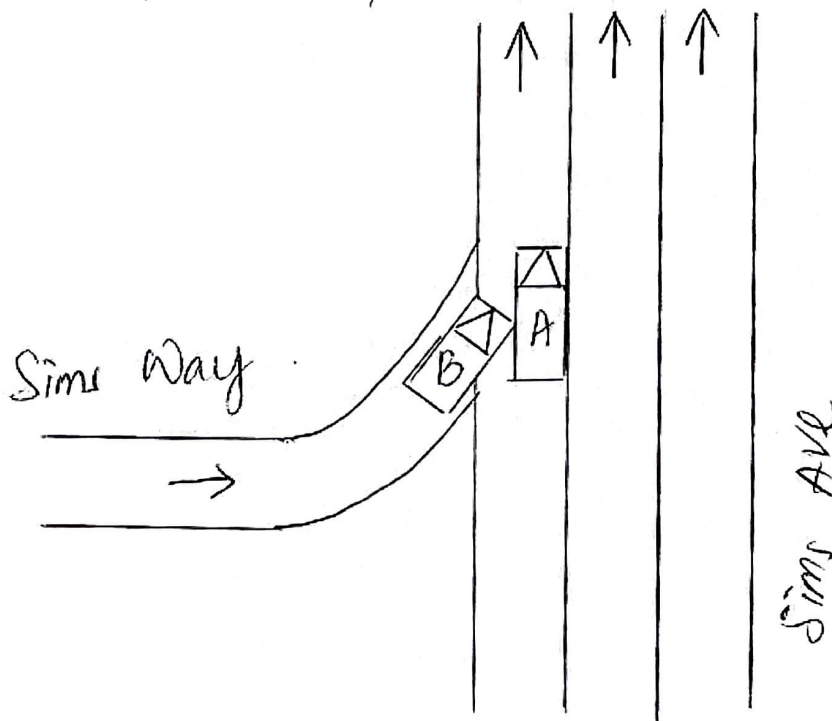
Sketch Plan

I/O In charge :	Seow Yong Hwa
Report No :	AR-2022-0455
Date & Time Acc :	27/05/2022
意外日期與時間 :	2000 hrs
Bus No: 巴士車牌:	SG 6156H
Svc No: 路線:	080
BC No: 工牌號碼:	76248
BC Name: 姓名:	MCHO ZUKI
Signature: 簽名:	Zuki
Date: 日期:	30/05/2022

Junction of Sims Ave
and Sims Way before
b/s 80071

A - SG 6156H

B - SGT 77699





SINGAPORE POLICE FORCE



T/20220528/2003

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220528/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2022 01:53		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: MOHD ZUKI BIN MOHAMED			Address:		
ID Type / ID No.: FIN NO / G2523157R			Contact No.: Home/Office:		Mobile: 83056466
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 49	Date of Birth: 06/07/1972	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,3,4A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2022 20:00	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG6156H	Bus/Coach/Mi nibus	MAN		Multi-Colored	Slightly Damaged	0
SGT7769G	Car	MERCEDES BENZ		Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20220528/2003

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

2 of 3

Report No. T/20220528/2003

CONTINUATION OF REPORT

Driver			
Name	MOHD ZUKI BIN MOHAMED	ID No.	G2523157R
Related Vehicle	SG6156H (Bus/Coach/Minibus)	Contact No.	83056466
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/5/2022 at about 8pm, I was driving my bus (SG6156H), service number 80, along Sims Avenue and had crossed the traffic light at the junction of Sims Way and Sims Avenue. As I was approaching the slip road from Sims Way towards Sims Avenue, I noticed a car (SGT7769G) did not stop at the give way line and continued moving forward, so I honked at him but he still did not stop and we collided. The left side of my bus was damaged starting from the back door all the way until the end of the bus. The other car's front right bumper was damaged as well. The driver of the car refused to tell me any of his particulars or details. There was about 100 people inside my bus as it was peak hour however no one was injured. No police or ambulance attended my scene. I am not sure if any of my passengers required any medical assistance as the crowd was too much. Subsequently they left to take another bus.

The bus received several dents and deep scratches on the its left side areas, including the wheel arches. The car received dents on its front right side and the bumper was dislodged on its right hinge.



**SINGAPORE
POLICE FORCE**



T/20220528/2003

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20220528/2003

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 /
Other CHAN LEK KIAT,
VANESSA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:

Date/Time:
28/05/2022 01:53

Classification Of Case: