

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: SJF 5189G

Policy No. _____

Claims No. S2M044FG

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: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SG 1748H Yr Regn: _____ / 2016

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

Truck / Trailer or

Make: MAN A20 c.c. 10518Colour Mult-Colour A/C: Insured / Std / NI / NASp. Reading 231701 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA 22223F 10 27873

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: 285/80R725

R: _____

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

TOYO / YOKO or _____

Front Rear

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 9/6/22 D.O.I. 20/6/22Survey held at SBS

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

Front RH

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

Date / Time	Action / Instruction
25/6/22	Steve informed final fig \$1660 (Red 1255.32, 43%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 27/6/22-typist

Report Format: _____

Lump Sum / L.B.F. (\$) _____

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

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Workshop Accident Repair Estimate

ACCIDENT DATE	9 Jun 2022	BUS REGISTRATION NUMBER	SG1748H
ACCIDENT TIME	05:00	BUS TYPE (DD OR SD)	SD
THIRD PARTY CLAIM AGAINST	SJF5189G	SBST Case Ref.	AR-2022-0682

SECTION A :		PARTS & MATERIAL COST	
Part or Item Description	Quantity	Total Cost	
30400095 BATTERY COVER PANEL / NO	1	\$320.00	
30400156 BATTERY COVER PANEL FRAME / RT	1	\$220.00	
30400092 OS NO 1 BODY PANEL / NO	1	\$123.00	
30400285 DOOR STOPPER / RS	2	\$9.00	
TOTAL PARTS & MATERIAL COST		\$	672.00

SECTION B:		ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)	
Lexbuild Motors Pte.Ltd.			\$800.00
Labour	Replace damaged parts 477 x 2		\$188.00
Spray paint & putty	Paint & putty damaged parts		
Sticker livery	Purple		
	TOTAL LABOUR COST		\$988.00

SECTION C :	SUMMARY	
Loss of use + Overheads		\$1,255.32
	TOTAL REPAIR COSTS	\$2,915.32
	TOTAL DOWNTIME	2

Prepared by: 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:

In attendance:

Steve (LKK)
2016/22, 4-3pm

Wk
2 Lp
p/p

My Best friend

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	17/06/2022 15:52 (SGT)
Date of Accident	09/06/2022 04:59 (SGT)
Exact Location of Accident	Near 101 Whitley Rd, Singapore 297805
Additional Location Information	PIE (towards Changi) after Whitley Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1748H
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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	Man
Model	A22 EU5 SD
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	D22099137MFBP
Cover Note Number	-

DRIVER

Name of Driver	CHOO GUAN HUAT
Work Permit No	GXXXX288W

Date Of Birth	09/05/1985
Occupation	Outdoor
Date Of Driving Pass	11/03/2016
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
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	Collision - Change/cross lane
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)	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

According to BC 77951 : I was driving at left most lane at 3 lane road along PIE. While approaching to right bend, I heard a loud sound coming from my right. I immediately stopped my bus and make a check. I discovered that my bus right front body was being hit by a car (SJF5189G) which was coming from unknown direction. After hitting my bus, the said car then hit onto the road kerb. No one was injured. OCC was informed and I was instructed to RTD to UPD after exchanging particulars with 3P. Bus sustained RHS front body panel damaged. Car sustained front bumper damaged.

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	SJF5189G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAI WAI YIN

Contact Number	(Phone) +65-93287318
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

IMPORTANT NOTICE

NR-2022-0682
09/06/2022

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.

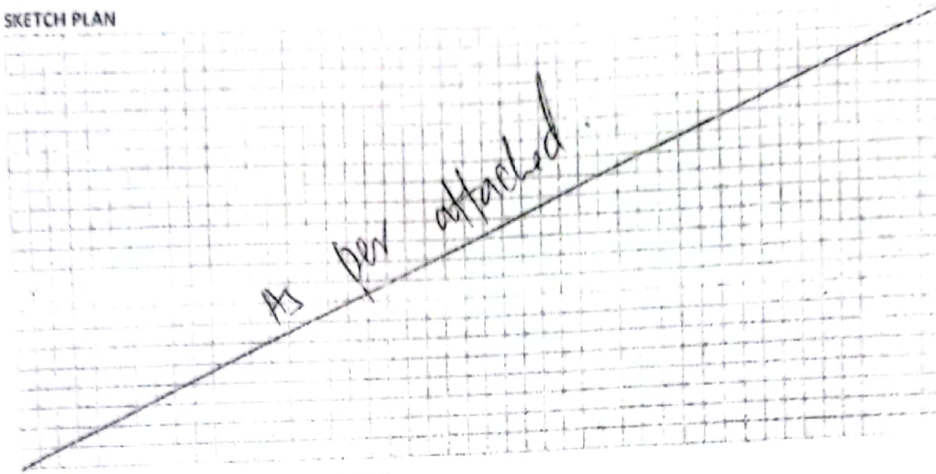
VIVIAN LEE HUEY JUAN
Duty Officer
Police Canton Depot

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 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 HUEY JUAN
Safety Officer
Ulu Pandan Depot

Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature]

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

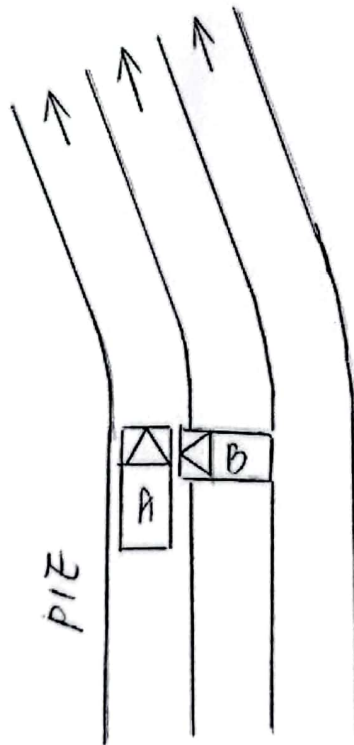
Track ID: 011500

SBS Transit

Sketch Plan

I/O In charge :	Andrew Goh
Report No :	AR-2022-0682
Date & Time Acc :	09/06/2022
意外日期與時間 :	0459hrs
Bus No: 巴士車牌:	SG1748H
Svc No: 路線:	131
BC No: 工牌號碼:	77951
BC Name: 姓名:	Chen Wen Hee
Signature: 簽名:	X [Signature]
Date: 日期:	09/06/2022

PIE (towards Changi)
after Whitley Road.



A-SG1748H

B-SJF51899

SKETCH PLAN #4

