



# ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	09:58HRS
ACCIDENT DATE	22-Jun-22
BUS CAPTAIN NAME	MUHAMMAD ASHARI
THIRD PARTY CLAIM AGAINST	HL ASSUARANCE

BUS REGISTRATION NUMBER	SBS3354K
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

## SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost	
1	OS BUMPER CORNER / OR	1	\$ 568.94	
2	OS DEFLECTOR / OR	1	\$ 160.00	
3	OS LIGHT BEZEL / OR	1	\$ 190.00	
4	NS BEZEL LIGHT / OR	1	\$ 190.90	
5	NS CORNER BUMPER / OR	1	\$ 623.86	
6	NS CORNER DEFLECTOR / OR	1	\$ 211.66	
7	MID BUMPER / OR	1	\$ 612.28	
8	WINDSCREEN LOWER ASSY / OR	1	\$ 1,738.08	
9	HEADLAMP DIPPED BEAM (inner) / CUT	2	\$ 284.80	
10	HEADLAMP MAIN BEAM (Outer) ?	1 2	\$ 162.00	
11	FRONT LED LAMP INDICATOR / OR	2	\$ 382.82	
12	FRONT BUMPER LOCK ME / OT	1	\$ 674.14	
13	TOWER TRANSIT LOGO / NCC	1	\$ 100.00	
14	SEALANT / NCC	1	\$ 150.00	
			7% GST	\$ 423.46
			<b>PARTS TOTAL COST</b>	<b>\$ 6,472.94</b>

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

Acknowledged by Repairer  
Name: \_\_\_\_\_

# ESTIMATED ACCIDENT REPAIR COST



## 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 <i>650 x 1.5</i> <i>975</i> <del><i>1575</i></del>	\$ 1,950.00
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- <ul style="list-style-type: none"> <li>FIBER BODY GLASS <i>650 x 2.5</i></li> <li>LOWER PANEL</li> </ul>	\$ 2,600.00 <i>1625</i>
SPRAY PAINTING :- <ul style="list-style-type: none"> <li>FIBER BODY GLASS</li> <li>FRONT LOWER PANEL (3 COLORS)</li> <li>OS BUMPER CORNER</li> <li>OS DEFLECTOR</li> <li>OS LIGHT BEZEL</li> <li>NS BUMPER CORNER</li> <li>NS BEZEL LIGHT</li> <li>OS DEFLECTOR</li> <li>MID BUMPER <i>5.5 x 640</i></li> </ul>	\$ 6,400.00 <i>3520</i>
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	7% GST \$ 766.50 LABOUR TOTAL COST \$ 11,716.50

## SECTION 3 : RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
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## SECTION 4 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

DATE IN	22-Jun-2022
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	SD
LOSS OF USE COST	\$ 3,000.00

*Steer (LKK)  
24/6/22, 11.00*

*m n  
L/S  
by day  
5 hrs*

SUMMARY	
SECTION NO.	COST
1	\$ 6,472.94
2	\$ 11,716.50
3	-
4	\$ 3,000.00
<b>TOTAL</b>	<b>\$ 21,189.44</b>

# 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	23/06/2022 10:14 (SGT)
Reported by	Driver
Date of Accident	22/06/2022 09:58 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	JUNCT OF SCOTTS RD & STEVENS RD - AFT BS 09212
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3354K
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	-

## 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
Policy Number / Cover Note Number	D-22099187MFBP

## DRIVER

Name of Driver	MUHAMMAD ASHARI BIN ABD SAMAD
NRIC No	SXXXX567J
Date Of Birth	05/10/1971
Occupation	Outdoor

Date Of Driving Pass ..... 20/04/2016  
 Driving experience ..... 6 YEARS AND 2 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 - 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  
 Translator's name ..... -  
 Translator's ID ..... -  
 Translator's phone number ..... -  
 Translator's email ..... -  
 Original language used in the statement ..... -

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMR5186R  
 Vehicle Manufacturer ..... Mercedes  
 Vehicle Model ..... Gla180  
 Vehicle Variant ..... -  
 Vehicle Colour ..... White  
 Vehicle Category ..... Private car  
 Name of Driver ..... LIAO RUIQIAN  
 NRIC No ..... SXXXX338E

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



Statement Form

Employee Name: Muhammad Ashari Bin Abd Samad Date Taken: 22/June/ 2022  
 Employee ID: BC 10172 Time Taken: 1739 hrs  
 Date of Incident: 22-June-2022 Time of Incident: 0958hrs  
 Service No: 143 Duty Number: A17  
 Bus Reg No: SBS3354K  
 Nature of Incident: TTS Bus Collision with Private car

Details:

On 22 Jun 22 at about 0958hrs I was doing SVC143A17 towards Toa Payoh, after coming out from Bus stop ID 09212 at Scotts Road towards Newton Road, suddenly one private car SMR5186R from My right side cut Infront the bus to cause me to hit the private car.  
 I immediate stop the bus and check with the passenger no injuries reported and Report, BOCC about the Matter after exchange particular BOCC instruct me OFF SCV back to bulim.

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

Muhammad Ashari Bin Abd Samad BC10172

Employee Name & No.

*ayy*

Signature

22-June-2022

Date & Time

Statement Taken Conducted By:

Kenneth

Name

Interchange Supervisor

Designation

SKETCH PLAN

IMPORTANT NOTICE

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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 Insurers 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.



Aug 22/6/22 17:39

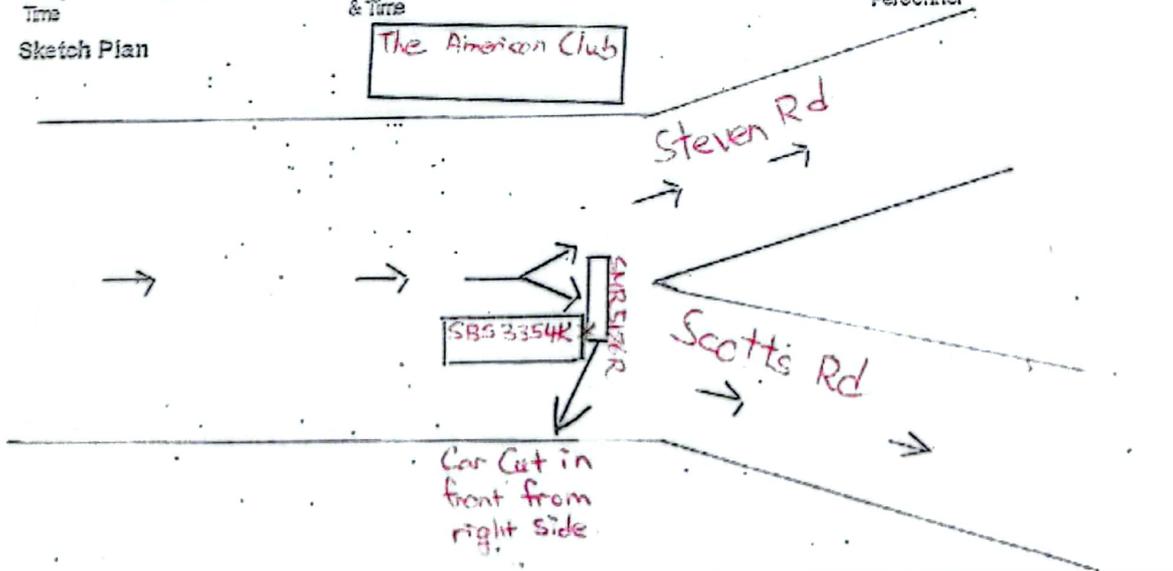
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

The American Club



Describe Circumstances of the Accident

*Please Refer to the Statement*

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*ayp* 02/6/22 17:38

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



Witnessed by Reporting Centre Personnel



## Statement Form

**Employee Name:** Muhammad Ashari Bin Abd Samad      **Date Taken:** 22/June/ 2022  
**Employee ID:** BC 10172      **Time Taken:** 1739 hrs  
**Date of Incident:** 22-June-2022      **Time of Incident:** 0958hrs  
**Service No:** 143      **Duty Number:** A17  
**Bus Reg No:** SBS3354K  
**Nature of Incident:** TTS Bus Collision with Private car

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

Muhammad Ashari Bin Abd Samad BC10172

Employee Name & No.

ayl  
Signature

22-June-2022

Date & Time

Statement Taken Conducted By:

Kenneth

Name

Interchange Supervisor

Designation





IMAGES #5







IMAGES #9



