

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	17:17HRS	BUS REGISTRATION NUMBER	SMB252A
ACCIDENT DATE	23-Jun-22	BUS TYPE (SD/DD)	SD
BUS CAPTAIN NAME	SUVIT SAE-TOO	BUS ROUTE NUMBER	
THIRD PARTY CLAIM AGAINST	China Taiping Insurance (Singapore) Pte. Ltd.	BUS ADVERTS (Y/N)	N

SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	OS WINDOW GLASS R5 <i>CR</i>	1	\$ 1,200.00
2	OS FLASHER UNIT (LED) <i>SA</i>	1	\$ 270.00
3	SEALANT <i>SA</i>	5	\$ 200.00
4	ADVERTISEMENT STICKERS <i>SA</i>	SPECIAL NETT	\$ 550.00
			<i>300</i>
		7% GST	\$ 155.40
		PARTS TOTAL COST	\$ 2,375.40

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

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE :- <ul style="list-style-type: none"> • ITEM NOS 1 - 4 • • • 	\$ 2,600.00
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- <ul style="list-style-type: none"> • OS BODY PANEL • • • 	\$ 650.00
SPRAY PAINTING :- <ul style="list-style-type: none"> • OS BODY PANEL • • • 	\$ 640.00
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	7% GST \$ 272.30
	LABOUR TOTAL COST \$ 4,162.30

ESTIMATED ACCIDENT REPAIR COST



ENTRY DATE & TIME: 24-
 SUBMITTED BY: B&Z
 VERSION: 1 (24/06/22)

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	23-Jun-2022
		DATE & TIME SURVEY	
		DATE OUT	
		TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	SD		
LOSS OF USE COST		\$	1,800.00

SUMMARY	
SECTION NO.	COST
1	\$ 2,375.40
2	\$ 4,162.30
3	-
4	\$ 1,800.00
TOTAL	\$ 8,337.70

Auto Consultants hence notify **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:

Paul
hp 50010068
4 days
27/06/22 @ 1225
Resy after repair

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 24/06/2022 18:23 (SGT)
Reported by Driver
Date of Accident 23/06/2022 17:17 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TPE TOWARDS WOODLANDS NEAR EXIT 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB252A

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 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
Policy Number / Cover Note Number D-22099187MFBP

DRIVER

Name of Driver SUVIT SAE-TOO
NRIC No SXXXX244G
Date Of Birth 06/12/1987
Occupation Outdoor

Date Of Driving Pass 29/08/2018
 Driving experience 3 YEARS AND 10 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 -

Address
 Address complement
 Postcode
 Insurance Co
 Nature Of
 Details
 No. C

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
 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
 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 YP5141M
 Vehicle Manufacturer Isuzu
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Goods vehicle
 Name of Driver KRISHNAN VINOTH
 Contact Number (Phone) +65-83024913

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

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

[Handwritten Signature]

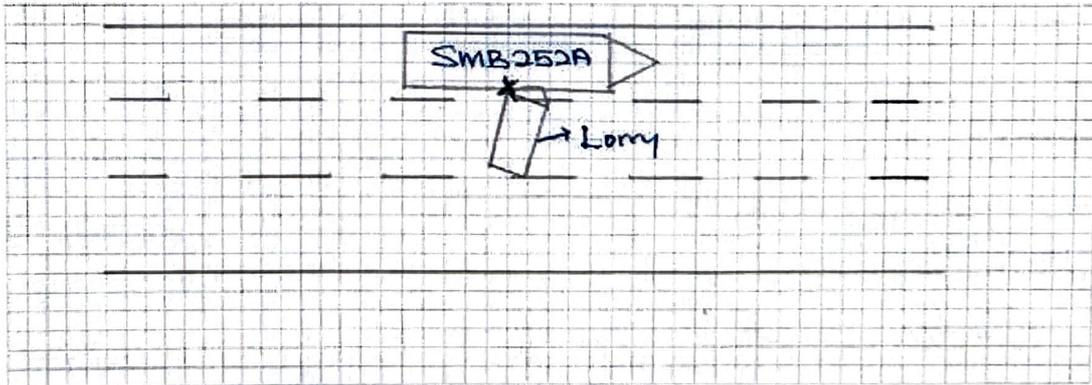
24/6/22 1555

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Lined area for describing the circumstances of the accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

27/6/22 1555

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



Witnessed by Reporting Centre Personnel