

(08/11/13) wef

ASS. REC. BY: Ram

REF:

CS/MC22008323/Rcy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SBS 5023Cat Workshop m/s SBS TRANSITof AMK ST 63Insured: NTAC

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

Veh No: 8885023CYr Regn: 2010 / FEBType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: SCANIA KUB4X29.3L c.c 9290Colour MULTI

A/C: Insured / Std / NI / NA

Sp. Reading 1029096

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 482K4X20001866857Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/70R22-5

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 8/8 mmL/Bal. 8 mmL/Bal. 8/8 mmD.O.A. 23/08/22D.O.I. 29/08/22Survey held at AMK ST 63

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

REAR O/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format : _____

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

DATE: 24.08.2022
DAY : Wed

Workshop Accident Repair Estimate
FOR WORKSHOP ONLY

ACCIDENT DATE 23.08.2022 BUS REGISTRATION NUMBER SBS5023C
ACCIDENT TIME 11:15AM BUS TYPE (DD OR SD) SD
THIRD PARTY CLAIM AGAINST Accident Reference & Bus No AR-2022-2004

S/No	SECTION A :		PARTS & MATERIAL COST	
	Part or Item Description		Quantity	Total Cost
1	BUMPER REAR F/G C&D SERIES	cm	1	\$ 248.00
2	LED TAIL/STOP LAMP	cm	1	\$ 95.00
3	LED INDICATOR LAMP	cm	1	\$ 100.00
4	LED REVERSE LAMP	cm	1	\$ 103.00
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
			TOTAL PARTS & MATERIAL COST	\$ 546.00

S/No	SECTION B:		ASSESSMENT/REPAIR/SPRAY PAINT (LABOUR COST)	
1	contractor's repair charges -Soon Bee		Quotation	\$480
2	Workshop Labour			\$188.00
3	Spray Painting & Sikaflex x 255			\$40
4	Vinyl		NA	
5	Touch up sticker		Sticker & AVD	
6	Towing		CRS Towing	
			TOTAL LABOUR COST	\$708

SECTION C :		SUMMARY	
		TOTAL DOWNTIME-1 dar ✓	
		TOTAL REPAIR COSTS	\$1,254

Name of Surveyor: *RASUL - Hp 90010068*

Company Name: *LKK*

DATE Surveyor : *29/08/22 @ 1045*

*Resurvey after repair
1 day
email: rasul@lkkauto.com*

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 Actual 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	25/08/2022 14:32 (SGT)
Reported by	Owner
Date of Accident	23/08/2022 11:15 (SGT)
Exact Location of Accident	Boon Keng, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS5023C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SBS Transit LTD
Company Reg No	1XXXXXXXXXXTE01
Email Address	changsp@sbstransit.com.sg
Mobile Phone No	(Phone) +65-99999999
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KUB4X
Variant	-
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	8867

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099137MFBP

DRIVER

Name of Driver	Wong Tiam Sern
Passport No/FIN	GXXXX223M
Date Of Birth	30/12/1974
Occupation	Outdoor

.....te Of Driving Pass	16/08/2019
.....iving experience	3 YEARS
.....gender	Male
.....Mobile Number	(Phone) +65-99999999
.....Alt. Phone Number	-
.....Email Address	changsp@sbstransit.com.sg
.....Address	15, Ang Mo Kio St 63
.....Address complement	-
.....Postcode	569117
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?	No
Number of Passengers (Including Driver)	25
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	-

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? No
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

On 23/08/2022 @ 1115hrs, I had stopped my bus at the said b/stop for pax activities when my bus rear right being hit by a m/van (GBH8926K). As a result, my bus rear right damage and the said van sustained damage on front portion. No one was injured. Bus RTD after consulted CRS.

ATTACHMENT(S)

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

AK-NW-2004
 CHANG SU PENG
 Admin Personnel
 Ang Mo Kio Depot
 24/8/22

SBS Transit

(Sketch Plan)

BC 705516
 Svc 21
 Date 23/8/2022
 Time 11.15
 Pax 25

4/2/22

Bef Entry P1

Boon Lay KD

SBS
 5023C

GBH
 8926K