

REF: SMO/ 22 008647/Kiv3

ASS. REC. BY:

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Town Transit

of 310 Manda Rd

Insured: _____

Policy No. _____

Claims No. _____

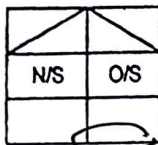
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 1-121 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMB 14214

Yr Regn: 07, 14

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

Truck / Trailer or

Make: MAN NL320F c.c. 10518

Colour: Multi Colour A/C: Insured / Std / NI / NA

Sp. Reading: 734574 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA 22 E 8 2 E 7 0 0 2 1 3 5

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275 / 70 R22.5

R: — — — (D)

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

TOYO / YOKO or

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 31/8/22

Survey held at

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

11/01/23 we will submit our report with \$10,931.80 before GST and 6 repair days to our principle (red, 5440.20, 33%)

Date/Time, File Pass to?

☐ : Prell. Report

1) 11/01/23

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

☐ : Weekend (\$

) \$ - RS. SI

) Fines

) Others

)

Report Format: tp

Lump Sum / I.B.I: (\$ 10931.80)

TOTAL

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	23:00 HRS
ACCIDENT DATE	31-Aug-22
BUS CAPTAIN NAME	CHING KOK FAI
THIRD PARTY CLAIM AGAINST	Sompo Insurance Singapore Pte. Ltd.

BUS REGISTRATION NUMBER	SMB1421Y
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	REAR ENGINE DOOR	Btl/cm 1	\$ 2,860.00
2	NS REAR REFLECTOR LH	1 cm	\$ 80.00
3	OS REAR REFLECTOR	1 cm	\$ 80.00
4	NS & OS REAR REFLECTOR RING	at sm c/s cm 2	\$ 92.00
5	REAR LAMP STOP ASSY LED (RED)	2 cm	\$ 600.00
6	REAR SIGNAL LAMP ASSY LED (CLEAR)	1 cm	\$ 300.00
7	OS REAR TAIL LAMP COVER	1 cm	\$ 700.00
8	REAR BUMPER A2	1 R	\$ 1,300.00
9	REAR BUMPER FRAME SUPPORT A22	1 R	\$ 360.00
10	GAS SPRING 500NM	2 R	\$ 200.00
11	ENGINE DOOR HINGE LHS	1 108	\$ 120.00
12	ENGINE DOOR HINGE RHS	1	\$ 120.00
13	GAS SPRING SUPPORT BRACKET	1 R	\$ 160.00
14	FASTENER / CABLE SADDLE (1 LOT)	1 cm	\$ 50.00
15	NUMBER PLATE YELLOW "SMB1412Y"	1 R	\$ 100.00
16	TTS LOGO STICKER	1 R	\$ 40.00
17	60KM/HR STICKER	1	\$ 40.00
18	SEALANT	2 R	\$ 100.00
19			

7% GST	\$ 511.14
PARTS TOTAL COST	\$ 7,813.14

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:

Not Authorised
Repairer B4pain
6 days

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 - 18	\$ 4,550.00
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- • OS REAR PILLAR STRUCTURE & BRACKET	\$ 2,600.00
SPRAY PAINTING :- • REAR ENGINE DOOR • REAR BUMPER • OS REAR TAIL LAMP COVER	\$ 1,920.00
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	7% GST \$ 634.90
	LABOUR TOTAL COST \$ 9,704.90

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	31-Aug-2022
	DATE & TIME SURVEY	
	DATE OUT	
BUS TYPE (SD / DD)	SD	
	TOTAL NUMBER OF DAYS	10
LOSS OF USE COST	\$	3,000.00

SUMMARY

SECTION NO.	COST
1	\$ 7,813.14
2	\$ 9,704.90
3	\$ 3,000.00
4	\$ 3,000.00
TOTAL	\$ 20,518.04

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	02/09/2022 15:03 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 23:00 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	WOODLANDS AVE 7 TWDS CHANGI AIRPORT - BS 47621
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB1421Y

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
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	CHING KOK FAI
NRIC No	SXXXX244A
Date Of Birth	09/10/1955
Occupation	Outdoor

SKETCH PLAN

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 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 Traffic Police Department for investigation.
 6. This report will be forwarded by the insurers to 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.
6. 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 processed 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.



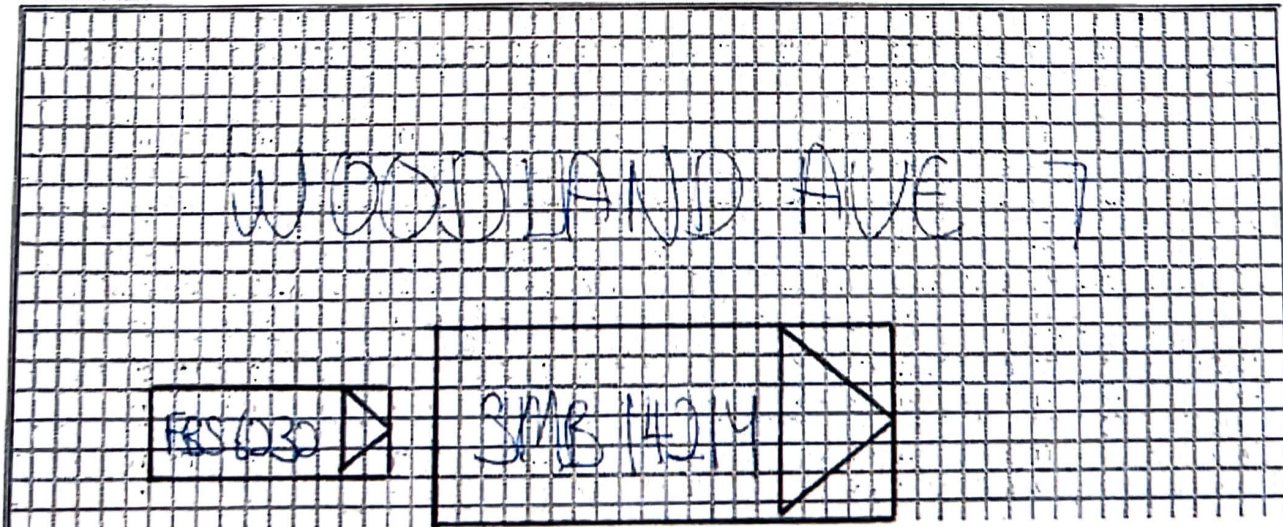
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



BS 47621
(AFT GAMBAS AVE)