

ASS. REC. BY:

REF:

CC4/LPC22008991/Rea3

417K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SG 58206at Workshop m/s TOWNE TRAMS ITof 310, MANNING RDInsured: LPC2

Policy No. _____

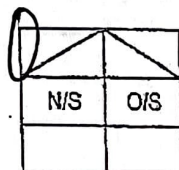
Claims No. _____

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: _____ 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: SG 58206 Yr Regn: 2017 / ANH

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

Truck / Trailer or

Make: MAN / A95 c.c. 10518Colour: GREEN A/C: Insured / Std / NI / NASp. Reading: 410943 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA95 22547003473

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5R: D/D

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. 10/09/22D.O.A. 14/09/22

Survey held at

TOWNE TRAMS IT

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

N/S FR

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: _____ \$ + RS. _____ \$

Photos

Others

Report Format: _____

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

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	09:43HRS	BUS REGISTRATION NUMBER	SG5820E
ACCIDENT DATE	10-Sep-22	BUS TYPE (SD/DD)	DD
BUS CAPTAIN NAME	LIM HAAK LEONG	BUS ROUTE NUMBER	
THIRD PARTY CLAIM AGAINST	Lonpac Insurance Bhd	BUS ADVERTS (Y/N)	N

SECTION 1 : MATERIALS, PARTS & CONSUMABLE ITEMS

NO.	Part or Item Description	Quantity	Total Cost
1	ENTRANCE DOOR FRAME RUBBER NO. 1 cut	1	\$ 200.00
2	ENTRANCE DOOR GLASS FRAME RUBBER PROFILE cut	1	\$ 250.00
		7% GST	\$ 31.50
		PARTS TOTAL COST	\$ 481.50

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 - 2	\$ 1,625.00
TO REMOVE & INSTALL PARTS AND TO PERFORM REPAIR WORKS :- <ul style="list-style-type: none"> • NS FRONT LAMP COVER • NS FRONT DOME • POLISH NO. 1 GLASS PANEL 	\$ 2,500.00 1300
SPRAY PAINTING :- <ul style="list-style-type: none"> • NS FRONT LAMP COVER • NS FRONT DOME 	\$ 1,280.00 960
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	
	7% GST \$ 385.35
	LABOUR TOTAL COST \$ 5,890.35

SECTION 3 : NUMBER OF DAYS BUS IN WORKSHOP FOR SURVEY & REPAIRS

		DATE IN	
		DATE & TIME SURVEY	14-Sep-2022
		DATE OUT	
		TOTAL NUMBER OF DAYS	
BUS TYPE (SD / DD)	DD		
LOSS OF USE COST		\$	1,600.00

SUMMARY	
SECTION NO.	COST
1	\$ 481.50
2	\$ 5,890.35
3	\$ 1,600.00
TOTAL	\$ 7,971.85

PAGE 1

Per
HP 90010068
3 days
14/09/22 @ 1455
Reg after repair

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 13/09/2022 14:35 (SGT)
Reported by Driver
Date of Accident 10/09/2022 09:43 (SGT)
Exact Location of Accident Kallang, Singapore
Additional Location Information KALLANG B4 BS 60069 - KALLANG BASIN SWIM CPLX
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG5820E

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 A95
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 LIM HAAK LEONG
Work Permit No FXXXX851W
Date Of Birth 28/06/1977
Occupation Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

17/06/2013
9 YEARS AND 3 MONTHS
Male
(Phone) +65-18002480950
-
feedback@towertransit.sg
C/O : 21 BULIM DRIVE
BULIM BUS DEPOT
648170
No
Employee
No
-
-

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? 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 YP3614D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle
Name of Driver -
Contact Number -

Address	-
Address complement	-
Postcode	-
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



Statement Form

Employee Name	Lim Haak Leong	Employee ID	13444
Designation	Bus Captain	Date Taken	10/09/2022
Service No	966	Time Taken	1510HRS
Bus Registration No	SG5820E	Date of Incident	10/09/2022
Duty Number	A05	Time of Incident	0941HRS
Nature of Incident	Private Lorry sideswipe with TTS bus		

Details:

I am BC13315 Lim Haak Leong ON duty 966A05 was driving SG5820E, 10th Sep 2022 at 0941HRS,

While i was driving straight to reach my bus stop BS60069 (Kallang Basin Complex). There was a lorry front my left that was trying to overtake my bus as the lorry was over taking, The lorry hit the left front of my bus.

My bus substance damage left side body and bumper damage.

I then exchange particular with the lorry driver and inform Occ of the accident. Occ inform me to transfer pax's and off service back to Depot

My bus come with 360 cameras.

No visible injury was reported

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

Lim Haak Leong 13444

Employee Name and ID

Signature

10/9/22 3.33pm

Date & Time

Statement Taken By:

NAVIZN 13754

Employee Name and ID

Signature

Interchange Supervisor

Designation

IMPORTANT NOTICE

SKETCH PLAN

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 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.
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 making 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

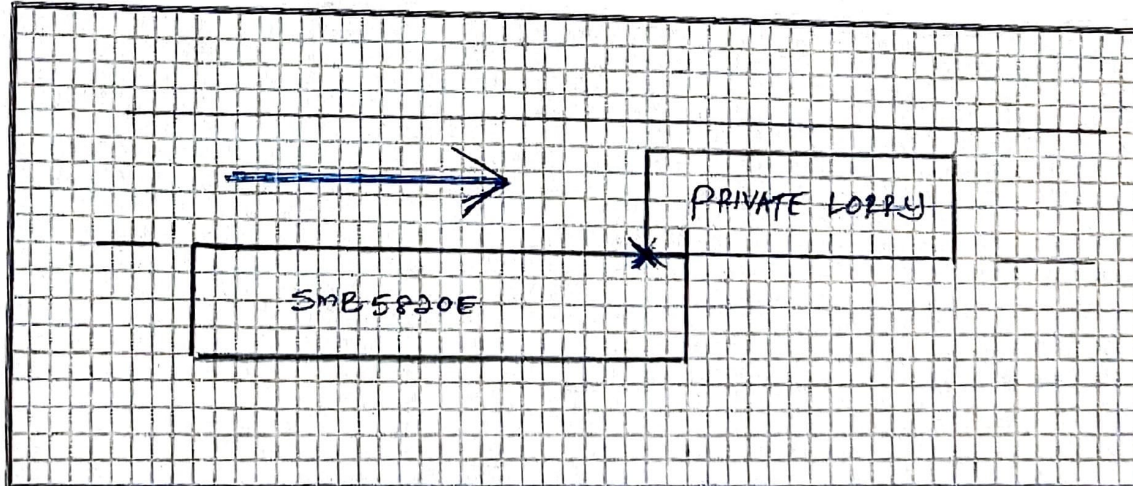


13444 *[Signature]*
Driver's Signature (if driver is not the policyholder) / Date & Time



13754 *[Signature]*
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

PLEASE REFER TO STATEMENT

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



13444 *[Signature]*
Driver's Signature (if driver is not the policyholder) / Date & Time



13754 *[Signature]*
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)