08/11/13) Wef REF:	. 1
ASS. REC. BY:	417K
ASSI	IGNMENT
From: Date:	Veh No: SG 30 24A Yr Regn: 2019 1763
Estimated Cost: •	Type: M.Car / M.Cycle/ Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No: SG 3024A	Make: VOLVO BSLH AND c.c 5/32
at Workshop m/s _ Tower Rand 17	Colour GREE A/C: Insured / Std / NI / NA
of 3(0 (MANNING) RD	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured: ASM	Eng/No:
Policy No.	C/No: 4V3T1U22274 192390
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: prorder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NiV S/Rim J STD A/Rim or
* .	Tyre Size: F: 275 70R22.
(Policy Condition)	R: 2 DD
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO1YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 8 mm R/Bal. 9(8 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 8 mm L/Bal. 8/8 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 25/16/22 D.O.I. 01/11/22
Lum Sum: % 3 Val.: Yes or No	Survey held at Tower TRANSIT
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	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: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fo	ee: : Site Insp (\$ )s+RSSI
	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	:Weskend (\$

# **ESTIMATED ACCIDENT REPAIR COST**



ACCIDENT TIME REPORTED	13:40HRS
ACCIDENT DATE	25-Oct-22
BUS CAPTAIN NAME	BDUL AZIZ BIN ABDUL HAMI
THIRD PARTY CLAIM AGAINST	AXA INSURANCE

BUS REGISTRATION NUMBER	SG3024A
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

### SECTION 1: PARTS & CONSUMABLE ITEMS (MATERIAL COST)

NO.	Part or Item Description	Quantity	To	otal Cost
1	OS REAR LAMP COVER CM	1	\$	800.00
2	OS REAR BUMPER CM/	1	\$	560.00
3	REAR BUMPER FIXATION-ANGLE (M8C750200000200) ?	1	\$	86.00
4	REAR BUMPER FIXATION-ANGLE (M8C750200000400) 7	1	\$	86.00
5	REAR BUMPER FIXATION-ANGLE (M8C750200000500) 7	1	\$	86.00
6	REAR REFLECTOR COBO - RED MG /	1	\$	196.00
7	EXHAUST FLAP ASSY 4	1	\$	2,908.00
8	HINGE ASSY (EXHAUST FLAP) ?	2	\$	512.00
9	DOVETAIL FEMALE HAPPICH 🗙	1	\$	30.00
10	DOVETAIL MALE HAPPICH 🗡	1	\$	30.00
11	EXTERIOR SIDE PANELLING PANEL (M8C510200003500)	1	\$	240.00
12	EXTERIOR SIDE PANELLING PANEL (M8C510200004400)	1	\$	280.00
13			\$	160.0
	*	7% GST	\$	418.1
		PARTS TOTAL COST	\$	6,392.1

LKK Auto Consultants hence notify

the Repairer of the following:

- To resurvey before/after spray painting
- · To disclay damaged part(s) during resurvey
  - · Parts prices are subject to confirmation
- · Trud party survey a on a Without Prejudice" basis
  - o the again modification is a signed
- Earnis mentary item(b) must be resurved and exemple; to final improval from Insurance (Jampany)

Actinowiedged by Repairer

Saus lures

: 41 (

## **ESTIMATED ACCIDENT REPAIR COST**



LABOUR ITEM (PLEASE SPECI	FY IF ITS ASSESSMEN	NT, REPAIR OR SPRA	AY PAINT)			TOTAL COST
TO DISMANTLE & REPLACE :-						
• ITEM NOS 1 -	3			(	\$	3,900.00
			2270	225km)		
TO REMOVE & INSTALL PARTS SO AS	TO PERFORM REPAIR	WORKS :-	7-17	200}		
OS REAR PILL	AR SUPPORT			(	\$	1,300.00
SPRAY PAINTING :-				,		
<ul> <li>OS REAR LAM</li> </ul>				1000	\$	3,200.00
OS REAR BUM				1280	1	
<ul><li>EXHAUST FLA</li><li>OS REAR SIDI</li></ul>	1.			1.5		
	DY BOTTOM PANEL					
SPRAY PAINTING \$640 PER PANEL				7% GST	\$	588.00
LABOUR CHARGES \$650 PER DAY				LABOUR TOTAL COST	1040	12/10/2012/02/02/1
SECTION 3: RECOVERY OF AC	CIDENT BUS (TO	WING COST)	l	LABOUR TOTAL COST	\$	8,988.00
SECTION 3 : RECOVERY OF AC	ne seen	WING COST) TAL TOWING COST		LABOUR TOTAL COST	\$	8,988.00
	тот	AL TOWING COST			\$	-
	тот	AL TOWING COST			\$	-
	тот	AL TOWING COST			\$	-
	тот	AL TOWING COST		DATE IN	\$	-
SECTION 3 : RECOVERY OF AC	тот	AL TOWING COST		DATE IN DATE & TIME SURVEY	\$	-

LKK Auto Consultants hence notify the Repairer of the following:

To resurvey before/after spray peinting

- 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:

Karul
HP 9001006
5 days
PP
11/0/125
01/11/22 1925
, before paint
, before pains
7 '

SUMMARY				
SECTION NO.	cost			
1	\$	6,392.18		
2	\$	8,988.00		
3	-			
4	\$	ালা ও		
TOTAL	\$	15,380.18		

ST1022AQ0003 / TOWER TRANSIT SINGAPORE PTE LTD

ENTRY DATE & TIME: 26/10/2022 17:06 (SGT)
SUBMITTED BY: BAZLIN BINTE AHMAD VERSION: 1 (26/10/2022 17:06 (SGT))

# **G** SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver

In this Form must be completed by the Policyholder and/or the Actual Driver

Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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.

Ine issue and acceptance of this Form by insurance companies is not an aumission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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

26/10/2022 17:06 (SGT) Date of Submission Reported by Driver 25/10/2022 13:40 (SGT) Date of Accident Exact Location of Accident Serangoon, Singapore SERANGOON CENTRAL - BLK 261 BS 66371 Additional Location Information Singapore Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SG3024A

#### INSURED/POLICYHOLDER

Is company? TOWER TRANSIT SINGAPORE PTE LTD Name Of Registered Owner Company Reg No 2XXXXX417K ..... feedback@towertransit.sg Fmail Address (Phone) +65-18002480950 Mobile Phone No Alternative Phone No .....

#### VEHICLE PARTICULARS

Volvo Manufacturer B5LH Model SINGLE DECK ..... Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Bus Vehicle Category Auto Transmission 11000 CC

#### **INSURANCE COMPANY**

MS First Capital Insurance Ltd Name of Insurance Company D-22099187MFBP Policy Number / Cover Note Number

#### DRIVER

ABDUL AZIZ BIN ABDUL HAMID Name of Driver SXXXX949E NRIC No 08/04/1964 Date Of Birth Outdoor

Date Of Driving Pass	13/12/2005
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
viodile 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	602
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Tune of Accident	O. W. Landto Door
Type of Accident Weather Conditions	Collision - Head to Rear
Road Surface	Clear Dry
Troad Guilage	ыу
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	4
Translator's phone number	(2) (일)
Translator's email	
Original language used in the statement	, rec
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Kim Keat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002529999
Alt. Police Station Phone No	(Fax) +65-63554311
Police Station Address	Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231
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?	Ven
Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHF748A
Vehicle Manufacturer	emetroperas Brillion
Vehicle Model	
Vehicle Variant	•



### **Statement Form**

	ALLIA Di ALAMBIANTA	Employee ID	13090
Employee Name	Abdul Aziz Bin Abdul Hamid		25/10/2022
Designation	Bus Captain	Date Taken	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM
Service No	\$853	Time Taken	1446HRS
		Date of Incident	25/10/2022
<b>Bus Registration No</b>	SG3024A		1340HRS
<b>Duty Number</b>	S853A02	Time of incident	1340/163
Nature of Incident	At BS 63771 was a lighting Pax		

l, BC13090 was on svc 853 duty 853A02. With bus reg SG3024A.

At 1340hrs I reported to BOCC, I was at the BS63771 was alighting passengers.

Suddenly a taxi hit my bus from the back. I come down from the bus and check.

SG3024A sustained behind RHS signal light back damage.

15 passengers onboard. No injuries reported.

I manage to exchange particulars with 3<sup>rd</sup> Party (Trans Cab).

Details: Sim Soon Tong Contact: 86541914

Registration No: SHF748A

Damage on the taxi tyre bumper and front wheel.

What I know that public called ambulance and he was convey to hospital.

After I reach Mandai Depot I was informed to went back to scene by TP for investigation.

Report Number: #f/20221025/0114

Traffic Accident along: Serangoon Central > YCK LP10 > Infront BLK 261

Svc 853 Bus SG3024A is installed with 360- degree camera and camera operation as normal.

Page 1 of 2

Details:

C Accident report on

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

Abdul Aziz Bin Abdul Hamid (13090)

Employee Name and ID

Signature

Date & Time

Statement Taken By:

Sng Soy Hwa 13801

Interchange Supervisor

Employee Name and ID

Signature

Designation





Police Station Of Origin; Kim Keat NPP 231 Lorong 8 Toa Payon #01-186 SINGAPORE 310231 Tel No: 1800-2529999

l of 3 Report No. 7/20221025/2075

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 122 18:28	Made:	Vide Report No.: ** F/20221025/0114	Station Diary No.:
Informa	nt's Partice	ulars 🔆	ha ndering a lander.	14. 14. 14.
ABDUL	4.34	BDUL HAMID	Address: APT BLK 232 LORONG 8 TO 310232	DA PAYOH #04-240 SINGAPORE
	/10 No.: 0 / \$164394	49E	Contact No.: Home/Office:	Mobile: 91876122
National SINGAP	ity: ORE CITIZ	EN 7	Email:	
Sex: Male	Age: 58	Date of Birth: 08/04/1964	Type of Informant:	
, Race: Malay			Language:	Institution / School Name:
Occupat BUS CA		46	Driving Licence Information: Class: 3,4A	Date of Expiry:

General Information of the Accide	nt		17. 2
Type of Injury Attended by Police	Drink	Date/Time of Accident: 25/10/2022 13:40	Type of Location Straight Road
Location: SERANGOON CENTRAL	\$		in the second
Weather: Clear	Road Surface:		Road Speed Limit:
Traffic Flow: One Way	Traffic Control:		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Ve	hidle		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	0.00	17202	· · · · · · · · · · · · · · · · · · ·
	Bus/Coach/Mi		Model	Color	Condition	No of Passenger
	nibus				Slightly	20
SHF748A	Car		1		Damaged	77.59
1, -			1		Seriously	0 -
6.6	100		1		Damaged	

Details of Person Involved	3.4	100	5 13 . 150 19	199		
Any Pedestrian Involved: No	1	<del>- 1</del>	2,1-92,1,1-2,42-3			
lo: of Pedestrians Injured: NIL	1,		11 (5)			
The state of the		-3	Use of Pedes	trian Crossin	ig: NA	





Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payon #01-186 SINGAPORE 310231 Tel No: 1800-2529999

2 of 3 Report No. T/20221025/2075

#### CONTINUATION OF REPORT

			75.7637	DADADO ADE
Vame	ABDUL AZIZ BIN ABDUL HAMI	ID No.	S1643949E	
Related Vehicle	SG3024A (Bus/Coach/Minibus)	Contact No.	91876122	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4A Date of Exalty: NIL
Date Treatment	NIL	Date Disc	harge NIL	1, 1, 1, 1
No. of Days gran	ted Medical Leave NIL	Degree of	Injury   NIL	
Driver	- 18 / The state of the state o	2014	//	
And the state of t	I Cim Cons Tonn		ID AL	2 111
Name	Sim Soon Tong		ID No.	NIL
Name Related Vehicle	SHF748A (Car)	- 1	Contact No.	1 1
.1			Contact No. Class of Driving Licence & Expiry Date	86541914  Class: NIL  Date of Expiry: NIL
Related Vehicle	SHF748A (Car)	Date Disc	Contact No. Class of Driving Licence & Expiry Date	86541914  Class: NIL  Date of Expiry: NIL

Brief Details.

On the above mentioned date, time and location, I stopped my bus at the bus stop for passengers to alight. Suddenly, I heard a loud bang. Hence, I proceed to make a check and realized that a red taxi hit onto the rear of my bus. Immediately, I approached the taxi driver who came out of his taxi and rest at the bus stop. I took his particulars and MOP called for ambulance. Shortly after, traffic police arrived at the accident location and advised me to lodge a police report. One case card was given to me by the traffic police.





Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 3 of 3 Report No. T/20221025/2075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:		Signature Of Informant:
SR STAFF SGT BOH TECK BOON, KENARD		, lu
Signature Of Interpreter: Not applicable		Date/Time: 25/10/2022 18:28
Officer In Charge Of Case:	-	Classification Of Case:
TP / GIT / SI MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	5	
NP168		

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