

ASS. R. = W.D. / T. / J. / M.

REF:

05 / FCI 23 0031 36 / Tvy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp. ed Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: \$50K

(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 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: Sam

Vehicle: IN / OUT

Veh No: SMR 8030X Yr Regn: 2015 Sep

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

Truck / Trailer or

Make: MAN NG 363F C.C. 10518

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

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

Eng/No: _____

C/No: WM1AA24ZZ XF 7002655

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5

R: u u (D)

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

TOYO / YOKO or

Front Rear

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. _____ D.O.I. 27/3/23

Survey held at Tower Transit Mander Depot

Des. of Damages Ft / Rear / O/S / N/S (UIC) Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction

Waiting work

Waiting book value from Tower Transit Lynn, they need to get book value from LTA side.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

\$ + RS. \$ _____

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.A. (P) _____

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	12:01HRS	BUS REGISTRATION NUMBER	SMB8030X
ACCIDENT DATE	27-Mar-23	BUS TYPE (SD/DD)	SD
BUS CAPTAIN NAME	CHAN YAT MUN	BUS ROUTE NO.	
OWN DAMAGE CLAIM AGAINST	MSFCL	BUS ADVERT (Y/N)	N

SECTION 1 : PARTS & CONSUMABLE ITEMS (MATERIAL COST)

NO.	Part or Item Description	Quantity	Total Cost
1	GEARBOX	1 <i>am</i>	\$ 78,203.56
2	HYDRO VIBRATION DAMPER	1 <i>mg</i>	\$ 12,455.18
3	COOLING WATER PIPE	1 <i>dis</i>	\$ 891.00
4	PROPELLER SHAFT ASSY	1 <i>bt</i>	\$ 9,166.70
		8% GST	\$ 8,057.32
		PARTS TOTAL COST	\$ 108,773.76

SECTION 2 : ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO DISMANTLE & REPLACE :- <ul style="list-style-type: none"> ITEM NO. 1 - 4 COMMISSION OF GEARBOX 	3250 \$ 6,500.00
SPRAY PAINTING \$640 PER PANEL LABOUR CHARGES \$650 PER DAY	8% GST \$ 520.00
	LABOUR TOTAL COST \$ 7,020.00

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

- LKK Auto Consultants** hence notify the Repairer 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:

BUS TYPE (SD / DD) SD

05 days

DATE IN	27-Mar-2023
DATE & TIME SURVEY	
DATE OUT	
TOTAL NUMBER OF DAYS	10

Tan Jia 97495749 / 62563561
 Not Authorised EX50K
 Revert
 27/3/23 @ 430pm
 05 days
 Tan Jia cllhauto.com.

SUMMARY	
SECTION NO.	COST
1	\$ 108,773.76
2	\$ 7,020.00
3	-
4	-
TOTAL	\$ 115,793.76

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	25/03/2023 13:34 (SGT)
Reported by	Actual Driver
Date of Accident	27/02/2023 12:01 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE (SLE) AFT BS 68111 - B4 SELETAR CAMP G
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB8030X
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	A24 BENDY
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?	Yes
Vehicle Category	Bus
Transmission	Auto
CC	13000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	SMB8030X

DRIVER

Name of Driver	CHAN YAT MUN
NRIC No	SXXXX044E
Date Of Birth	31/10/1963
Occupation	Outdoor

Date Of Driving Pass	03/09/2019
Driving experience	3 YEARS AND 5 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	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	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



Statement Form

Employee Name	CHAN YAT MUN	Employee ID	13166
Designation	Bus Captain	Date Taken	28/02/2023
Service No	858	Time Taken	1700hrs
Bus Registration No	SMB8030X	Date of Incident	27/02/2023
Duty Number	858P18	Time of Incident	1201hrs
Nature of Incident	On road incident		

Details:

According to above mention date and time

I BC13166 driving SVC858 bus SMB8030X. While driving the bus towards the direction of Airport, at the TPE (SLE) location after BS68111(Bef Seletar Camp G) along TPE after exit. When I pass over an over uneven road surfaces at the above-mentioned time and location, the bus undercarriage scratch with the road surface. I report to BOCC about the incident. There were about 100 plus passengers on board. No one was injured.

I stopped the bus along the breakdown lane and awaiting for Engineering.

The bus was equipped with an operational 360° camera.

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

CHAN YAT MUN

28/2/2023 @ 1525hrs

Employee Name and ID

Signature

Date & Time

Statement Taken By:

Narsair 13779

Interchange Supervisor

Employee Name and ID

Signature

Designation

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 Police for investigation.
6. The 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.
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 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

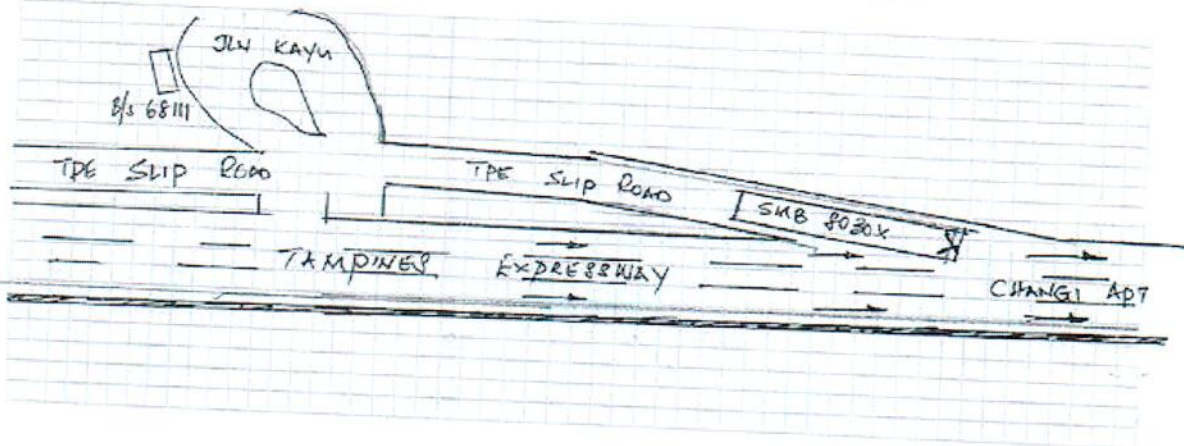
[Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO AC STATEMENT:

A large rectangular area with horizontal lines for writing. A diagonal line is drawn across the middle, and the word "NIL" is written in the center.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel









