

ASS. REP. BY

REF: CS/FCI17017954/T1/bel2

Special Instructions

Surveyor

CWS

Tutuch

ASSIGNMENT (Office)

From (Person):

May Chuan

of

FCI

Date/Time:

18/9/17 2:23 pm

Estimated Cost:

Bill no:

OD (TP) / WS / TP RES / OD RES / EVA / ENV / MV / CS

To Inspect Vehicle No:

SMB 3521 D

Insured:

SH 9060A

at Workshop m/s

Tower Transit

Tel:

98482243

of

21 Bulim Drive Bulim Bus depot

Policy No:

Claim No:

D17008771 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 11/09/17

CA / REV / REP.

REV 24 HRS

wp

20/9/17 @ 2-4pm

H.O.D. Endorsement:

Date/Time:

18/09/17 2:43pm

Person Contacted:

Ms. Shenifah

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓) Estimate

SMB 3521 D - X

SH 9060A - CS/FCI17009696/1/rbn2 - D.O.A. 13/5/2017

Labour \$1200/- & 2days (Red: 300, 20%)

Surveyor:

Tanfah

REF: FCL

ASSIGNMENT

From: _____ Date: 2009207

Estimated Cost: _____

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

To Inspect Vehicle No: SMB 3521D

at Workshop m/s Tower Transit

of 21 Bulim Drive

Insured: _____

Policy No. _____

Claims No. _____

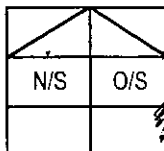
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

2pm - 4pm

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 WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMB3521D Yr Regn: 2014, Sep

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

Truck / Trailer or

Make: Alexander Dennis c.c. 8849

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

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

Eng/No: _____

C/No: SFD76 CLRSEMTL3450

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 305/70R22.5

R: 204(1)

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

TOYO / YOKO or

Front

Rear

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

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

D.O.A. _____ D.O.I. 20/9/17E 1450

Survey held at Tower Transit

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

o/s Rear

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

Date / Time Action / Instruction

Date/Time, File Pass to?



Preli. Report



Final Report

1) 7/2 Typist

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

S + RS, SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ 1200)

100

50

22

172




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI17017954/T1tb		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 18-09-2017		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 9060A	Veh. Inspected	SMB 3521D	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17008771MFSH	Excess (\$)	0.00	
Assign From	CWS (MAY CHUA)	Assign Date	18/09/2017	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date		Inspection Date		
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	13-09-2017	Our Ref No. D17008771MFSH
Accident Date	11-09-2017	Claim Type. Third Party
Insured Vehicle	SH9060A	Third Party Vehicle. SMB3521D
Survey Location	21 Bulim Drive Bulim Bus Depot	
Contact Person.	MS SHARIFAH	
Contact No.	68171747/ 98482243	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	TOWER TRANSIT SINGAPORE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/227991)



PRI Documents



Close



PRI Header Details

Claim No	D17008771MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & TOWER TRANSIT
Workshop Name	TOWER TRANSIT SINGAPORE PTE LTD (Contact Person : MS SHARIFAH)	Survey Location & Contact Details	21 Bulim Drive Bulim Bus Depot Mobile: 98482243 , Phone: 68171747 , Fax: 0 EmailId: SHARIFAH@TOWERTRANSIT.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH9060A	TP Vehicle No	SMB3521D
PRI Recieved Date	18-09-2017 12:13:48 PM	Surveyor Appointed Date	18-09-2017 02:23:02 PM	Surveyor Accept Date	18-09-2017 02:23:02 PM

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	18-09-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks

Denise Tay (LKKAuto)

From: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>
Sent: Tuesday, 6 February 2018 5:08 PM
To: Denise Tay (LKKAuto); Taufikh (LKKAuto)
Cc: Subramanian Kasi; Wu Tzu Ying
Subject: RE: SMB3521D | DOA: 11/09/17

Hi Denise,

Confirmed COR @ \$1,200.00 (before 7% gst) & 2 days repair.

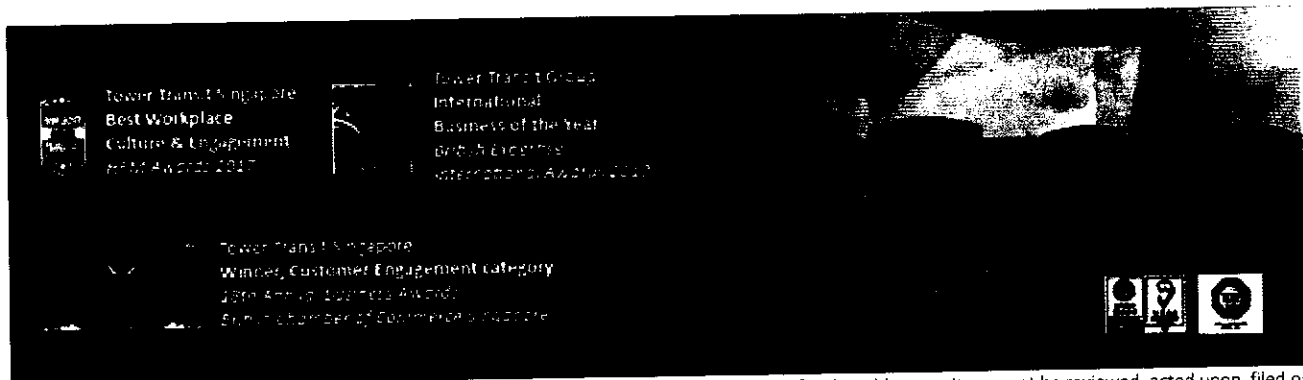
Thank you.

Sharifah Nusaybah (Ms)
Senior Executive, Claims

Mobile +65 9848 2243
Office +65 6817 1747
Email sharifah@towertransit.sg



Tower Transit Singapore Pte Ltd
21 Bulim Drive, Bulim Bus Depot, Singapore 648170
Registration number 201419417K
www.towertransit.sg



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From: Denise Tay (LKKAuto) [<mailto:denisetay@lkkauto.com>]
Sent: Tuesday, 6 February, 2018 4:41 PM
To: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>
Subject: SMB 3521D

Dear Sir,

Can finalized this case ?

Labour only \$1200

DOA: 11/09/2018

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 Authorised 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 ability.
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 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 Report	14/09/2017 10:43
Date Of Accident	11/09/2017 22:15
Exact Location Of Accident	JURONG EAST AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB3521D
Insured/Policyholder	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	201419417K
Email Address	SHARIFAH@TOWERTRANSIT.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68171747

Vehicle Particulars

Manufacturer	ALEXANDER DENNIS
Model	ENVIRO500-8.8 D (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category BUS

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-16086301MFBP
Cover Note Number	

Driver

Name of Driver	CHAI CHIN LIN
Work Permit No	537778806
Date Of Birth	10/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2013
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

SKETCH PLAN

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may cause INSURANCE COMPANIES to repudiate policy liability.
4. The issue and acceptance of the 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 aforeaid.
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' law firms/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 filing 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' law firms/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 law firms/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.

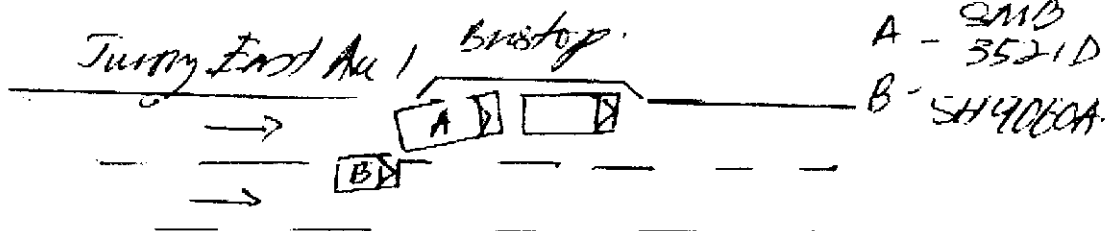


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT TIME REPORTED	2215HRS	BUS REGISTRATION NUMBER	SMB3521D
ACCIDENT DATE	11-Sep-17	BUS TYPE (SD/DD)	DD
BUS CAPTAIN NAME	CHAI CHIN LIN	BUS ROUTE NUMBER	
EMPLOYEE NUMBER		BUS ADVERTS (Y/N)	N

SECTION 1: PARTS & CONSUMABLE ITEMS (MATERIAL COST)

Part No.	Part or Item Description	Quantity	Total Cost
		7% GST	\$0.00
		FINAL TOTAL COST	\$0.00

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

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO REPLACE/REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)	1200 1500
	7% GST \$0.00
	FINAL TOTAL COST \$0.00

SECTION 3: REPAIR DONE BY CONTRACTOR AFTER ASSESSMENT (CONTRACTOR COST)

TOTAL REPAIR COST BASED ON CONTRACTOR'S QUOTE	-
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SECTION 4: ADMINISTRATIVE (OVERHEADS)

TOTAL OVERHEADS COST (10% OF PARTS & LABOUR)	-
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SECTION 5: REPAIRS TO BUS ADVERTISEMENT VINYL/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST	-
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SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
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SECTION 7: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

		Date In For Repairs	20/9/2017
		Date Out From Repairs	22/9/2017
BUS TYPE (SD / DD)	DD	Number of Days Under Repair	2
LOSS OF USE COST		\$800.00	

SECTION 8: ENGINEERING RECOVERY OF ACCIDENT BUS (ENGINEERING RECOVERY COST)

ENGINEERING RECOVERY COST	-
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SUMMARY	
SECTION NO.	COST
1	\$0.00
2	\$0.00
3	-
4	-
5	-
6	-
7	\$800.00
8	-
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5+6+7+8)	

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: **\$800.00**

Tanjith 97495449
20/9/17
2 days
sur @lkkauto.com
Resurvey after repair.




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI17017954/T1tbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 12-02-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SH 9060A	Veh. Inspected	SMB 3521D
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17008771MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	18/09/2017
2. Vehicle Particulars & Condition			
Make & Model	ALEXANDER DENNIS	c.c	8849
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	SFD76CLR5EMTL3450	Colour	GREEN
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	305/70 R22.5	MICHELIN	8 mm
L/H Front Tyre	305/70 R22.5	MICHELIN	8 mm
R/H Rear Tyre	305/70 R22.5 (D)	MICHELIN	8/8 mm
L/H Rear Tyre	305/70 R22.5 (D)	MICHELIN	8/8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	11/09/2017	Inspection Date	20/09/2017
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170		
5a. Remarks			
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 3521D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)		1,500.00	1,200.00
			1,500.00	1,200.00
GRAND TOTAL			1,500.00	1,200.00

RECOMMENDED COST OF REPAIRS			1,200.00
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Report Ref No. CS/FCI17017954/T1tbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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