

Insured

ASS. REC. BY:

REF: CS/FCI 17021472 / R1q602

Special Instruction:

Supervisor: Rasu

CWS

ASSIGNMENT (Office)

From (Person): Joanne Yong

of FCI

Date/Time: 5:47pm @ 9/11/17

Estimated Cost:

Bill to:

OD (TP) WS/TP RES / OD RES / EVA / INV / MV7CS

To Inspect Vehicle No:

SBS 3392A

Insured:

SHD 6927 X

at Workshop m/s

Tower Transit

Tel:

98482243

of 21 Bulim Drive Bulim Bus Depot

Policy No:

D-15077701MFSH

Claim No:

D17010447MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 8/11/2017

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

10/11/17 @ 9:35am

Person Contacted:

Sharifah

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SBS 3392A - X

SHD 6927 X - CS/FCI 16024572 / T1gh3m2 - D.O.A : 23/12/16

14/11/17 @ 5:06pm revised to Joanne Yong by email.

24/8/18 @ 3:24pm Rasoul finalized with Sharifah final fig 87907.83, 5 days.

CPed \$500.01, 62)

Signature: *Param*

REF: FCI

947K

### ASSIGNMENT

From: \_\_\_\_\_ Date: 16/11/17

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SBS 3392 A

at Workshop m/s Tower Transit

of 21 Bulim Drive Bulim Bus Depot

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SBS 3392 A Yr Regn: 2014 / MAY

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

Truck / Trailer or

Make: Volvo B9TL 9-42 A c.c 936K

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

Sp. Reading: 199/40 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: YV3S4P9276A 166531

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: 275/76R22.5

R: ~

BS / DUN / EXNOVA / GY / FS / LIZA / MIR / OHTSU / PIR / 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. 08/11/17 D.O.I. 10/11/17

Survey held at Tower Transit

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

FRT O/S

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

Date / Time Action / Instruction

RECEIVED 03 SEP 2018

*Amonto*

31/8/2018

Date/Time, File Pass to?

1) 23/9 2018

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee: 160

Transportation: 50

S + RS SI 50

Photos 65

Others

TOTAL

325

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format: TP

Lump Sum / I.B.I: (\$ 7907.83)



# 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/FCI17021472/R1qb

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 10-11-2017



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 6927X	Veh. Inspected	SBS 3392A
Policy No.		Coverage (\$)	0.00
Claim No.	D17010447MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	10/11/2017

## 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

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## 5. General Information

Accident Date	08/11/2017	Inspection Date	10/11/2017
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.
--

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	09-11-2017	<b>Our Ref No.</b> D17010447MFSH
<b>Accident Date</b>	08-11-2017	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD6927X	<b>Third Party Vehicle.</b> SBS3392A
<b>Survey Location</b>	21 Bulim Drive Bulim Bus Depot	
<b>Contact Person.</b>	MS SHARIFAH	
<b>Contact No.</b>	68171747/ 98482243	<b>Fax No.</b> 0
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	TOWER TRANSIT SINGAPORE PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	JOANNEY	

**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/230026)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D17010447MFSH	<b>Policy No</b>	D-15072701MFSH	<b>Claimant S.No &amp; Name</b>	1 & TOWER TR
<b>Workshop Name</b>	TOWER TRANSIT SINGAPORE PTE LTD (Contact Person : MS SHARIFAH)	<b>Survey Location &amp; Contact Details</b>	21 Bulim Drive Bulim Bus Depot <b>Mobile:</b> 98482243 , <b>Phone:</b> 68171747 , <b>Fax:</b> 0 <b>EmailId:</b> SHARIFAH@TOWERTRANSIT.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE:		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHD6927X	<b>TP Vehicle No</b>	SBS3392A
<b>PRI Recieved Date</b>	09-11-2017 06:31:02 PM	<b>Surveyor Appointed Date</b>	09-11-2017 05:46:40 PM	<b>Surveyor Accept Date</b>	10-11-2017 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>		<b>Surveyor Report Date</b>	10-11-2017	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

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

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks

## Shiau Chan (LKKAuto)

**From:** Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>  
**Sent:** Friday, 24 August 2018 3:24 PM  
**To:** Rasul (LKKAuto); CS A Team; Admin A; SUR  
**Cc:** Subramanian Kasi; Wu Tzu Ying  
**Subject:** RE: Pre-Repair Inspection - Accident Involving SBS3392A & SHD6927X D.O.A: 08/11/2017  
**Attachments:** 77200439 - FRONT BUMPER LOCK ME.jpg

WITHOUT PREJUDICE

Hi Rasul,

We confirm COR @ \$ 7907.83 before GST / 5 days of repair.

Please see attached photo as requested.

Thank you.

Sharifah Nusaybah (Ms)  
Senior Executive, Claims

Mobile +65 9848 2243  
Office +65 6817 1747  
Email [sharifah@towertransit.sg](mailto:sharifah@towertransit.sg)



Tower Transit Singapore Pte Ltd  
21 Bulim Drive, Bulim Bus Depot, Singapore 648170  
Registration number 201419417K  
[www.towertransit.sg](http://www.towertransit.sg)



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**From:** Rasul (LKKAuto) <Rasul@lkkauto.com>  
**Sent:** Friday, 24 August, 2018 12:08 PM  
**To:** Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>; CS A Team <cs-a@lkkauto.com>; Admin A <admin-a@lkkauto.com>; SUR <sur@lkkauto.com>  
**Cc:** Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Wu Tzu Ying <Wu.Zy@towertransit.sg>  
**Subject:** RE: Pre-Repair Inspection - Accident Involving SBS3392A & SHD6927X D.O.A: 08/11/2017

Hi Sharifah,

Finalise amount for this case is at \$ 7907.83 / 5 days of repair before GST  
Kindly confirm

Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

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**From:** Sharifah Nusaybah Binte Syed Jamil Binshahab [<mailto:sharifah@towertransit.sg>]

**Sent:** Thursday, 16 November, 2017 9:59 AM

**To:** CS A Team; Admin A; Rasul (LKKAuto); SUR

**Cc:** Subramanian Kasi; Wu Tzu Ying; Kenny Tham

**Subject:** Pre-Repair Inspection - Accident Involving SBS3392A & SHD6927X D.O.A: 08/11/2017

WITHOUT PREJUDICE

Hi Rasul,

Please see attached for the supplementary repair estimate and the after-repair photos as requested.

**COR:**

**Parts** : \$5,407.84 (before 7% gst)

**Labour** : \$3,000.00 (before 7% gst)

**Repair Days** : 05 Days

Please finalise on the cost.

Thank you.

Sharifah Nusaybah (Ms)  
Senior Executive, Claims

Mobile +65 9848 2243

Office +65 6817 1747

Email [sharifah@towertransit.sg](mailto:sharifah@towertransit.sg)



Tower Transit Singapore Pte Ltd  
21 Bulim Drive, Bulim Bus Depot, Singapore 648170  
Registration number 201419417K  
[www.towertransit.sg](http://www.towertransit.sg)



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## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Tuesday, 14 November, 2017 5:06 PM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** JOANNEYONG@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17010447MFSH/1  
**Attachments:** CSFCI17021472R1qb.pdf

Dear Joanne,

Enclosed herewith preliminary advice of SBS 3392A.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Admin-D (LKKAUTO)  
**Sent:** Friday, 10 November, 2017 9:45 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** JOANNEYONG@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D17010447MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]  
**Sent:** Thursday, 9 November, 2017 5:47 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [JOANNEYONG@FIRST-INSURANCE.COM.SG](mailto:JOANNEYONG@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17010447MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,

Admin Team



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D17010447MFSH

Date: 14<sup>th</sup> November 2017

Our Ref: CS/FCI17021472/R1qb

The Motor Claims Department  
First Capital Insurance Ltd

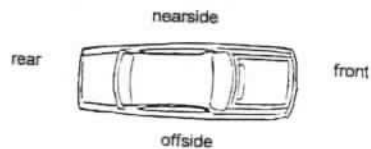
Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SBS 3392A .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 10/11/2017 at the premises of M/s TOWER TRANSIT, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>9,372.97</u> .
Revised Estimate Amount	: S\$ <u>6,216.78</u> .
"Check" Items Amount	: S\$ <u>-</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:  
The vehicle sustained damages  
at the front o/s portion.



Yours faithfully

Mohd Rasul  
Automotive Assessor

## 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	09/11/2017 11:57
Date Of Accident	08/11/2017 15:30
Exact Location Of Accident	JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3392A
<b>Insured/Policyholder</b>	
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	VOLVO
Model	B9TL-9.4 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	KU SIEW HOE
NRIC No	S2694349C
Date Of Birth	26/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1981
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 10

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

#### Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6927X  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

## Sketch Plan

### 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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

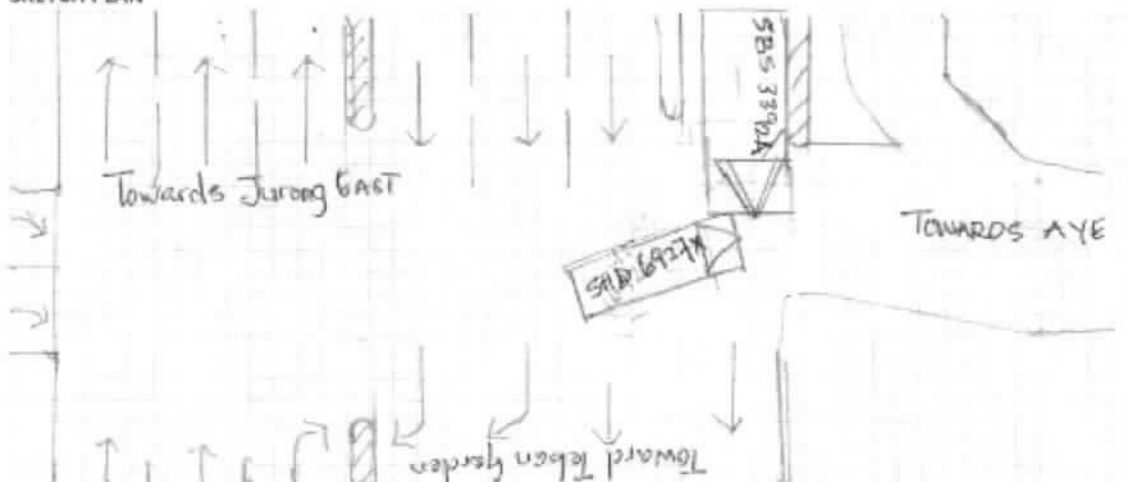
Policyholder's Signature  
Date & Time:

00.39hrs  
16-9-17  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8<sup>th</sup> November 2017 at 1530HRS, I was driving tower transit bus SBS 3392A. I was driving along Jurong Town Hall Road towards Teban Garden, while driving at the traffic light junction near International Business Park, I was on green light arrow. Suddenly a Comfort Delgro Taxi registration number SH 6927A turn right towards AYE, cut into my path while turn right arrow was on red. I applied brake. Unfortunately it's too near and taxi collided onto my bus. I stopped bus and checking with taxi driver he said not familiar with this road.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 0039/HRS

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	1530HRS
ACCIDENT DATE	8-Nov-17
BUS CAPTAIN NAME	KU SIEW HOE
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SBS3392A
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

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

Part No.	Part or Item Description	Quantity	Total Cost
77200200	BUMPER CORNER - O/S	1	Blw / \$318.11
77201118	O/S LIGHT BEZEL	1	CR / \$132.25
77200411	DEFLECTOR CORNER - O/S	1	Blw / \$117.48
77200377	SIDE SHTMETAL PANEL	1	Blw / \$648.97
77200581	Panel Sheet Metal - O/S	1	Blw / \$213.70
77200590	DOOR BATTERY ASSEMBLY	1	Blw / \$639.35
77200190	LOWER FRONT DOME	1	CR / \$2,327.92
77200459	HEADLAMP MAIN BEAM	1	CR / \$92.00
-	GREEN WHEEL NUT POINTERS	9	M / \$27.00
		7% GST	\$316.18
		FINAL TOTAL COST	\$4,832.97

## 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)	1700 / \$2,000.00
	7% GST
	\$140.00
	FINAL TOTAL COST
	\$2,140.00

# ESTIMATED ACCIDENT REPAIR COST



## 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	8/11/2017
		Date Out From Repairs	14/11/2017
BUS TYPE (SD / DD)	DD	Number of Days Under Repair	6
LOSS OF USE COST			\$2,400.00

SUMMARY	
SECTION NO.	COST
1	\$4,832.97
2	\$2,140.00
3	-
4	-
5	\$2,400.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$9,372.97

*Handwritten:*  
~~4832.97~~  
 8407.84

*Handwritten notes:*  
 Resue  
 Hp 90010068  
 + 1 day  
 4 days = 5 days  
 P/P  
 10/11/17 @ 1130  
 Resue 54 paint  
 22/11/17



# ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	1530HRS
ACCIDENT DATE	8-Nov-17
BUS CAPTAIN NAME	KU SIEW HOE
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SBS3392A
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

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

Part No.	Part or Item Description	Quantity	Total Cost
77200200	BUMPER CORNER - O/S	1	PRO \$318.11
77201118	O/S LIGHT BEZEL	1	ORA \$132.25
77200411	DEFLECTOR CORNER - O/S	1	PRO \$117.48
77200377	SIDE SHETMETAL PANEL	1	BT \$648.97
77200581	Panel Sheet Metal - O/S	1	BT \$213.70
77200590	DOOR BATTERY ASSEMBLY	1	BT \$639.35
77200190	LOWER FRONT DOME	1	ORA \$2,327.92
77200459	HEADLAMP MAIN BEAM	1	ORA \$92.00
-	GREEN WHEEL NUT POINTERS	9	MIS \$27.00
-	TOWER TRANSIT LOGO	1	NA \$46.00
77200572	BRACKET - SHEET METAL ATTACHMENT	2	PA \$73.95
77200439	FRONT BUMPER LOCK ME	1	PA \$753.85
77040780	LEVEL LATCH NON LOCKING BLACK	1	CRA \$17.25
		7% GST	\$378.55
		FINAL TOTAL COST	\$5,786.39

## 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)	2500 <del>\$3,000.00</del>
	7% GST \$210.00
	FINAL TOTAL COST \$3,210.00

# ESTIMATED ACCIDENT REPAIR COST



## 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	8/11/2017
		Date Out From Repairs	15/11/2017
BUS TYPE (SD / DD)	DD	Number of Days Under Repair	7
LOSS OF USE COST			\$2,800.00

SUMMARY	
SECTION NO.	COST
1	\$5,786.39
2	\$3,210.00
3	-
4	-
5	\$2,800.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$11,796.39

5407.83  
2500.00  
7907.83




## 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/FCI17021472/R1qbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 05-09-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 6927X	Veh. Inspected	SBS 3392A	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17010447MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	09/11/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	VOLVO B9TL 9.4L A	c.c	9364	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	YV3S4P927EA166531	Colour	GREEN	
Odometer	199140	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	MICHELIN	8 mm	
L/H Front Tyre	275/70 R22.5	MICHELIN	8 mm	
R/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm	
L/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	08/11/2017	Inspection Date	10/11/2017	
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>5 Working Days</b>		



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 3392A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BUMPER CORNER - O/S	BROKEN	318.11	318.11
1	O/S LIGHT BEZEL	CRACKED	132.25	132.25
1	DEFLECTOR CORNER - O/S	BROKEN	117.48	117.48
1	SIDE SHETMETAL PANEL	BENT	648.97	648.97
1	PANEL SHEET METAL - O/S	BENT	213.70	213.70
1	DOOR BATTERY ASSEMBLY	BENT	639.35	639.35
1	LOWER FRONT DOME	CRACKED	2,327.92	2,327.92
1	HEADLAMP MAIN BEAM	CRACKED	92.00	92.00
9	GREEN WHEEL NUT POINTERS	MISSING	27.00	27.00
1	TOWER TRANSIT LOGO (ADDITIONAL)	NECESSARY	46.00	46.00
2	BRACKET - SHEET METAL ATTACHMENT (ADDITIONAL)	NECESSARY	73.95	73.95
1	FRONT BUMPER LOCK ME (ADDITIONAL)	BENT	753.85	753.85
1	LEVEL LATCH NON LOCKING BLACK (ADDITIONAL)	CRACKED	17.25	17.25
			5,407.83	5,407.83
	<b><u>LABOUR</u></b>			
	TO REPLACE / REPAIR THE DAMAGED PARTS ( INCLUDING SPRAY PAINTING )		3,000.00	2,500.00
			3,000.00	2,500.00
	<b>GRAND TOTAL</b>		<b>8,407.83</b>	<b>7,907.83</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>7,907.83</b>

Report Ref No. CS/FCI17021472/R1qbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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