

22/02/2017

ASS. REC. BY:

REF: CS/CTI17023908/R19d3

Special Instructions:

G51

Surveyor:

Mennen

R/Sul

ASSIGNMENT (Office)

From (Person):

Jagyn Tay

of

CTI

Date/Time:

18/12/17 @ 9.16am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBS 6346 P

Insured:

S/L 3151 X

at Workshop m/s

Tower Transit

Tel:

9848 2243

of

21 Sulim Drive, Sulim Bus Depot 648170

Policy No:

DMPCS N3085031700

Claim No:

SNM17D0781C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/12/2017

CA / REV / REP. / REV 24 HRS

(cup)

19/12/17 @ 2-4pm

H.O.D. Endorsement:

Date/Time:

10.20am @ 18/12/17

Person Contacted:

Shanifah

Vehicle IN / OUT

OUT

Date/Time	Action/Instruction (✓) Estimate
	SBS 6346 P - X
	S/L 3151 X - X
15/8/18 @ 5.58pm	R/Sul finalised w/ Shanifah final Agg \$1653.01, 2 days.
	(Red \$ 227.71, 12%)
	no wrap sum.





# 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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CTI17023908/R1qd3

3 ANSON ROAD #16-00  
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 18-12-2017



Code : CTI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJL 3151X	Veh. Inspected	SBS 6346P
Policy No.	DMPCSN3085031700	Coverage (\$)	0.00
Claim No.	SNM17D07081C02	Excess (\$)	0.00
Assign From	MERIMEN (JOWYN TAY)	Assign Date	18/12/2017

## 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	12/12/2017	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.
---

## ...CLAIM SUBFOLDER...(New Assignment)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	15 Dec 2017		18 Dec 2017 09:16 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

[Main](#)[Reference](#)[Claim Details](#)[Documents](#)[Show All](#)

### CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

Insured:	yeo chin hwee, ID: S7921454Z		
Main Claimant:	TOWER TRANSIT SINGAPORE PTE LTD, Co. Reg. No.: 201419417K		
Vehicle Reg. No.:	SBS6346P	Date of Loss:	12/12/2017 08:00 - :59
Claim Type:	TP / SNM17D07081C02	Policy/Cover Note No.:	DMPCSN3085031700 (Comprehensive) Coverage: 28/11/2017 - 27/11/2018
Vehicle Reg. No. (Insured):	SJL3151X	Policy No. (Claimant):	D-17089154MFBP
		Excess:	S\$0.00
Repairer:	Tower Transit Singapore Pte Ltd (HQ) 21 Bulim Drive, Bulim Bus Depot, 648170 Jurong West - Tel: 81688950		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]		
Claimant's Insurer:	First Capital Insurance Ltd (HQ) - Tel: 62222311		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... <b>[Final Rpt due 28/12/2017]</b>		
Adj Asg. Remarks:	NO ESTIMATES, ASSIGNED AS SJE FOR WP PRS		

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

### ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Shiau Chan (LKKAuto)

**From:** Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>  
**Sent:** Wednesday, 15 August 2018 5:58 PM  
**To:** Rasul (LKKAuto); SUR  
**Cc:** Subramanian Kasi; Wu Tzu Ying  
**Subject:** RE: Pre-Repair Inspection - Accident Involving SBS6346P & SJL3151X D.O.A: 12/12/2017

WITHOUT PREJUDICE

Dear Rasul,

We confirm COR @ \$1,653.01 / 2 days repair.

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:** Wednesday, 15 August, 2018 5:56 PM  
**To:** Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>; 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 SBS6346P & SJL3151X D.O.A: 12/12/2017

Hi Sharifah,

As spoken, finalise amount is \$ 1,653.01 / 2 days P/P  
Kindly confirm

## Rasul (LKKAuto)

**From:** Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>  
**Sent:** Wednesday, 7 March, 2018 4:46 PM  
**To:** Rasul (LKKAuto); SUR  
**Cc:** Subramanian Kasi; Wu Tzu Ying; Kenny Tham  
**Subject:** RE: Pre-Repair Inspection - Accident Involving SBS6346P & SJL3151X D.O.A: 12/12/2017  
**Attachments:** Estimated Repair Cost SBS6346P.pdf; GIA Report SBS6346P.PDF; after-repair pic 1 SBS6346P.jpg; before-paint pic 1 SBS6346P.jpg

WITHOUT PREJUDICE

Hi Rasul,

Attached is the repair estimate & after-repair photos as requested.

**COR:**

**Parts: \$1,153.01 (before 7% gst)**

**Labour: \$600.00 (before 7% gst)**

**Repair Days: 02 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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## 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	13/12/2017 15:30
Date Of Accident	12/12/2017 08:45
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6346P
<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	MERCEDES-BENZ
Model	CITARO O530-6.4 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-17089154MFBP
Cover Note Number	

### Driver

Name of Driver	HAMZAH BIN JAMARI
NRIC No	S1619348H
Date Of Birth	10/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL



## Sketch Plan

### SKETCH PLAN

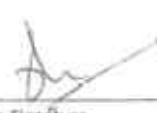
#### IMPORTANT NOTICE

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:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

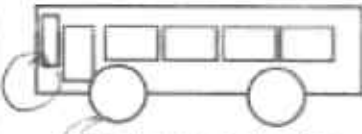
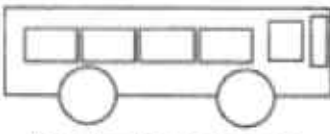



### sketch of incident scene



### damage to bus

*please mark with an X the point(s) of impact to the bus and circle one of the following words to indicate the extent of the damage.*

front	nearside	rear	rear	offside	front	front	rear
							
light / moderate / severe	light / moderate / severe	light / moderate / severe					

### police details

did the police attend? Y ☒ N ☐ PC no./ station:

### witness details

name: \_\_\_\_\_ tel: \_\_\_\_\_ (m)  
 address: \_\_\_\_\_  
 passenger/ pedestrian/ motorcyclist/ other: \_\_\_\_\_ (please circle)

name: \_\_\_\_\_ tel: \_\_\_\_\_ (m)  
 address: \_\_\_\_\_  
 passenger/ pedestrian/ motorcyclist/ other: \_\_\_\_\_ (please circle)

# ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	0845HRS
ACCIDENT DATE	12-Dec-17
BUS CAPTAIN NAME	HAMZAH BIN JAMARI
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SBS6346P
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

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

Part No.	Part or Item Description	Quantity	Total Cost
77014045	Headlamp LH	1	<del>CPA</del> <del>SCR</del> \$469.33
77014543	BLINKER LAMP N/S	1	<del>SCR</del> \$48.47
77200121	Bumper - Front N/S	1	<del>SCR</del> \$635.21
		7% GST	\$80.71
		FINAL TOTAL COST	\$1,233.72

## 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)	<del>500</del> <del>\$600.00</del>
	7% GST \$42.00
	FINAL TOTAL COST \$642.00

# ESTIMATED ACCIDENT REPAIR COST



## SECTION 5: REPAIRS TO BUS ADVERTISEMENT VINYL/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST	-
---------------------------------	---

## SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
-------------------	---

## SECTION 7: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

		Date In For Repairs	19/12/2017
		Date Out From Repairs	21/12/2017
BUS TYPE (SD / DD)	SD	Number of Days Under Repair	2
LOSS OF USE COST			\$600.00

SUMMARY	
SECTION NO.	COST
1	\$1,233.72
2	\$642.00
3	-
4	-
5	\$600.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$2,475.72

*Form*  
*HP 90010068*  
*2 days*  
*20/12/17 @ 1425*  
*Resy by paint*

## ...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	15 Dec 2017		18 Dec 2017 09:16 <a href="#">Edit Adj Rpt</a>	<b>S\$1,653.01</b> <a href="#">Edit Estimates</a>	<b>S\$1,653.01</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;"><a href="#">[Created by Insurer]</a></span>									
Insured:	yeo chin hwee, ID: S7921454Z								
Main Claimant:	TOWER TRANSIT SINGAPORE PTE LTD, Co. Reg. No.: 201419417K								
Vehicle Reg. No.:	SBS6346P	Date of Loss:	12/12/2017 08:00 - :59 [59 Months and 10 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM17D07081C02	Policy/Cover Note No.:	DMPCSN3085031700 (Comprehensive) Coverage: 28/11/2017 - 27/11/2018						
Vehicle Reg. No. (Insured):	SJL3151X	Policy No. (Claimant):	D-17089154MF8P						
		Excess:	S\$0.00						
Repairer:	Tower Transit Singapore Pte Ltd (HQ) 21 Bulim Drive, Bulim Bus Depot, 648170 Jurong West - Tel: 81688950								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Jowyn Tay - 6389 6174]								
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 28/12/2017]								
Adj Asg. Remarks:	NO ESTIMATES. ASSIGNED AS SJE FOR WP PRS								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SBS6346P (SNM17D07081C02)  
[SJL3151X]  
TP  
TOWER TRANSIT SINGAPORE PTE LTD  
Dec 12 2017 8:00AM  
[yeo chin hwee]  
Tower Transit Singapore Pte Ltd

<a href="#">Upload Documents</a> <a href="#">Upload Photos</a> <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Assessment Reports</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Tower Transit Singapore Pte Ltd (HQ)	Thumbnail	Print
1	13/12/17 15:37	Accident Statement	Load HTML	
<b>Photos/Images</b>			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	16/08/18 11:29	Odometer Reading	Load JPG	<input checked="" type="checkbox"/>
2	16/08/18 11:29	Chassis Number	Load JPG	<input checked="" type="checkbox"/>
3	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
4	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
5	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
6	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
7	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
8	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
9	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
10	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
11	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
12	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
13	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
14	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
15	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
16	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
17	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
18	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
19	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
20	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
21	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
22	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
23	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
24	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
25	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
26	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
27	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
28	16/08/18 11:29	General View	Load JPG	<input checked="" type="checkbox"/>
29	16/08/18 11:29	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
30	16/08/18 11:29	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	15/12/17 15:18	E-filed GIA report	Load PDF	

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Tower Transit Singapore Pte Ltd (HQ)		Thumbnail	Print
2	18/12/17 09:17	<b>OI GIA REPORT</b>		Load PDF	
No	Finalized On	Tower Transit Singapore Pte Ltd (HQ)		Thumbnail	Print
1	13/12/17 15:37	<b>Sketch Plan</b> [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
2	13/12/17 15:37	<b>Sketch Plan #2</b> [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>
3	13/12/17 15:37	<b>Sketch Plan #3</b> [Linked Accident Report Documents]		Load JPG	<input checked="" type="checkbox"/>

## Linked Accident Report Documents

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Tower Transit Singapore Pte Ltd (HQ)		Thumbnail	Print
1	13/12/17 15:37	<b>Accident Statement</b>		Load HTM	
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Tower Transit Singapore Pte Ltd (HQ)		Thumbnail	Print
1	13/12/17 15:37	<b>Sketch Plan</b>		Load JPG	<input checked="" type="checkbox"/>
2	13/12/17 15:37	<b>Sketch Plan #2</b>		Load JPG	<input checked="" type="checkbox"/>
3	13/12/17 15:37	<b>Sketch Plan #3</b>		Load JPG	<input checked="" type="checkbox"/>

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

# LKK Auto Consultants Pte Ltd

(Co. Reg. No: 199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CT117023908/R1QD3Q2

Date: 10/09/2018

### REFERENCE

Handling Insurer: China Taiping Insurance  
(Singapore) Pte. Ltd.

Policy No: DMPCSN3085031700

Claimant Vehicle  
No: SBS6346PInsured Vehicle  
No: SJL3151X

Date of Loss: 12/12/2017

Nature of Claim: TP

Claim  
No: SNM17D07081C02

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SBS6346P**

Make &amp; Model: MERCEDES-BENZ CITARO O530, 6.4 D (A)

Engine No: 902926C0989348

Reg. Date: 02/01/2013 (Man. Year: 2012)

Chassis No: WEB62808323124551

Colour: Green

Odometer: 3174344 km

Engine Capacity: 6374 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): **Market Value/New Car Price**

### CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

### CONDITION OF TYRES

Front Tyre Size:	275/70 R22.5	Rear Tyre Size:	275/70 R22.5 (D)
Front Left Side:	Michelin 8 mm	Rear Left Side:	Michelin 8/8 mm
Front Right Side:	Michelin 8 mm	Rear Right Side:	Michelin 8/8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,153.01	1,153.01	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	600.00	500.00	100.00	16.67
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (\$\$)</b>	<b>1,753.01</b>	<b>1,653.01</b>	<b>100.00</b>	<b>5.70</b>
<b>+ GST 7.00/7.00% (\$\$)</b>	<b>122.71</b>	<b>115.71</b>	<b>7.00</b>	<b>5.70</b>
<b>Nett Amount (\$\$)</b>	<b>1,875.72</b>	<b>1,768.72</b>	<b>107.00</b>	<b>5.70</b>

### INSPECTION

Date of Assignment: 18/12/2017

Date Inspected: 20/12/2017 Inspected At:

Tower Transit Singapore Pte Ltd (HQ)  
21 Bulim Drive, Bulim Bus Depot  
Singapore 648170

Estimated Period of Repair: 2.0 days

Adjuster: MOHD RASUL

Manager: SHIAU CHAN



*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

## REPAIR DETAILS

### Reference

<b>Part Source:</b>	(Last Synchronised: 10 Sep 2018)	
<b>Parts:</b>	N/A	MERCEDES-BENZ CITARO O530 6.4 D (A) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SBS6346P)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*HEADLAMP LH	Cracked	469.33 F	*469.33 F
2	1		*BLINKER LAMP N/S	Scratched	48.47 F	*48.47 F
3	1		*BUMPER -FRONT N/S	Scratched	635.21 F	*635.21 F
				<b>Total Parts (S\$)</b>	<b>1,153.01</b>	<b>1,153.01</b>

F=Franchise part.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REPLACE /REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)	New	600.00	500.00
Gross Labour Cost (S\$)			600.00	500.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >