

ASS. REC. BY:

REF: CS/FCI17024648 / Gqdz

Special Instructions:

Surveyor:

aws

GQ

ASSIGNMENT (Office)

From (Person):

Sithara

of

FCI

Date/Time:

4:19pm @ 28/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SG 5003Y

Insured:

SHB 475 1J

at Workshop m/s:

Tower Transit

Tel

98 48 2243

of

21 Bullim Drive, Bullim Bus Depot.

Policy No:

D15072700MFSH

Claim No:

D17011878 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22/12/17

CA / REV / REP. / REV 24 HRS

lwp,

29/12/17 @ 2-4pm

H.O.D. Endorsement:

Date/Time:

4:44pm @ 28/12/17

Person Contacted:

Sharifah

Vehicle

☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SG 5003Y - CC4 / III / 17024490 / KQ3

D.O.A: 22/12/2017

SHB 4751 J - CC4 / III / 17024490 / KQ3

D.O.A: 22/12/2017

03/01/18 @ 5:46pm Informed Sithara, 'we are pending for estimate from repairer.

31/8/18 @ 4:31pm revised to Sithara by email.

31/8/18 @ 4:34pm confirmed with Sharifah from fig \$866.29, 1 day.

LPed \$100, (10%).

ASSIGNMENT

From: _____ Date: 29/12/17

Estimated Cost: _____

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

To inspect Vehicle No: SG 5003Y
at Workshop m/s: Tower Transit
of 21 Bulim Drive, Bulim Bus Depot

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

2pm - 4pm

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bel. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 1 days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

Veh No: SG 5003Y Yr Regn: - 2015

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

Truck / Trailer or

Make: Volvo B9TL C.C. 9364

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

So. Reading: 123164.8 T. Radio: Insured / Std / NI / NA

Eng No: _____

C.No: YV354P921GA174496

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

Mod: M / S / Rim / STD A / Rim or

Tyre Size: F: 275/70R 22.5

R: 11

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

TOYO / YOKO or

Front

Rear

R/Bal: 6 mm R/Bal: 6/6 mm

L/Bal: 6 mm L/Bal: 6/6 mm

D.O.A. D.O.A. 28-12-17

Survey held at: w/s 4pm

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

TA o/s

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

RECEIVED 03 SEP 2018

31/8/2018

Date/Time: File Pass to?

☐ : Preli. Report

1) 03/9/2018

☐ : Final Report

Date/Time: File Return to?

2) _____

Days Of Repair: 1

Resurvey No. of Trip: _____

Survey Fee

Transportation

Photos

Sketch

TOTAL

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Tech. Insp \$

☐ Weekend \$

Report Format: TP

Lump Sum / I.B.I: 3

866.29

90

50

50+50

16

236




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/FCI17024648/Gqd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 29-12-2017 Code : FCI2	
				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 4751J	Veh. Inspected	SG 5003Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17011878MFSH	Excess (\$)	0.00	
Assign From	CWS (SITHARA)	Assign Date	29/12/2017	
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	22/12/2017	Inspection Date	29/12/2017	
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.				

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	27-12-2017	Our Ref No. D17011878MFSH
Accident Date	22-12-2017	Claim Type. Third Party
Insured Vehicle	SHB4751J	Third Party Vehicle. SG5003Y
Survey Location	21 Bulim Drive Bulim Bus Depot	
Contact Person.	SHARIFAH NUSAYBAH (MS)	
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	SITHARA	

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/232385)



PRI Documents



Close



PRI Header Details

Claim No	D17011878MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & TOWER TR
Workshop Name	TOWER TRANSIT SINGAPORE PTE LTD (Contact Person : SHARIFAH NUSAYBAH (MS))	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	CITYCAB PTE LTD	Insured Vehicle No	SHB4751J	TP Vehicle No	SG5003Y
PRI Recieved Date	28-12-2017 02:24:27 PM	Surveyor Appointed Date	28-12-2017 04:18:20 PM	Surveyor Accept Date	28-12-2017 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	28-12-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Friday, 31 August 2018 4:34 PM
To: 'Sharifah Nusaybah Binte Syed Jamil Binshahab'; SUR; Admin A; Admin-D (LKKAuto); Guo Qiang (LKKAuto)
Cc: Subramanian Kasi; Wu Tzu Ying
Subject: RE: Pre-Repair Inspection - Accident Involving SG5003Y & SHB4751J D.O.A: 22/12/2017

Dear Sharifah,

WITHOUT PREJUDICE

Confirm final fig \$866.29 before GST and 1 repair day.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>
Sent: Wednesday, 18 July 2018 2:24 PM
To: SUR <sur@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; Guo Qiang (LKKAuto) <GuoQiang@lkkauto.com>
Cc: Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Wu Tzu Ying <Wu.Zy@towertransit.sg>
Subject: FW: Pre-Repair Inspection - Accident Involving SG5003Y & SHB4751J D.O.A: 22/12/2017

Re-sending.

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



Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 31 August 2018 4:31 PM
To: 'Claim Workflow System'; assignments
Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011878MFSH/1
Attachments: CSFCI17024648Gqd3.pdf

Dear Sithara,

Enclosed herewith preliminary advice of SG 5003Y.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 3 January 2018 5:46 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011878MFSH/1

Dear Sithara,

Please be informed that we have inspected the vehicle SG 5003Y on 29/12/2017.

We are pending for estimate from repairer.

Wishes you a Happy New Year 2018

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAUTO)
Sent: Thursday, 28 December, 2017 4:45 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011878MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

"Wishes you a Happy New Year 2018"

Best Regards,



Auto
Consultants
Pte Ltd

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

Your Ref: D17011878MFSH
Our Ref: CS/FCI17024648/Gqd3

Date: 31 August 2018

The Motor Claims Department
First Capital Insurance Ltd

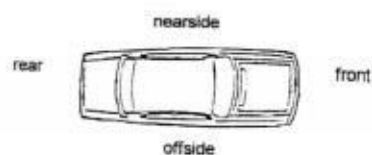
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SG 5003Y .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 29/12/2017 at the premises of M/s TOWER TRANSIT . and have the following to report:-

Workshop Estimate Amount	: S\$ <u>1,333.93</u> .
Revised Estimate Amount	: S\$ <u>866.29</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

Guo Qiang
Automotive Assessor

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 3 January, 2018 5:46 PM
To: 'Claim Workflow System'; assignments
Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011878MFSH/1

Dear Sithara,

Please be informed that we have inspected the vehicle SG 5003Y on 29/12/2017.

We are pending for estimate from repairer.

Wishes you a Happy New Year 2018

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAUTO)
Sent: Thursday, 28 December, 2017 4:45 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SITHARA@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011878MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

"Wishes you a Happy New Year 2018"

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Thursday, 28 December, 2017 4:18 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; SITHARA@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011878MFSH/1

Dear Sir/Mdm,

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	26/12/2017 11:42
Date Of Accident	22/12/2017 21:15
Exact Location Of Accident	BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5003Y
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	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-17089154MFBP
Cover Note Number	

Driver

Name of Driver	HE GUOCHENG
Passport No/FIN	G8767637N
Date Of Birth	26/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2010
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 21 BULIM DRIVE

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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) 6

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

REFER TO ATTACHED REPORT.

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 SHB4751J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

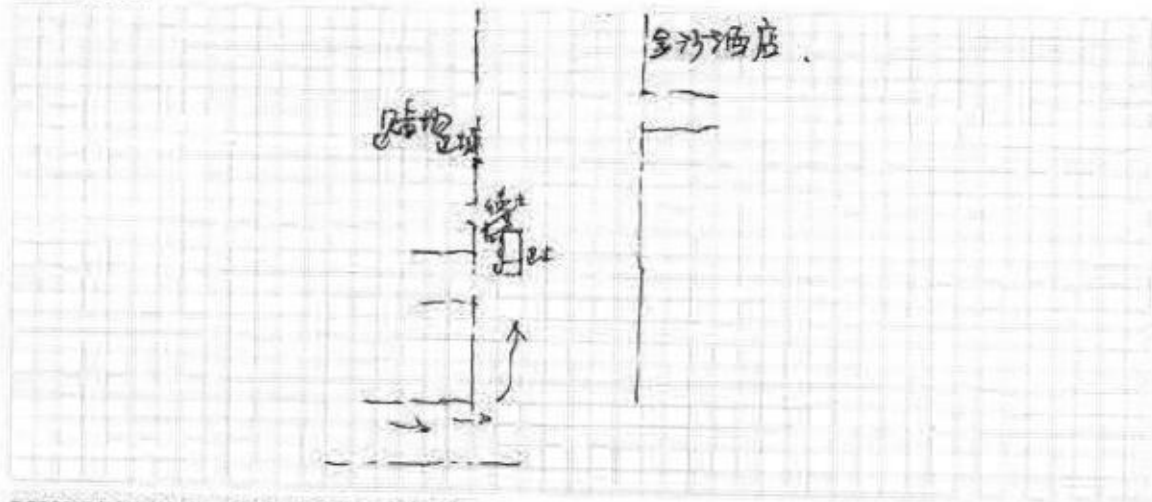
22/12/12
Policyholder's Signature
Date & Time:

He Geo cheng
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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

DECLARATION

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

Page 22/12/17 He Guo cheng

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.:



BC Statement Form

Statement of -

Name:

He Guo Cheng

Date of statement:

22/12/17

Emp No:

10668

Time of statement:

Statement taken by:

Name:

Leng Tian Fan

Position:

IS

Incident details -

Nature of incident:

Side swipe accident

Date of incident:

22/12/17

Time of incident:

21:23

Statement of details of Incident.

尊敬的公可管理:

我名 He Guo Cheng (10668): 于 22/12/17 晚 20:28 分
 我等 97 线从 JE 到 MCT. 当车行至金沙赌场路之前
 时, 由于左边第一道塞车, 我就早早走第二道. 当我的
 巴士直行过赌场前的红绿灯还没到巴士站时, 忽然
 左边一道的一辆德士变道靠近右边的第二道, 并且
 就在我车头前停下. 我当时踩刹车. 由于距离
 太近又忽然, 我们两车还是擦上. 我车的左前角
 撞掉了一些漆. 德士右边中间门也撞伤了一点. 事后
 我报告了 Bocc. 双方交换了资料及联系电话.

I confirm that the above statement provided by me contains the details of the incident as stated to the best of my ability.

Name:

He Guo Cheng

Signed:

22/12/17



BC Statement Form

Statement of -

Name :

He Guo cheng

Date of statement:

Emp No:

10668

Time of statement:

Statement taken by -

Name :

Position :

Incident details -

Nature of incident:

Side swipe accident.

Date of incident

22/12/17

Time of incident :

20.28

Statement of details of incident.

Translate from BC 10668 (Mandarin statement)

I am BC 10668 (097P05), on 22/12/17 @ 20.28 hr.
 I am driving SUV 97 from J21 to MCT. while travelling
 towards just before MBS, as left most lane jam with vehicle.
 Earlier as I already travelling along center lane.
 when my bus just pass traffic junction before the MBS
 bus stop. on my left one taxi change lane suddenly and cut
 into my lane in front of my bus. I apply e-brake immediately
 but unfortunately, both vehicles still come in contact as distance
 between two vehicle is too short. Results my bus front left
 corner some paint & peel off. Right hand side of taxi door
 also some scratches. I reported to BACC and both of us
 exchange particular. That's all.

I confirm that the above statement provided by me contains the details of the incident as stated to the best of my ability.

Name :

Signed:

50/8

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

$$\begin{array}{r} 0 \cdot C \\ 348 \cdot 81 + \\ 117 \cdot 48 + \\ = \\ 466 \cdot 29 * \\ 0 \cdot C \\ 400 \cdot + \\ = \\ 400 \cdot * \\ 0 \cdot C \\ 466 \cdot 29 + \\ 400 \cdot + \\ = \\ 866 \cdot 29 * \end{array}$$
$$\begin{array}{r} 466 \cdot 29 + \\ 400 \cdot + \\ = \\ 866 \cdot 29 + \end{array}$$

7% GST	\$32.64
FINAL TOTAL COST	\$498.93

[illegible]

466.29

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	29/12/2017
		Date Out From Repairs	30/12/2017
		Number of Days Under Repair	1
BUS TYPE (SD / DD)	SD	LOSS OF USE COST	
		\$300.00	

SUMMARY	
SECTION NO.	COST
1	\$498.93
2	\$535.00
3	-
4	-
5	\$300.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$1,333.93

**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/FCI17024648/Gqd3s2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 04-09-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 4751J	Veh. Inspected	SG 5003Y
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17011878MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	28/12/2017

2. Vehicle Particulars & Condition

Make & Model	VOLVO B9TL	c.c	9364
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	YV3S4P921GA174496	Colour	GREEN
Odometer	123164	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	MICHELIN	6 mm
L/H Front Tyre	275/70 R22.5	MICHELIN	6 mm
R/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	6/6 mm
L/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	6/6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	22/12/2017	Inspection Date	29/12/2017
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SG 5003Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER-N/S CORNER	CUT	348.81	348.81
1	DEFLECTOR-N/S CORNER	CRACKED	117.48	117.48
			466.29	466.29
	<u>LABOUR</u>			
	TO REPLACE/REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING).		500.00	400.00
			500.00	400.00
	GRAND TOTAL		966.29	866.29
RECOMMENDED COST OF REPAIRS				866.29

Report Ref No. CS/FC117024648/Gqd3s2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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