

ASS. REC. BY:

REF: CS/FCL18004365/Tlvbz

Special Instruction:

Surveyor:

Taufik

ASSIGNMENT (Office)

From (Person): WS Irene Jaw of FA Date/Time: 07032018 11:10am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMB 3069T Insured: SHC 928Mat Workshop m/s Tower Transit Tel: 9848 2243of 21 Bulim DrivePolicy No: \_\_\_\_\_ Claim No: D18001895MFSH

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 05032018  
(Client's Record)CA / REV / REP. / REV 24 HRS 'wp' 08032018 @ 2pm - 4pm  
H.O.D. Endorsement: \_\_\_\_\_Date/Time: 07032018 1:26pm Person Contacted: Sharifah Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SMB 3069T - X</u>
	<u>SHC 928M - AS/LPC15016312 / Hlvbn2</u> <u>DA: 26/092015</u>
<u>13/3/18</u>	<u>Informed FCI pending est from repairer</u>
<u>7/6/18</u>	<u>Final fig \$ 2815.78 (Red 400, 12%) confirmed by email</u>

Tan JH

FCI

# ASSIGNMENT

From: \_\_\_\_\_ Date: 2/3/18

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

OD: (C) WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SMB 3069T

at Workshop no: Tower Transit

of: 21 Bulim Drive

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

Client's Record: \_\_\_\_\_

2pm - 4pm

Make of Ver: \_\_\_\_\_

(Policy Condition)

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



Sal. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: \_\_\_\_\_ days Res: Yes or No

Lum Sum: \_\_\_\_\_ % G Val: Yes or No

CA / REV / REP / 24 HRS <sup>wp</sup>

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

Vehicle IN / OUT

Shanfer

Date Time Action / Instruction

w/ s whl e-mail GIA & estimate later.

8/6/18 Email preli revised to FCI

RECEIVED 0 8 JUN 2018

Serial No: SMB3069T

Page: 13

Type: V Car M Cycle (C) ELEC Van Long Taxi Prime Mover

Truck Tractor

Make: MAN NL320F (A22) 10518

Colour: Green

So Reading: \_\_\_\_\_

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

C No: \_\_\_\_\_

WM AN 22.227 D 7001867

Gen Cond: (C) Good Fair Poor Burnt

Steering: (C) Inorder Jammed Leaked Burnt or

Brake: (C) Inorder Jammed Leaked Burnt or

Mod: (C) SRM / STD ARM or

Tyre Size: \_\_\_\_\_

275 / 10R12.5

BS / DUN EXNOVA / 31 FS LIZA (M) CHTSU PR SUM  
TOYO / YOKO or

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

FLBa: 6

FRBa: 6/6

LLBa: 6

RLBa: 6/6

DCA: \_\_\_\_\_

DO: 12/3/18 @ 1546

Surveyed at: \_\_\_\_\_

Tower Transit Bulim Drive.

Des of Damages: Fr Rear (C) NS UO Roof/hood or

The UO / Chassis frame / Body Structure affected due to collision

Date Time File Pass to:

☐ Preli. Report  
☐ Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Date Time File Return to:

8/6 - typist

Add Fee:

Site fee: \$

Inter: \$

Test: \$

40: \$

Surve Fee

Transport

1st day

2nd day

3rd day

4th day

5th day

130

50

50

23

253

Report Format:

CWS

Sum. Sum. IE

P/P \$2815.78

## Survey Department Check List (Case Handler)

Reference No.: CS / FCI 18004365 / Tivb  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): Case handler to make sure all Information created by the assignment team are ACCURATE.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

**Surveyor (** ): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

### (2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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### (3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

### (4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 8/6/18  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/20:



# 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/FCI18004365/T1vb

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 07-03-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 928M	Veh. Inspected	SMB 3069T
Policy No.		Coverage (\$)	0.00
Claim No.	D18001895MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	07/03/2018

## 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	05/03/2018	Inspection Date	08/03/2018
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.
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**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	06-03-2018	<b>Our Ref No.</b> D18001895MFSH
<b>Accident Date</b>	05-03-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC0928M	<b>Third Party Vehicle.</b> SMB3069T
<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: ACCIDENT NOT REPORTED:	
<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>	LURENE	

**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.

## Veron Chen (LKKAUTO)

---

**From:** Veron Chen (LKKAUTO)  
**Sent:** Friday, 8 June 2018 11:15 AM  
**To:** 'Claim Workflow System'  
**Cc:** 'LURENEJAW@MSFIRSTCAPITAL.COM.SG'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18001895MFSH/1, SMB 3069T  
**Attachments:** SMB 3069T PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SMB 3069T  
Date of survey: 12/3/2018  
Number of days: 3 days

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

---

**From:** Veron Chen (LKKAUTO)  
**Sent:** Tuesday, 13 March 2018 2:47 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18001895MFSH/1, SMB 3069T

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SMB 3069T on 12/3/2018 .

We are pending estimate from repairer.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

---

**From:** Admin-D (LKKAUTO)  
**Sent:** Wednesday, 7 March 2018 1:27 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18001895MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto: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@msfirstcapital.com.sg>]

**Sent:** Wednesday, 7 March, 2018 11:10 AM

**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)

**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [LURENEJAW@MSFIRSTCAPITAL.COM.SG](mailto:LURENEJAW@MSFIRSTCAPITAL.COM.SG)

**Subject:** PRI: SURVEY ASSESSMENT - D18001895MFSH/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

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18001895MFSH

Our ref: CS/FC118004365/T1vb

Date: 8/6/2018

The Motor Claims Department  
M/s FIRST CAPITAL INSURANCE LTD

Without Prejudice

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. SMB 3069T**

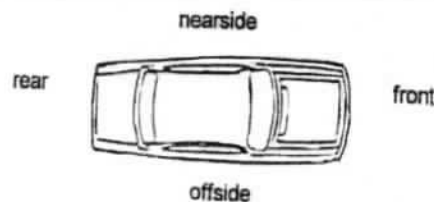
We thank you for your instruction on 7/3/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12/3/2018 at the premises of M/s TOWER TRANSIT SINGAPORE P L and have the following to report:-

Workshop Estimate Amount	: S\$3,215.78
Revised Estimate Amount	: S\$2,815.78
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the o/s and n/s body.



**Comments/Present Status:**

Damages Consistent

Yours faithfully,

MOHAMAD TAUFIKH  
M.MATAI, AMSAE-A  
Automobile Assessor



## Veron Chen (LKKAuto)

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**Cc:** LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18001895MFSH/1, SMB 3069T

Dear Sir/Madam,

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We are pending estimate from repairer.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [LURENEJAW@MSFIRSTCAPITAL.COM.SG](mailto:LURENEJAW@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18001895MFSH/1

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Please find attached the necessary documents for survey.

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

Best Regards,  
Admin Team  
Claim Workflow System  
Motor Claims Department  
MS First Capital Insurance Limited  
Tel : 6507 3848  
Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**

[> Back to OneMotoring](#)

## Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SMB3069T		
Vehicle Type :	H20 - Public Transport Bus/Coach/Minibus		
Vehicle Attachment 1 :	Air-Conditioned		
Vehicle Scheme :	OmniBus (LTA-ARF exempted)		
Vehicle Make :	MAN		
Vehicle Model :	NL320F (A22)		
Chassis No. :	WMAA22ZZ7D7001867		
Propellant :	Diesel		
Engine No. :	50334092243412		
Engine Capacity :	10518 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	18000 kg		
Unladen Weight :	11280 kg		
Year Of Manufacture :	2012		
Original Registration Date :	01 Aug 2013		
Lifespan Expiry Date :	31 Jul 2030		
Road Tax Expiry Date :	31 Jul 2018		
Inspection Due Date :	31 Jul 2019		
Intended Transfer Date :	07 Jun 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
The current road tax expiry is 31 Jul 2018. You may renew the road tax from 01 May 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 31 Jul 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 01 Aug 2018 to 31 Jan 2019)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	850.00	-	850.00
Total Amount Payable :			875.00
Amount Payable (From 01 Aug 2018 to 31 Jul 2019)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	1,700.00	-	1,700.00
Total Amount Payable :			1,725.00

You may print this page for reference.

OK

Print

## 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 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	06/03/2018 14:22
Date Of Accident	05/03/2018 15:00
Exact Location Of Accident	TANGLIN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB3069T
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#### 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	MAN
Model	NL320F (A22)-10.5 D ABS TURBO (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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-17089154MFBP
Cover Note Number	

#### Driver

Name of Driver	RAJAH A/L MANIRAJU
Passport No/FIN	G2045284L
Date Of Birth	28/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2012
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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) 36

#### 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 STATEMENT.

#### 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 SHC928M

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 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 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:

5/3/18 17:52

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

ber. tamliq son  
bus stop

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement Taken

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

5/3/18-1751

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

## Sketch Plan #3



## BC Statement Form

## Statement of -

Name : RAJAH A/L MANIRADU Date of statement: 5/3/2018  
 Emp No: 10588 Time of statement: 15.01

Statement taken by - GOH JEK TENG Position : I.S.  
 Name : \_\_\_\_\_

## Incident details -

Nature of incident : Minor - Side Swiped  
 Date of Incident : 05 March 2018 Time of Incident : 15:02

## Statement of details of Incident.

My self BC 10588 driving service 106 P05. Journey start from Bukit Basah interchange to Shenton way. about time 15.01 when i almost reach jambangan busstop, 1 white colour taxi come very close to my bus <sup>on right side</sup> SMC 3069T, so i immediate stop the bus and horn continuously the taxi side mirror scratch my bus on right side and the taxi never stop for exchange particulars. after this i report to BOCC about this incident. Thank you.

Taxi number : SHC 928M  
 : WHITE COLOUR (MPV)

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

Name : Rajah Maniraju Signed: [Signature]



# ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	1500HRS
ACCIDENT DATE	5-Mar-18
BUS CAPTAIN NAME	RAJAH A/L MANIRAJU
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SMB3069T
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
77200038	PANEL WHEELARCH TRIM	de ✓ 1	\$50.03
77201279	RH SIDE PANEL R8 (PSV)	del ✓ 1	\$690.00
77040876	VINYL CUT OUT STICKERS FOR "SG <3 BUS"	neu ✓ 1	\$40.25
-	GREEN WHEEL NUT POINTERS	mis ✓ 8	\$24.00
77040868	TOWER TRANSIT CUT OUT LOGO STICKERS	neu ✓ 1	\$11.50
		7% GST	\$57.10
		FINAL TOTAL COST	\$872.88

## 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)	2000 \$2,400.00
	7% GST
	\$168.00
	FINAL TOTAL COST
	\$2,568.00

# 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	12/3/2018	
		Date Out From Repairs	15/3/2018	
		Number of Days Under Repair	3	
BUS TYPE (SD / DD)	SD	LOSS OF USE COST		\$900.00

SUMMARY	
SECTION NO.	COST
1	\$872.88
2	\$2,568.00
3	-
4	-
5	\$900.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$4,340.88

tariff 97495749  
3 days

3215.78

*[Signature]*  
7/6/18

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:

## Veron Chen (LKKAuto)

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Friday, 8 June 2018 11:06 AM  
**To:** 'Sharifah Nusaybah Binte Syed Jamil Binshahab'; Taufikh (LKKAuto); SUR  
**Cc:** Subramanian Kasi; Wu Tzu Ying  
**Subject:** RE: Pre-Repair Inspection - Accident Involving SMB3069T & SHC928M D.O.A: 05/03/2018

Dear Sharifah,

Noted with thanks.

**Final invoice and all supporting documents sent over to First Capital Ins Ltd.**

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Sharifah Nusaybah Binte Syed Jamil Binshahab [mailto:sharifah@towertransit.sg]  
**Sent:** Thursday, 7 June 2018 10:46 AM  
**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>; Taufikh (LKKAuto) <Taufikh@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 SMB3069T & SHC928M D.O.A: 05/03/2018

WITHOUT PREJUDICE

Dear Veron,

We confirm COR @ \$2,815.78 before GST / 3 working days.

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:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Thursday, 7 June, 2018 10:35 AM  
**To:** Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>; Taufikh (LKKAUTO) <Taufikh@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 SMB3069T & SHC928M D.O.A: 05/03/2018

Dear Sharifa,

WITHOUT PREJUDICE

Offer finalize amount \$2,815.78 before GST @ 3 working days.

Please confirmed.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Sharifah Nusaybah Binte Syed Jamil Binshahab [mailto:sharifah@towertransit.sg]  
**Sent:** Thursday, 31 May 2018 4:47 PM  
**To:** Taufikh (LKKAUTO) <Taufikh@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 SMB3069T & SHC928M D.O.A: 05/03/2018

WITHOUT PREJUDICE

Dear Taufikh,

Please see attached GIA Report, repair estimate & after-repair photos as requested.

**COR:**

**Parts: \$815.78 (before 7% gst)**

**Labour: \$2,400.00 (before 7% gst)**

**Repair Days: 03 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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**From:** Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Wednesday, 7 March, 2018 11:10 AM  
**To:** Sharifah Nusaybah Binte Syed Jamil Binshahab <[sharifah@towertransit.sg](mailto:sharifah@towertransit.sg)>  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [LURENEJAW@MSFIRSTCAPITAL.COM.SG](mailto:LURENEJAW@MSFIRSTCAPITAL.COM.SG)  
**Subject:** SURVEYOR APPOINTED; OUR REF : D18001895MFSH ; YOUR REF: SMB3069T

Dear Sir/Madam

PRI Request For **SMB3069T** Accident Involving **SHC0928M** On 05-03-2018.

Please find below details for your reference

- **Claim number :** D18001895MFSH
- **Insured vehicle number :** SHC0928M
- **Accident date :** 05-03-2018
- **Third-party vehicle number :** SMB3069T
- **Assignment type :** WITHOUT PREJUDICE: ACCIDENT NOT REPORTED
- **Surveyor :** LKK AUTO CONSULTANTS PTE LTD
- **Officer-in-Charge :** LURENE

**PS:** This is a system generated mail. Please do not reply to this mail.

Regards,  
Admin Team  
Claim Workflow System  
Motor Claims Department  
MS First Capital Insurance Limited  
Tel : 6507 3848  
Fax : 6507 3849

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**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/FCI18004365/T1vbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 11-06-2018	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 928M	Veh. Inspected	SMB 3069T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18001895MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	07/03/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MAN NL320F (A22)	c.c	10518	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WMAA22ZZ7D7001867	Colour	GREEN	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/03/2018	Inspection Date	12/03/2018	
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:		3 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 3069T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	PANEL WHEELARCH TRIM	DEFORMED	50.03	50.03
1	RH SIDE PANEL R8 (PSV)	DENTED	690.00	690.00
1	VINYL CUT OUT STICKERS FOR "SG<3 BUS"	NECESSARY	40.25	40.25
8	GREEN WHEEL NUT POINTERS	MISSING	24.00	24.00
1	TOWER TRANSIT CUT OUT LOGO STICKERS	NECESSARY	11.50	11.50
			815.78	815.78
<b>LABOUR</b>				
	TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)		2,400.00	2,000.00
			2,400.00	2,000.00
<b>GRAND TOTAL</b>			<b>3,215.78</b>	<b>2,815.78</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>2,815.78</b>

Report Ref No. CS/FCI18004365/T1vbe2

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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