	REF: CS/F(11800 5774 M/hbez) Special Instruction:
	From (Person): (b) 3 Joanny Yong of FQ Date/Time: 2803 2018 D. BAPM  OD TP/WS/TP RES/OD RES/EVA/INV/MY/CS
	To Inspect Vehicle No: SBS 63641 Insured: SHC 3347U  at Workshop m/s Tonce Transit Tel: 98482243  Policy No:
	Sum Insured: Claim No: D18003347MFSH  Make of Veh: Excess: (Client's Record)
2	Date/Time: 38032018 335pm Person Contacted: Shunfah Vehicle IN 1019
	Date/Time Action/Instruction ( / ) Estimate  SBB (BBUL - ×
	SHC 384174 - CC3/CTL18000583/Dub3 DCA- 650118  Revert through email  Confirm 6693.36, I days
	Red . \$150, 171.

REF: FCL

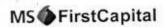


51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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

FAST.		Affiliated to Federation Interna	ationale Des Experts En Autom	
IRS	T CAPITAL INSUR	ANCE LTD	Ref : CS/FCI1800577	4/M1rb
36 R( #16-0	OBINSON ROAD 01 CITY HOUSESII	NGAPORE 068877	Date: 28-03-2018 Code: FCI2	
1.		Policy Particula	rs :- THIRD PARTY CLAI	M
V-000	Insured Veh.	SHC 3347U	Veh. Inspected	SBS 6364L
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18002342MFSH	Excess (\$)	0.00
	Assign From	CWS (JOANNE YONG)	Assign Date	28/03/2018
2.	· 图:我这样写话	Vehicle Pa	articulars & Condition	The state of the Alexander
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	•	Steering	
	Brakes		Modification	
	General			
3.	THE SECTION	Cor	ditions of Tyres	gitter distribution
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
4.		Desci	ription of Damages	
-		Gal	neral Information	
5.	Accident Date	20/03/2018	Inspection Date	29/03/2018
		TOWER TRANSIT SINGAP		
	Survey held at	21 BULIM DRIVE SINGAPORE 648170	35 (ATT-1), 15 (ATT-1) (ATT-1)	
5a.		· 生物。	Remarks	
	A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A CE TO YOUR INSTRUCTION	"WITHOUT PREJUDICE" BA IS, WE HAVE NOT AUTHOR	ISIS. ISED REPAIRS.



MS First Capital Insurance Limited to Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hotor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

### MOTOR SURVEY ASSIGNMENT

Date

22-03-2018

Our Ref No. D18002342MFSH

**Accident Date** 

20-03-2018

Claim Type. Third Party

Insured Vehicle

SHC3347U

Third Party Vehicle. SBS6364L

Survey Location

21 Bulim Drive Bulim Bus Depot

Contact Person.

MS SHARIFAH

Contact No.

68171747/98482243

Fax No. 0

Survey Type

WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

Appointed

LKK AUTO CONSULTANTS PTE LTD

Surveyor Contact Person

NA

Fax No. 68416315

Contact Number.

NA

Sharigay Amary in 550m Thu

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

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.

lob Sheet (/C	laimWS/Surveyor/JobSheet	/236229) 🚣 P	PRI Documents (L) Close	×	
		- 31	PRI Header Details		
Claim No	D18002342MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & TO PTE LT
Workshop Name	TOWER TRANSIT SINGAPORE PTE LTD (Contact Person : MS SHARIFAH )	Survey Location & Contact Details	21 Bulim Drive Bulim Bus Mobile: 98482243 , Pho EmailId: SHARIFAH@TO	ne: 6817174	
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions E LTD To Surveyor  WITHOUT PREJUDICE: WE ADMIT LIABILITY			BILITY Q
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC3347U	TP Vehicle No	SBS63
PRI Recieved Date	27-03-2018 06:32:45 PM	Surveyor Appointed Date	28-03-2018 12:57:27 PM	Surveyor Accept Date	
		s	urvey Report Upload		
Surveyor Inspection Date *:	101/101	Surveyor Report Date	28-03-2018	Upload Survey Report *:	Г
			Vehicle Particulars		
Make	Please Select Make	Model	Please Select Model •	Year	Selec
Chasis No		Engine No	Г	Mileage	
Color		Cubic Capacity			
Multiple D	ocuments Upload				
	L	Jpload Multiple D	ocuments		
File Nar			A	ction	

Surveyor Job Remarks



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

Your Ref: D18002342MFSH

Our Ref: CS/FCI18005774/M1rb

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

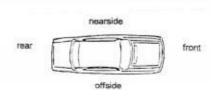
## INITIAL INSPECTION REPORT OF VEHICLE NO. SBS 6364L .

Please be informed that we had conducted the inspection of the above mentioned vehicle on <u>28/03/2018</u> at the premises of M/s <u>TOWER TRANSIT SINGAPORE PTE LTD</u> and have the following to report:-

Workshop Estimate Amount	: S\$	843.36	
Revised Estimate Amount	: S\$	693.36	
"Check" Items Amount	: <u>S\$</u>		
Market Value	: <u>S\$</u>	•	
LTA Reimbursement Value	: <u>S\$</u>	-	-
Nett Value	: <u>S</u> \$	-	•

Description of Damage:

<u>The vehicle sustained damages</u>
at o/s rear portion.



Yours faithfully MA CHIN FOOK Automotive Assessor

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 witholding 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
23/03/2018 11:01
20/03/2018 20:20
CLEMENTI ROAD
SINGAPORE
DETAILS OF OWN VEHICLE
200 (200 CO Men 12
SBS6364L
TOWER TRANSIT SINGAPORE PTE LTD
201419417K
SHARIFAH@TOWERTRANSIT.SG
OFFICE-68171747
MERCEDES-BENZ
CITARO 0530-6.4 D (A)
t
NO
THIRD PARTY
BUS
MS FIRST CAPITAL INSURANCE LTD
COMPREHENSIVE
YES
D-17089154MFBP

Co	ver	1
Dr	iver	

Note Number

LIM YEE NAM Name of Driver S0065664Z NRIC No 30/08/1951 Date Of Birth OUTDOOR Occupation 10/04/2017 Date Of Driving Pass

0 YEAR AND 11 MONTH Driving Experience

MALE Gender

Mobile Number Fax Number Contact Number

EMail Address

NOEMAIL

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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:
  - 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 & Times Reporting Centre Personnel's Signature Name: Name:

### **ESTIMATED ACCIDENT REPAIR COST**



CCIDENT TIME EPORTED	2020HRS	BUS REGISTRATION NUMBER	SBS6364L
CCIDENT DATE	20-Mar-18	BUS TYPE (SD/DD)	SD
US CAPTAIN NAME	LIM YEE NAM	BUS ROUTE NUMBER	
MPLOYEE NUMBER		BUS ADVERTS (Y/N)	N

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

	Part No.	Part or Item Description	Quantity	Total Cost
	77200612	SIDE MARKER light	and 1	_/ \$43.36
9				
			7% GST	\$3.03
			FINAL TOTAL COST	\$46.39

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

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		1 TOTAL COST
TO REPLACE/REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)	650	\$800.00
\$ 692.36	Not Deutlon	$\sim$
Indays 100	IN days	>
Mary /	29/3/2	2
13.8	LEK Delle	(m/t).
( Jul.	macfelkk	autocom
<b>%</b> (	7	
	7% GST	\$56.00
	FINAL TOTAL COST	\$856.00

PAGE 1

### **ESTIMATED ACCIDENT REPAIR COST**



SECTION 5: REPAIRS TO BUS ADVERTISMENT VINYLS/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)

	OSS OF USE COST	- 88	\$300.00	
BUS TYPE (SD / DD)	SD	Number of Days Under Repair	1	
		Date Out From Repairs	30/3/2018	
		Date In For Repairs	29/3/201	

SUMMARY		
COST		
\$46.39		
\$856.00		
50		
\$300.00		
\$1,202.39		

PAGE 2



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 Internat	ionale Des Experts En Automol	bile
IRS	T CAPITAL INSUF	RANCE LTD	Ref : CS/FCI18005774	/M1rbe2
36 R( \$16-0	OBINSON ROAD 11 CITY HOUSESI	NGAPORE 068877	Date: 12-04-2018  Code: FCI2	
		Policy Particular	s :- THIRD PARTY CLAIM	
	Insured Veh.	SHC 3347U	Veh. Inspected	SBS 6364L
	Policy No.	D-18088936MFSH	Coverage (\$)	0.00
	Claim No.	D18002342MFSH	Excess (\$)	0.00
	Assign From	JOANNE YONG	Assign Date	28/03/2018
2.		Vehicle Par	ticulars & Condition	
	Make & Model	MERCEDES BENZ CITARO	c.c	6374
	Engine No.	HIDDEN	Year of Reg.	2013
	Chassis No.	WEB62808323124769	Colour	GREEN
	Odometer	256482	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Cond	itions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	275/70 R22.5	BRIDGESTONE	8 mm
	L/H Front Tyre	275/70 R22.5	BRIDGESTONE	8 mm
	R/H Rear Tyre	275/70 R22.5	BRIDGESTONE	8 mm
	L/H Rear Tyre	275/70 R22.5	BRIDGESTONE	8 mm
4.	KIND OF L	Descrip	tion of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE C	O/S REAR PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Gene	ral Information	PARTY OF THE PARTY
	Accident Date	20/03/2018	Inspection Date	29/03/2018
	Survey held at	TOWER TRANSIT SINGAPO	RE PTE. LTD.	
		21 BULIM DRIVE SINGAPORE 648170		
5a.			Remarks	
	B)THE INSPECTI	NSISTENT TO ACCIDENT REP ON WAS CONDUCTED ON A"V CE TO YOUR INSTRUCTIONS	VITHOUT PREJUDICE" BASI	IS. ED REPAIRS.
5b.		Estima	te Days of Repair	
	ESTIMATED NOF	RMAL PERIOD FOR REPAIR:	1 Working Days	5



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

Cur	207.0	Affiliated to Federation Intern	nationale Des	Experts En Auto	omobile		
FIF	RST CAPITAL IN	SURANCE LTD	Ref : CS/FCI18005774/M1rbe2				
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date :	12-04-2018			
1.		Policy Particula	Code :				
	MI						
	Policy No.	SHC 3347U D-18088936MFSH		spected	SBS 6364L		
	Claim No.	D18002342MFSH	Covera		0.00		
	Assign From	JOANNE YONG	Excess		0.00		
2.			Assign		28/03/2018		
	Make & Model	Vehicle Par MERCEDES BENZ CITARO	ticulars &	Condition			
	Engine No.	HIDDEN	6374				
	Chassis No.		Year of	Reg.	2013		
	Odometer	WEB62808323124769 256482	Colour		GREEN		
	Brakes	IN ORDER	Steering		IN ORDER		
	General	GOOD	Modifica	ition	SPORTS RIM		
	The state of the s						
	Size Conditions of Tyres						
	R/H Front Tyre	275/70 R22.5	Make		Balance		
	L/H Front Tyre	275/70 R22.5	BRIDGES	200000000000000000000000000000000000000	8 mm		
	R/H Rear Tyre	275/70 R22.5	BRIDGES		8 mm		
	L/H Rear Tyre	275/70 R22.5	BRIDGES		8 mm		
			BRIDGEST		8 mm		
T	THE VEHICLE SU	Description Description	on of Dama	ages			
	THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.						
-	DAMAGES SEE DETAILS.						
T	Assident Bate 2000						
	Accident Date	20/03/2018	Inspection	Date	29/03/2018		
1	Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD.					
	21 BULIM DRIVE SINGAPORE 648170						
A B B	Remarks  DAMAGES CONSISTENT TO ACCIDENT REPORT.  THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.  IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.						
	42 10 10 10	Estimate D	HAVE NOT	AUTHORISED	REPAIRS.		
_							



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

693.36

# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 6364L

Qty	Description of Parts	Condition	Estimate By	Our Adjusted
	REPLACEMENT OF PARTS		Workshop (\$))	(\$)
	SIDE MARKER LIGHT	СИТ	43.36	43.36
	LABOUR		43.36	43.36
	REPLACE / REPAIR THE DAMAGED PARTS CLUDING SPRAY PAINTING)		800.00	650.00
	GRAND TOTAL		800.00	650.00
			843.36	693.36
	RECOMMENDED COST OF REPAIRS		843.3	6

Report Ref No. CS/FCI18005774/M1rbe2

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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