

(08/11/13)

Surveyor: Rahul

REF:

CS/TP18007506/R1H2V

9417K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SBS 3401Hat Workshop m/s Tower Transit

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Shenik
68171747
98482243Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SBS 3401H Yr Regn: 2014 / JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Howo B9TL9.4LA c.c. 9364Colour: green A/C: Insured / Std / NI / NASp. Reading: 228384 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 4V3S4P921EA167454Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/70R22.5

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 8 mm R/Bal. 8/8 mmL/Bal. 8 mm L/Bal. 8/8 mmD.O.A. 17/04/18 D.O.I. 20/04/18Survey held at Tower TransitDes. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	Part by part \$6531.70 (Red: 145.10 2%)
	RECEIVED 25 MAY 2018

Date/Time, File Pass to?

☐

: Preli. Report

1) 24/5☒

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 6Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 150Transportation: 50S + RS, \$ 50Photos 54Others 80

TOTAL

384Report Format: SD TPLump Sum (I.B.): (\$ 6531.70)

Rasul (LKKAuto)

From: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>
Sent: Thursday, 26 April, 2018 5:16 PM
To: Rasul (LKKAuto); Admin-D (LKKAuto); SUR
Cc: Subramanian Kasi; Wu Tzu Ying; Denise Tay (LKKAuto)
Subject: RE: Pre-Repair Inspection - Accident Involving SBS3401H & JLA8567 on 17/04/18

Hi Rasul,

Confirmed COR @ \$6,531.70 / 6 days repair.

Thank you.

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



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From: Rasul (LKKAuto) [mailto:Rasul@lkkauto.com]
Sent: Thursday, 26 April, 2018 5:08 PM
To: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Wu Tzu Ying <Wu.Zy@towertransit.sg>; Denise Tay (LKKAuto) <denisetay@lkkauto.com>
Subject: RE: Pre-Repair Inspection - Accident Involving SBS3401H & JLA8567 on 17/04/18

Hi Sharifah,

As spoken, finalise amount is at \$ 6,531.70 / 6 days part by part
Kindly confirm

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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



Save the Earth. Print only when necessary.

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

Sent: Thursday, 26 April, 2018 4:51 PM

To: Admin-D (LKKAuto); Rasul (LKKAuto); SUR

Cc: Subramanian Kasi; Wu Tzu Ying

Subject: RE: Pre-Repair Inspection - Accident Involving SBS3401H & JLA8567 on 17/04/18

WIHTOUT PREJUDICE

Hi Rasul,

Apologies, please see the attached repair estimate instead.

COR:

Parts: \$1,331.70 (before 7% gst)

Labour: \$6,240.00 (before 7% gst)

Repair Days: 06 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



Tower Transit Singapore Pte Ltd

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

Registration number 201419417K

www.towertransit.sg



Tower Transit Singapore
Best Workplace
Culture & Engagement
HRM Awards 2017



Tower Transit Group
International
Business of the Year
British Expertise
International Awards 2017



Tower Transit Singapore
Winner, Customer Engagement category
18th Annual Business Awards
British Chamber of Commerce Singapore



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this email are not necessarily the views of Tower Transit.

From: Sharifah Nusaybah Binte Syed Jamil Binshahab

Sent: Thursday, 26 April, 2018 1:52 PM

To: 'Catherine Chong (LKK Auto)' <admin-d@lkkauto.com>; 'Rasul (LKKAuto)' <Rasul@lkkauto.com>; 'sur@lkkauto.com' <sur@lkkauto.com>

Cc: Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Wu Tzu Ying <Wu.Zy@towertransit.sg>

Subject: RE: Pre-Repair Inspection - Accident Involving SBS3401H & JLA8567 on 17/04/18

WITHOUT PREJUDICE

Hi Rasul,

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

COR:

Parts: \$1,683.76 (before 7% gst)

Labour: \$6,000.00 (before 7% gst)

Repair Days: 06 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



Tower Transit Singapore Pte Ltd
21 Bulim Drive, Bulim Bus Depot, Singapore 648170
Registration number 201419417K
www.towertransit.sg



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From: Catherine Chong (LKK Auto) [<mailto:admin-d@lkkauto.com>]

Sent: Thursday, 19 April, 2018 5:04 PM

To: Alvin Tan <alvin.tan@towertransit.sg>; assignments@lkkauto.com

Cc: Robert Subanney <robert.subanney@towertransit.sg>; Sharifah Nusaybah Binte Syed Jamil Binshahab

<sharifah@towertransit.sg>

Subject: RE: Survey

Dear Alvin,

Thank you for your email.

We will arrange survey on 20.04.2018.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Alvin Tan [<mailto:alvin.tan@towertransit.sg>]

Sent: Thursday, 19 April, 2018 4:13 PM

To: assignments@lkkauto.com

Cc: Robert Subanney <robert.subanney@towertransit.sg>; Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>

Subject: Survey

Hi

As spoken, we will need your service to do a independent survey on our bus as involving an accident with a Malaysia car. Kindly advice.

Thanks & Regards

Alvin Tan

Mobile +65 8498 1515

Office +65 6817 1735

Email alvin.tan@towertransit.sg



Tower Transit Singapore Pte Ltd
21 Bulim Drive, Bulim Bus Depot, Singapore 648170
Registration number 201419417K
www.towertransit.sg



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collision report card/ aide memoire



bus captain details

name:	PANG MAN LIN	employee no:	10310
nric:	S2725414D	depot:	Bulu
bus reg:	SBS 3401 H	route/ duty:	143 P12
insurance ref:			
depot ref:			

third party details

driver's name:	nric:		
occupation:			
address:			
tel:	012-7590458 (m)	(w)	(o)
vehicle reg:	JLA 8567	colour:	BLACK
insurance details:		make:	M/SIA
location:	JTH → Jln Ahmad Ibrahim	time:	8:52pm
date:	17/4/18	passengers:	7
collision circumstances please give your account of what happened			
damage to other vehicle/ property (full description):			
injuries:			
NIL			

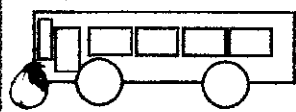
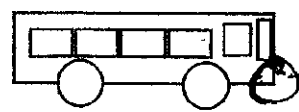
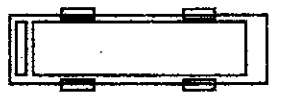
details given to third party? Y/N

photographs obtained? Y/N

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?	<input checked="" type="radio"/> Y <input type="radio"/> N	PC no. / station:	D-2018-0417-011
JERRY			

witness details

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

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.:

 17/4/18


Name: S. ANG
NRIC/FIN No.:



BC Statement Form

Statement of -

Name : PANG MAN LIN

Date of statement: 17/4/18

Emp No: 10310

Time of statement: 11.00 pm

Statement taken by -

Name : SIANG

Position : LS.

Incident details -

Nature of incident : _____

Date of incident _____

Time of incident : _____

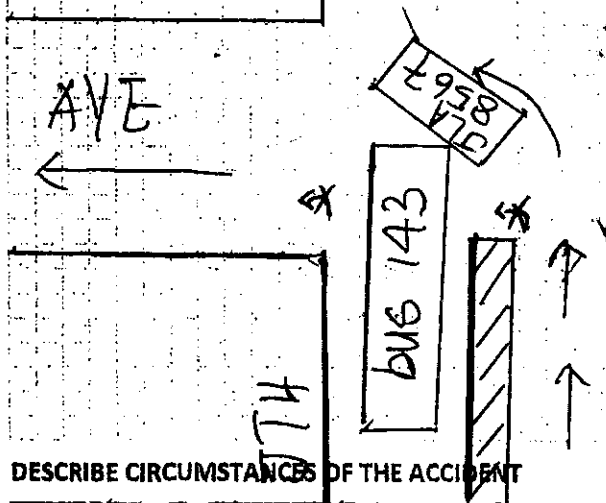
Statement of details of Incident.

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

Name : PANG MAN LIN

Signed: [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS Drive my bus SBS 3401 H going straight along the junction of Jurong Town Hall Road towards West Coast Road, while the car JLA 8567 was to the right of the bus in another lane. I was going straight when the malaysi car turned left into the oncoming bus as she wanted to turn into AYE. That was when I horned at the car which did not stop and accelerated to try and overtake the bus. The bus could not stop in time despite the slow speed and hence, collided with the car.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2725414D



Name
PANG MAN LIN

彭曼玲

Race
CHINESE

Date of birth
21-07-1966 Sex F

Country of birth
MALAYSIA



REPUBLIC OF SINGAPORE



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sui Ming Drive, Singapore 575701.

Type	Description	Issue Date
06	OMNI BUS VL	13/04/2016



9623921



NRIC No. S2725414D



Nationality
MALAYSIAN
Date of issue
01-07-2004

APT BLK 358 BUKIT BATOK STREET 31 #11-381
SINGAPORE 650358

NRIC No: S2725414D Date: 09/04/2013 No: 7940619

C	Class 3	Motor cars < 3000 kg with < 7 passengers, exclusive of the driver, and motor tractors/vehicles < 2500 kg	30 Jul 2013
	Class 4A	Overbuses	17 Sep 2013

S2725414D

S / No. 9000168080

NP 428A



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	23/04/2018 11:15
Date Of Accident	17/04/2018 20:50
Exact Location Of Accident	JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3401H
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-17089154MFBP
Cover Note Number	

Driver

Name of Driver	PANG MAN LIN
NRIC No	S2725414D
Date Of Birth	21/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	FEMALE
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 COLLISION - CHANGE/CROSS LANE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES
Foreign Vehicle Registration Number JLA8567 (PRIVATE CAR)
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? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 9

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE HEADQUARTERS
Police Station Address ROAD: 10 UBI AVENUE 3 SINGAPORE , POSTCODE: 408865 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
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

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to regulate 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

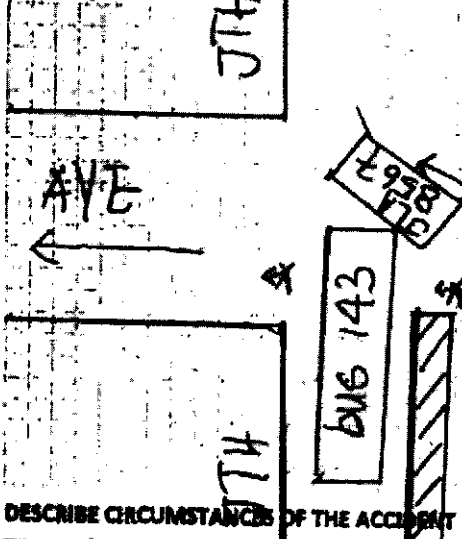
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: S. H. G.
MRC/FIN No.:

Sketch Plan #2

SKETCH PLAN



Jln Ahmad Ibrahim

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS Drive my bus SBS 3401 H going straight along the junction of Jln Ahmad Ibrahim Road towards West Coast Road, while the car JLN 867 was to the right of the bus in another lane. I was going straight when the malaysi car turned left into the oncoming bus as she wanted to turn into AVE. That was when I horned at the car which did not stop and accelerated to try and overtake the bus. The bus could not stop in time despite the slow speed and hence, collided with the car.

DECLARATION

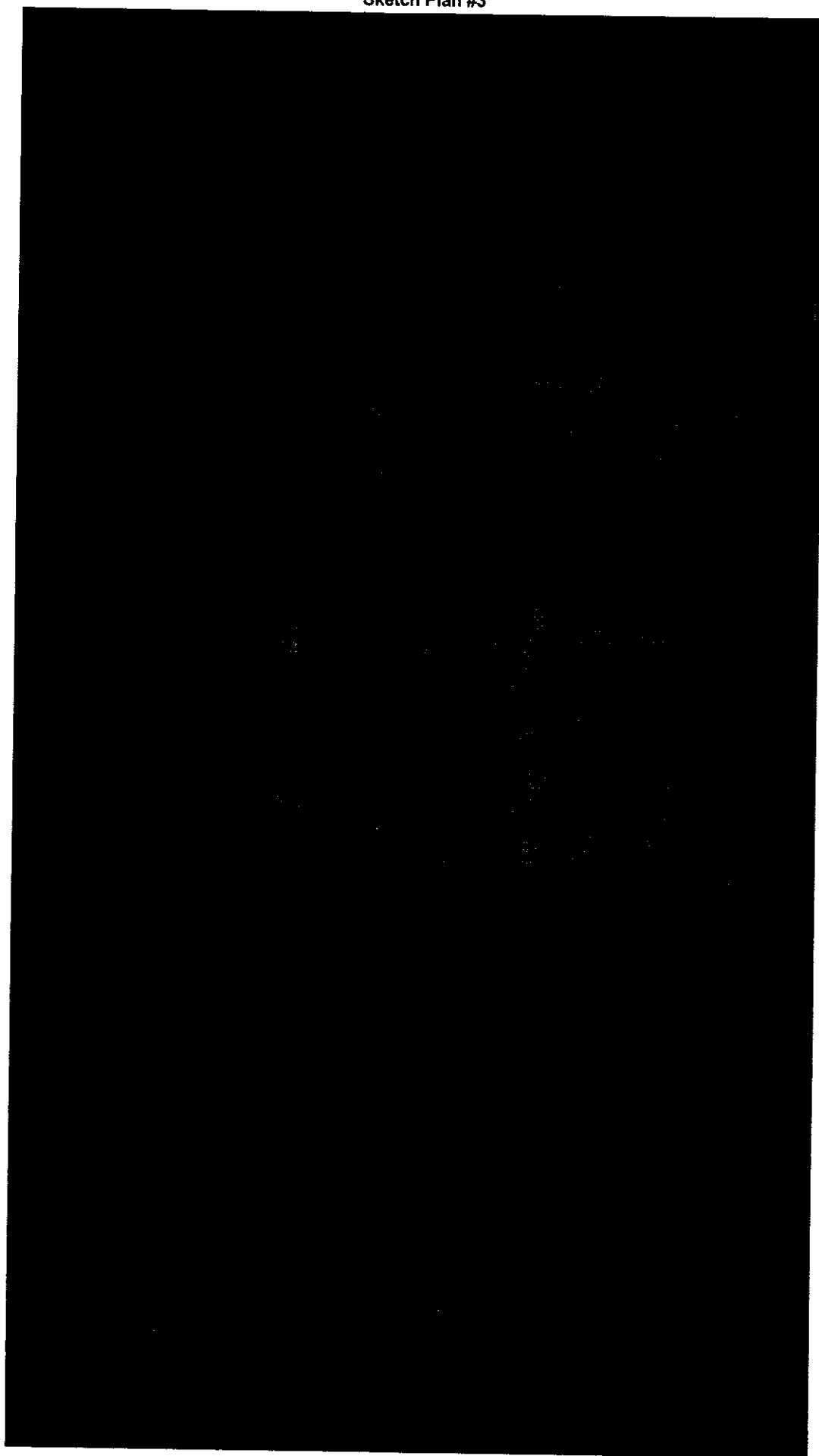
(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #3



ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	2050HRS
ACCIDENT DATE	17-Apr-18
BUS CAPTAIN NAME	PANG MAN LIN
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SBS3401H
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

SECTION 1: PARTS & CONSUMABLE ITEMS (MATERIAL COST)

Part No.	Part or Item Description	Quantity	Total Cost
77200199	LAMP IND. FRONT LED	1	380 / \$219.81
77200602	HEADLAMP DIPPED BEAM	1	380 / \$163.76
77201117	O/S CORNER BUMPER	1	CRA / \$327.14
77201118	O/S LIGHT BEZEL	1	CRA / \$132.25
77201121	N/S CORNER BUMPER	1	CRA / \$358.72
77201116	O/S DEFLECTOR	1	CRA / \$120.82
77040867	TOWER TRANSIT CUT OUT LOGO STICKERS	1	new / \$9.20
			1331.70
		7% GST	\$93.22
		FINAL TOTAL COST	\$1,424.92

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)	5200 / \$6,240.00
	5200
	7% GST
	\$436.80
	FINAL TOTAL COST
	\$6,676.80

26/01/20

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	20/4/2018
		Date Out From Repairs	26/4/2018
BUS TYPE (SD / DD)	DD	Number of Days Under Repair	6
LOSS OF USE COST			\$2,400.00

SUMMARY	
SECTION NO.	COST
1	\$1,424.92
2	\$6,676.80
3	-
4	-
5	\$2,400.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$10,501.72

1331.70
5200.00
6531.70

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:

RASUL
Hp 90010068
6 days
7/P
20/04/18 @ 1715
Resurvey b4 paint




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				
TOWER TRANSIT SINGAPORE PTE. LTD.		Ref : CS/TP18007506/R1tbe2		
21 BULIM DRIVE SINGAPORE 648170		Date : 30-05-2018		
ON BEHALF OF TOWER TRANSIT SINGAPORE PTE LTD		Code : TP479		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SBS 3401H	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		20/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	VOLVO B9TL 9.4L AUTO	c.c	9364	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	YV3S4P921EA167464	Colour	GREEN	
Odometer	228384	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	MICHELIN	8 mm	
L/H Front Tyre	275/70 R22.5	MICHELIN	8 mm	
R/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm	
L/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/04/2018	Inspection Date	20/04/2018	
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 3401H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	LAMP IND. FRONT LED	BROKEN	219.81	219.81
1	HEADLAMP DIPPED BEAM	BROKEN	163.76	163.76
1	O/S CORNER BUMPER	CRACKED	327.14	327.14
1	O/S LIGHT BEZEL	CRACKED	132.25	132.25
1	N/S CORNER BUMPER	CRACKED	358.72	358.72
1	O/S DEFLECTOR	CRACKED	120.82	120.82
1	TOWER TRANSIT CUT OUT LOGO STICKERS	NECESSARY	9.20	9.20
			1,331.70	1,331.70
LABOUR				
TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)			6,240.00	5,200.00
			6,240.00	5,200.00
GRAND TOTAL			7,571.70	6,531.70
RECOMMENDED COST OF REPAIRS				6,531.70

Report Ref No. CS/TP18007506/R1tbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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