

ASS. REC. BY:

REF: CS/AWA 18007916 / R/dbe2

Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Tan Kah Keong of AWA Date/Time: 30042018 1132pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SBS 3346J Insured: GBC 9884X

at Workshop m/s Tower Transit Tel: 9848 2243

of 21 Bulim Dm

Policy No: AVCP80091021700

Claim No: _____

Sum Insured: _____

Excess: _____

Make of Veh: _____

D.O.A. 29042018

(Client's Record)

CA / REV / REP. / REV 24 HRS 10pm

Morning @ 02.052018

H.O.D. Endorsement: _____

Date/Time: 30042018 11:17pm

Person Contacted: Shariah

Vehicle IN/OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SBS 3346J - X
	GBC 9884X - X
	Ramul Analises Anal Ag @ 220.99, 5 days.
	(Red 5400, 15%)
	no lump sum.

Catherine Chong (LKK Auto)

From: Tan, KahLeong <KahLeong.Tan@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Monday, 30 April, 2018 4:32 PM
To: 'assignments'
Cc: 'SUR'; Sharifah Nusaybah Binte Syed Jamil Binshahab
Subject: TP Survey assignment for SBS 3346J - DOA: 29/04/2018 Our ref: GBG 9984X/KW

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us **do** have consensus in the appointment of **Mr Mohamad Taufikh / Mr Mohammed Rasul** as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 rd Party Vehicle	:	SBS 3346 J
Insured Vehicle	:	GBG 9884 X (Accident not Reported)
Policy Number	:	AVCPSB0091021700
Name of Workshop	:	Tower Transit Singapore Pte Ltd
Contact Number	:	9848 2243
Person to Contact	:	Ms Sharifah
Estimated Cost of repairs	:	\$ NA

Regards,
Claims Division

Copy to Tower Transit Singapore Pte Ltd via Email

Note -

- (x)
1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
 2. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
 3. Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
 4. Please do not construe this appointment of surveyor and our above request as an admission of liability.

Regards
Motor Claims
Claims Group
Global Market

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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	30/04/2018 11:44
Date Of Accident	29/04/2018 18:00
Exact Location Of Accident	JUNCTION OF JALAN BUROH & JURONG PORT ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBS3346J
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	HARY PADLI MANURUNG BIN RAMLAN
Passport No/FIN	G2107639U
Date Of Birth	07/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2016
Driving Experience	1 YEAR AND 9 MONTHS
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 - CROSS JUNCTION
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)	1

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	GBG9884X
Vehicle Make/Model/Colour	
Details Of Properties	SONOMA ENTERPRISE PTE LTD
Vehicle Category	GOODS VEHICLE
Name of Driver	LI CHUN BO
NRIC/Passport Number	G2942605N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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:

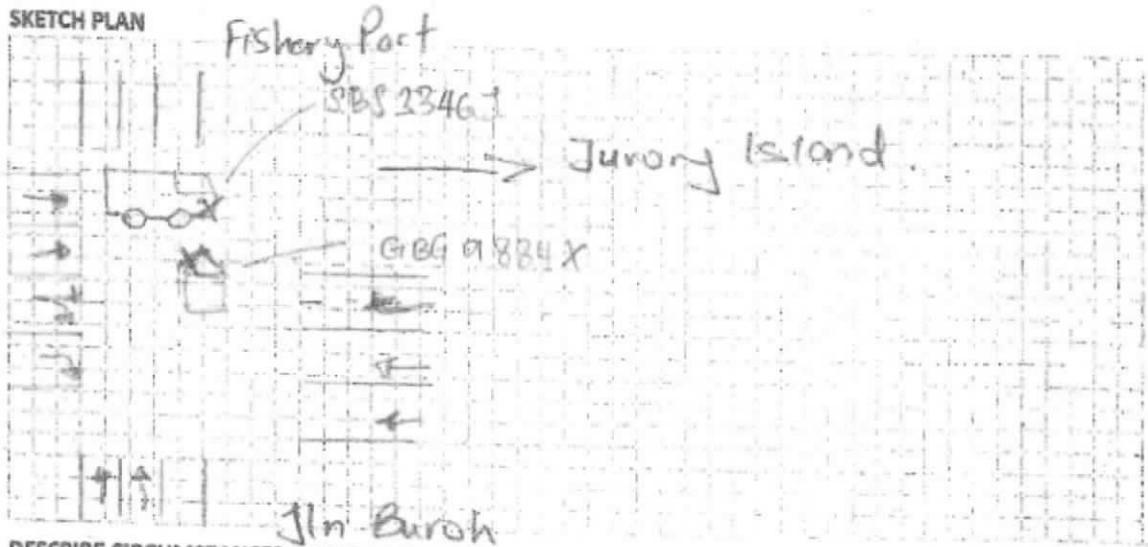


Driver's Signature
(If driver is not the policyholder)

Date & Time: 29/04/18 2005

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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I BC 12599, drive bus no SBS 3346J service 92. When that accident happen i was drive the bus toward Jurong Island and then when near the traffic light junction of Jln Buroh and Jurong Port Rd, i was in right way then suddenly the third party lorry dashed toward me and hit my front right bumper and damage his front left bumper and windscreen. At the moment, my bus got zero passenger and i call BOCC and i exchange particular. BOCC advise me call engineering, and engineering request to drive my damage bus back to BULIM for exchange that all

- Third Party detail: Name: Li Chun Bo. NRIC: 9294265N.
- Vrd: GBG 9884X

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: 20:05	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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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	2/5/2018
		Date Out From Repairs	7/5/2018
		Number of Days Under Repair	5
BUS TYPE (SD / DD)	DD		
LOSS OF USE COST		\$2,000.00	

SUMMARY	
SECTION NO.	COST
1	\$664.45
2	\$2,140.00
3	-
4	-
5	\$2,000.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$4,804.45

Repair
 Hp 90010068
 5 days
 7/8
 02/05/18 @ 1420hrs

620.99
 1600.00

 2220.99

 5 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

Affiliated to Federation Internationale Des Experts En Automobile			
ALLIED WORLD ASSURANCE COMPANY LTD		Ref : CS/AWA18007916/R1qbe2	
(SINGAPORE BRANCH) 60 ANSON ROAD #08-01 (8th FLOOR) MAPLETREE ANSON SINGAPORE 079914		Date : 26-10-2018	
Code : AWA			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 9884X	Veh. Inspected	SBS 3346J
Policy No.	AVCPSB0091021700	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	TAN KAH LEONG	Assign Date	30/04/2018
2. Vehicle Particulars & Condition			
Make & Model	VOLVO B9TL 9.4	c.c	9364
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	YV3S4P921DA160576	Colour	GREEN
Odometer	-	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 O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	29/04/2018	Inspection Date	02/05/2018
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:	5 Working Days		



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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 3346J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER CORNER - O/S (SN)	CRACKED	295.48	295.48
1	BEZEL LIGHT - O/S (SN)	BROKEN	185.03	185.03
1	DEFLECTOR CORNER - O/S (SN)	CRACKED	140.48	140.48
			620.99	620.99
	LABOUR			
	TO REPLACE / REPAIR THE DAMAGED PARTS. (INCLUDING SPRAY PAINTING)		2,000.00	1,600.00
			2,000.00	1,600.00
	GRAND TOTAL		2,620.99	2,220.99
	RECOMMENDED COST OF REPAIRS			2,220.99

Report Ref No. CS/AWA18007916/R1qbe2

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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