ASS. RFC. BY:		REF: (S/EG11800	19171 Rlrber	Specia	al Instruction:
Surveyor:				ENT (Office)		1
From (Person)	You Pei G			EGI	Da	ate/Time: 01052018 3.43pm
Estimated Cos	st;			Bill to:		
OD TW	STTP RES / OD B	ES/EVA/	NV / MV / C	CS		
	chicle No:		X F861		Insured:	YP 519567
at Workshop i	m/s	Tower	Transit			9848 2243
of		21 Bulim	Drive		_	
Policy No:				Claim No: Y	PBM5G	/SL/ DI
Sum Insured:				Excess:	1000	7
Make of Veh:	Annual Control of the			-	D	O.A. 14052018
CA / REV	REP. / REV 24	HRS 'WP'	2	4052018 @ 12	DM - 31	OM H.O.D. Endorsement:
Date/Time:	7FJ-11 810CB()1C	Person	Contacted: _	Shunfah	Veh	icle_IN/OUT
Date/Time	Action/Instruction	n (/)	Estimate			
	SBS 6387 X -		- mong			
	A 5695G -	X				
	1				E	
	1					
30/8/18	Perent pend	ing est	Lom	repairer.		
12/11/18	Riving pend	ing est	Lon	repairer.		

ASSIGNMENT

From:	Date: 24/5/2018	Veh No. SAS	6387K Yr Regn: 2013	may
Estimated Cost:	2113	Type: M.Car / M.Cycle / /	Bus / Van / Lorry / Taxi / Prime Move	r/
OD TP WS / TP RES /	OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle No:	SBS 6387×	Make: MERCEPTS	BENZ CITARO 0530 C.C.	374
at Workshop m/s	Tower Trunsit	Colour GREE		
	21 Bulim Drive	Sp.Reading 3049	T/Radio: Insured / St	d/NI/NA
Insured:		Eng/No:		
Policy No.		C/No: WEB	62808323124565	
Claims No.		Gen. Cond: Good / Pair	Poor / Burnt	
Sum Insured:	Excess:	Steering: morder / Jamm	ned / Leaked / Burnt or	
(Client's Record)	12pm-3pm	Brake: Norder / Jamn	ned / Leaked / Burnt or	
Make of Veh:		Modi: Nil / S/Rim / S	STD A/Rim or	
* .		Tyre Size: F:	218 70R225	
(Policy Condition)		R:	۸,	
Remark: The veh had co		BS / DUN / EXNOVA / G	Y / FS / LIZA / MIC / OHTSU / PIR / SU	JMI /
repair at the tir	me of inspection.	TOYO / YOKO or	CONTINUENTAL	
Bal. or Market Value:		Front	Rear	
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.	mm R/Bal.	mm
GIA / PR Seen:	Consistent? : Yes or No	L/Bal. 8	mm L/Bal. 8/8	mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 14 05 18	D.O.I. 24/05	118
Lum Sum:	% 3 Val.: Yes or No	Survey held at	Power TRANSIT	
CA / REV / REP.	24 HRS 1ωρ)		Rear / O/S / N/S / U/C / Rooftop	or
Date: Pe	Vehicle: IN / 0 erson Contacted:		rame / Body Structure affected due	to collision.
Date / Time Action	/ Instruction			
	RECEIVE	D 1 2 NOV 2018		
		2010		

Date/Time. File Pass to?	: Preli. Report	Days Of Repair:	2	
1) typist	: Final Report	Resurvey No. of Trip:	Survey Fee:	250
Date/Time. File Return to?		-	Transportation	
2)	Add	Fee: : Site Insp (\$)S +RSSI	
	^ .	: Interview (\$) Photos	
Report Format :	TP	: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (S	1683.74	: Weekend (\$)	
			TOTAL	250

Janice Lee (LKKAuto)

From:

Janice Lee (LKKAuto)

Sent:

Wednesday, May 30, 2018 12:06 PM

To:

'Survey Report (ERGO Insurance Pte. Ltd.)'

Cc:

SUR

Subject:

RE: YP5695G / TP: SBS6387X/LKK / DOA: 14/05/2018

Dear Sir,

Please be informed that we have inspected the vehicle SBS 6387X on 24/05/2018.

We are still pending estimate from repairer.

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>janicelee@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Monday, May 21, 2018 4:10 PM

To: 'Survey Report (ERGO Insurance Pte. Ltd.)' <Survey.Report@ergo.com.sg> Cc: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>

Subject: RE: YP5695G / TP: SBS6387X/LKK / DOA: 14/05/2018

Dear Pei Li,

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: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Survey Report (ERGO Insurance Pte. Ltd.) [mailto:Survey.Report@ergo.com.sg]

Sent: Monday, 21 May, 2018 3:43 PM

To: 'admin-d@lkkauto.com' <admin-d@lkkauto.com>

Subject: OI: YP5695G / TP: SBS6387X/LKK / DOA: 14/05/2018

Importance: High

Dear Catherine,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company LKK AUTO CONSULTANTS PTE LTD to be the "Single Joint Expert".

Please assist to conduct this survey from **TOWER TRANSIT SINGAPORE PTE LTD**,

ADDRESS

: 21 BULIM DRIVE

BULIM BUS DEPOT SINGAPORE 648170

PERSON TO CONTACT

: MS SHARIFAH @ 9848 2243

ERGO OFFICER-IN-CHARGE : ELAINE NGU

Note: To survey on without prejudice basis. Please note that our insured/insured driver has yet to e-file their SAS for this accident. Obtain estimate and advise the consistency of damages to third party vehicle that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via Survey.Report@ergo.com.sg.

Attached is TPs' SAS (note: reports not to be released to any Third Party).

Kindly acknowledged receipt of this email.

Thank you.

Yee Pei Li

Claims Assistant (Motor) ERGO Insurance Pte. Ltd. 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Tel.: 65 6829 9199 DID: 65 6829 9194

Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

Catherine Chong (LKK Auto)

From:

Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>

Sent:

Monday, 21 May, 2018 3:43 PM

To:

'admin-d@lkkauto.com'

Subject:

OI: YP5695G / TP: SBS6387X/LKK / DOA: 14/05/2018

Attachments:

SBS6387X - SAS.pdf; SBS6387X - PRS FORM.pdf

Importance:

High

Dear Catherine,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company LKK AUTO CONSULTANTS PTE LTD to be the "Single Joint Expert".

Please assist to conduct this survey from **TOWER TRANSIT SINGAPORE PTE LTD**,

ADDRESS

: 21 BULIM DRIVE

BULIM BUS DEPOT SINGAPORE 648170

PERSON TO CONTACT

: MS SHARIFAH @ 9848 2243

ERGO OFFICER-IN-CHARGE

: ELAINE NGU

Note: To survey on without prejudice basis. Please note that our insured/insured driver has yet to e-file their SAS for this accident. Obtain estimate and advise the consistency of damages to third party vehicle that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop

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Attached is TPs' SAS (note: reports not to be released to any Third Party).

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Thank you.

Yee Pei Li

Claims Assistant (Motor) ERGO Insurance Pte. Ltd. 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985

Tel.: 65 6829 9199 DID: 65 6829 9194

Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.



	16.05.2018			Sent via Fax		
Date:	16.05.2018			Selle via rax		
Our Reference:	YP 5695G/SL/pl			or		
Your Reference:	SBS 6387X					
То:	TOWER TRANSIT	SINGAPORE	PTE LTD	Email	shai	rifah@towertransit.sg
Pre-Repair Sur	vey (PRS) Acknowled	dgement				
Vehicle For Inspe	stion: SBS 638	7X				
Insured's Vehicle:	YP 5695	G				
Date Of Accident:	14.05.20	018				
We acknowledge	receipt of your request	for PRS on:	16.05.2018			
In compliance wi	h "State Courts Practic	Directions Ame	ndment No.1 of	2016", do sel	ect an asse	ssor from
	I indicate your selection				* LKK	
AIS	Automobile Inspection Se	rvices Pte Ltd	LBS	L.B.S Auto Con	sultants Pte	Itd
FTA	FormTeam Consultancy Pt		LKK	LKK Auto Cons	12 2 2	N N
IAS	Infiniti Appraisal Service		PS	Priority Service	es	
JPK	JP Knights Pte Ltd		VAC	Vicom Ltd		
Your reques	t for inspection does not he t for inspection does not he ledge your interest for dire 's driver has not reported to OFFICER-IN-CHARGE ST	ect settlement, we the accident to us t	IA report, kindly fo will assess & revert	rward a copy.	5(0)	nate.
Prepared by:	١. ٨		Doili	6920.0	104	11. 6
Signature:	Pl	- ,	Pei Li	6829 9	134	claims@ergo.com.sg
Signature.	,					FAX : 6829 9247
Assessor use only:			Workshop use onl	v:		
Assignment Date: Assignment Time: Remarks:			Assessor attended Date: Time Inspector: Vehicle not availal	l workshop on:		and time.
			Kindly acknowledge SIN (Reg Not 2) 14 14 14 14 14 14 14 14 14 14 14 14 14	viedgement &	Stamp.	or the above job . on to liability basis.

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 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

	ACCIDENT STATEMENT	
Date Of Report	15/05/2018 14:32	
Date Of Accident	14/05/2018 07:20	
Exact Location Of Accident	BUKIT TIMAH ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SRS6387X	

Vehicle Registration Number	SBS6387X

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 MERCEDES-BENZ Model CITARO 0530-6.4 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?

THIRD PARTY If No, Please state action to be taken

BUS Vehicle Category

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

D-17089154MFBP Policy Number

Cover Note Number

Driver

Name of Driver TOH BOON HER @ LIM CHIOW KOI

NRIC No S1148573A Date Of Birth 01/04/1955 Occupation **OUTDOOR** Date Of Driving Pass 09/06/1981

36 YEARS AND 11 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-98888888

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 - HEAD TO REAR

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

10

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 NO

Was there any audio recorded?

N

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

YP5695G

Details Of Properties

Details Of Floperties

Vehicle Category

GOODS VEHICLE

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

- Please report <u>correctly</u> 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any felse 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 (SIA) for archiving and that copies of this report will for a fee be made available upon application by
- 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 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (I) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (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 Signatu

Name: NRIC/FIN No.:

Sketch Plan #2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT D12Sus of Pe 10045 \$66 A02 \$85 6387 × hirt by a lower of the above manteneral recention (Parket Times hours of infurior separted on board Pare authorized vight fear bamper cracked and loving stond pumper dearled. If Be 10045 continue corvice after exchange particulare without inform Bocc. Zid puty contraed # 888 27267.	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DT2946 of Pr 10045 \$66 A03 \$85 6387 x hird by a love of the above mentioned location (Parket Timesh form (E)). All injuries separted on board Park suffered vight rear princes separted and lorry front pumper dearled. of Bc 10045 continue Carrier after cached and larry front pumper cached. of Bc 10045 continue Carrier after cached particulare without inform Bocc. Zid Jarry Contract of 858 27267.	
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12945 TPX 10045 \$66 A03 \$B\$ 6387 x hirl by a lovery and the above mentioned location. (Partitional forent SEI). All injuries separted on board. Park suffered vight rear bumper cracked and lovey front pumper dearled. If BC 10045 continue Carrice africe archael record cardinal inform Bocc. Zed groty contoold the 935627267.	
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JEI). All injuries reported on board. Pare sufferred vight rear bumper cracked and lervy front pumper dended. If BC 10045 continue corvice africe cracked and larvy front pumper cracked. The continue corvice africe.	
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devoted. I BC 10045 continue Corvice after coclarge particulars without inform Bocc.	reed
coclarge particulars without inform Bocc.	
Zid groty contact the 938 27267.	
1ary: 4P 5695 G.	
DECLARATION I/We declare the foregoing particulars are true in every respect.	
s per unders are true in every respect.	
Policyholder's Signature Driver's Signature The BOSN HER S 148573-A	
Policyholder's Signature Date & Times	

Sketch Plan #3



ESTIMATED ACCIDENT REPAIR COST



PAGE 1

`					
ACCIDENT TIME	0720	HRS	BUS REGISTRATION	SBS6387X	
REPORTED			NUMBER	SD	
ACCIDENT DATE	14-M	ay-18	BUS TYPE (SD/DD)	SU	
BUS CAPTAIN NAME	TOH BOON HER @	© FIW CHIOM KOI	BUS ROUTE NUMBER		
EMPLOYEE NUMBER			BUS ADVERTS (Y/N)	N	
SECTION 1: PARTS	& CONSUMABLE ITEN	MS (MATERIAL COST	r)		
	Part No.		Part or Item Description	Quantity	Total Cost
	77014048		Tail Lamp (RH) CRA	1	\$598.72
	77200124	Bumpe	er - OFF SIDE REAR (CITARO) CRA	1	\$485.02
		R			1083,7
		300			
			p .		
		(8)		7% GST	\$75.86
				7% GST FINAL TOTAL COST	
		*			
SECTION 2: ASSESS	MENT / REPAIR / SPF	RAY PAINT (LABOUR	R COST)		\$75.86 \$1,159.59
SECTION 2: ASSESS			R COST) ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS		FINAL TOTAL COST	\$1,159.59
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)		\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST
SECTION 2: ASSESS	LABOUR ITEM	M (PLEASE SPECIFY IF ITS	ASSESSMENT, REPAIR OR SPRAY PAINT)	FINAL TOTAL COST	\$1,159.55 TOTAL COST

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)

Date in For Repairs	24/5/2018
Date Out From Repairs	26/5/2018
Number of Days Under Repair	2
	\$600.00

BUS TYPE (SD / DD) SD LOSS OF USE COST

SUM	MARY
SECTION NO.	COST
1	\$1,159.59
2	\$1,070.00
3	-
4	-
5	\$600.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$2,829.59

Karan Hp 90000068 2 days 24/05/18 @ 1580hr>

Janice Lee (LKKAuto)

From:

Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>

Sent:

Monday, October 29, 2018 5:13 PM

To:

Janice Lee (LKKAuto); Rasul (LKKAuto)

Cc:

Subramanian Kasi; Wu Tzu Ying

Subject:

RE: Est for SBS 6387X DOA: 14/05/2018.

Attachments:

SBS6387X - Rear Left.jpg; SBS6387X - Rear Right.jpg; SBS6387X - Rear.jpg; Estimated

Repair Cost SBS6387X.pdf; GIA Report SBS6387X.PDF

WITHOUT PREJUDICE

Hi Janice / Rasul,

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

Unfortunately, the before-paint photos are corrupted and could not be retrieved.

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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Janice Lee (LKKAuto)

From:

Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>

Sent:

Monday, November 12, 2018 11:43 AM

To:

Rasul (LKKAuto); Janice Lee (LKKAuto)

Cc:

Subramanian Kasi; Wu Tzu Ying

Subject:

RE: Est for SBS 6387X DOA: 14/05/2018.

Hi Rasul,

We confirm COR @ \$1,683.74 / 2 days of repair.

Thank you.

Sharifah Nusaybah (Ms)

Senior Executive, Claims

Mobile +65 9848 2243

Office +65 6817 1747

sharifah@towertransit.sg Email



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From: Rasul (LKKAuto) < Rasul@lkkauto.com> Sent: Wednesday, 7 November, 2018 3:47 PM

To: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>

Cc: Janice Lee (LKKAuto) < JaniceLee@lkkauto.com> Subject: RE: Est for SBS 6387X DOA: 14/05/2018.

Hi Sharifah,

As spoken, finalised amount is \$ 1,683.74 / 2 days of repair



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

ERGO INSURANCE PTE LTD

Ref: CS/EGI18009171/R1rbe2

5 TEMASEK BOULEVARD



#04-	MASEK BOULEVA 01 SUNTEC TOW 3APORE 038985		Date: 16-11-2018	
			Code: EGI	
١.		Policy Particula	ars :- THIRD PARTY CLAI	M
	Insured Veh.	YP 5695G	Veh. Inspected	SBS 6387X
	Policy No.		Coverage (\$)	0.00
	Claim No.	YP5695G/SL/pl	Excess (\$)	0.00
	Assign From	YEE PEI LI	Assign Date	21/05/2018
2.		Vehicle P	articulars & Condition	
	Make & Model	MERCEDES BENZ CITARO 0530	c.c	6374
	Engine No.	HIDDEN	Year of Reg.	2013
	Chassis No.	WEB62808323124565	Colour	GREEN
	Odometer	304926	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	FAIR		
3.		Cor	nditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	275/70 R22.5	CONTINENTAL	8 mm
	L/H Front Tyre	275/70 R22.5	CONTINENTAL	8 mm
	R/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	8/8 mm
	L/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	8/8 mm
4.		Descr	ription of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	REAR O/S PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Ger	neral Information	
	Accident Date	14/05/2018	Inspection Date	24/05/2018
	Survey held at	TOWER TRANSIT SINGAP	ORE PTE. LTD.	
		21 BULIM DRIVE SINGAPORE 648170		
5a.			Remarks	
	A)THE INSPECTION B)IN ACCORDANGE	ON WAS CONDUCTED ON A CE TO YOUR INSTRUCTION	"WITHOUT PREJUDICE" BAS S, WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.
5b.		Estim	nate Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	2 Working Day	/s



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TEL: 6256 3561 FAX: 6256 4315

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

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1,683.74

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 6387X

RECOMMENDED COST OF REPAIRS

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	TAIL LAMP (RH)	CRACKED	598.72	598.72
1	BUMPER - OFF SIDE REAR (CITARO)	CRACKED	485.02	485.02
			1,083.74	1,083.74
	LABOUR			
	TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)		1,000.00	600.00
			1,000.00	600.00
	GRAND TOTAL		2,083.74	1,683.74

Report Ref No. CS/EGI18009171/R1rbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

XXX.

ADRIAN LING WAI PING

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

Licensed Appraiser

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