

22/03/2002

ASS. REC. BY:

REF: CS/FCI 18009345 / R1td302

Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

From (Person):

Joanne Yong

of

FCI

Date/Time:

22/5/18 @ 4:05pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBS 6351Z

Insured:

SH 7117J

at Workshop m/s

Tower Transit

Tel:

9848 2243

of

21 Bulim Drive

Policy No:

Claim No:

D18003456 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

02/05/2018

CA / REV / REP. / REV 24 HRS

(wp)

24/5/18 @ 12pm - 3pm

H.O.D. Endorsement:

Date/Time:

5:25pm @ 22/5/18

Person Contacted:

sharifah

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SBS 6351Z - x

SH 7117J - CS/FCI 17010279 / Kgh3n2

DOA: 23/05/2017

5/11 -

Withdraw claim.

Submit PRS Report

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

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

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

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

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: 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 63512 Yr Regn: 2013 / P6B  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or

Make: MERCEDES HANZ C1260 0534 C.C. 6374Colour: GREEN A/C: Insured / Std / NI / NASp. Reading: 319638 T/Radio: Insured / Std / NI / NA

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

C/No: WEB62808323124604Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 275/70R225

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 02/05/18

Survey held at

Rear

R/Bal. 8/8 mmL/Bal. 8/8 mmD.O.I. 24/05/18 @ 03:09 PMTonka TRANS II

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S REAR

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1) ulio Typist  
 Date/Time, File Return to?

☐

: Final Report

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

TOTAL

Report Format :

PRS

Lump Sum / I.B.I. (\$) \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)



## 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/FCI18009345/R1td3

36 ROBINSON ROAD  
#16-01 CITY HOUSES SINGAPORE 068877

Date : 23-05-2018



Code : FCI2

### 1. Policy Particulars :- THIRD PARTY CLAIM

|              |                   |                |            |
|--------------|-------------------|----------------|------------|
| Insured Veh. | SH 7117J          | Veh. Inspected | SBS 6351Z  |
| Policy No.   |                   | Coverage (\$)  | 0.00       |
| Claim No.    | D18003456MFSH     | Excess (\$)    | 0.00       |
| Assign From  | CWS (JOANNE YONG) | Assign Date    | 23/05/2018 |

### 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  | 02/05/2018  | Inspection Date | 25/05/2018 |
| Survey held at | TOWER TRANSIT SINGAPORE PTE. LTD.<br>21 BULIM DRIVE<br>SINGAPORE 648170 |                 |            |

### 5a. Remarks

|   |
|---|
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|---|

**MOTOR SURVEY ASSIGNMENT****Date** 03-05-2018 **Our Ref No.** D18003456MFSH**Accident Date** 02-05-2018 **Claim Type.** Third Party**Insured Vehicle** SH7117J **Third Party Vehicle.** SBS6351Z**Survey Location** 21 Bulim Drive Bulim Bus Depot**Contact Person.** MS SHARIFAH**Contact No.** 68171747/ 98482243 **Fax No.** 0**Survey Type****Appointed Surveyor** LKK AUTO CONSULTANTS PTE LTD**Contact Person** NA **Fax No.** 68416315**Contact Number.** 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****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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/239684)



PRI Documents



Close



## PRI Header Details

|                   |  |                                   |  |                      |              |
|-------------------|--|-----------------------------------|--|----------------------|--------------|
| Claim No          | D18003456MFSH  | Policy No                         | D-18088936MFSH   | Claimant S.No & Name | 1 & TOWER TI |
| Workshop Name     | TOWER TRANSIT SINGAPORE PTE LTD<br>(Contact Person : MS SHARIFAH ) | Survey Location & Contact Details | 21 Bulim Drive Bulim Bus Depot<br>Mobile: 98482243 , Phone: 68171747 , Fax: 0<br>EmailId: SHARIFAH@TOWERTRANSIT.SG |                      |              |
| Our Surveyor      | LKK AUTO CONSULTANTS PTE LTD                                       | Instructions To Surveyor          |  |                      |              |
| Insured Name      | COMFORT TRANSPORTATION PTE LTD                                     | Insured Vehicle No                | SH7117J  | TP Vehicle No        | SBS6351Z     |
| PRI Recieved Date | 22-05-2018 02:52:49 PM   | Surveyor Appointed Date           | 22-05-2018 04:04:50 PM   | Surveyor Accept Date | 22-05-2018 0 |

## Survey Report Upload

|                             |                      |                      |            |                         |  |
|-----------------------------|----------------------|----------------------|------------|-------------------------|--|
| Surveyor Inspection Date *: | <input type="text"/> | Surveyor Report Date | 22-05-2018 | Upload Survey Report *: | <input type="button" value="Choose File"/> |
|-----------------------------|----------------------|----------------------|------------|-------------------------|--|

## Vehicle Particulars

|           |   |                |  |         |  |
|-----------|---|----------------|--|---------|--|
| Make      | <input type="text" value="Please Select Make"/> | Model          | <input type="text" value="Please Select Model"/> | Year    | <input type="text" value="Select Year"/> |
| Chasis No | <input type="text"/>                            | Engine No      | <input type="text"/>                             | Mileage | <input type="text"/>                     |
| Color     | <input type="text"/>                            | Cubic Capacity | <input type="text"/>                             |         |  |

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

|         |                      |                                     |
|---------|----------------------|-------------------------------------|
| Remarks | <input type="text"/> | <input type="button" value="Save"/> |
|---------|----------------------|-------------------------------------|

## Denise Tay (LKKAuto)

**From:** Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>  
**Sent:** Thursday, 5 July 2018 5:20 PM  
**To:** JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR; Rasul (LKKAuto)  
**Cc:** Subramanian Kasi; Wu Tzu Ying  
**Subject:** RE: SURVEYOR APPOINTED; OUR REF : D18003456MFSH ; YOUR REF: SBS6351Z

WITHOUT PREJUDICE

Dear Sir/Mdm,

We would like to withdraw our claim against SH7117J.

Please note that this email shall not be construed as admission of liability on the part of Tower Transit Singapore Pte Ltd and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest.

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)



**Disclaimer:** This email and any attached files may be coincidental, privileged and intended solely for the addressee. It may not be reviewed, acted upon, filed or communicated to or by any other person. If you have received this email by error, please delete it and notify the sender immediately. The views expressed in this email are not necessarily the views of Tower Transit.

**From:** Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Tuesday, 22 May, 2018 4:05 PM  
**To:** Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>  
**Cc:** CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG  
**Subject:** SURVEYOR APPOINTED; OUR REF : D18003456MFSH ; YOUR REF: SBS6351Z

Dear Sir/Madam

**REIMBURSEMENT OF REPAIR COST**

If you have contributed to an accident and wish to keep your NCD, we will consider your request if you are prepared to pay the percentage of the repair cost, according to the liability as assessed under the Barometer of Liability Agreement (BOLA).

Your liability should be less than 20% of the accident.

You will need to sign this form as an indication of your intention. Our office will advise you on the amount to pay after settling the repair bill with the workshop, usually 1 month. You can then exercise your option and respond to us within 14 days on receipt of our offer letter.

If we do not hear from you after 14 days, we will assume that you are no longer interested to reimburse us to keep the NCD.

For other general enquiries on claims, you can call our call centre at 6788 6616.

Claim Dept  
NTUC Income

-----  
The Manager  
Reg & Payment  
Claim Dept  
NTUC Income

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

Name of Policyholder: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Contact No: \_\_\_\_\_

I accept that I have contributed to the accident and my liability is \_\_\_\_\_ %.  
I would like to retain my NCD by reimbursing NTUC Income for the portion of the repair cost similar to the percentage of liability.

I understand that INCOME will advise me on the amount to pay. This is a tentative indication of my intention, subject to my confirmation.

\_\_\_\_\_  
Signature of Owner/Driver

\_\_\_\_\_  
Date

Note: This form can be submitted at reporting Idac or fax to us at 63341369 /63341479.

## 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             | 07/05/2018 03:12 |
| Date Of Accident           | 02/05/2018 14:00 |
| Exact Location Of Accident | NEWTON CIRCUS    |
| Country/State of Loss      | SINGAPORE        |

| DETAILS OF OWN VEHICLE   |                                 |
|--|---------------------------------|
| Vehicle Registration Number  | SBS6351Z                        |
| <b>Insured/Policyholder</b>  |                                 |
| 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                 |
| <b>Vehicle Particulars</b>   |                                 |
| Manufacturer   | MERCEDES-BENZ                   |
| Model  | CITARO O530-6.4 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? | NO                              |
| If No, Please state action to be taken                                       | THIRD PARTY                     |
| Vehicle Category   | BUS                             |
| <b>Insurance Company</b>   |                                 |
| Name of Insurance Company  | MS FIRST CAPITAL INSURANCE LTD  |
| Type Of Coverage   | COMPREHENSIVE                   |
| Fleet Policy   | YES                             |
| Policy Number  | D-17089154MFBP                  |
| Cover Note Number  |                                 |
| <b>Driver</b>  |                                 |
| Name of Driver   | SOH ME SEN                      |
| NRIC No  | S6936321J                       |
| Date Of Birth  | 14/10/1969                      |
| Occupation   | OUTDOOR                         |
| Date Of Driving Pass   | 04/10/1996                      |
| Driving Experience   | 21 YEARS AND 6 MONTHS           |
| 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 - ROUNDABOUT

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) 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

Was there any audio recorded? NO

#### Details of Witness 1

Name MR XIE

Phone Number 96732322

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7117J

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 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.

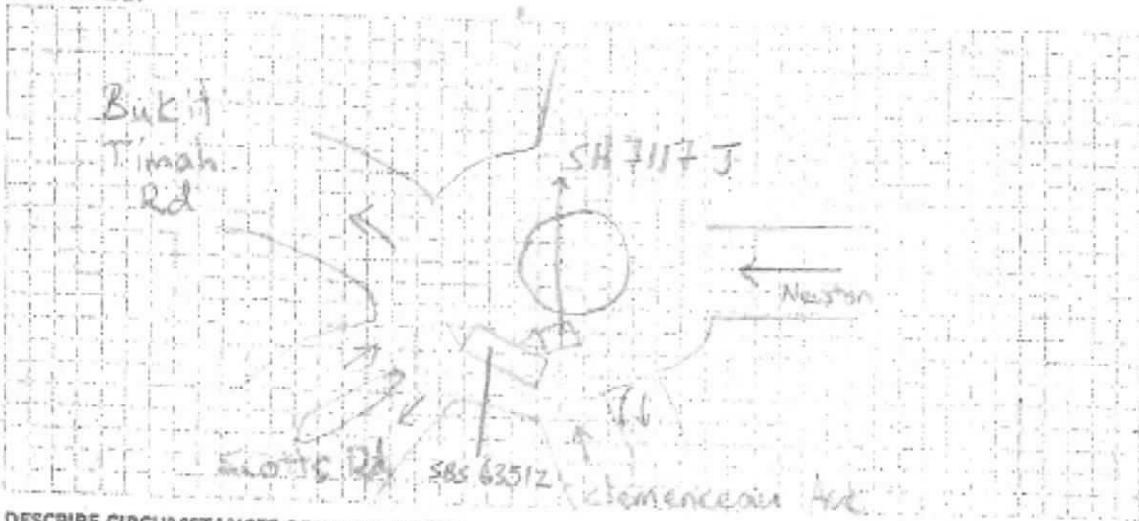
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 3/5/2018

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

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/5/2018 I, Soh Me Sen bus captain servicing bus 66 No: SBS 6351 Z From Bedok interchange to Jurong Interchange. Duty Time 1234 hrs to 1446 hrs. As I was driving on Newton Circle Roundabout at 1355 hrs the right rear of My bus SBS 6351 Z was scratched by a Taxi SH 7117 J. At the time I was driving in my lane slowly at the roundabout as there were many cars. One of the passenger, Mr Xie, HP: 96732322, saw that the taxi drove very closed toward my bus before the accident. We stopped by the side, check the situation and exchange particulars so that we can report the incident. There after, I report back to Bocc and was instructed to carry on the bus service as no one is injured. \*Third Party Details:- Mr. Cheng Sio Meng.

HP: 98802933. NRIC No: 50018143 I

## 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: 3/5/2018

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

1510

**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

**PRE-REPAIR INSPECTION REPORT**

FIRST CAPITAL INSURANCE LTD

Ref: CS3/FCI18009345/R1td3e2

36 ROBINSON ROAD

Date: 22-10-2018

#16-01 CITY HOUSESINGAPORE 068877



Code: FCI2

**1. Policy Particulars :- THIRD PARTY CLAIM**

|              |                |                |            |
|--------------|----------------|----------------|------------|
| Insured Veh. | SH 7117J       | Veh. Inspected | SBS 6351Z  |
| Policy No.   | D-18088936MFSH | Coverage (\$)  | 0.00       |
| Claim No.    | D18003456MFSH  | Excess (\$)    | 0.00       |
| Assign From  | JOANNE YONG    | Assign Date    | 22/05/2018 |

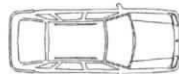
**2. Vehicle Particulars & Condition**

|              |                           |              |          |
|--------------|---------------------------|--------------|----------|
| Make & Model | MERCEDES BENZ CITARO O530 | c.c          | 6374     |
| Engine No.   | HIDDEN                    | Year of Reg. | 2013     |
| Chassis No.  | WEB62808323124604         | Colour       | GREEN    |
| Odometer     | 319638 KM                 | 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 O/S REAR PORTION. |  |
|--|---|

**5. General Information**

|                |  |                     |                         |
|----------------|--|---------------------|-------------------------|
| Accident Date  | 02/05/2018   | Inspect Date / Time | 24/05/2018 ( 03:09 PM ) |
| Survey held at | TOWER TRANSIT SINGAPORE PTE. LTD.<br>21 BULIM DRIVE SINGAPORE 648170 |                     |                         |

**5a. Remarks**

|  |
|--|
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.<br>THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.<br>C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. |
|--|

Report Ref No. CS3/FCI18009345/R1td3e2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.