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| 1127 / 1127                      | SIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 44672                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       | W5W6468056                                                 |          |
| Insured Vehicle I                | 40. <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Claim No.             | 11,00010000                                                | -        |
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| Insured Tel Nu.                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | HP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Make / Model          | FIN                                                        | _        |
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| 19-6-19                          | EMAILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AIG FOR IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Thornay.              | LTA / GIA :                                                |          |
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| PRELIMINARY ADVIC                | E. Date/Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sent By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | Post-Repair Photos:                                        |          |
| CTRACE TO A STATE OF THE OWNER.  | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 18-21-114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       | Others:                                                    |          |
| FINALIZATION                     | Date/Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Confirm with:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5                     | Confirm by:                                                |          |
| Repair Cost:<br>FINAL SETTLEMENT | SS (<br>Date/Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | days) Reduction:<br>Confirm with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 1                   | Email Cul                                                  |          |
| Final Liability:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | W OLEM                | H-NO or B 25. Ass. Liu                                     |          |
| Pinal Liability:<br>Repair Cost: | SS (OO (Agreed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ASSESSED BRALA SIN NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T SISM                | AL                                                         |          |
| Loss of Rental (LOR):            | 55 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/16                 | HOI EXITED & HIM                                           | r        |
| Loss of Use (LOU):               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 24/4                  | TP BUS.                                                    |          |
| Loss of Income (LOI):            | The state of the s | x days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · ·                   | All constants                                              |          |
| LOR only LOU on                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LOR + LO     Tick only on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e)                    | wp                                                         | P.       |
| GIAALTA Search                   | SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The state of the s |                       |                                                            | 100      |
| Medical:                         | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 1) Claim status: Normal/Reject/Private S                   | ettle    |
| Disbursement:                    | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ts: g: Tow/ Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3                     | 2) Report Format:                                          |          |
| Legal Cost                       | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 3) Survey fee: 32 0                                        |          |
| Total:                           | SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Global Sum SS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                                            |          |
| FINAL PAYMENT                    | Date/Time:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Confirm with:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | Email Cal                                                  |          |
| Payer 1:                         | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                            |          |
| Payer 2: (Strike if N.A.)        | SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                            |          |
| Payee 3: (Strike if N.A.)        | SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name 3:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                            |          |

| Surmer Tay                       | 3.691                         | GNMENT                                                             |
|----------------------------------|-------------------------------|--------------------------------------------------------------------|
|                                  | NAME OF TAXABLE PARTY.        | 00074076 0014 40                                                   |
| From                             | \$105,40 FO                   | Type: M.Car i M.Cycle / Will Wan / Lorry / Taxi / Prime Mover /    |
| Estimated Cost                   |                               | Truck   Trailer or                                                 |
| OD TH WS TH RES                  | OD RES / EVA / INV / MV       | Make Value BATL as 936                                             |
| To impect Vehicle No.            | 2FOUS 888                     | Charles                                                            |
| at Workshop mils                 | Tower Transit                 | Colour                                                             |
| id                               | 21 Bullim Drive               | Sp.Reading T/Radio Insured / Std / NI / NA                         |
| hisured                          |                               | EngiNo 4V 384 P723 E A 167613                                      |
| Policy No.                       |                               | DIM O                                                              |
| Claims No.                       |                               | Gen Cond Good Fair / Poor / Burnt                                  |
| Sum Insured                      | Excess:                       | Steering (horder / Jammed / Leaked / Burnt or                      |
| (Client's Record)                |                               | Brake: Ingride / Jammed / Leaked / Burnt or                        |
| Make of Veh                      |                               | Mod No LSRim / STD A/Rim or                                        |
|                                  | 1300m - 30m                   | Tyre Size F. 275 70 127-5                                          |
| (Policy Condition)               |                               | R N ~ (0)                                                          |
| Remark. The yeh had co           | ommenced its N/S Q/S          | BS / DUN / EXNOVA / GY / FS / LIZA / MIQ / OHTSU / PIR / SUM! /    |
| repair at the tir                | me of inspection.             | тоуотуоко ог                                                       |
| Ball or Market Value             |                               | Front & Rear &                                                     |
| IDAC Accident Rport              | Consistent7 : Yes or No       | R/Bal. 0 num R/Bal 0/0 mm                                          |
| GIA / PR. Seen                   | Consistent? : Yes or No       | LiBal & mm LiBal & mm                                              |
| Est Repairs                      | days. Res: Yes or No.         | DOA DOI 7/6/18Q14                                                  |
| Lum Sum:                         | % 3 Val. Yes or No            | Survey held at Tander transf                                       |
|                                  | 24 UDS                        | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or        |
| CA / REV / REP.                  | / 24 HRS<br>Vehicle: IN / OUT |                                                                    |
| Date: P                          | erson Contacted:              | The U/C / Chassis frame / Body Structure affected due to collision |
| Date / Time Action               | / Instruction No kg           |                                                                    |
|                                  | 3                             |                                                                    |
|                                  | 010 4200 1                    | ABOUR ONLY.                                                        |
|                                  | 116 PT00 -                    | -/-                                                                |
|                                  | -                             |                                                                    |
|                                  |                               |                                                                    |
|                                  |                               | R ( A 7, 2 ( 1200)                                                 |
|                                  |                               | R (\$713.60/7892)                                                  |
|                                  | : Preli. Report               | Days Of Repair:                                                    |
| Donalline, File Pass hall        | a Program Programmed          |                                                                    |
| Drooffiere, File Pass hell       |                               | Resuppose No. of Trip:                                             |
| 1                                | : Final Report                | Resurvey No. of Trip: Survey Fee Transportation                    |
| 7)<br>Code/Time: File Rature (of | : Final Report                | Transportation                                                     |
| 1                                |                               | e: Site Insp. (\$ 1 5+H5 M                                         |
| 7)<br>Code/Time: File Rature (of | : Final Report                | e: Site Insp. (\$ 1 5+H5 M                                         |



# 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 Inte      | rnationale Des Experts En Autor | nobile     |  |  |  |
|-----|---------------------------------------------------------|------------------------------------|---------------------------------|------------|--|--|--|
| AIG | ASIA PACIFIC INS                                        | SURANCE PTE LTD                    | Ref : CC4/LCR1801               | 0281/jb3   |  |  |  |
|     | 8 SHENTON WAY #08-16<br>HARTIS BUILDINGSINGAPORE 079120 |                                    | Date : 06-06-2018<br>Code : LCR |            |  |  |  |
| 1.  |                                                         | Policy Particu                     | lars :- THIRD PARTY CLA         | IM         |  |  |  |
|     | Insured Veh.                                            | SLF 3367Z                          | Veh. Inspected                  | SBS 3407S  |  |  |  |
|     | Policy No.                                              |                                    | Coverage (\$)                   | 0.00       |  |  |  |
|     | Claim No.                                               |                                    | Excess (\$)                     | 0.00       |  |  |  |
|     | Assign From                                             |                                    | Assign Date                     | 06/06/2018 |  |  |  |
| 2.  |                                                         | Vehicle I                          | Particulars & Condition         |            |  |  |  |
|     | Make & Model                                            |                                    | c.c                             | 0          |  |  |  |
|     | Engine No.                                              | HIDDEN                             | Year of Reg.                    |            |  |  |  |
|     | Chassis No.                                             |                                    | Colour                          |            |  |  |  |
|     | Odometer                                                | ā.                                 | Steering                        |            |  |  |  |
|     | Brakes                                                  |                                    | Modification                    |            |  |  |  |
|     | General                                                 |                                    |                                 |            |  |  |  |
| 3.  |                                                         | Co                                 | nditions 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.  |                                                         | Desc                               | ription of Damages              |            |  |  |  |
| 5.  |                                                         | Ge                                 | neral Information               |            |  |  |  |
|     | Accident Date                                           | 27/05/2018                         | Inspection Date                 |            |  |  |  |
| _   | Survey held at                                          | TOWER TRANSIT SINGAR               | PORE PTE. LTD.                  |            |  |  |  |
|     |                                                         | 21 BULIM DRIVE<br>SINGAPORE 648170 |                                 |            |  |  |  |
|     | -                                                       |                                    | Remarks                         |            |  |  |  |



| ACCIDENT TIME<br>REPORTED | 2020HRS                                   |
|---------------------------|-------------------------------------------|
| ACCIDENT DATE             | 27-May-18                                 |
| BUS CAPTAIN NAME          | ALICE SIM SOK HOON (ALICE SHEN<br>SHUYUN) |
| EMPLOYEE NUMBER           |                                           |

| BUS REGISTRATION<br>NUMBER | SBS3407S |  |
|----------------------------|----------|--|
| BUS TYPE (SD/DD)           | 00       |  |
| BUS ROUTE NUMBER           |          |  |
| BUS ADVERTS (Y/N)          | N        |  |

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

| Part No. | Fart or item Description | Quantity         | Total Cost |
|----------|--------------------------|------------------|------------|
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          |                  |            |
|          |                          | 7% GST           | \$0.0      |
|          |                          | FINAL TOTAL COST | \$0.0      |

## 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)        | 200              | \$480.00   |
|                                                                       |                  |            |
|                                                                       |                  |            |
|                                                                       |                  |            |
|                                                                       |                  |            |
|                                                                       |                  |            |
|                                                                       |                  |            |
|                                                                       |                  |            |
|                                                                       |                  |            |
|                                                                       | 7% G5T           | \$33.60    |
|                                                                       | FINAL TOTAL COST | \$513.60   |

MEE 1

| SECTION ! | S: REPAIRS | TO BUS | ADVERTIS | MENT | VINYLS/PANELS | (ADVERTISEMENT C | OST |
|-----------|------------|--------|----------|------|---------------|------------------|-----|
|           |            |        |          |      |               |                  |     |

SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST

TOTAL ADVERTISEMENT REPAIR COST

SECTION 7: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

|                    | OSS OF USE COST |                             | \$400.00 |
|--------------------|-----------------|-----------------------------|----------|
| BUS TYPE (SD / DD) | DO              | Number of Days Under Repair | 1        |
|                    |                 | Date Out From Repairs       | 8/6/2018 |
|                    |                 | Date In For Repairs         | 7/6/2018 |

| SUM                                              | MARY     |
|--------------------------------------------------|----------|
| SECTION NO.                                      | COST     |
| -1                                               | \$0.00   |
| 2                                                | \$513.60 |
| .3                                               | K.       |
|                                                  | e:       |
| 3                                                | \$400.00 |
| ESTIMATED ACCIDENT<br>REPAIR COST<br>(1+2+3+4+5) | \$913.60 |

Tanjun 97495749 Wrd 7/6/18 @ 1415 Oldays sur @/Manto-wn

PAGE 2

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 Begal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

## Joy Irene (LKKAuto)

From:

Joy Irene (LKKAuto)

Sent:

Monday, 24 June 2019 4:37 PM

To:

Tan. Wilson-KL

Cc:

Admin A

Subject:

RE: AIG REF: 2452064680SG003 Third Party: SBS34075 Accident Date: 27 May

2018

Hi Wilson,

Yes. We have surveyed the vehicle.

We will expedite submission.

Thank you.

Best Regards, Joy Irene | Case Handler LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: <a href="mailto:joyirene@lkkauto.com">joyirene@lkkauto.com</a> Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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From: Tan, Wilson-KL [mailto:Wilson-KL.Tan@aig.com]

Sent: Monday, 24 June 2019 3:30 PM

To: Joy Irene (LKKAuto) <JoyIrene@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: AIG REF: 2452064680SG003 Third Party: SBS3407S Accident Date: 27 May 2018

Hi Joy

Will LKK be billing us?

#### Wilson Tan

AIG

Senior Complex Claims Examiner Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1753 | Fax +(65) 6835 7416

Wilson-KL.Tan@aig.com | www.aig.com.sg

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From: Tan, Wilson-KL

Sent: Wednesday, June 19, 2019 6:18 PM

To: Joy Irene (LKKAuto)

Cc: Admin A

Subject: RE: AIG REF: 2452064680SG003 Third Party: SBS3407S Accident Date: 27 May 2018

Hi Joy

Since last correspondence with them was over a year ago, please proceed to close file due to no developments for over a year.

Will you be billing us??

### Wilson Tan

AIG

Senior Complex Claims Examiner Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1753 | Fax +(65) 6835 7416

### Wilson-KL.Tan@aig.com | www.aig.com.sg

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From: Joy Irene (LKKAuto) [mailto:JoyIrene@lkkauto.com]

Sent: Wednesday, June 19, 2019 6:13 PM

To: Tan, Wilson-KL Cc: Admin A

Subject: [EXTERNAL] RE: AIG REF: 2452064680SG003 Third Party: SBS3407S Accident Date: 27 May 2018

This message is from an external sender; be cautious with links and attachments.

Hi Wilson,

No correspondence with Tower Transit since inspection date 7/6/18.

No development from them since then.

May we proceed to wp and close this file?

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841-2409 | email: joyirene@lkkauto.com| Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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From: Tan, Wilson-KL [mailto:Wilson-KL.Tan@aig.com]

Sent: Wednesday, 19 June 2019 6:08 PM

To: Joy Irene (LKKAuto) < Joylrene@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: AIG REF: 2452064680SG003 Third Party: SBS3407S Accident Date: 27 May 2018

Dear Joy

May I know when was your last correspondence with TP workshop??

Wilson Tan

AIG

Senior Complex Claims Examiner Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1753 | Fax +(65) 6835 7416

Wilson-KL.Tan@aig.com | www.aig.com.sq

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From: Joy Irene (LKKAuto) [mailto:JoyIrene@lkkauto.com]

Sent: Wednesday, June 19, 2019 5:47 PM

To: Tan, Wilson-KL Cc: Admin A

Subject: [EXTERNAL] RE: AIG REF: 2452064680SG003 Third Party: SBS3407S Accident Date: 27 May 2018

This message is from an external sender; be cautious with links and attachments.

Hi Wilson,

Based on our surveyor's markings, adjusted COR is \$200.00

No development til' date from TP.

Would you like us to chase TP for their LOD?

Kindly advise.

Thank you.

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841-2409 | email: joyirene@lkkauto.coml Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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From: Tan, Wilson-KL [mailto:Wilson-KL.Tan@aig.com]

Sent: Tuesday, 18 June 2019 2:53 PM

To: Joy Irene (LKKAuto) < JoyIrene@lkkauto.com>

Subject: AIG REF: 2452064680SG003 Third Party: SBS3407S Accident Date: 27 May 2018

Dear Joy

As spoken, kindly advise us on the latest developments to this PD matter.

Merimen status is "Pending Adjuster Survey"

Thank you.

### Wilson Tan

AIG

Senior Complex Claims Examiner Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1753 | Fax +(65) 6835 7416

Wilson-KL.Tan@aig.com | www.aig.com.sg

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# ...CLAIM SUBFOLDER...(Pending for Survey Report) Revoked / No sattlement

| Case                              | Notified                                | Est Submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Adj Assigned                         | Adj Rpt                     | Adj                                        | Submitted                                             | Ins Auth'ed                               | Status                                      |             |
|-----------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------|--------------------------------------------|-------------------------------------------------------|-------------------------------------------|---------------------------------------------|-------------|
| Main                              | 07 Jun 2018<br>Edit Reg                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 04 Jun 2018<br>00:00<br>Edit Adj Rpt | S\$200.00<br>Edit Estimater |                                            | 00.00<br>ew Rpt                                       |                                           | Pending for Survey<br>Report<br>Cancel Case |             |
|                                   | Main                                    | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | eference                             | Claim                       | Details                                    | $\neg$ r                                              | Documents                                 | $\neg$                                      | Show All    |
| CLAIM SU                          | BFOLDER DE                              | TAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | io.: 201624597K                      |                             |                                            | [Created                                              | by adjuster]                              |                                             |             |
| Main<br>Claimant:                 |                                         | OWER TRANSIT SINGAPORE PTE LTD, Co. Reg. No.: 201419417K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                             |                                            |                                                       |                                           |                                             |             |
| Vehicle Reg<br>No.:               | SBS340                                  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of Loss:                             |                             | 1 20:00 - :59<br>and <b>26</b> Days From I | TA Reg Date                                           | (Man Yr)]                                 |                                             |             |
| Claim Type:                       | TP / 245                                | 2064680SG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | Polic<br>Note               | //Cover<br>No.:                            | 099994803 (Comprehensive)                             |                                           |                                             |             |
| Vehicle Reg<br>No.<br>(Insured):  | SLF3367Z                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                             | No.<br>mant):                              | D-17089154MF8P                                        |                                           |                                             |             |
| Promotioner                       | Taura Ta                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n- 144 (HO) 31 B                     | Exce                        |                                            | h 540170 h                                            | W T-1- 014                                | INDOED.                                     |             |
| Repairer:<br>Handling<br>Insurer: | 1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 | AND DESCRIPTION OF THE PARTY OF | ****                                 |                             |                                            | N. M. J. D. J. H. | rong West - Tel: 816<br>y Tan, Wilson-KL] |                                             | @aig.com    |
| Claimant's<br>Insurer:            | MS First (                              | Capital Insuranc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e Ltd (HQ) - Tel: 6                  | 2222311                     |                                            |                                                       |                                           |                                             |             |
| Adjuster:                         | 18/06/20                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ltd (HQ) - Tel: 62                   | 156-3561 [Han               | tled by M                                  | MOHD TAUF                                             | KH BIN HAMID]                             | [Final Rp                                   | t due       |
| ASSOCIAT                          | ED MAIL RE                              | CEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                             |                                            |                                                       | View A                                    | II Compo                                    | se Case Mai |
| There are n                       | mail for this                           | case.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                             |                                            |                                                       |                                           |                                             |             |
| ALL ASSO                          | CIATED TAS                              | кѕ∃                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                             |                                            | View All S                                            | earch Tasks Crea                          | te New Task                                 | Complete    |
| Due Date                          | Priority                                | Type Task                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Group Subject                        | t Handler                   | Assign                                     | ned By                                                | Completed On                              | Created O                                   | n Done      |

## Claim Documents

\*SBS3407S (2452064680SG)

[SLF3367Z]

TP

TOWER TRANSIT SINGAPORE PTE LTD

May 27 2018 8:00PM

[LCRF PTE LTD]

Tower Transit Singapore Pte Ltd

| Lity | oload Documents Up          | pload Photos Compose New Letter Upload Video Upload Audio | View    | View in Brown | ser v    |
|------|-----------------------------|-----------------------------------------------------------|---------|---------------|----------|
| Pho  | otos/Images                 |                                                           | 3 per s | page 🔻        | V        |
| No   | Relabel/Reorder             | LKK Auto Consultants Pte Ltd (HQ)                         |         | Thumbnail     | Print    |
| 1    | 19/06/19 17:45              | General View                                              | 0       | Load JPG      | V        |
| 2    | 19/06/19 17:45              | General View                                              | 0       | Load JPG      | V        |
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| 4    | 19/06/19 17:45 General View |                                                           | 0       | Load JPG      | V        |
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| 6    | 19/06/19 17:45              | General View                                              | 0       | Load JPG      | V        |
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| No   | Relabel/Reorder             | LKK Auto Consultants Pte Ltd (HQ)                         |         | Thumbnall     | Print    |
| 1    | 06/06/18 14:34              | EMAIL FROM AIG DD 04062018                                | 0       | Load PDF      |          |
| 2    | 06/06/18 14:34              | TP GIA REPORT                                             | 0       | Load PDF      |          |
| 3    | 08/06/18 15:39              | TP ESTIMATE- MARKED                                       | 0       | Load PDF      |          |
| No   | Finalized On                | AIG Asia Pacific Insurance Pte. Ltd. (SG)                 |         | Thumbnail     | Print    |
| 1    | 07/06/18 12:37              | OI GIA REPORT                                             | 0       | Load PDF      |          |

## **Documents Checklist**

| DOCUMENTS CHECKLIST                                                                              | Reset Save | Print |
|--------------------------------------------------------------------------------------------------|------------|-------|
| There are no document checklists configured.                                                     |            |       |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)                                        |            |       |
|                                                                                                  |            | -     |
|                                                                                                  |            | V     |
| Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties. |            |       |

## LKK Auto Consultants Pte Ltd (Co. Reg. No: 199607198R)

51 Ubi Ave 1 #01-25. Pava Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CC4/LCR18010281/T1JB3Q2

Date:

24/06/2019

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

0999994803

Claimant Vehicle No:

SBS3407S

Insured Vehicle No:

SLF3367Z

Date of Loss:

27/05/2018

Nature of Claim:

TP

Claim No: 2452064680SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SBS3407S

Make & Model:

VOLVO B9TL, 9.4 D (A)

Engine No:

D9192908

0 km

Reg. Date:

01/08/2014 (Man. Year: 2014) Green

Chassis No: Odometer:

YV3S4P923EA167613

Colour: Engine Capacity:

9364 cc

Market Value/New Car Price: N/A Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

275/70 R22.5

Rear Tyre Size:

275/70 R22.5 (D)

Front Left Side:

Michelin 8 mm

Rear Left Side:

Michelin 8/8 mm

Front Right Side:

Rear Right Side: Michelin 8 mm

Michelin 8/8 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS      | Repairer's | Adjuster's | Difference | Diff % |
|---------------------|------------|------------|------------|--------|
| Parts               | 0.00       | 0.00       | 0.00       |        |
| Miscellaneous Items | 0.00       | 0.00       | 0.00       |        |
| Labour              | 480.00     | 200.00     | 280.00     | 58.33  |
| Paintwork Labour    | 0.00       | 0.00       | 0.00       |        |
| Towing              | 0.00       | 0.00       | 0.00       |        |
| Nett Amount (S\$)   | 480.00     | 200.00     | 280.00     | 58.33  |
|                     |            |            |            |        |

0.00 Global Sum Settlement (S\$)

INSPECTION

Date of Assignment:

04/06/2018

Date Inspected:

07/06/2018 Inspected At:

Tower Transit Singapore Pte Ltd (HQ)

21 Bulim Drive, Bulim Bus Depot

Singapore 648170

Estimated Period of Repair:

1.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Joy Irene Bascao

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen ... 24/6/2019

Adjuster Report Page 3 of 4

## REPAIR DETAILS

## Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

# Recommended Labour

| No Particulars                                                      | Lab.Type            | Repairer's | Amount |
|---------------------------------------------------------------------|---------------------|------------|--------|
| Labour Items                                                        |                     |            |        |
| 1 TO REPLACE /REPAIR THE DAMAGED PARTS (INCLUDIN<br>SPRAY PAINTING) | IG New              | 480.00     | 200.00 |
| Gross L                                                             | abour Cost (S\$)    | 480.00     | 200.00 |
| Report was unsubmitted di                                           | rion this print out |            |        |

< END OF ESTIMATES >