| (08/11/13) wet REF: AWAC                     | 9417K   |
|--|---|
| ASSI   | GNMENT  |
| From: Date: 21 08 2018 Estimated Cost:       | Veh No: SBS 633 &M Yr Regn: 2012 / DKC  Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  |
| OD TP WS / TP RES / OD RES / EVA / INV / MV  | Truck / Trailer or  |
| To Inspect Vehicle No: SBS 6338M,            | Make: MERCENES CITARO 6530 C.C 6374   |
| at Workshop m/s 70Wer Trynsi+                | Colour GREEN A/C: Insured / Std / NI / NA   |
| of 21 Julian Drive                           | Sp.Reading 277575 T/Radio: Insured / Std / NI / NA  |
| Insured:                                     | Eng/No:   |
| Policy No.                                   | C/No: WEB62808323123773   |
| Claims No.                                   | Gen. Cond: Good / Faib / Poor / Burnt   |
| Sum Insured: Excess:                         | Steering: Inorder / Jammed / Leaked / Burnt or  |
| (Client's Record) 2pm -3pm                   | Brake: norder / Jammed / Leaked / Burnt or  |
| Make of Veh:                                 | Modi: Nil / S/Rim / STD A/Rim or  |
|  | Tyre Size: F: 275 76R225  |
| (Policy Condition)                           | R:  |
| Remark: The veh had commenced its N/S O/S    | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /   |
| repair at the time of inspection.            | TOYO/YOKO or  |
| Bal. or Market Value:                        | Front Rear  |
| IDAC Accident Rport: Consistent? : Yes or No | R/Bal. & mm R/Bal. &/8 mm   |
| GIA / PR Seen: Consistent? : Yes or No       | L/Bal. X mm L/Bal. 8 8 mm   |
| Est. Repairs: days Res.: Yes or No           | D.O.A. 15 08 18 D.O.I. 21/68/18   |
| Lum Sum: % 3 Val.: Yes or No                 | Survey held at Tower Penus  |
| CA / REV / REP. / 24 HRS Vehicle: IN / OUT   | Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or   |
| Date: Person Contacted:                      | The U/C / Chassis frame / Body Structure affected due to collision.   |
| Date / Time Action / Instruction             |   |
| RECEIVED 0 4                                 | SEP 2018  SEP 2018  |
|  | Days Of Repair:  Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$ )S+RS,SI Interview (\$ ) Photos Tech. Invs (\$ ) Others  Weekend (\$ ) |
|  | TOTAL 150   |



5a.

## 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

|  |   |   | 199007 1901. GOT Neg. No. 19-90 |  |  |  |
|--|---|---|---------------------------------|--|--|--|
|  |   | Affiliated to Federation Intern                             | ationale Des Experts En Autom   | obile  |  |  |
| ALL                                    | IED WORLD ASSU  | JRANCE COMPANY LTD  | Ref : CS/AWA180149              | 960/R1vd3  |  |  |
| 60 A                                   | NGAPORE BRANC<br>ANSON ROAD #08<br>PLETREE ANSON<br>GAPORE 079914 |   | Date: 16-08-2018  Code: AWA     |  |  |  |
| 1.                                     | SAN DELETE SAND   | Policy Particula  | ars :- THIRD PARTY CLAIR        | V  |  |  |
|  | Insured Veh.  | PC 5257M  | Veh. Inspected                  | SBS 6338M  |  |  |
|  | Policy No.  | BVBPSB0005701700  | Coverage (\$)                   | 0.00   |  |  |
|  | Claim No.   | PC5257M/SG  | Excess (\$)                     | 0.00   |  |  |
|  | Assign From   |   | Assign Date                     | 16/08/2018   |  |  |
| 2.                                     |   | Vehicle Pa  | articulars & Condition          |  |  |  |
|  | Make & Model  |   | c.c                             | 0  |  |  |
|  | Engine No.  | HIDDEN  | Year of Reg.                    |  |  |  |
| Chassis No. Colour Odometer - Steering |   |   |                                 |  |  |  |
|  |   |   |                                 |  |  |  |
|  | General   |   |                                 |  |  |  |
| 3.                                     |   | Con   | ditions 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.                                     |   | Descri  | ption of Damages                |  |  |  |
| 5.                                     | Éndine No.  | HIDDEN S Gen  | eral Information                | 10 - 10 - 10 to 10 - 10 to |  |  |
|  | Accident Date   | 15/08/2018  | Inspection Date                 | 21/08/2018   |  |  |
|  | Survey held at  | TOWER TRANSIT SINGAPO<br>21 BULIM DRIVE<br>SINGAPORE 648170 | DRE PTE. LTD.                   |  |  |  |

Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.

B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

## Nivitha (LKK Auto)

From: Tang, Ben <Ben.Tang@awac.com> on behalf of Motorsurvey

<Motorsurvey@awac.com>

Sent: Thursday, 16 August 2018 11:43 AM

To: 'assignments'

Cc: 'SUR'; 'Sharifah Nusaybah Binte Syed Jamil Binshahab'

Subject: TP Survey assignment for SBS 6338M - DOA: 15/08/2018 Our ref: PC 5257M/SG

The above captioned accident refers.

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

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

| 3 <sup>rd</sup> Party Vehicle | : | SBS 6338 M                        |  |  |
|-------------------------------|---|-----------------------------------|--|--|
| Insured Vehicle               | : | PC 5257 M (Accident not Reported) |  |  |
| Policy Number                 | : | BVBPSB0005701700                  |  |  |
| Name of Workshop              | : | Tower Transit Singapore Pte Ltd   |  |  |
| Contact Number                | : | 9848 2243                         |  |  |
| Person to Contact             | : | Sharifah                          |  |  |
| Estimated Cost of repairs     | : | \$ NA                             |  |  |

Regards, Claims Division

Copy to Tower Transit Singapore Pte Ltd via Email

#### Note -

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

Regards Motor Claims Claims Group The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| aforesaid.                  |                                 |
|-----------------------------|---------------------------------|
|                             | ACCIDENT STATEMENT              |
| Date Of Report              | 16/08/2018 04:10                |
| Date Of Accident            | 15/08/2018 08:50                |
| Exact Location Of Accident  | BUKIT TIMAH ROAD                |
| Country/State of Loss       | SINGAPORE                       |
|                             | DETAILS OF OWN VEHICLE          |
| Vehicle Registration Number | SBS6338M                        |
| Insured/Policyholder        |                                 |
| Name Of Registered Owner    | TOWER TRANSIT SINGAPORE PTE LTD |
| Co Reg No                   | 201419417K                      |
| Email Address               | SHARIFAH@TOWERTRANSIT.SG        |

Mobile Phone No

Alternative Phone No OFFICE-68171747

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model CITARO 0530-6.4 D (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No. Please state action to be taken THIRD PARTY

Vehicle Category BUS

**Insurance Company** 

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number D-17089154MFBP

Cover Note Number

Driver

 Name of Driver
 SU TAO

 NRIC No
 \$7168737F

 Date Of Birth
 07/07/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/11/2009

Driving Experience 8 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98888888

Fax Number

Contact Number

EMail Address NOEMAIL

Address

21 BULIM DRIVE

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

10

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

PC5257M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (iii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (lv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes"
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA, to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (I) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Na mé

NRIC/FIN No

## Sketch Plan #2

| SKETCH PLAN                       |  |  |
|-----------------------------------|--|--|
|                                   |  |  |
|                                   |  |  |
|                                   | 1 2 = =  | Nu -17   |
|                                   | 1  |  |
|                                   |  |  |
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|                                   |  |  |
|                                   | 1 1 1  |  |
|                                   | 1  |  |
|                                   |  |  |
|                                   |  |  |
| DESCRIBE CIRCUMSTANCES            | OF THE ACCIDENT  |  |
|                                   |  | 1 D 1 11 1 B/o (   |
| MO72-189                          | 0  | A STATE OF THE STA |
| Tratik light i                    | 7 7  | unge to 1st lane with-   |
| slowly, my bus                    | already in 1st late  | suddenly behind hit  |
| by Marite (                       | (qY  | A  |
|                                   |  | Sy Tao   |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  | Mari   |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
|                                   |  |  |
| DECLARATION                       | day and the factor of the fact |  |
| I/We declare the foregoing partic | wars are true in every respect.  |  |
|                                   | Sy Tao   | HIV  |
| Policyholder's Signature          | Driver's Signature   | Reporting Sentre Personnel's Signature   |
| Date & Time:                      | (If driver is not the policyholder)  Date & Time:  | Name: SIAHO  |

# **ESTIMATED ACCIDENT REPAIR COST**



| ACCIDENT TIME<br>REPORTED | 0850HRS                 |                              | BUS REGISTRATION<br>NUMBER | SBS6338          | М               |
|---------------------------|-------------------------|------------------------------|----------------------------|------------------|-----------------|
| ACCIDENT DATE             | 15-Aug-18               |                              | BUS TYPE (SD/DD)           | SD               |                 |
| BUS CAPTAIN NAME          | SU TAO                  |                              | BUS ROUTE NUMBER           |                  |                 |
| EMPLOYEE NUMBER           |                         |                              | BUS ADVERTS (Y/N)          | N                |                 |
| SECTION 1: PARTS 8        | cONSUMABLE ITEMS (N     | MATERIAL COST)               |                            |                  |                 |
|                           | Part No.                |                              | m Description              | Quantity         | Total Cost      |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            | 7% GST           | \$0.00          |
|                           |                         |                              |                            | FINAL TOTAL COST | \$0.00          |
| SECTION 2: ASSESSI        | MENT / REPAIR / SPRAY F | PAINT (LABOUR COST)          |                            |                  |                 |
|                           | LABOUR ITEM (PLE        | ASE SPECIFY IF ITS ASSESSMEN | T, REPAIR OR SPRAY PAINT)  |                  | TOTAL COST      |
|                           | TO REPLACE/REPAIR       | THE DAMAGED PARTS (IN        | NCLUDING SPRAY PAINTING)   |                  | 1200 \$1,850.00 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            | 1./              |                 |
|                           |                         |                              |                            | 7WM - 17         | w               |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            |                  |                 |
|                           |                         |                              |                            | 7% GST           | \$129.50        |
|                           |                         |                              |                            | FINAL TOTAL COST | \$1,979.50      |

PAGE 1

## **ESTIMATED ACCIDENT REPAIR COST**



SECTION 5: REPAIRS TO BUS ADVERTISMENT VINYLS/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST

SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST

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

|                    |                  | Date In For Repairs         | 21/8/2018 |
|--------------------|------------------|-----------------------------|-----------|
|                    |                  | Date Out From Repairs       | 23/8/2018 |
| BUS TYPE (SD / DD) | SD               | Number of Days Under Repair | 2         |
|                    | LOSS OF USE COST |                             | \$600.00  |

| SUM  | MARY       |  |  |  |
|--|------------|--|--|--|
| SECTION NO. COST                                 |            |  |  |  |
| 1  | \$0.00     |  |  |  |
| 2  | \$1,979.50 |  |  |  |
| 3  | -          |  |  |  |
| 4  | -          |  |  |  |
| 5  | \$600.00   |  |  |  |
| ESTIMATED ACCIDENT<br>REPAIR COST<br>(1+2+3+4+5) | \$2,579.50 |  |  |  |

Parul Hp 90010068 2 days 21/08/18@1420

PAGE 2

## Veron Chen (LKKAuto)

From:

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

Sent:

Monday, 3 September 2018 10:16 AM

To:

Rasul (LKKAuto); SUR

Cc:

Subramanian Kasi; Wu Tzu Ying; Veron Chen (LKKAuto)

Subject:

RE: TP Survey assignment for SBS 6338M - DOA: 15/08/2018 Our ref: PC

5257M/SG

#### WITHOUT PREJUDICE

Hi Rasul,

We confirm COR @ 1,200.00 (before 7% gst) / 2 repair days.

Thank you.

### Sharifah Nusaybah (Ms) Senior Executive, Claims

Mobile +65 9848 2243

Office +65 6817 1747

Email

sharifah@towertransit.sg



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



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From: Rasul (LKKAuto) < Rasul@lkkauto.com> Sent: Monday, 3 September, 2018 10:09 AM

To: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>; SUR <sur@lkkauto.com>

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

(LKKAuto) < veronchen@lkkauto.com>

Subject: RE: TP Survey assignment for SBS 6338M - DOA: 15/08/2018 Our ref: PC 5257M/SG

Hi Sharifah,

As spoken, finalised amount is \$ 1,200.00 / 2 days of repair

Best Regards,

Rasul | Assessor

#### LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)





Save the Earth Print only when necessary.

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

Sent: Wednesday, 29 August, 2018 1:27 PM

To: SUR; Rasul (LKKAuto)

Cc: Subramanian Kasi; Wu Tzu Ying

Subject: RE: TP Survey assignment for SBS 6338M - DOA: 15/08/2018 Our ref: PC 5257M/SG

#### WITHOUT PREJUDICE

Hi Rasul,

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

Please finalise on the cost.

Thank you.

# Sharifah Nusaybah (Ms)

Senior Executive, Claims

Mobile +65 9848 2243 Office +65 6817 1747

Email sharifah@towertransit.sg



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



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From: Tang, Ben < Ben. Tang@awac.com > On Behalf Of Motorsurvey

Sent: Thursday, 16 August, 2018 11:43 AM
To: 'assignments' <a href="mailto:assignments@lkkauto.com">assignments@lkkauto.com</a>

Cc: 'SUR' <sur@lkkauto.com>; Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>

Subject: TP Survey assignment for SBS 6338M - DOA: 15/08/2018 Our ref: PC 5257M/SG

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us **do** have consensus in the appointment of <u>Mr Mohamad Taufikh / Mr</u>

<u>Mohammed Rasul</u> as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

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

| 3 <sup>rd</sup> Party Vehicle     | 3 | SBS 6338 M                        |
|-----------------------------------|---|-----------------------------------|
| Insured Vehicle                   | : | PC 5257 M (Accident not Reported) |
| Policy Number                     | : | BVBPSB0005701700                  |
| Name of Workshop                  | : | Tower Transit Singapore Pte Ltd   |
| Contact Number : 9848 2243        |   | 9848 2243                         |
| Person to Contact : Sharifah      |   | Sharifah                          |
| Estimated Cost of : \$ NA repairs |   | \$ NA                             |

Regards, Claims Division

Copy to Tower Transit Singapore Pte Ltd via Email

#### Note -

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

Regards Motor Claims Claims Group Global Market

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please

## Veron Chen (LKKAuto)

From:

Rasul (LKKAuto)

Sent:

Monday, 3 September 2018 10:09 AM

To:

Sharifah Nusaybah Binte Syed Jamil Binshahab; SUR

Cc:

Subramanian Kasi; Wu Tzu Ying; Veron Chen (LKKAuto)

Subject:

RE: TP Survey assignment for SBS 6338M - DOA: 15/08/2018 Our ref: PC

5257M/SG

Hi Sharifah,

As spoken, finalised amount is \$ 1,200.00 / 2 days of repair Kindly confirm

Best Regards,

Rasul | Assessor

#### LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth. Print only when necessary.

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

Sent: Wednesday, 29 August, 2018 1:27 PM

To: SUR; Rasul (LKKAuto)

Cc: Subramanian Kasi; Wu Tzu Ying

Subject: RE: TP Survey assignment for SBS 6338M - DOA: 15/08/2018 Our ref: PC 5257M/SG

#### WITHOUT PREJUDICE

Hi Rasul,

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

Please finalise on the cost.

Thank you.

# Sharifah Nusaybah (Ms)

Senior Executive, Claims

Mobile +65 9848 2243

Office +65 6817 1747

Email sharifah@towertransit.sg



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



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From: Tang, Ben < Ben. Tang@awac.com > On Behalf Of Motorsurvey

Sent: Thursday, 16 August, 2018 11:43 AM
To: 'assignments' <assignments@lkkauto.com>

Cc: 'SUR' < sur@lkkauto.com'>; Sharifah Nusaybah Binte Syed Jamil Binshahab < sharifah@towertransit.sg>

Subject: TP Survey assignment for SBS 6338M - DOA: 15/08/2018 Our ref: PC 5257M/SG

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us **do** have consensus in the appointment of <u>Mr Mohamad Taufikh / Mr</u>

Mohammed Rasul as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

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

| 3 <sup>rd</sup> Party Vehicle | : | SBS 6338 M                        |
|-------------------------------|---|-----------------------------------|
| Insured Vehicle               | : | PC 5257 M (Accident not Reported) |
| Policy Number                 | : | BVBPSB0005701700                  |
| Name of Workshop              | : | Tower Transit Singapore Pte Ltd   |
| Contact Number                | : | 9848 2243                         |
| Person to Contact             | : | Sharifah                          |
| Estimated Cost of repairs     | : | \$ NA                             |

Regards, Claims Division

Copy to Tower Transit Singapore Pte Ltd via Email

Note -

( x )

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

Regards Motor Claims Claims Group Global Market

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## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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

### Affiliated to Federation Internationale Des Experts En Automobile

ALLIED WORLD ASSURANCE COMPANY LTD Ref : CS/AWA18014960/R1vd3e2

(SINGAPORE BRANCH)

60 ANSON ROAD #08-01 (8th FLOOR)

MAPLETREE ANSON SINGAPORE 079914

Date: 07-09-2018



|     |                                  |   | Code: AWA                                   |                      |
|-----|----------------------------------|---|---|----------------------|
|     |                                  | Policy Particular                                   | S :- THIRD PARTY CLA                        | IM                   |
|     | Insured Veh.                     | PC 5257M  | Veh. Inspected                              | SBS 6338M            |
|     | Policy No.                       | BVBPSB0005701700                                    | Coverage (\$)                               | 0.00                 |
|     | Claim No.                        | PC5257M/SG  | Excess (\$)                                 | 0.00                 |
|     | Assign From                      | BEN TANG  | Assign Date                                 | 16/08/2018           |
| 2.  |                                  | Vehicle Par   | ticulars & Condition                        |                      |
|     | Make & Model                     | MERCEDES CITARO 0530                                | c.c   | 6374                 |
|     | Engine No.                       | HIDDEN  | Year of Reg.                                | 2012                 |
|     | Chassis No.                      | WEB62808323123773                                   | Colour                                      | GREEN                |
|     | Odometer                         | 277575  | Steering                                    | IN ORDER             |
|     | Brakes                           | IN ORDER  | Modification                                | NIL                  |
|     | General                          | FAIR  |   |                      |
| 3.  |                                  | Cond  | itions of Tyres                             |                      |
|     |                                  | Size  | Make  | Balance              |
|     | R/H Front Tyre                   | 275/70 R22.5  | MICHELIN                                    | 8 mm                 |
|     | L/H Front Tyre                   | 275/70 R22.5  | MICHELIN                                    | 8 mm                 |
|     | R/H Rear Tyre                    | 275/70 R22.5 (D)                                    | MICHELIN                                    | 8/8 mm               |
|     | L/H Rear Tyre                    | 275/70 R22.5 (D)                                    | MICHELIN                                    | 8/8 mm               |
| 4.  |                                  | Descrip   | tion of Damages                             |                      |
|     | THE VEHICLE SU                   | STAINED DAMAGES AT THE N                            | I/S REAR PORTION.                           |                      |
|     | DAMAGES SEE D                    | ETAILS.   |   |                      |
| 5.  |                                  | Gene  | ral Information                             |                      |
|     | Accident Date                    | 15/08/2018  | Inspection Date                             | 21/08/2018           |
|     | Survey held at                   | TOWER TRANSIT SINGAPOR                              | RE PTE. LTD.                                |                      |
|     |                                  | 21 BULIM DRIVE<br>SINGAPORE 648170                  |   |                      |
| 5a. |                                  |   | Remarks                                     |                      |
|     | A)THE INSPECTION B)IN ACCORDANGE | ON WAS CONDUCTED ON A"W<br>CE TO YOUR INSTRUCTIONS, | ITHOUT PREJUDICE" BA<br>WE HAVE NOT AUTHORI | SIS.<br>SED REPAIRS. |
| 5b. |                                  | Estimat   | e Days of Repair                            |                      |
|     | ESTIMATED NOR                    | MAL PERIOD FOR REPAIR:                              | 2 Working Da                                | ys                   |



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 6338M

| Qty | Description of Parts  | Condition | Estimate By<br>Workshop (\$) | Our Adjusted<br>(\$) |
|-----|---|-----------|------------------------------|----------------------|
|     | LABOUR  |           |                              |                      |
|     | TO REPLACE/REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING). |           | 1,850.00                     | 1,200.00             |
|     |   |           | 1,850.00                     | 1,200.00             |
|     | GRAND TOTAL   |           | 1,850.00                     | 1,200.00             |

| RECOMMENDED COST OF REPAIRS |  | 1,200.00 |
|-----------------------------|--|----------|
|-----------------------------|--|----------|

Report Ref No. CS/AWA18014960/R1vd3e2

MOHAMMED RASUL BIN MOHD YUNUS

**Automotive Assessor** 

ADRIAN LING WAI PING

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

Licensed Appraiser

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