

ASS. REC. BY:

REF: es/CT#18015453/11qdzet

Special Instruction:

Survivor
Momen

Taufik
Acaire Cheaney

ASSIGNMENT (Office)

From (Person):

of

CTI

Date/Time:

24/8/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBS 6362S

Insured:

SLV 58B

at Workshop m/s

Tower Transit

Tel:

9848 2243

of

21 Bullim Drive

Policy No:

DMPCSN 800291800

Claim No:

SNM18D04072C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19/8/2018

CA / REV / REP. / REV 24 HRS

lupl

27/8/18 @ 2pm-3pm

H.O.D. Endorsement:

Date/Time:

9.36am @ 24/8/18

Person Contacted:

sharifah

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SBS 6362S - CO412ER17007456/R1293q2 DOA: 10/4/17
	SLV 58B - NA1FC118007508/h4 DOA: 23/4/18
05/12/18 @ 3.03pm	Confirmed with sharifah final fig \$945.50, 2 days. (Paid \$300, 24%) no lump sum.

Signature: Taufik

REF: CTI

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD (TP) / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No: _____
Claims No: _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
IDAC Accident Rport: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 2 days Res.: Yes or No
Lum Sum: _____ % 3 Val: Yes or No
CA / REV / REP. / 24 HRS WP
Date: _____ Person Contacted: _____
Vehicle: IN / OUT
Shengk

Veh No: 3BSG3625 Yr Regn: 2013 / Mark
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mercedes Benz Citaro cc 6374
Colour: Green - A/C: Insured / Std / NI / NA
Sp Reading: - T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WEB 62808323 / 24764
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 275/70R22.5
R: - - (D)
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Continant
Front R/Bal. 8 mm Rear R/Bal. 0/8 mm
L/Bal. 8 mm L/Bal. 0/8 mm
D.O.A. D.O.I. 28/8/18 @ 1515
Survey held at Tower Transit
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction vs key

RECEIVED 07 DEC 2018

Date/Time File Pass to? Preli. Report
1) 07/12 Taufik Final Report

Days Of Repair: 2
Resurvey No. of Trip:

Survey Fee:	220
Transportation:	
\$ + PG SI	
Photos:	
Other:	
TOTAL	220

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

Report Format: MER-TP
Lump Sum / I.B.I: (\$ 945.50)



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

CHINA TAIPING INSURANCE (S) PTE LTD	Ref : CS/CTI1801545	qd3
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909	Date : 24-08-2018	
	Code : CTI	

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 58B	Veh. Inspected	SBS 6362S
Policy No.	DMPCSN3002191800	Coverage (\$)	0.00
Claim No.	SNM18D04072C02	Excess (\$)	0.00
Assign From	MERIMEN (ELAINE CHEONG)	Assign Date	24/08/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	19/08/2018	Inspection Date	08/2018
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISE

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	23 Aug 2018		24 Aug 2018 09:10 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	TOWER TRANSIT SINGAPORE PTE LTD		
Vehicle Reg. No.:	SBS6362S	Date of Loss:	19/08/2018 00:00 - :59
Claim Type:	TP / SNM18D04072C02	Policy/Cover Note No.:	DMPCSN3002191800
Vehicle Reg. No. (Insured):	SLV58B	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Tower Transit Singapore Pte Ltd (HQ) 21 Bulim Drive, Bulim Bus Depot, 648170 Jurong West - Tel: 81688950		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 04/09/2018]		
Adj Asg. Remarks:	NO EST, CASE WITH SJE.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
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No results.

Shiau Chan (LKKAuto)

From: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>
Sent: Wednesday, 5 December 2018 3:03 PM
To: Shiau Chan (LKKAuto); Taufikh (LKKAuto); SUR
Cc: Subramanian Kasi; Wu Tzu Ying
Subject: RE: VEHICLE SBS 6362S (DOA: 19/08/2018)

WITHOUT PREJUDICE

Dear Shiau Chan,

We confirm COR @ \$945.50 before GST and 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: Shiau Chan (LKKAuto) <siewsc@lkkauto.com>
Sent: Wednesday, 5 December, 2018 11:45 AM
To: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>; Taufikh (LKKAuto) <Taufikh@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Wu Tzu Ying <Wu.Zy@towertransit.sg>
Subject: RE: VEHICLE SBS 6362S (DOA: 19/08/2018)

Dear Sharifah,

WITHOUT PREJUDICE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	21/08/2018 13:48
Date Of Accident	19/08/2018 08:00
Exact Location Of Accident	SLIP ROAD TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6362S
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 O530-6.4 D (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

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	LEO KEE JOKE
NRIC No	S2722043F
Date Of Birth	31/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2017
Driving Experience	1 YEAR AND 0 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 SIDE SWIPE
 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 SLV58B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

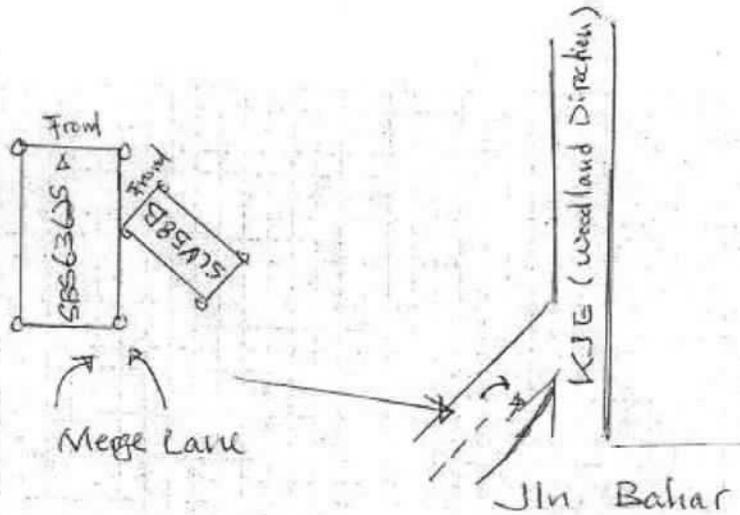
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

19/8/18 (15-30)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

19/8/2018 BC-12565 LEO KEE JOKE, Service 97HA07 8:00am
 when my vehicle SRS6362S at Jln. Bahar turn right
~~to KJE~~ at junction make a right turn to KJE
 of the merge lane suddenly a vehicle SLV58B
 overtake me, than the vehicle was hit again my bus
 on center right side, it was nobody injury. (I didnt to
 exchange particulars with the third party.)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time:

LS
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 19/8/18 (15:32)

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

ESTIMATED ACCIDENT REPAIR COST



SECTION 5: REPAIRS TO BUS ADVERTISEMENT VINYL/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	29/8/2018
		Date Out From Repairs	31/8/2018
BUS TYPE (SD / DD)	SD	Number of Days Under Repair	2
LOSS OF USE COST			\$600.00

SUMMARY	
SECTION NO.	COST
1	\$48.69
2	\$1,284.00
3	-
4	-
5	\$600.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$1,932.69

Taufik 97445749

2 days.

[Signature]
7/12/18

1245-50

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	23 Aug 2018		24 Aug 2018 09:10 Edit Adj Rpt	S\$945.50 Edit Estimates	S\$945.50 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	-, Co. Reg. No.: -								
Main Claimant:	TOWER TRANSIT SINGAPORE PTE LTD								
Vehicle Reg. No.:	SBS6362S	Date of Loss:	19/08/2018 00:00 - :59 [65 Months and 18 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM18D04072C02	Policy/Cover Note No.:	DMPCSN3002191800						
Vehicle Reg. No. (Insured):	SLV58B	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Tower Transit Singapore Pte Ltd (HQ) 21 Bulim Drive, Bulim Bus Depot, 648170 Jurong West - Tel: 81688950								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 04/09/2018]								
Adj Asg. Remarks:	NO EST, CASE WITH SJE.								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SBS6362S (SNM18D04072C02)
[SLV58B]
TP
TOWER TRANSIT SINGAPORE PTE LTD
Aug 19 2018 12:00AM
[-]
Tower Transit Singapore Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		View <input type="button" value="View in Browser"/>	
Photos/Images						3 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print		
1	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
2	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
3	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
4	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
5	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
6	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
7	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
8	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
9	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
10	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
11	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
12	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
13	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
14	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
15	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
16	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
17	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
18	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
19	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
20	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
21	07/12/18 11:38	General View		Load JPG	<input checked="" type="checkbox"/>		
22	07/12/18 11:39	General View		Load JPG	<input checked="" type="checkbox"/>		
23	07/12/18 11:39	General View		Load JPG	<input checked="" type="checkbox"/>		
24	07/12/18 11:39	General View		Load JPG	<input checked="" type="checkbox"/>		
25	07/12/18 11:39	General View		Load JPG	<input checked="" type="checkbox"/>		
26	07/12/18 11:39	General View		Load JPG	<input checked="" type="checkbox"/>		
27	07/12/18 11:39	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>		
28	07/12/18 11:39	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>		
Documentation						1 per page <input type="button" value="v"/>	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print		
1	24/08/18 09:09	PRS		Load PDF			
2	24/08/18 09:09	TP GIA		Load PDF			

Documents Checklist

DOCUMENTS CHECKLIST	<input type="button" value="Reset"/> <input type="button" value="Save"/> <input type="button" value="Print"/>
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There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)



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, Paya 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: CS/CT118015453/T1QD3E2

Date: 12/12/2018

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMPCSN3002191800
 Claimant Vehicle No: SBS6362S Insured Vehicle No: SLV58B
 Date of Loss: 19/08/2018 Nature of Claim: TP Claim No: SNM18D04072C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SBS6362S**
 Make & Model: MERCEDES-BENZ CITARO O530, 6.4 D (A) Engine No: 902926C0994166
 Reg. Date: 01/03/2013 (Man. Year: 2012) Chassis No: WEB62808323124764
 Colour: Green Odometer: 0 km
 Engine Capacity: 6374 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: No Pre-accident Condition: Yes

CONDITION OF TYRES

Front Tyre Size: 275/70 R22.5 Rear Tyre Size: 275/70 R22.5 (D)
 Front Left Side: Continental 8 mm Rear Left Side: Continental 8/8 mm
 Front Right Side: Continental 8 mm Rear Right Side: Continental 8/8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	45.50	45.50	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,200.00	900.00	300.00	25.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,245.50	945.50	300.00	24.09
+ GST 7.00/7.00% (S\$)	87.19	66.19	21.00	24.09
Nett Amount (S\$)	1,332.69	1,011.69	321.00	24.09

INSPECTION

Date of Assignment: 24/08/2018
 Date Inspected: 28/08/2018 Inspected At: Tower Transit Singapore Pte Ltd (HQ)
 21 Bulim Drive, Bulim Bus Depot
 Singapore 648170
 Estimated Period of Repair: 2.0 days

Adjuster: MOHD RASUL

Manager: SHIAU CHAN

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.

REPAIR DETAILS

Reference	
Part Source:	(Last Synchronised: 12 Dec 2018)
Parts:	N/A MERCEDES-BENZ CITARO O530 6.4 D (A) (Model not available in database)
Labour:	Repairer's (Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SBS6362S)
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*VINYL CUT OUT STICKERS FOR SG <3 BUS	Cut	45.50 F	*45.50 F
					Total Parts (S\$)	45.50

F=Franchise part.

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
<u>Labour Items</u>				
1	TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)	New	1,200.00	900.00
Gross Labour Cost (\$\$)			1,200.00	900.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >