22/03/2002 REF: 03/071/80/6983/ ASS!REC. BY: Special Instruction: Survator -ASSIGNMENT (Office) From (Person): Irene Tay Date/Time: 18092018 226pm Estimated Cost: Bill to: OD / FIE + WS / TP RES / OD RES / EVA / INV / MV / CS 98s 3410G GZ 3156U To Inspect Vehicle No: Insured: Tower Transit Tel: 9848 7243 at Workshop m/s 21 Bulin DINL DMCVSN 302462 180 Policy No: SNM 18004476C02. Claim No: Sum Insured: Excess: Make of Veh: 12092018 D.O.A. (Client's Record) CA / REV / REP. / REV 24 HRS WOL H.O.D. Endorsement: Date/Time: 18072018 2460m Person Contacted: Shunfuh Vehicle IN/QUI Date/Time Action/Instruction) Estimate 5189 31110 G - X 3156 LI - NTA / INCO9012323/11 DOA: 02060A (about \$3001days

Rivergor . Tan	VI	
		ASSIGNMENT SBS 3410 9
From:	Date:	Veh No. Yr Regn: 2014 Am
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD ITP WS ITP RES IO	D RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:		Make: Volvo 159+L. c.c 936
at Workshop m/s		Colour Gull - A/G: Insured / Std / NI /
of		Sp.Reading 2684 T/Radio: Insured / Std / NI /
Insured		Eng/No: 2644922 F.W. 11 7871
Policy No.		C/No: 4V354P922EA [6.783]
Claims No.		Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or
		Tyre Size: F: 275/70 1275
(Policy Condition)		R: (0)
Remark: The veh had con	nmenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA MIC OHTSU / PIR / SUMI /
repair at the tim	e of inspection.	TOYO/YOKO or
Bal, or Market Value:		Front Rear 10
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 8 mm R/Bal. 8/8.
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. & mm L/Bal. &
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 27/9/18
Lum Sum:	% 3 Val.: Yes or No	Survey held at Tower frank ?!
CA I DEV I DED I	24 HRS 4-20-4pm	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. /	Vehicle: .	IN/OUT FUT O/?
Date: Per	rson Contacted: Stary	The U/C / Chassis frame / Body Structure affected due to col
Date / Time Action /	Instruction	Vi Ae
	w/s will e-ment e	DT INFITC
		n 5 MAR 2019
	RECEIVED	
	RECEIVED	0.0.11010.2010
	RECEIVED	0.0.11231.2010
		0.0.11231.2010
		1
Date/Time, File Pass to?		Days Of Repair:
	: Preli. Report : Final Report	Days Of Repair: Resurvey No. of Trip: - Survey Fee: 326
Date/Time, File Pass to?	: Preli. Report : Final Report	Days Of Repair: Resurvey No. of Trip: - Survey Fee: 320 Transportation: dd Fee: Site Insp (\$)S+RSSI
Date/Time, File Pass to? 1) 5/3 Typist Date/Time, File Return to?	: Preli. Report : Final Report	Days Of Repair: Resurvey No. of Trip: - Survey Fee: 326

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status		
Main	17 Sep 2018		18 Sep 2018 14:26 Assign			ma natir ed	New Assignme Cancel Case	nt	
	Main	R	eference		Claim Details	Doc	uments	Show All	
CLAIM S	UBFOLDER DET	TAILS				ſ	Created by insu	rerl	
Insured:						1.	Jacob of Misu		
Main Clair		TOWE	R TRANSIT SING	APORE PTE	LTD				
Vehicle Reg. No.: SBS3410G Date of Loss:					1	12/09/2018 00:00 - :59			
Claim Typ	e:	TP /	TP / SNM18D04476C02		Policy/Cover Note No.:		DMCVSN3024621802		
Vehicle Reg. No. (Insured): GZ3156U					Policy No. (Claimant):		-		
					Excess: S\$0.00				
Repairer:		Tower 81688	Transit Singapo	re Pte Ltd (H	(Q) 21 Bulim Drive, B	ulim Bus Depot, 6	548170 Jurong Wes	it - Tel:	
Handling I	nsurer:	China 63898	Taiping Insuran	ce (Singapor	e) Pte. Ltd. (HQ) - T	el: 6389 6111	[Handled by Iren	e Tay Hui Pin	
Adjuster:		The state of the s		Pte Ltd (HO)	- Tel: 6256-3561	Final Rot due	27/09/20181		
Adj Asg. R	lemarks:	NO ES	, CASE WITH SJE			ai itpi due	27/03/2010]		
ASSOCIA	TED MAIL REC	EIVED				10	ew All Compo	2 701	
There are	no mail for this c	ase.				VIE	- Compo	ose Case Mail	
⊟									
ALL ASS	OCIATED TASK	S			View All Se	earch Tasks	Create New Task	Complete	

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/09/2018 12:20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	17/09/2018 12:12
Date Of Accident	12/09/2018 17:00
Exact Location Of Accident	PANDAN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBS3410G
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	VOLVO
Model	B9TL-9.4 D (A)
Exact Purpose for which vehicle was being used a time of accident	at
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	ALICE SIM SOK HOON (ALICE SHEN SHUYUN)
NRIC No	S7419276I
Date Of Birth	21/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1999
Driving Experience	19 YEARS AND 7 MONTHS

FEMALE

NOEMAIL

(LOCAL) +65-98888888

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the detells of the accident to speed up the claims process.
- 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any felse reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 8. Consent under the Parsonal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers", the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (II) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the 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
- (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-

12/9/18, 11/12pm

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

Sketch Plan #3



BC Statement Form

Name :			
-	Sim Sek Hoon	Date of statement:	12/9/18
Emp No:	11153	Time of statements	
Statement taken Name : Incident details -	by-SIVAKUMAR	Position:	18)
Nature of inciden	t: Hit And Run.		
Date of Incident	12/9/18	Time of incident :	Around 5.03 pm
Statement of det	alls of incident.		
park, number plate numbers SBS 3410 G direction di fureigners to fureigners unable to	soun for a truch so so so covertaken my TT: from the rear to sappearing without st warn the driver.	and an Road at around 5, which was reversing into dden, a blue pick-up bear S bus bearing the plate the right and speed us opping after I horned This pick-up was lower was driving speed in or her. Fortunately,	o an industrial ing the unknown numbers P to my front for a number added with manually, I was
			3

MTOT18120250 / Tower Transit Singapore Pte Ltd - HQ ENTRY DATE & TIME: 17/09/2018 12:12 SUBMITTED BY: Sharifah Nusaybah Binte Syed Jamil Binshahab

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	17/09/2018 12:12	
Date Of Accident	12/09/2018 17:00	
Exact Location Of Accident	PANDAN ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBS3410G	
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	VOLVO	
Model	B9TL-9.4 D (A)	
Exact Purpose for which vehicle was being used a time of accident	at .	
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	ALICE SIM SOK HOON (ALICE SHEN SHUYUN)	
NRIC No	S7419276I	
Date Of Birth	21/06/1974	
Occupation	OUTDOOR	
Date Of Driving Pass	29/01/1999	
Driving Experience	19 YEARS AND 7 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-98888888	
Fax Number		
Contact Number		
FMail Address	NOEMAIL	
	D.	4 - 4 0

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

Company of Driver's Own Vehicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

GZ3156U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any felse reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 8. Consent under the Parsonal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disciose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (I) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (II) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the 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
- 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 cialms.
- 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 Data & Time:

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

12/9/18, 11/12pm

Reporting Centre Personnel's Signature Name:

NRICIFIN No.:

DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
AS.	PLER	
2437		
		+0
900		
		137-21-31-31-21-31
DECLARATION		
	iculars are true in every respect.	
	Olis 11153	
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time: 12 /1/8 , 11.12pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #3



BC Statement Form

statement: 12/9/18 Fistatement: 11/2pm. Fincident: Around 5.03 Fincident: Around 5.03 Pick-up bearing the unit the plate numbers and sped up to my	then trial known
fincident: Around 5.03 around 5.03 p.m., Versing into an induspick-up bearing the until the plate numbers	then trial known
fincident: Around 5.03 around 5.03 p.m, lersing into an indus- pick-up bearing the unithe plate numbers	then trial known
around 5:03p.m, loversing into an indus- pick-up bearing the un the plate numbers	then trial known
around 5:03p.m, loversing into an indus- pick-up bearing the un the plate numbers	then trial known
pick-up bearing the uni the plate numbers	known front
pick-up bearing the uni the plate numbers	known front
I homed for a nu up was loaded with inving speedily, I was Fortunately, there w	25
*	*
*	
2	
77.46	
details of the Incident as stated	to
-	etails of the incident as stated



ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME	1700	HRS	7	BUS REGISTRATION NUMBER	SBS34100	5	
REPORTED			_	BUS TYPE (SD/DD)	DD		
ACCIDENT DATE	12-Se	p-18	_	503 1172 (30/50)			
BUS CAPTAIN NAME	ALICE SIM S	SOK HOON		BUS ROUTE NUMBER			
EMPLOYEE NUMBER				BUS ADVERTS (Y/N)	N		
SECTION 1: PARTS	& CONSUMABLE ITEM	1S (MATERIAL CO	ST)				
	Part No.		Part or Item Description	n	Quantity	Tot	tal Cost
					7% GST	\$	3
					FINAL TOTAL COST	\$	*
SECTION 2: ASSESS	MENT / REPAIR / SPF	RAY PAINT (LABO	UR COST)				
			TS ASSESSMENT, REPAIR O	R SPRAY PAINT)		TO	TAL COST
	TO REPLACE/REI	PAIR THE DAMAG	ED PARTS (INCLUDING	S SPRAY PAINTING)	300	\$	600.00
					7% GST	\$	42.00
					FINAL TOTAL COST	\$	642.00
					FINAL TOTAL COST	\$	642.00

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	28/9/2018
		Date Out From Repairs	29/9/2018
BUS TYPE (SD / DD)	DD	Number of Days Under Repair	1
	LOSS OF USE COST	\$	400.00

SUM	MARY		
SECTION NO.	COST		
1	\$	-	
2	\$	642.00	
3			
4	ē		
5	\$	400.00	
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$	1,042.00	

Tanfilm 12/9/18

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

Acknowledged by Repairer

Signature:

Date:

PAGE 2

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

LAIM SUBI	OLDER TRA	CKING			_		1-			
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitte	ed Ins Auth'ed	Status			
Main	17 Sep 2018		18 Sep 2018 14:26 Edit Adj Rpt	S\$300.00 Edit Estimates	S\$300.00 View Rpt		Pending for Report Cancel Case	4		
	Main	R	eference	Claim De	tails	Documents		Show All		
CLAIM SU	BFOLDER DE	TAILS			[Creat	ted by insurer]				
Insured:	-, Co. Re	g. No.: -								
Main Claimant:	TOWER T	TOWER TRANSIT SINGAPORE PTE LTD								
Vehicle Reg No.:	SBS341	SBS3410G Date of Loss: 12/09/2018 00:00 - :59 [49 Months and 11 Days From LTA Reg Date (Man Yr)]								
Claim Type	TP / SN	M18D04476C02	2	Policy/0 Note No		N3024621802				
Vehicle Reg No. (Insured):	GZ3156U			Policy N (Claima						
				Excess	S\$0.00					
Repairer:	Tower Tr	ansit Singapore	Pte Ltd (HQ) 21 Bu	ılim Drive, Bulim Bu	s Depot, 64817	70 Jurong West - Tel: 81	688950			
Handling Insurer:	100000000000000000000000000000000000000				The second second second	ndled by Irene Tay Hui	RUMPEN SCHOLUS	27.0150		
Adjuster:	27/09/20	Consultants Pte 018]	Ltd (HQ) - Tel: 62	56-3561 [Handle	d by MOHD TA	AUFIKH BIN HAMID]	[Final Rpt	due		
Adj Asg. Remarks:	NO EST, C	ASE WITH SJE.								
ASSOCIAT	ED MAIL RE	CEIVED				View	All Compos	e Case Mai		
There are n	o mail for this	case.								
ALL ASSO	CIATED TAS	sks∃			View All	Search Tasks Cre	ate New Task	Complete		
			C C	. Usudlar						
No results.	e Priority	Type Task	Group Subjec	t Handler	Assigned By	Completed On	Created On	Done		

Claim Documents

*SBS3410G (SNM18D04476C02)

[GZ3156U]

TP

TOWER TRANSIT SINGAPORE PTE LTD

Sep 12 2018 12:00AM

[-]

Tower Transit Singapore Pte Ltd

Pho	tos/Images		3 per p	age 🔻	~
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	05/03/19 10:00	General View	0	Load JPG	V
2	05/03/19 10:00	General View	0	Load JPG	✓
3	05/03/19 10:00	General View	0	Load JPG	V
4	05/03/19 10:00	9 10:00 General View			
5	05/03/19 10:00	10:00 General View			
6	05/03/19 10:00	General View	0	Load JPG	V
7	05/03/19 10:00	General View	0	Load JPG	~
8	05/03/19 10:00	General View	0	Load JPG	V
9	05/03/19 10:00	General View	0	Load JPG	~
10	05/03/19 10:00	General View	0	Load JPG	V
11	05/03/19 10:00	General View	0	Load JPG	V
12	05/03/19 10:00	General View	0	Load JPG	~
13	05/03/19 10:00	General View	0	Load JPG	V
14	05/03/19 10:00	General View	0	Load JPG	V
15	05/03/19 10:00	General View	0	Load JPG	V
16	05/03/19 10:00	General View	0	Load JPG	V
17	05/03/19 10:00	General View	0	Load JPG	V
18	05/03/19 10:00	General View	0	Load JPG	V
19	05/03/19 10:00	General View	0	Load JPG	~
20	05/03/19 10:00	General View	0	Load JPG	✓
21	05/03/19 10:00	General View	0	Load JPG	✓
Doc	cumentation		1 per s	page 🔻	V
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	18/09/18 14:25	PRS	0	Load PDF	
2	18/09/18 14:25	TP GIA	0	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Pr	nt
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/CTI18016983/T1TBE2

Date:

06/03/2019

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMCVSN3024621802

Claimant Vehicle

SBS3410G

Insured Vehicle No:

GZ3156U

No: Date of Loss:

12/09/2018

Nature of Claim: TP

Claim No:

SNM18D04476C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SBS3410G

Make & Model:

VOLVO B9R, 9.4 D (M)

Engine No:

D9192987

261841 km

Reg. Date:

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

Chassis No: Odometer:

YV3S4P922EA167831

Colour: Engine Capacity: Green 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:

Michelin 8 mm

Rear Right Side:

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		600.00	300.00	300.00	50.00
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
Gross	Total (S\$)	600.00	300.00	300.00	50.00
+ GST 7.00/7	7.00% (S\$)	42.00	21.00	21.00	50.00
Nett An	nount (S\$)	642.00	321.00	321.00	50.00

INSPECTION

Date of Assignment:

18/09/2018

Date Inspected:

27/09/2018 Inspected At:

Tower Transit Singapore Pte Ltd (HQ)

21 Bulim Drive, Bulim Bus Depot

Singapore 648170

Estimated Period of Repair:

1.0 days

MOHD TAUFIKH BIN HAMID Adjuster:

Manager:

DENISE TAY KWEE CHENG

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: 06 Mar 2019)

Parts:

N/A

VOLVO B9R 9.4 D (M) (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SBS3410G)

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

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
Lab	our Items			
1	TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDI SPRAY PAINTING)	NG New	600.00	300.00
	Gross Labour Cost (S\$)		600.00	300.00
	Report was unsubmitted d	uring this print-out.		

< END OF ESTIMATES >