

ASSIGNMENT

Tanfah

REF:

Independent

CS/TP19002035/T1td3er

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: _____

Veh No: SBS 637R Yr Regn: 2013 March
 Type: M.Car / M.Cycle Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes Benz Citaro c.c. 6374
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 284317 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WER62808323124796
 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: _____

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

Front Rear
 R/Bal. 8 mm R/Bal. 8/8 mm
 L/Bal. 8 mm L/Bal. 8/8 mm
 D.O.A. _____ D.O.I. 11/10/17
 Survey held at Tower Transit

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT
Sharjah

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
30/1/19 Confirm CoR \$3432.92, 3 days, e-mail to Sharjah
(Red: 561.30, 14%)

[Signature]
31/1/2019

RECEIVED 12 FEB 2019

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: 1

Date/Time, File Return to?
 Report Format :
 Lump Sum / I.B.I: (\$) 3432.92

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

Survey Fee:	130
Transportation	50
S + RS \$1	50
Photos	21
Others	80
TOTAL	331

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 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	13/10/2017 11:12
Date Of Accident	09/10/2017 22:50
Exact Location Of Accident	JURONG EAST INTERCHANGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6371R
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-16086301MFBP
Cover Note Number	

Driver

Name of Driver	AZIZ BIN MOHD NASIR
NRIC No	S7916396A
Date Of Birth	02/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address
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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES
Foreign Vehicle Registration Number JQM3907 (BUS)
Was any body injured in the Accident? NO
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) 0

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

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 JQM3907
Vehicle Make/Model/Colour
Details Of Properties CAUSEWAY LINK BUS
Name of Driver PARJO BIN ABAS
NRIC/Passport Number 590217-01-5995
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful 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 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.
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/trail 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.

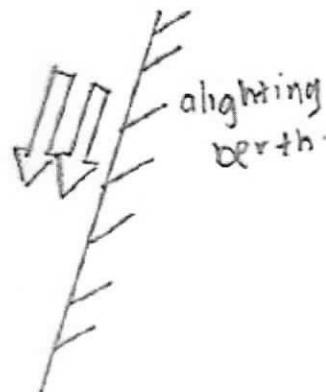
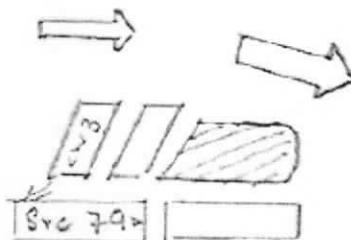
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Jurong Est Bus Int.



Sketch Plan #2

Describe Circumstance of the Accident

On 09 October 17 at 2256hrs BC10403 Aziz Bin Mohd Nasir reported C'W3 bus hit onto his bus (SBS6371R) while reversing out of the Jurong East bus parking lot.

C'W3 bus reversing out from the left diagonal parking lots while SBS6371R was stationary parked on the right side of the driveway. C'W3 then hit SBS6371R from the left side.

No injuries to both parties.

SBS6371R sustained minor crack on the left rear signal cover and left rear glass window panel.

No damages to C'W3.

Declaration

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

Policyholder's Signature/Date
& Time



Driver's Signature (if driver is not
the policy holder) / Date & Time

Witnessed by Reporting Centre
Personnel

ESTIMATED ACCIDENT REPAIR COST



SECTION 3: REPAIR DONE BY CONTRACTOR AFTER ASSESSMENT (CONTRACTOR COST)

TOTAL REPAIR COST BASED ON CONTRACTOR'S QUOTE	-
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SECTION 4: ADMINISTRATIVE (OVERHEADS)

TOTAL OVERHEADS COST (10% OF PARTS & LABOUR)	-
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SECTION 5: REPAIRS TO BUS ADVERTISEMENT VINYL/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST	-
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SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

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

		Date In For Repairs	10/10/2017
		Date Out From Repairs	14/10/2017
BUS TYPE (SD / DD)	SD	Number of Days Under Repair	4
LOSS OF USE COST			\$1,200.00

SECTION 8: ENGINEERING RECOVERY OF ACCIDENT BUS (ENGINEERING RECOVERY COST)

ENGINEERING RECOVERY COST	-
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SUMMARY	
SECTION NO.	COST
1	\$1,854.22
2	\$2,140.00
3	-
4	-
5	-
6	-
7	\$1,200.00
8	-
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5+6+7+8)	\$5,194.22

Taufik 97495749
Independent Report
11/10/17 @ 1555
3 days
Resin before paint & new parts
taufik@kkantown.com
sur@kkantown.com

1732.92
1700

\$3432.92
3 days
3994.22



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			
TOWER TRANSIT SINGAPORE PTE. LTD.		Ref : CS/TP19002035/T1td3e2	
21 BULIM DRIVE SINGAPORE 648170		Date : 12-02-2019	
		Code : TP479	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.		Veh. Inspected	SBS 6371R
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/10/2017
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ CITARO	c.c	6374
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WEB62808323124776	Colour	GREEN
Odometer	284317	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	BRIDGESTONE	8 mm
L/H Front Tyre	275/70 R22.5	BRIDGESTONE	8 mm
R/H Rear Tyre	275/70 R22.5 (D)	BRIDGESTONE	8/8 mm
L/H Rear Tyre	275/70 R22.5 (D)	BRIDGESTONE	8/8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/10/2017	Inspection Date	11/10/2017
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 AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 6371R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	GLASS PANE	CRACKED	669.99	669.99
1	BUMPER - REAR LH	CRACKED	393.68	393.68
1	SIDE MARKER LIGHT	CRACKED	43.36	43.36
2	HEXALOBULAR BOLT	NECESSARY	3.11	3.11
1	BRACKET LEFT (REAR BUMPER)	NECESSARY	19.55	19.55
1	TAIL LAMP (LH)	CRACKED	529.63	529.63
4	SIKA TACK MOVE	NECESSARY	73.60	73.60
			1,732.92	1,732.92
	LABOUR			
	TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)		2,000.00	1,700.00
			2,000.00	1,700.00
	GRAND TOTAL		3,732.92	3,432.92
RECOMMENDED COST OF REPAIRS				3,432.92

Report Ref No. CS/TP19002035/T1td3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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