

22/03/2002

ASS. REC. BY:

REF: es/FCI/90055/3/R/sd302

Special Instruction:

Supervisor:
CWS

RASU)

ASSIGNMENT (Office)

From (Person):

May chuan

of

FCI

Date/Time:

9:32am @ 28/3/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBS 3343S

Insured:

SHB 6630L

at Workshop m/s

Tower Transit

Tel:

98482243

of

21 Bulim Drive

Policy No:

Claim No:

D19002107MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19/03/2019

CA / REV / REP. / REV 24 HRS

(up)

Lynn

H.O.D. Endorsement:

Date/Time:

10:04am @ 28/3/19

Person Contacted:

sharifah

Vehicle **IN** / OUT

Date/Time	Action/Instruction (✓) Estimate
	SBS 3343S-X
	SHB 6630L - NA/INC170102966/R3 D.O.A: 28/5/17
05/04/19	@ 16:57 p.m. revised PA to May chuan via email.

Surveyor

John

REF: FCI

9417k

ASSIGNMENT

From: Date: 3/4/19

Veh No: SBS 3343S Yr Regn: 2013 May

Estimated Cost:

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 3343S

Make: VOLVO B9TL c.c. 9364

at Workshop m/s Tower Transit

Colour: Green A/C: Insured / Std / NI / NA

of 21 Bullim Drive

Sp. Reading: 365917 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: 4V3S4P9270A160419

Claims No.

Gen. Cond: Good / Fail / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: 3pm - 4pm

Modi: N/A / S/Rim / STD A/Rim or

(Policy Condition)

Tyre Size: F: 275/70R225

R: - - - - -

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIZ / OHTSU / PIR / SUMI /

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 8 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 8 mm

Est. Repairs: days Res.: Yes or No

D.O.A. 19/03/19 D.O.I. 03/04/19

Lum Sum: % 3 Val.: Yes or No

Survey held at TOWER TRANSIT

CA / REV / REP. / 24 HRS ^{1up}

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

O/S REAR

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

04/09/19 Confirmed P/P for 600/- @ 1 day with Result. (S 470/- Red - 44%)

RECEIVED 04 SEP 2019

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 1

1) 04/09/19 Typist

: Final Report

Resurvey No. of Trip: /

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: : Site Insp (\$)

\$ + RS, SI

Report Format:

: Interview (\$)

) Photos

Lump Sum (I.B.V) (\$ 600/- P/P)

: Tech. Invs (\$)

) Others

: Weekend (\$)

TOTAL

40
50
13
103

MOTOR SURVEY ASSIGNMENT

Date	27-03-2019	Our Ref No. D19002107MFSH
Accident Date	19-03-2019	Claim Type. Third Party
Insured Vehicle	SHB6630L	Third Party Vehicle. SBS3343S
Survey Location	21 BULIM DRIVE BULIM BUS DEPOT	
Contact Person.	SHARIFAH	
Contact No.	68171747/ 98482243	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	TOWER TRANSIT SINGAPORE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

RE: SBS3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>

Wed 4/9/2019 3:56 PM

To: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>

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

Dear Shirley

We agree with COR \$600.00 before GST @ 1day.
Do we send LOD to your side of directly MSFCIL ?

Thank You

Best Regards

Lynn Ahmad (Ms)

Senior Executive, Claims

Office +65 6248 0987

Mobile +65 9199 0025

Email bazlin.ahmad@towertransit.sg**Tower Transit Singapore Pte Ltd**

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

Registration number 201419417K

www.towertransit.sg

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>**Sent:** Wednesday, 4 September, 2019 3:49 PM**To:** Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>**Cc:** Wu Tzu Ying <Wu.Zy@towertransit.sg>**Subject:** Re: SBS3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

THIS EMAIL IS FROM AN EXTERNAL SOURCE – Do not click links or open attachments unless you recognise the sender/email.

If in doubt, please check with IT Support!

Hi Lynn,

Please confirm final figure \$ 600.00 @ 1 day before GST.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>
Sent: Wednesday, 4 September 2019 3:34 PM
To: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Cc: Wu Tzu Ying <Wu.Zy@towertransit.sg>
Subject: RE: SBS3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

Dear Shirley

Please find attached.

Thank You

Best Regards

Lynn Ahmad (Ms)

Senior Executive, Claims

Office +65 6248 0987

Mobile +65 9199 0025

Email bazlin.ahmad@towertransit.sg



Tower Transit Singapore Pte Ltd

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

Registration number 201419417K

www.towertransit.sg

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 4 September, 2019 1:57 PM
To: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>
Subject: Re: SBS3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

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If in doubt, please check with IT Support!

Hi Lynn,

Kindly provide us after paint photo & finalize with us by today.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>
Sent: Tuesday, 3 September 2019 1:32 PM
To: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Subject: RE: SBS3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

Dear Shirley
Will forward you the after paint photos tomorrow.

Thank You

Best Regards

Lynn Ahmad (Ms)

Senior Executive, Claims

Office +65 6248 0987

Mobile +65 9199 0025

Email bazlin.ahmad@towertransit.sg



Tower Transit Singapore Pte Ltd

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

Registration number 201419417K

www.towertransit.sg

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 3 September, 2019 1:16 PM
To: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>
Subject: Re: SBS3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

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If in doubt, please check with IT Support!

Hi Lynn,

Any update?

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>
Sent: Tuesday, 25 June 2019 4:12 PM
To: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Subject: RE: SBS3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

Dear Shirley

The bus have been repaired but no photos.
Informed our engineers, they said bus haven't come back, still waiting for the engineers to take photos.

Once I have the photos, will email you.

Thank You

Best Regards

Lynn Ahmad (Ms)

Senior Executive, Claims

Office +65 6248 0987

Mobile +65 9199 0025

Email bazlin.ahmad@towertransit.sg



Tower Transit Singapore Pte Ltd

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

Registration number 201419417K

www.towertransit.sg

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 25 June, 2019 4:04 PM
To: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>
Subject: RE: SBS3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

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If in doubt, please check with IT Support!

Hi Lynn,

Any update?

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Bazlin Ahmad [<mailto:Bazlin.Ahmad@towertransit.sg>]
Sent: Friday, 21 June 2019 5:57 PM
To: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Subject: RE: SBS3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

Hi Shirley

Will update you on Monday
My engineers has left for the day

Thank You

Best Regards

Lynn Ahmad (Ms)

Senior Executive, Claims

Office +65 6248 0987

Mobile +65 9199 0025

Email bazlin.ahmad@towertransit.sg



Tower Transit Singapore Pte Ltd

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

Registration number 201419417K

www.towertransit.sg

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Friday, 21 June, 2019 5:24 PM
To: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>
Subject: SBS 3343S (FCI) DOA - 19/03/2019 SHB 6630L (OI)

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If in doubt, please check with IT Support!

Hi Lynn,

As spoken, if vehicle has been repair. Please finalize with us.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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DISCLAIMER: This email and any attached files may be confidential, privileged and intended solely for the addressee. It may not be reviewed, acted upon, filed or communicated to or by any other person. If you have received this email in error please delete it and notify the sender immediately. If you do not wish to receive general email communications, or you wish to change/update your email details, please email grey@towertransit.co.uk to tell us. The views expressed in this email are not necessarily the views of Tower Transit

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Friday, 5 April 2019 4:57 PM
To: 'May Chua Hui Chin'; 'CWS Motor Claims'
Cc: assignments; SUR; Admin-D (LKKAuto)
Subject: RE: SURVEY ASSESSMENT - D19002107MFSH/1
Attachments: SBS 3343S - Preli Advise.pdf

Dear May,

Enclosed preliminary revised of vehicle SBS 3343S.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 28 March 2019 10:05 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'May Chua Hui Chin' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19002107MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Thursday, 28 March 2019 9:32 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin

<maychua@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19002107MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

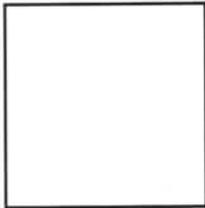
Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



This email has been checked for viruses by AVG antivirus software.
www.avg.com



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE I, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19002107MFSH

Date: 05 April 2019

Our Ref: CS/FCI19005513/R1sd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

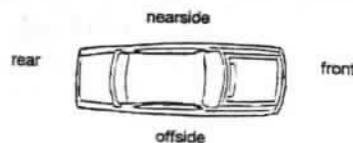
INITIAL INSPECTION REPORT OF VEHICLE NO. SBS 3343S

Please be informed that we had conducted the inspection of the abovementioned vehicle on 03/04/2019 at the premises of M/s Tower Transit Singapore Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>1,000.00</u> .
Revised Estimate Amount	: S\$ <u>1,000.00</u> .
"Check" Items Amount	: S\$ _____ .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

Description of Damage:

The vehicle sustained damages at the o/s rear portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 1 Day

Yours faithfully,
Mohammed Rasul
Automotive Assessor

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 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. 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	25/03/2019 14:08
Date Of Accident	19/03/2019 16:05
Exact Location Of Accident	KEPPEL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3343S
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 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-18092210MFBP
Cover Note Number	

Driver

Name of Driver	LIEW KIN PHENG
NRIC No	S2707414F
Date Of Birth	15/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98888888
Fax Number	
Contact Number	
EEmail 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 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 (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged? NO
 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 SHB6630
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 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.

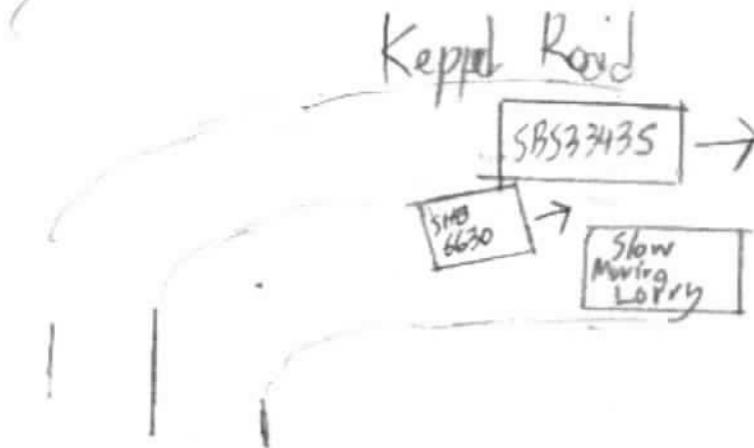
Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/07/19 2245

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/3/19 at 1608 hrs, I was driving Bus SBS 33435 on service 143 (143P18) along Telok Blangah Rd towards Jurong East. I was turning into ~~Keppel~~ Keppel Road. After clearing the turn, I continue driving. There was a taxi on the right lane being blocked by a slow moving truck and want to change lane. After passing the taxi, I saw from my mirror the taxi turned and hit my bus. As it was unsafe to stop at the scene, I move to the next bus stop and stop to check the damage. But the taxi (SHB 6630) went off. So I reported to the OCC about the incident. Bus sustained tyre marks & scratch on the rear right panel. No passengers was injured.

- SHB 6630 (Comfort Delora Taxi (Blue))

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Date & Time: 19/03/19 2245

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	-
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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	4/4/2019
		Date Out From Repairs	5/4/2019
		Number of Days Under Repair	1
BUS TYPE (SD / DD)	DD		
LOSS OF USE COST		\$400.00	

SUMMARY	
SECTION NO.	COST
1	\$0.00
2	\$1,070.00
3	-
4	-
5	\$400.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$1,470.00

(Exclude)

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:

LKK Auto Consultants hence notify the Repairer of the following:

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Acknowledged by Repairer
Signature:
Date:

Resue 8/4/19
4p 900 100 68
1 day
03/04/19 @ 1530
Resurvey after repair



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			
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI19005513/R1sd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 04-09-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 6630L	Veh. Inspected	SBS 3343S
Policy No.		Coverage (\$)	0.00
Claim No.	D19002107MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	28/03/2019
2. Vehicle Particulars & Condition			
Make & Model	VOLVO B9TL	c.c	9364
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	YV3S4P927DA160419	Colour	GREEN
Odometer	365917	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions 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. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/03/2019	Inspection Date	03/04/2019
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170		
5a. Remarks			
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		1 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 3343S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING)		1,000.00	600.00
			-	-
			1,000.00	600.00
	GRAND TOTAL		1,000.00	600.00
RECOMMENDED COST OF REPAIRS				600.00

Report Ref No. CS/FCI19005513/R1sd3e2

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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