

ASS. REC. BY:

REF:

CS/SM019010498/Etd36

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Thum Choo

of SMD

Date/Time: 13.6.19 15.00pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SBS 3370M

Insured: XD 86132

at Workshop m/s Tower Transit

Tel: 91990025

of 21 Bullin Drive, Bullin Bus Depot

Policy No: D19MTHC VE 001152

Claim No: CMTD1902845

Sum Insured:

Excess:

Make of Veh:

D.O.A. 12.6.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

mp17

H.O.D. Endorsement:

Date/Time: 13.6.19 3.17pm

Person Contacted:

Lynn

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SBS 3370M-X

XD 86132-X

19/6@ 1:10pm- Revised preli advise via menimen.

REF 50th po

From: _____ Date: 14.6.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SBS 3370 M

at Workshop m/s Tower Transit

of 21 Bulim Drive, Bulim Bus Depot.

Insured: 1000

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: morning

(Policy Condition)

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

N/S	O/S

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**

CA / REV / REP. / 24 HRS my

Date: _____ Person Contacted: _____

Vehicle: **IN / OUT**

Veh No: SBS 3370 M Yr Regn: 2/12/13

Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or

Make: Volvo 197L C.C. 9364

Colour: Multi-colour A/C: **Insured / Std / NI / NA**

Sp. Reading: 382342 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: YV3S4P926EA163359

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: 11

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

TOYO / YOKO or

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 12/6/19 D.O.I. 14/6/19

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.

[illegible]

6

Resurvey No. of Trip: 1

TOTAL

FP

Lump Sum / I.B.I: (\$ 6,240.14)

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Jun 2019		13 Jun 2019 15:02 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	EVER GLORY LOGISTICS PTE LTD, Co. Reg. No.: 200003380M		
Main Claimant:	TOWER TRANSIT SINGAPORE PTE LTD, Co. Reg. No.: 201419417K		
Vehicle Reg. No.:	SBS3370M	Date of Loss:	12/06/2019 12:00 - :59
Claim Type:	TP / CMTD1902845	Policy/Cover Note No.:	D19MTHCVE001152 (Comprehensive)
Vehicle Reg. No. (Insured):	XD8613Z	Policy No. (Claimant):	
		Excess:	
Repairer:	Tower Transit Singapore Pte Ltd (HQ) 21 Bulim Drive, Bulim Bus Depot, 648170 Jurong West - Tel: 81688950		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Thelma Choo - 6322 4681]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 24/06/2019]		
Adj Asg. Remarks:	WS: MS LYNN 91990025 / 62480987 -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT		

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.									

Steve Chen (LKK Auto)

From: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>
Sent: Thursday, July 11, 2019 3:59 PM
To: Steve Chen (LKK Auto); Admin A; Admin-D (LKKAuto)
Cc: Wu Tzu Ying; Subramanian Kasi
Subject: RE: FINALISATION ACCIDENT INVOLVING SBS3370M & XD8613Z ON 12/06/2019 @ 12:50HRS ALONG JUNCTION BUKIT BATOK WEST AVE 3 & AVE 8

Dear Steve

We accept \$6,240.14 (P/P, before GST) & 6 repair days.
Do we submit the LOD to your side or SOMPO direct ?

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: Steve Chen (LKK Auto) <SteveChen@lkkauto.com>

Sent: Wednesday, 10 July, 2019 9:48 AM

To: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>

Subject: FINALISATION ACCIDENT INVOLVING SBS3370M & XD8613Z ON 12/06/2019 @ 12:50HRS ALONG JUNCTION BUKIT BATOK WEST AVE 3 & AVE 8

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!

Dear Ms Lynn,

Kindly refer our finalize \$6240.14 (P/P, before GST). 6 repair days.

Thanks

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

To: Somp Insurance Singapore Pte. Ltd.
50 Raffles Place
#05-01/06, Singapore Land Tower
Singapore 048623

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Thelma Choo

Date: 19 Jun 2019

Preliminary Advice

Insured Vehicle No	: XD8613Z	Accident Date	: 12/06/2019
TP Vehicle No	: SBS3370M	Assignment Date	: 13/06/2019
Make	: VOLVO B9TL	Est. Duration of Repair	: 6.00
Date of Inspection	: 14/06/2019		
Inspection At	: TOWER TRANSIT SINGAPORE PTE LTD (HQ) 21 BULIM DRIVE, BULIM BUS DEPOT SINGAPORE 648170		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	8,828.95
Revised Amount	:S\$	4,640.14
Check Items (Estimated)	:S\$	0.00
Total	:S\$	4,640.14

Lump Sum Repair	:S\$
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Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (x) Other comments : Surety on "WP"

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	12/06/2019 17:50
Date Of Accident	12/06/2019 12:50
Exact Location Of Accident	JUNCTION BUKIT BATOK WEST AVE 3 & AVE 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBS3370M
Insured/Policyholder	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	201419417K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62480987
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	REPORTING ONLY
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	GOPALAKRISHNAN ILAYARAJA
Passport No/FIN	S7563558C
Date Of Birth	25/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2017
Driving Experience	1 YEAR AND 8 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	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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	20

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

PLEASE REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8613Z
Vehicle Make/Model/Colour	TRD2023Y - TRAILER
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	SOMPO INSURANCE SINGAPORE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190612/2206

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20190612/2206

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2019 22:50		Vide Report No.:		Station Diary No.: 257	
Informant's Particulars					
Name of Informant: GOPALAKRISHNAN ILAYARAJA			Address: APT BLK 980D BUANGKOK CRESCENT #07-49 SINGAPORE 536980		
ID Type / ID No.: NRIC NO / S7583558C			Contact No.: Home/Office: Mobile: 82682567		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 25/02/1975	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/06/2019 12:55	Type of Location: T-Junction
Location: Along Road 1 BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS3370M	Bus/Coach/Minibus	VOLVO	B9TL	Multi-Colored	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190612/2206

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190612/2206

CONTINUATION OF REPORT

Brief Details.

On 12/06/2019 at about 1255hrs, I was driving vehicle; SBS3370M towards Bukit Batok Interchange. I was making a right turn along Bukit Batok Road however there was a trailer on my right which was making a U-turn. While the trailer was making the U-turn, the trailer left side swiped onto my vehicle rear right. I then stopped my bus on the side of the road to make a check on my vehicle and discovered that the side window was cracked. The vehicle did not stop and left from the place. At the point of time no one was injured and no ambulance or traffic police at scene.

**SINGAPORE
POLICE FORCE**

T/20190612/2206

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20190612/2206

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 1 TOH SENG SZE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/06/2019 22:50

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168

Accident 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:

12/06/19
1620

Reporting Centre Personnel's Signature

Name: ABUL RAHMAN
NRIC/PIN No.: 81132162 C



Statement Form

BC Name: GOPALAKRISHNAN ILAYARAJA Date Taken: 12 JUN 2019
 BC No : 12527 Time Taken: 16:20 HRS
 Nature of Incident: HIT AND RUN
 Date of Incident: 12 JUN 2019 Time of Incident: 12:55 HRS
 Service No: 665 803 Bus Reg No: SBS 3370M Duty No: 665 803

Details:

ON 12 JUN 2019 AT ABOUT 12:55 HRS.

I BC12527 ON SVC 665 803 WAS DRIVING TTS BUS
SBS 3370M FROM BULIM DEPOT OFF SERVICE TO
BUKIT BATOK INTERCHANGE. WHILE I WAS DRIVING
ALONG BUKIT BATOK ROAD TURNING RIGHT TO
BUKIT BATOK WEST AVE 3. I WAS ON THE EXTREME LEFT
LANE, A TRAILER ON MY RIGHT MAKING U TURN HAD
A SIDE SWIPE ON TO MY BUS RIGHT HAND REAR BODY.
THE TRAILER DRIVER DID NOT STOP AFTER THE INCIDENT.
I STOPPED MY BUS AT THE SIDE OF THE ROAD SAFELY. CHECKED
MY BUS FOUND MY BUS REAR RIGHT SIDE WINDOW GLASS CRACKED
NO ONE WAS INJURED. INFORMED BECC, INSTRUCTED ME
TO RTD.

*I confirmed that the above statement given by me is correct to the best of my knowledge.

Gopalakrishnan Ilayaraja 12527

BC Name & No.

[Signature]

Signature

12/06/19 1620

Date & Time

Statement Taken By:

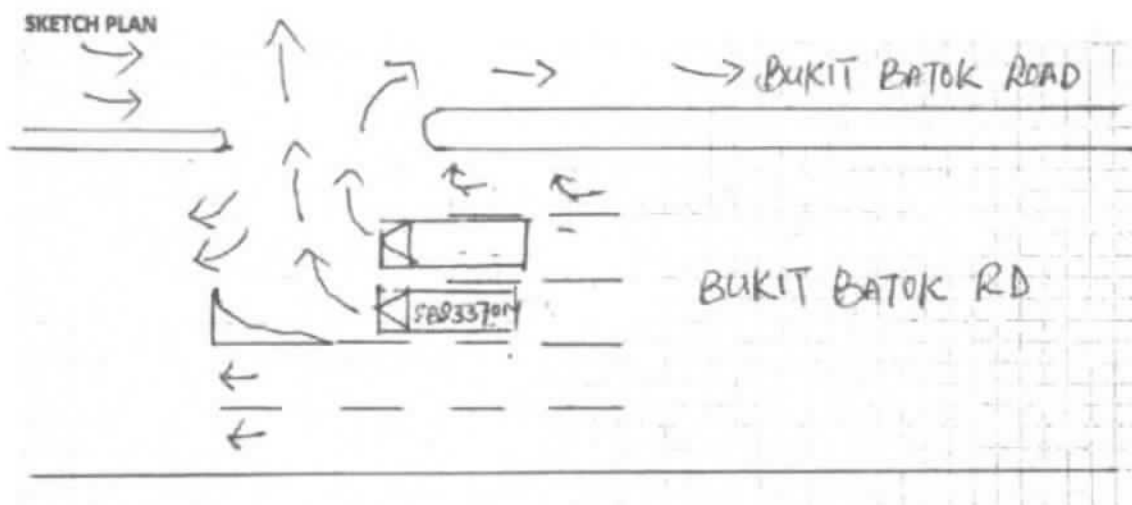
ABDUL RAHIM

Name

1 S

Designation

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 JUN 2019 AT ABOUT 12:55 HRS
 I BC12527 ON SYC 665 S03 WAS DRIVING TTS BUS SBS 3370M
 FROM BULIM DEPOT OFF SERVICE TO BUKIT BATOK INTERCHANGE.
 WHILE I WAS DRIVING ALONG BUKIT BATOK ROAD TURNING
 RIGHT TO BUKIT BATOK WEST AVE 3. I WAS ON THE
 EXTREME LEFT LANE, A TRAILER ON MY RIGHT MAKING
 U-TURN HAD A SIDE SWIPE ON TO MY BUS RIGHT HAND REAR
 BODY. THE TRAILER DRIVER DID NOT STOP AFTER THE INCIDENT.
 I STOPPED MY BUS AT THE SIDE OF THE ROAD SAFELY, CHECKED
 MY BUS FOUND MY BUS REAR RIGHT SIDE WINDOW GLASS
 CRACKED. NO ONE WAS INJURED. INFORMED BOLL,
 INSTRUCTED ME TO RTD.

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 policyholder)
 Date & Time:

12/06/19
 1620

Reporting Centre Personnel's Signature
 Name: ABOL RAHM
 NRIC/FIN No.: S1132162C

SBS33370M



SBS33370M



SBS33370M



SBS33370M



SBS3370M



SBS3370M



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	9417K
Vehicle Details	
Vehicle No.:	SBS3370M
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jun 2019
Vehicle Make:	VOLVO
Vehicle Model:	B9TL
Primary Colour:	Multi-Colour
Manufacturing Year:	2013
Engine No.:	D9191431
Chassis No.:	YV3S4P926EA163359
Maximum Power Output:	-
Open Market Value:	\$479,149.00
Original Registration Date:	02 Dec 2013
First Registration Date:	02 Dec 2013
Transfer Count:	1
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 19 Jun 2019

OK

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SBS3370M		
Vehicle Type :	H20 - Public Transport Bus/Coach/Minibus		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	OmniBus (LTA-ARF exempted)		
Vehicle Make :	VOLVO		
Vehicle Model :	B9TL		
Chassis No. :	YV3S4P926EA163359		
Propellant :	Diesel		
Engine No. :	D9191431		
Engine Capacity :	9364 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	25400 kg		
Unladen Weight :	15120 kg		
Year Of Manufacture :	2013		
Original Registration Date :	02 Dec 2013		
Lifespan Expiry Date :	01 Dec 2030		
Road Tax Expiry Date :	01 Dec 2019		
Inspection Due Date :	01 Dec 2019		
Intended Transfer Date :	19 Jun 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK Print

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	12:50HRS
ACCIDENT DATE	12-Jun-19
BUS CAPTAIN NAME	GOPALAKRISHNAN ILAYARAJA
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SBS3370M
DD	
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

SECTION 1: PARTS & CONSUMABLE ITEMS (MATERIAL COST)

Part No.	Part or Item Description	Quantity	Total Cost
77200597	BRONZE BODY GLASS / DR	1	\$1,118.28
77200281	BRONZE BODY GLASS 4MM / DR	1	\$215.86
77016434	SIKAFLEX BLACK [special nett] / BT MC	8	\$256.00
	BRONZE BODY FRAME / DT	1	\$1,000.00
	STICKER (ALADDIN) [special nett] - ADVERTISEMENT COST		
p- 2590-14		7% GST	\$181.31
		FINAL TOTAL COST	\$2,771.45

SECTION 2: ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO REPLACE ALL DAMAGED PARTS 650 5 DAYS	\$2,250.00
Steve CLKK 6 dy in Mph 14/6/19, 11.22am	7% GST \$157.50
8322 8813 P/P	FINAL TOTAL COST \$2,407.50

Steve chen @ lkk auto.com Rg bel spy

6240.14

ESTIMATED ACCIDENT REPAIR COST



SECTION 3: REPAIRS TO BUS ADVERTISEMENT VINYL/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST / <i>NP</i>	\$1,400.00
---	------------

SECTION 4: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
-------------------	---

SECTION 5: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

		Date In For Repairs		
		Date Out From Repairs		
		Number of Days Under Repair	5	
BUS TYPE (SD / DD)	DD	LOSS OF USE COST		\$2,250.00

SUMMARY	
SECTION NO.	COST
1	\$2,771.45
2	\$2,407.50
3	\$1,400.00
4	-
5	\$2,250.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$8,828.95

P- 2599-14
L - 2250
NI - 1400
6249-14

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:

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	13 Jun 2019		13 Jun 2019 15:02 Edit Adj Rpt	S\$6,240.14 Edit Estimates	S\$6,240.14 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	EVER GLORY LOGISTICS PTE LTD, Co. Reg. No.: 200003380M								
Main Claimant:	TOWER TRANSIT SINGAPORE PTE LTD, Co. Reg. No.: 201419417K								
Vehicle Reg. No.:	SBS3370M	Date of Loss:	12/06/2019 12:00 - :59 [66 Months and 10 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / CMTD1902845	Policy/Cover Note No.:	D19MTHCVE001152 (Comprehensive)						
Vehicle Reg. No. (Insured):	XD8613Z	Policy No. (Claimant):							
		Excess:							
Repairer:	Tower Transit Singapore Pte Ltd (HQ) 21 Bulim Drive, Bulim Bus Depot, 648170 Jurong West - Tel: 81688950								
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Thelma Choo - 6322 4681]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by CHEN TSUE YEE] ... [Final Rpt due 24/06/2019]								
Adj Asg. Remarks:	WS: MS LYNN 91990025 / 62480987 -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT								
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

***SBS3370M (CMTD1902845)**
[XD8613Z]
TP
TOWER TRANSIT SINGAPORE PTE LTD
Jun 12 2019 12:00PM
[EVER GLORY LOGISTICS PTE LTD]
Tower Transit Singapore Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
1	01/08/19 16:44	Sompo Insurance Singapore Pte. Ltd. (HQ) Video - Accident	Load MP4	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
1	19/06/19 13:10	LKK Auto Consultants Pte Ltd (HQ) Adjuster Immediate Advice	Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder		Thumbnail	Print
1	19/06/19 10:34	LKK Auto Consultants Pte Ltd (HQ) General View	Load JPG	<input checked="" type="checkbox"/>
2	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
3	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
4	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
5	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
6	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
7	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
8	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
9	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
10	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
11	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
12	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
13	19/06/19 10:34	General View	Load JPG	<input checked="" type="checkbox"/>
14	19/06/19 10:34	Odometer Reading	Load JPG	<input checked="" type="checkbox"/>
15	19/06/19 10:34	Chassis Number	Load JPG	<input checked="" type="checkbox"/>
16	10/07/19 09:48	Photo After Spray	Load JPG	<input checked="" type="checkbox"/>
17	10/07/19 09:48	Photo After Spray	Load JPG	<input checked="" type="checkbox"/>
18	10/07/19 09:48	Photo After Spray	Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
1	13/06/19 14:54	Sompo Insurance Singapore Pte. Ltd. (HQ) TP - SAS	Load PDF	
2	13/06/19 15:00	TP - ACK+NR+ASSIGN LKK	Load PDF	
3	01/08/19 16:43	Letter of Demand from Third Party - Tower Transit Singapore Pte Ltd/ ACK	Load PDF	
4	01/08/19 16:43	Letter of Demand from Third Party - GIA search	Load PDF	
5	01/08/19 16:43	Letter of Demand from Third Party - Repair Cost	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
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/SMO19010498/ETD3E2

Date: 02/08/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D19MTHCVE001152
Claimant Vehicle No :	SBS3370M	Insured Vehicle No :	XD8613Z
Date of Loss:	12/06/2019	Nature of Claim:	TP
		Claim No:	CMTD1902845

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SBS3370M	Engine No:	D9191431
Make & Model:	VOLVO B9TL, 9.4 D (A)	Chassis No:	YV3S4P926EA163359
Reg. Date:	02/12/2013 (Man. Year: 2013)	Odometer:	382342 km
Colour:	Multi-colour		
Engine Capacity:	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:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	275/70 R22.5	Rear Tyre Size:	275/70 R22.5
Front Left Side:	Michelin 7 mm	Rear Left Side:	Michelin 7 mm
Front Right Side:	Michelin 7 mm	Rear Right Side:	Michelin 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,590.14	2,590.14	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,650.00	3,650.00	0.00	0.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	6,240.14	6,240.14	0.00	0.00
+ GST 7.00/7.00% (S\$)	436.81	436.81	0.00	0.00
Nett Amount (S\$)	6,676.95	6,676.95	0.00	0.00

INSPECTION

Date of Assignment:	13/06/2019	
Date Inspected:	14/06/2019	Inspected At: Tower Transit Singapore Pte Ltd (HQ) 21 Bulim Drive, Bulim Bus Depot Singapore 648170
Estimated Period of Repair:	6.0 days	

Adjuster: CHEN TSUE YEE

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: 01 Aug 2019)
Parts:	N/A	VOLVO B9TL 9.4 D (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SBS3370M)	
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		*BRONZE BODY GLASS	Broken	1,118.28 FS	*1,118.28 FS
2	1		*BRONZE BODY GLASS 4MM	Broken	215.86 FS	*215.86 FS
3	8		*SIKAFLEX BLACK	Necessary	256.00 FS	*256.00 FS
4	1		*BRONZE BODY FRAME	Bent	1,000.00 FS	*1,000.00 FS
Total Parts (S\$)					2,590.14	2,590.14

F=Franchise part. S=SpcNett.

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
Labour Items				
1	TO REPLACE ALL DAMAGED PARTS	New	2,250.00	2,250.00
2	ADVERTISEMENT REPAIR COST	New	1,400.00	1,400.00
Gross Labour Cost (S\$)			3,650.00	3,650.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >