

ASS. REC. BY:

REP:

CS/FCI 19012554/TIJA302

Special Instruction:

Surveyor: TaufichASSIGNMENT (Office)From (Person): Eileen Lee of FCI Date/Time: 16/7/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: 2BS33785 Insured: SHC 1128Zat Workshop m/o Powder Monit Tel: _____of 21 Bulim DrivePolicy No: _____ Claim No: D19004619 MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 13/7/2019
(Client's Record)CA / REV / REP. / REV 24 HRS 17/7/2019 2-4pm H.O.D. Endowment: _____Date/Time: 16/7 Person Contacted: Lynn Vehicle IN / OUT

Date/Time	Action/Instruction
	1st initial ✓
	2BS 33785 X
	SHC 1128Z CS/FCI 16003118/TI+bc2
19/7/19	Email preli revised to FCI
26/8/19	Final fig \$ 25,354.54 (Red 4698.26, 16/8) confirmed by email

Tough

FCI

INSURANCE

SBS33785

2014 March

Type: Motor Vehicle / Car / Van / Truck / Bus / Motorcycle

Make / Model:

Volv 69TL

9364

Color:

Green

Insurance / Rating / Fee

License:

317213

License / Rating / Fee

Engine:

YV3S4P922FA164394

Other:

Car: Car / Light / Bus / Truck

Driving: Manual / Automatic / Loaded / Unloaded

Brake: Manual / Automatic / Loaded / Unloaded

Model: (S) 33785 / STD / Other

Type Code:

275 / 70 R22.5
2 (0)

BS / DUN / EXHOVA / GV / TS / ELZA / MC / OTHER / PR / SUM /

TOYO / YOKO /

Tire:

8

Size:

8/8

Price:

8

Unit:

8/8

Unit:

8

Unit:

8/8

DOA:

Unit:

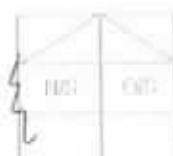
18/7/19

Survey held at:

Town Transport 21 Kellie Dr.

Cons. of Damages: Fit / Tear / Cut / Burn / Other / Standing /

Has: Air / Chassis Frame / Body Structure / Checked due to collision



Vehicle: IN / OUT

Ign

RECEIVED 20 AUG 2019

23/8/2019

Customer / Driver / Owner:

☐

Print Report

or

☐

Print Report

Customer / Driver / Owner:

26/8 - typist

Report Format:

CWS

Lump Sum / Total:

25,354.54

Days Of Repair:

7

Resurvey No. of Trip:

1

Add Fee:

☐

Life - 10%

☐

Intervenor - 1%

☐

Local fees - 1%

☐

Other - 1%

Customer / Driver / Owner:

Customer / Driver / Owner:

Customer / Driver / Owner:

Customer / Driver / Owner:

Customer / Driver / Owner:

Customer / Driver / Owner:

Customer / Driver / Owner:

20x19=300

170+300

50

50

69

639

639

639

580

059

28/8/19

MOTOR SURVEY ASSIGNMENT

Date	15-07-2019	Our Ref No. D19004619MFSH
Accident Date	13-07-2019	Claim Type. Third Party
Insured Vehicle	SHC1128Z	Third Party Vehicle. SBS3378S
Survey Location	21 BULIM DRIVE BULIM BUS DEPOT	
Contact Person.	LYNN	
Contact No.	91990025/ 91990025	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	EILEEN LEE	

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.

Veh Out

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 19 July 2019 12:52 PM
To: SUR; 'CWS Motor Claims'
Cc: Eileen Lee
Subject: RE: SURVEY ASSESSMENT - D19004619MFSH/1-SBS 3378S
Attachments: SBS 3378S PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SBS 3378S
Date of survey: 18/7/2019
Number of days : 7 days

Best Regards,

Veron Chen | 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)
Sent: Friday, 19 July 2019 12:50 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Subject: FW: SURVEY ASSESSMENT - D19004619MFSH/1

Best Regards

G.NIVITHA

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: Tuesday, 16 July 2019 2:42 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19004619MFSH/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.



AVG

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 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 480933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D19004619MFSH

Our ref: CS/FCI19012554/T1v13

Date: 19/7/2019

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SBS 3378S

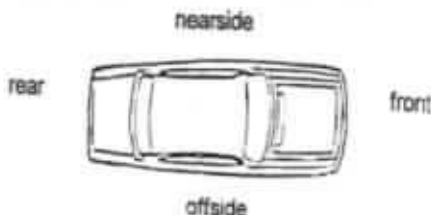
We thank you for your instruction on 16/7/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 18/7/2019 at the premises of M/s TOWER TRANSIT ENGINEERING and have the following to report:-

Workshop Estimate Amount	: S\$15,190.52
Revised Estimate Amount	: S\$7,204.54
"Check" Items Amount	: S\$
Total	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the n/s body



Comments/Present Status:

Damages Consistent

Yours faithfully,

MOHAMAD TAUFIKH
LMATAI, AMSAE-A
Automobile Assessor

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

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	417K
Vehicle Details	
Vehicle No.:	SB533785
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jul 2019
Vehicle Make:	VOLVO
Vehicle Model:	B9TL
Primary Colour:	Multi-Colour
Manufacturing Year:	2013
Engine No.:	D9191896
Chassis No.:	YV354P922EA164394
Maximum Power Output:	-
Open Market Value:	\$479,149.00
Original Registration Date:	03 Mar 2014
First Registration Date:	03 Mar 2014
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 Jul 2019

OK

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	15/07/2019 09:55
Date Of Accident	13/07/2019 13:45
Exact Location Of Accident	NEW BRIDGE ROAD (CHINATOWN POINT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3378S
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 AUTO TURBO ABS (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	MOHD HASRIE BIN MOHD HAMDAN
Passport No/FIN	G2442740X
Date Of Birth	15/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98888888
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 21 BULIM DRIVE SINGAPORE 648170

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 COLLISION - MAJOR/MINOR RD

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. 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

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 SHC1128Z

Vehicle Make/Model/Colour TOYOTA PRIUS - COMFORT TAXI

Details Of Properties

Vehicle Category TAXI

Name of Driver LIM KAU HEYA

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 Authorized 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 rescind 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:

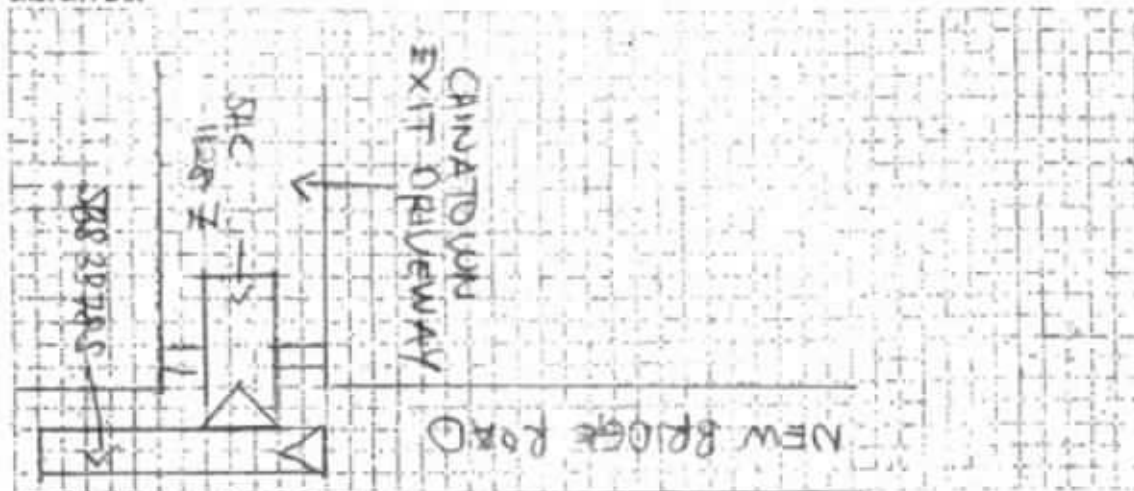
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/07/2019

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

1535

Sketch Plan #2

SKETCH PLAN



WHILE I WAS DRIVING BUS S88 30185 SERVICE 143A19 ON AROUND 1345 HRS, ONE TAXI SIC 1128 Z SUDDENLY HIT MY XS WITH FRONT BUMPER TO MY LEFT SIDE BUS, FROM FRONT TYRE TO THE REAR END. AT THE EXIT OF CHINATOWN POINT DRIVEWAY. 14 PAX ON BOARD AND NO ONE INJURED. I CALL BCCC AFTER CHANGE PARTICULARS THEN I RESUME MY SERVICE. DAMAGE OF MY BUS IS SCRATCHES ALONG THE LEFT BUS BODY AND WHEEL CAPS BROKEN ABOUT 5 PCS. DAMAGE OF THE TAXI IS FRONT NUMBER PLATE DISLOOSED AND SCRATCHES AT FRONT BUMPER.

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: 13/02/2019

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

1535

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	13:45HRS
ACCIDENT DATE	13-Jul-19
BUS CAPTAIN NAME	MOHD HASRIE BIN MOHD HAMDAN
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SB533785
BUS TYPE (SD/DD)	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
77200265	PANEL WHEEL ARCH - N/S/F	bt ✓ 1	\$937.06
77201248	SIDE SHEETMETAL PANEL	bt ✓ 1	\$367.48
77200223	PANEL WHEEL ARCH - N/S/R/F	Rx 1	\$980.02
77200577	PANEL WHEEL ARCH - N/S/R/R	Rx 1	\$980.02
A1202047	SIDE SHEETMETAL PANEL	Rx 1	\$1,438.24
	PANEL BOLTH KIT	REL ✓ 20	\$100.00
		7% GST	\$336.20
		FINAL TOTAL COST	\$5,139.02

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

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO REMOVE & REPLACE DAMAGED PARTS	5DAYS 2600. \$3,250.00
SPRAY PAINTING	5 PANEL ✓ \$3,200.00
	7% GST \$451.50
	FINAL TOTAL COST \$6,901.50

3009282

ESTIMATED ACCIDENT REPAIR COST



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

TOTAL ADVERTISEMENT REPAIR COST	-
---------------------------------	---

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	7
BUS TYPE (SD / DD)		LOSS OF USE COST	
		\$3,150.00	

SUMMARY	
SECTION NO.	COST
1	\$5,139.02
2	\$6,901.50
3	-
4	-
5	\$3,150.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$15,190.52

30,052.82

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:

[Handwritten signature]
22/7/19

Tanfik 97495749

NP

18/7/19. E 1175

Resing before paint

sure lkkauto.com

tanfik e lkkauto.com

7 days

SUPPLEMENTARY ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	13:45HRS
ACCIDENT DATE	13-Jul-19
BUS CAPTAIN NAME	MOHD HASRIE BIN MOHD HAMDAN
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	58533785
BUS TYPE (SD/DD)	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
	3RD DOOR ASSY	1 COMPLETE SET	Ad ✓ \$8,750.00
	4TH DOOR ASSY	2 COMPLETE SET	Ad ✓ \$8,750.00
		7% GST	\$1,225.00
		FINAL TOTAL COST	\$18,725.00

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

	LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		TOTAL COST
	TO REMOVE & REPLACE DAMAGED PARTS	2 DAYS 650	\$1,300.00
		7% GST	\$91.00
		FINAL TOTAL COST	\$1,391.00

SUPPLEMENTARY ACCIDENT REPAIR COST



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

TOTAL ADVERTISEMENT REPAIR COST	-
---------------------------------	---

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	
BUS TYPE (SD / DD)			
LOSS OF USE COST			

SUMMARY	
SECTION NO.	COST
1	\$18,725.00
2	\$1,391.00
3	-
4	-
5	\$0.00
SUPPLEMENTARY ACCIDENT REPAIR COST (1+2+3+4+5)	\$20,116.00

-Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 26 August 2019 4:11 PM
To: Bazlin Ahmad; Taufikh (LKKAuto)
Cc: Wu Tzu Ying; Subramanian Kasi; Admin A; SUR
Subject: RE: SUPPLEMENTARY, AFTER REPAIR & FINALISATION : FC REF: SHC1128Z.
(D19004619MFSH) & TTS REF: TTS/BU/1920/181 - SBS3378S - ACCIDENT ON
13-07-2019

Dear Bazlin,

Noted with thanks.

LOD to First Cap directly.

Best Regards,

Veron Chen | 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: Monday, 26 August 2019 2:51 PM
To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>; Taufikh (LKKAuto) <Taufikh@lkkauto.com>
Cc: Wu Tzu Ying <Wu.Zy@towertransit.sg>; Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Admin A
<admin-a@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: SUPPLEMENTARY, AFTER REPAIR & FINALISATION : FC REF: SHC1128Z. (D19004619MFSH) & TTS REF:
TTS/BU/1920/181 - SBS3378S - ACCIDENT ON 13-07-2019

Dear Vernon

We accept your cor of **\$25,354.54** before GST @ 7 working days.
Do we submit LOD to you or to First Cap directly ?

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: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Sent: Monday, 26 August, 2019 2:26 PM
To: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>; Taufikh (LKKAUTO) <Taufikh@lkkauto.com>
Cc: Wu Tzu Ying <Wu.Zy@towertransit.sg>; Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Admin A <admin-a@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: SUPPLEMENTARY, AFTER REPAIR & FINALISATION : FC REF: SHC1128Z. (D19004619MFSH) & TTS REF: TTS/BU/1920/181 - SBS3378S - ACCIDENT ON 13-07-2019

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 Bazlin,

WITHOUT PREJUDICE

Finalise amount \$25,354.54 @ 7 working days.

Please check and confirm.

Best Regards,

Veron Chen | 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: Friday, 2 August 2019 11:24 AM
To: Rasul (LKKAUTO) <Rasul@lkkauto.com>; Taufikh (LKKAUTO) <Taufikh@lkkauto.com>
Cc: Wu Tzu Ying <Wu.Zy@towertransit.sg>; Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Admin A <admin-a@lkkauto.com>; Admin-D (LKKAUTO) <admin-d@lkkauto.com>; Rasul (LKKAUTO) <Rasul@lkkauto.com>
Subject: RE: SUPPLEMENTARY, AFTER REPAIR & FINALISATION : FC REF: SHC1128Z. (D19004619MFSH) & TTS REF: TTS/BU/1920/181 - SBS3378S - ACCIDENT ON 13-07-2019

Hi

As requested, 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: Bazlin Ahmad

Sent: Friday, 2 August, 2019 10:20 AM

To: Rasul (LKKAUTO) <Rasul@lkkauto.com>; Taufikh (LKKAUTO) <Taufikh@lkkauto.com>

Cc: Wu Tzu Ying <Wu.Zy@towertransit.sg>; Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Admin A <admin-a@lkkauto.com>; admin-d@lkkauto.com; Rasul (LKKAUTO) <Rasul@lkkauto.com>

Subject: SUPPLEMENTARY, AFTER REPAIR & FINALISATION : FC REF: SHC1128Z. (D19004619MFSH) & TTS REF: TTS/BU/1920/181 - SBS3378S - ACCIDENT ON 13-07-2019

Dear Rasul / Taufikh

Please find attached.

Appreciate if you could kindly finalise by next week.

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: Bazlin Ahmad

Sent: Tuesday, 16 July, 2019 10:47 AM

To: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>

Cc: Wu Tzu Ying <Wu.Zy@towertransit.sg>; Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Admin A <admin-a@lkkauto.com>; admin-d@lkkauto.com; Rasul (LKKAUTO) <Rasul@lkkauto.com>

Subject: RE: PRI REQUEST : FC REF: SHC1128Z. (D19004619MFSH) & TP REF: SBS3378S. (SBS3378S) ACCIDENT ON 13-07-2019

Dear Officers

Kindly appoint **LKK AUTO CONSULTANTS PTE LTD** to survey our bus today.

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: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 15 July, 2019 6:25 PM
To: Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>
Subject: PRI REQUEST : FC REF: SHC1128Z. (D19004619MFSH) & TP REF: SBS3378S. (SBS3378S) ACCIDENT ON 13-07-2019

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 Sir,

We refer to your request dated Jul 15 2019 8:47PM.

Please click on the below link to access our list of surveyors for your reference. Kindly select from our list and inform us of your choice within next 2 days. In case of any difficulties in accessing the link, please reply to this email with your query.

[Click Here](#) for list of surveyors

Once you inform us of your choice, the surveyor will be appointed within 2 working days of your email.

We wish to highlight:

If you do not agree to any of the surveyors from the list, please click on Decline button & you may proceed to appoint your own surveyor. In this instance, we will also appoint a surveyor from our list to conduct the PRI. Upon completion of repairs, please contact our appointed surveyor to conduct a physical re-inspection of the vehicle.

Thank You

Thanks and Regrds
MS First Capital Insurance Ltd
cwsmotorclaims@msfirstcapital.com.sg

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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/FCI19012554/T1vf3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 06-09-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 1128Z	Veh. Inspected	SBS 3378S	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19004619MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	18/07/2019	
2. Vehicle Particulars & Condition				
Make & Model	VOLVO B9TL	c.c	9364	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	YV3S4P922EA164394	Colour	GREEN	
Odometer	317213	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	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 N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/07/2019	Inspection Date	18/07/2019	
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:		7 Working Days		

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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBS 3378S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	PANEL WHEEL ARCH - N/S/F (SN)	BENT	937.06	937.06
1	SIDE SHEETMETAL PANEL (SN)	BENT	367.48	367.48
1	PANEL WHEEL ARCH - N/S/R/F (SN)	TO REPAIR SEE LABOUR	980.02	-
1	PANEL WHEEL ARCH - N/S/R/R (SN)	TO REPAIR SEE LABOUR	980.02	-
1	SIDE SHEETMETAL PANEL (SN)	TO REPAIR SEE LABOUR	1,438.24	-
20	PANEL BOLTH KIT (SN)	NECESSARY	100.00	100.00
1	SET 3RD DOOR ASSY (SN) (ADDITIONAL)	DENTED	8,750.00	8,750.00
2	SET 4TH DOOR ASSY (SN) (ADDITIONAL)	DENTED	8,750.00	8,750.00
			22,302.82	18,904.54
LABOUR				
	TO REMOVE & REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF PANEL WHEEL ARCH - N/S/R/F, PANEL WHEEL ARCH - N/S/R/R AND SIDE SHEETMETAL PANEL.		3,250.00	2,600.00
	SPRAY PAINTING.		3,200.00	3,200.00
	TO REMOVE & REPLACE DAMAGED PARTS. (ADDITIONAL)		1,300.00	650.00
			7,750.00	6,450.00
GRAND TOTAL			30,052.82	25,354.54
RECOMMENDED COST OF REPAIRS				25,354.54

Report Ref No. CS/FCI19012554/T1vf3e2

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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