

**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

Tax Invoice

STRIDES PREMIER AUTOMOTIVE SERVICES PL.
60 WOODLANDS INDUSTRIAL PARK E4

INV No. : SAC2400004

INV Date : 28-06-2024

Reference CS/SMR24060133/Rqh3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SBS 3326S

Insured Veh. SG 5819K

Claim No. BUS/06/24/7017

Policy No.

Accident Date 12/06/2024

Inspection Date 19/06/2024

Description	Amount
Survey Inspection	128.00
Resurvey Inspection	0.00
Digital Photographs	0.00
Transportation	0.00
Sub-Total	128.00
Tax Amount	11.52
Grand Total	139.52

We shall be glad if you could forward the payment at your earliest convenience.

Cheque should be crossed and made payable to **'LKK Auto Consultants Pte Ltd'**

LKK Auto Consultants Pte Ltd

KHM



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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24060133/Rqh3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	19/06/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SG 5819K	Veh. Inspected	SBS 3326S
Policy No.	-	Coverage	0
Claim No.	BUS/06/24/7017	Excess	\$0.00
Assign From	HUA YEN	Assign Date	19/06/2024

2. Vehicle Details

Make & Model	VOLVO B9TL	C.C	9364
Engine No.	D9188830	Year of Reg.	03/12/2012
Chassis No.	YV3S4P922DA158402	Colour	GREEN
Odometer	724161 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: NIL		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	275/70R22.5	FIRENZA	8
L/H Front Tyre	275/70R22.5	FIRENZA	8
R/H Rear Tyre	275/70R22.5 (D)	FIRENZA	6
L/H Rear Tyre	275/70R22.5 (D)	FIRENZA	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	12/06/2024	Inspection Date	19/06/2024
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: 1 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SBS 3326S

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	NSF VIEW MIRROR ASSY	CRACKED	\$2,025.96	\$2,025.96
1	THIRD MIRROR VOLVO	NOT NECESSARY	\$141.90	\$0.00
1	MIRROR ARM(THIRD MIRROR)	NOT NECESSARY	\$284.26	\$0.00
2	REFLECTOR STICKER	NECESSARY	\$88.00	\$88.00
			\$0.00	\$0.00
			\$2,540.12	\$2,113.96

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO DISMANTLE & REPLACE :- DISMANTLE AND REPLACE ITEM NO: 1-4.		\$2,600.00	\$325.00
			\$2,600.00	\$325.00

GRAND TOTAL			\$5,140.12	\$2,438.96
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	RECOMMENDED COST OF REPAIRS			\$2,438.96
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Report Ref No: CS/SMR24060133/Rqh3e2				
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MRB

MOHAMMED RASUL BIN MOHD YUNUS

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 Actual 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 First Submission	14/06/2024 09:59 (SGT)
Reported by	Actual Driver
Date of Accident	12/06/2024 07:47 (SGT)
Exact Location of Accident	Jurong East Avenue 1 & Jurong East Street 32, Singapore
Additional Location Information	JUNCT OF JURONG EAST AVE 1 AND JURONG EAST ST 32 AFT BS 28461
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3326S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No	2XXXXX417K
Email Address	feedback@towertransit.sg
Mobile Phone No	(Phone) +65-18002480950
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B9tl
Variant	DOUBLE DECKER
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	10000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102356MFBP

DRIVER

Name of Driver	LIM SOCK YEAN
NRIC No	SXXXXX206I
Date Of Birth	14/11/1982

Occupation	Outdoor
Driving Pass Date	10/04/2018
Driving experience	6 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-18002480950
Alt. Phone Number	-
Email Address	feedback@towertransit.sg
Address	C/O: 21 BULIM DRIVE
Address complement	BULIM BUS DEPOT
Postcode	648170
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5819K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

Refer to Statement form

Declaration

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



Policyholder's Signature / Date & Time

12 June 24
1932hrs

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Statement Form

BC Name: LIM SOCK YEAN

BC No : 14651

Nature of Incident: HIT & RUN

Date of Incident: 12 JUNE 2024

Service No: - 98

Details:

Date Taken: 12 JUNE 2024

Time Taken: 074 1932 hrs

Time of Incident: 0747 AM

Bus Reg No: - S6533269

Duty No: 098503
(30980014)

At about 0747 am I was driving along Jurong East Ave 1 towards Jurong Island.

An SMRT bus was on my left and he accelerated and cut into my lane. I looked at the bus and what happened next was the left hand side mirror dropped on the road. The SMRT bus did not stop. I signalled hazard light and proceed to pick up the mirror on the road.

I went back into my bus and drove to the ^{next} bus stop which was opposite Jurong Poly clinic.

I informed BOCC and explained what happened. BOCC will replace another bus for me.

I also informed passenger to take the next bus. No passengers were injured.

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

14651 LIM SOCK YEAN

BC Name & No.

Signature

12 June 2024 / 1932 hrs

Date & Time

Statement Taken By:

Name

IS

Designation

Signature

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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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/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.



Policyholder's Signature / Date & Time

12 June 24
1932hrs

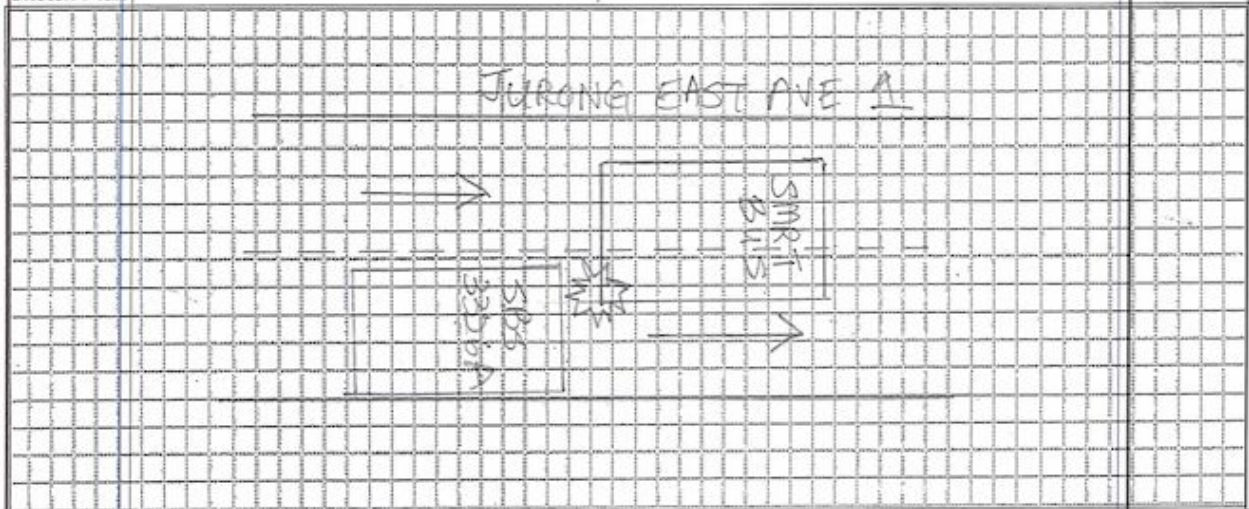
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Sketch Plan



PHOTOGRAPHS FOR VEHICLE NO. : SBS 3326S



PHOTOGRAPHS FOR VEHICLE NO. : SBS 3326S



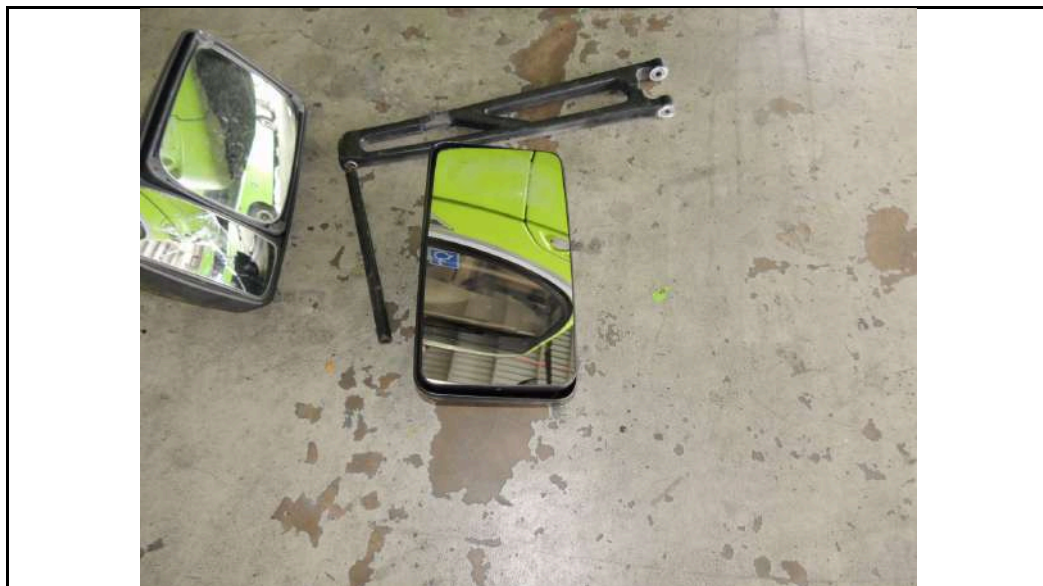
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INSPECTION PHOTOS (Page 8 of 8)

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