

Date: 9th September 2024

MS First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

Quotation No.: Q24-OPS-1524
by email: motor_claims@msfirstcapital.com.sg

Attention : Motor Claims Department

Dear Sir / Madam,

Estimated Cost of repair SG1010C

We are pleased to submit herein, our quotation for your consideration.

S/N	Description	UOM	Total Price
1	Supply skilled labour to replace • Front RHS wheelarc with sealant	1 Job (2 day) \$1,000.00/day	\$ 1,000.00 300
2	Supply skilled labour to repair • Front RHS bumper X • RHS square body panel <i>repair</i>	1 Job (2 day) \$1,000.00/day	\$ 2,000.00 600 300
3	Supply skilled painter & paint material to • Front RHS wheelarc • Front RHS bumper X • RHS square body panel	3 item (2 days) \$ 800.00	\$ 800.00 600
4	RHS wheelarc panel <i>h/</i>	1 PC	\$ 5,916.91
5	Fuel cover repair ?	1 PC	\$ 800.00
6	Go Ahead Singapore sticker <i>u/</i>	1 PC	\$ 100.00
7	Adblue sticker <i>u/</i>	1 PC	\$ 30.00
8	Advertisement <i>u/ s/r -</i>	1 lot (2 days)	\$ 1,000.00 500
Sub - Total			\$ 11,646.91

Terms and Conditions:

Payment Terms : 30 days upon invoice
Quotation Validity : 30 days
Lead-Time : 8 working days
Price quoted subject to 9% GST

Yours faithfully

Tien Yong Shun

Tien Yong Shun
Manager

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:

LexBuild International Pte Ltd.
11 Tuas Bay Close, #04-01/02 West Star
Singapore 636996

Tel: (65) 6456 3533, Fax: (65) 6456 3353

Website: www.LexBuild.com, Email: operations@LexBuild.com

Rachel
Hp 9001068
4 days
P/P
10/09/24
Reg by part



ROC / CR / GST Reg No: 200004370R

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	09/09/2024 10:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/09/2024 09:20 (SGT)
Exact Location of Accident	Near 78 Airport Blvd., Singapore 819666
Additional Location Information	Changi PTB 1 security checkpoint
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1010C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Go Ahead Singapore Pte Ltd
Company Reg No	2XXXXX900C
Email Address	accidentpreventive@go-aheadsingapore.com
Mobile Phone No	(Phone) +65-63847169
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Citaro
Variant	-
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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	6400
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23101463MFBP

DRIVER

Name of Driver	Chong Lok Khee
NRIC No	SXXXX159C
Date Of Birth	19/06/1969
Occupation	Outdoor
Driving Pass Date	19/02/1997
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91058920
Alt. Phone Number	-
Email Address	andymien33@yahoo.com.sg
Address	180 Pasir Ris Street 11
Address complement	#11-02
Postcode	510180
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	Collision - Major/Minor Rd
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

BC Chong was driving SG1010C for service 36 on the above-mentioned date and time. While BC was travelling straight on T3 basement drive towards T1 basement drive before Changi PTB 1 security gantry. A third-party taxi [SHB3483P] failed to stop at the stop line resulting in the taxi colliding into the right side of SG1010C. SG1010C: Right center body scratches and dented

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Different format.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3483P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-