

**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  
SINGAPORE 757705

INV No. : SAC2401033

INV Date : 17-10-2024

Reference CS/SMR24090341/Rnp3m4

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SBS 3372H  
Insured Veh. SMB 5001A  
Claim No. BUS/09/24/5025  
Policy No.  
Accident Date 13/09/2024  
Inspection Date 19/09/2024

Description	Amount
Survey Inspection	128.00
Resurvey Inspection	0.00
Digital Photographs	0.00
Transportation	0.00
Sub-Total	128.00
GST (9%)	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**

**SML**

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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24090341/Rnp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	17/10/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 5001A	Veh. Inspected	SBS 3372H
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/5025	Excess	\$0.00
Assign From	HUA YEN	Assign Date	18/09/2024

### 2. Vehicle Details

Make & Model	VOLVO B9TL	C.C	9364
Engine No.	D9191440	Year of Reg.	02/12/2013
Chassis No.	YV3S4P928EA163363	Colour	GREEN
Odometer	685458 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	8/8
L/H Rear Tyre	275/70R22.5 (D)	FIRENZA	8/8

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	13/09/2024	Inspection Date	19/09/2024
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: 3 Working Days



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SBS 3372H

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	CCTV BUZZER AND BRACKET	CRACKED	\$836.00	\$836.00
			\$836.00	\$836.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO DISMANTLE & REPLACE :- DISMANTLE AND REPLACE ITEM NO : 1		\$650.00	\$400.00
	TO REMOVE & INSTALL PARTS SO AS TO PERFORM REPAIR WORKS :- OSR DOME		\$650.00	\$325.00
	SPRAY PAINTING :- OSR DOME		\$640.00	\$350.00
			\$1,940.00	\$1,075.00
GRAND TOTAL			\$2,776.00	\$1,911.00
RECOMMENDED COST OF REPAIRS				\$1,911.00
Report Ref No: CS/SMR24090341/Rnp3m4				

**MRB**

MOHAMMED RASUL BIN MOHD YUNUS

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of repositibility whatsoever, in contact or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

## 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 .....	16/09/2024 16:58 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	13/09/2024 16:59 (SGT)
Exact Location of Accident .....	Orchard Turn, Singapore
Additional Location Information .....	BEF BS 09011 ORCHARD TURN
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBS3372H
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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
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-24102356MFBP

#### DRIVER

Name of Driver .....	PANG MAN LIN
NRIC No .....	SXXXX414D
Date Of Birth .....	
Occupation .....	Outdoor
Driving Pass Date .....	17/09/2013
Driving License Pass Class .....	4A
Driving License Validity .....	Valid
Driving experience .....	11 YEARS
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
Reasons for not uploading a video of the accident .....	FILE TOO LARGE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMB5001A
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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) .....	-



## Statement Form

Employee Name:	PANG MAN LIN	Date Taken:	13 <sup>TH</sup> SEP 2024
Employee BC:	BC 10310	Time Taken:	2020HRS
Date of Incident	13 <sup>TH</sup> SEP 2024	Duty Number:	143P11
Service No. & Reg No.:	143 / SBS3372H	Time of Incident:	1659HRS

## Nature of Incident:

## Details:

On the date and time as above mentioned, I BC 10310 on svc 143P11 was driving bus SBS3372H.

My journey was from Grange Road towards Toa Payoh Interchange with 35 passengers onboard my bus.

My bus was stationery while waiting for the green light to change to green along Grange Road and Orchard Link bef BS09011 (opp Ngee Ann City).

Suddenly I heard a sound and checked at my rear-view mirror, saw a SMRT bus svc 190 vrn SMB5001A had a side swiped onto my bus SBS3372H RHRS body panel.

I informed the incident to BOCC and went down to check the damage onto my bus and to change particulars.

No injuries were reported, my bus sustained RHR side CCTV dislodged.

SMRT bus SMB5001A sustained LHS view mirror cover broken.

Again, informed the incident to BOCC SC instructed me to transfer all my passengers to behind bus and to go Off Service back to Bulim Depot.

Usage of 360 degrees CCTV camera; Yes ( ☒ ) No ( ☐ )

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

PANG MAN LIN

BC 10310

13<sup>TH</sup> SEP 2024 / 2020HRS

Employee Name & No.

Signature

Date & Time

Statement Taken Conducted By:

Abdul Rahim Bin Jusof / 10146

Interchange Supervisor

Name / Employee ID

Designation

## 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 &amp; Time

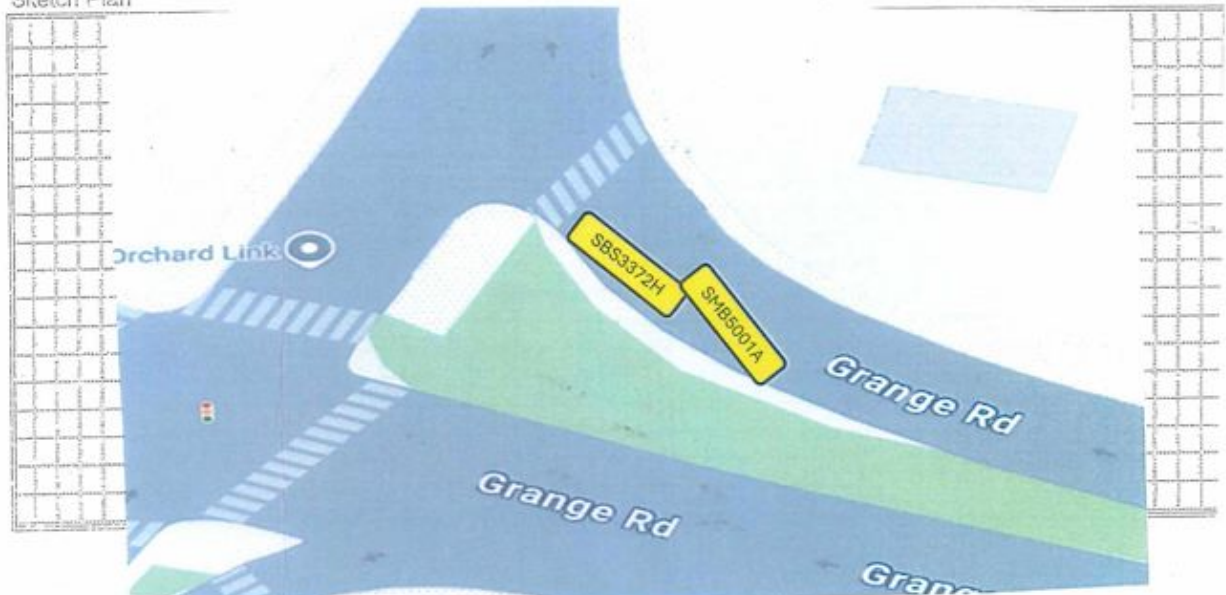
13/9/24 2020



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

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

## Sketch Plan



Describe Circumstance of the Accident

Refer to BC Statement Report

Declaration

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



Policyholder's Signature / Date & Time

13/9/24 2000

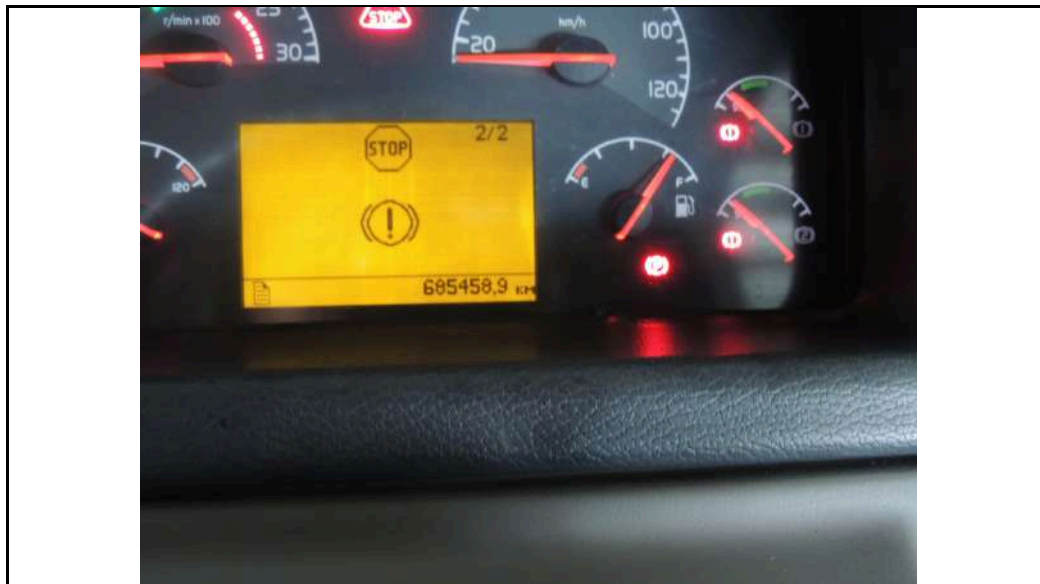


Driver's Signature (if driver is not the policyholder) / Date & Time



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

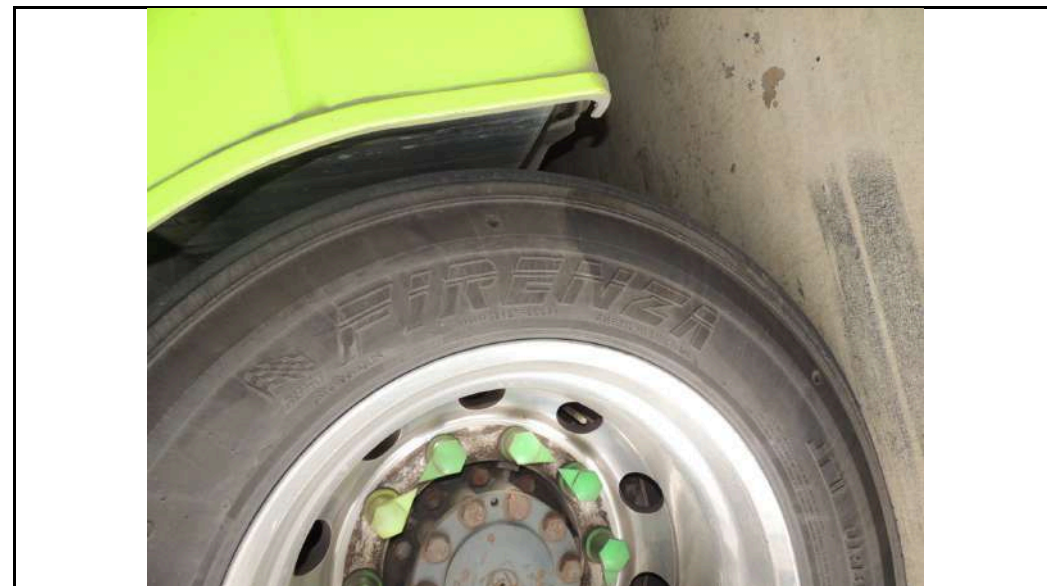
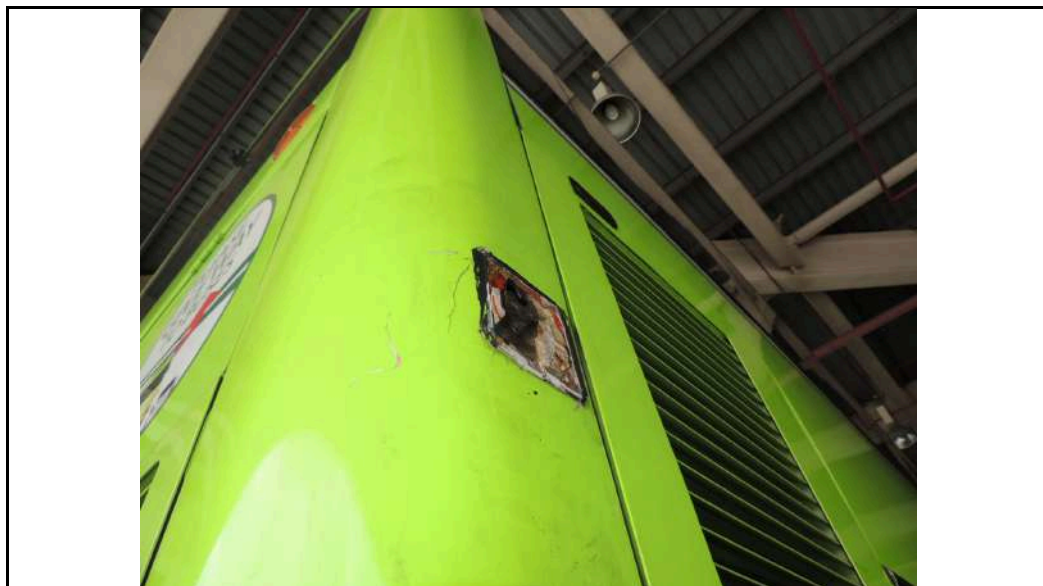
## PHOTOGRAPHS FOR VEHICLE NO. : SBS 3372H



**PHOTOGRAPHS FOR VEHICLE NO. : SBS 3372H**



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