

**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. : SAC2401057

INV Date : 18-10-2024

Reference CS/SMR24090425/Rqp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SBS 6356K
Insured Veh. SBS 6102B
Claim No. BUS/09/24/8023
Policy No.
Accident Date 19/09/2024
Inspection Date 24/09/2024

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



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 STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24090425/Rqp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	18/10/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SBS 6102B	Veh. Inspected	SBS 6356K
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/8023	Excess	\$0.00
Assign From	HUA YEN	Assign Date	24/09/2024

2. Vehicle Details

Make & Model	MERCEDES BENZ CITARO O530	C.C	6374
Engine No.	902926C0991804	Year of Reg.	01/02/2013
Chassis No.	WEB62808323124593	Colour	GREEN
Odometer	672594 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	BRIDGESTONE	8
L/H Front Tyre	275/70R22.5	BRIDGESTONE	8
R/H Rear Tyre	275/70R22.5 (D)	BRIDGESTONE	8/8
L/H Rear Tyre	275/70R22.5 (D)	BRIDGESTONE	8/8

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	19/09/2024	Inspection Date	24/09/2024
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: 5 Working Days



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SBS 6356K

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR WINDOW GLASS	BROKEN	\$1,034.00	\$1,034.00
1	INTERIOR REAR WINDSCREEN FLAP	BENT	\$847.44	\$847.44
1	INTERIOR REAR WINDSCREEN EDGE GUARD	NECESSARY	\$85.80	\$85.80
1	MERCEDES STAR SELF ADHESIVE	NECESSARY	\$41.29	\$41.29
1	470MMX52MM STICKER FOR MERCEDES BENZ	NECESSARY	\$18.70	\$18.70
1	CITARO STICKER	NECESSARY	\$33.00	\$33.00
4	SIKAFLEX BLACK	NECESSARY	\$140.80	\$140.80
1	GIVE WAY STICKER	NECESSARY	\$55.00	\$55.00
			\$2,256.03	\$2,256.03

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO DISMANTLE & REPLACE :- DISMANTLE AND REPLACE ITEM NO :1-8		\$5,200.00	\$2,600.00
			\$5,200.00	\$2,600.00

GRAND TOTAL			\$7,456.03	\$4,856.03
--------------------	--	--	-------------------	-------------------

RECOMMENDED COST OF REPAIRS				\$4,856.03
------------------------------------	--	--	--	-------------------

Report Ref No: CS/SMR24090425/Rqp3m4

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 reposibility 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	20/09/2024 16:44 (SGT)
Reported by	Actual Driver
Date of Accident	19/09/2024 19:55 (SGT)
Exact Location of Accident	Jurong West Ave 1, Singapore
Additional Location Information	BS 28511 JURONG WEST AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS6356K
-----------------------------------	----------

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	Mercedes
Model	Citaro
Variant	SINGLE 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	ABDUL AZIZ BIN MOHD AMIN
NRIC No	SXXXX020C
Date Of Birth	05/10/1974
Occupation	Outdoor
Driving Pass Date	13/05/2016
Driving License Pass Class	ODVL
Driving License Validity	Valid
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
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	Collision - Head to Rear
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?	No
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	SBS6102B
-----------------------------------	----------

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:	Abdul Aziz Bin Mohd Amin	Date Taken:	19 Sept 2024
Employee ID:	10891	Time Taken:	2029hrs
Date of Incident:	19 Sept 2024	Service No:	334
Time of Incident:	1955hrs	Duty No:	334S02
Bus Reg No:	SBS 6356K		
Nature of Incident:	Accident with SMRT bus Svc 502 (SBS 6102R) @ stop no 28511.		

Details:

On the 19 Sept 2024 at around 1955hrs, I was driving bus service 334, bearing the said VRN.

While I was assisting wheelchair pax boarding activity at bus stop no. 28511, after the boarding activity, I went back into my bus driving cabin. I then heard a loud bang from the rear of the bus.

Subsequently, I went to make a check on the 8 pax onboard. I then contacted to BOCC on the accident.

Question: Usage of 360 camera onboard bus during the accident? Yes / No

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

Abdul Aziz Bin Mohd
Amin
BC 10891

Employee Name & No.


Signature

19 Sept 2023 @ hrs

Date & Time

Statement Taken Conducted By:

Jonathan

Name

Interchange Supervisor

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.

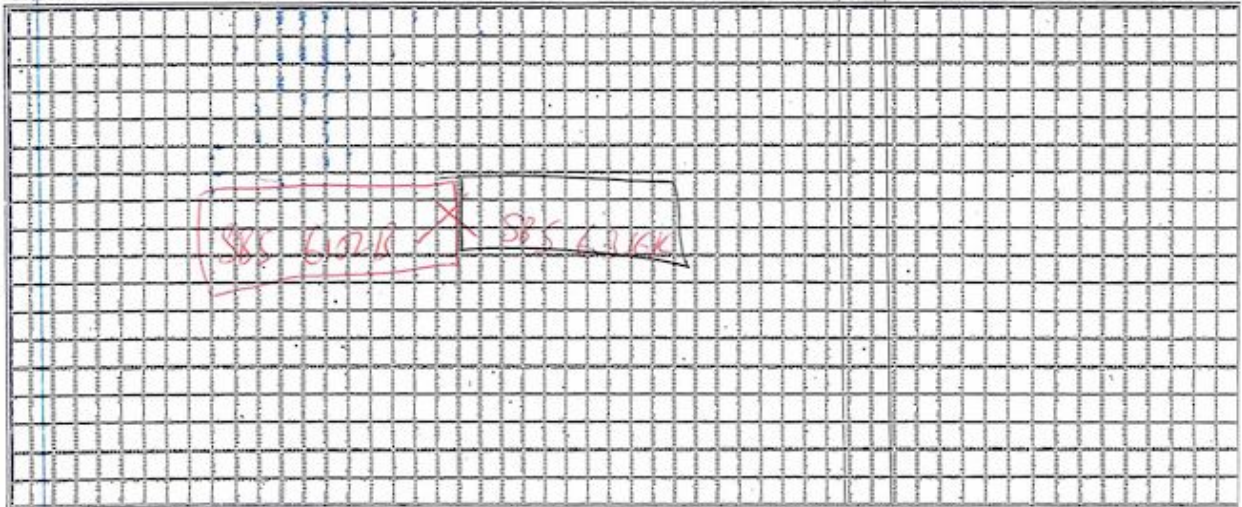


Policyholder's Signature / Date & Time

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

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

Sketch Plan





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

INSPECTION PHOTOS (Page 1 of 6)

PHOTOGRAPHS FOR VEHICLE NO. : SBS 6356K



PHOTOGRAPHS FOR VEHICLE NO. : SBS 6356K



PHOTOGRAPHS FOR VEHICLE NO. : SBS 6356K



PHOTOGRAPHS FOR VEHICLE NO. : SBS 6356K



PHOTOGRAPHS FOR VEHICLE NO. : SBS 6356K



PHOTOGRAPHS FOR VEHICLE NO. : SBS 6356K



PHOTOGRAPHS FOR VEHICLE NO. : SBS 6356K



PHOTOGRAPHS FOR VEHICLE NO. : SBS 6356K

