

**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. : SAC2400902

INV Date : 09-10-2024

Reference CS/SMR24090501/Rqp3e2

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SMB 3505B  
Insured Veh. SG 5800M  
Claim No. BUS/09/24/5044  
Policy No.  
Accident Date 22/09/2024  
Inspection Date 30/09/2024

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**

***KHM***

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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24090501/Rqp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	09/10/2024
	Code:	SMR

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

Insured Veh.	SG 5800M	Veh. Inspected	SMB 3505B
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/5044	Excess	\$0.00
Assign From	HUA YEN	Assign Date	27/09/2024

### 2. Vehicle Details

Make & Model	ALEXANDER DENNIS	C.C	8849
Engine No.	22115653	Year of Reg.	01/08/2014
Chassis No.	SFD76CLR5EMTL3370	Colour	GREEN
Odometer	588991 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: NIL		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	305/70 R22.5	FIRENZA	8
L/H Front Tyre	305/70 R22.5	FIRENZA	8
R/H Rear Tyre	305/70 R22.5 (D)	FIRENZA	8/8
L/H Rear Tyre	305/70 R22.5 (D)	FIRENZA	8/8

### 4. Description of Damages

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

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	22/09/2024	Inspection Date	30/09/2024
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: 2 Working Days



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMB 3505B

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE & INSTALL PARTS SO AS TO PERFORM REPAIR WORKS : - OSR DOME		\$650.00	\$325.00
	SPRAY PAINTING : - OSR DOME		\$640.00	\$640.00
			\$1,290.00	\$965.00
GRAND TOTAL			\$1,290.00	\$965.00
	RECOMMENDED COST OF REPAIRS			\$965.00
Report Ref No: CS/SMR24090501/Rqp3e2				

**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 repository whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying 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 .....	25/09/2024 10:06 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	22/09/2024 13:00 (SGT)
Exact Location of Accident .....	Bukit Batok Bus Interchange, Singapore
Additional Location Information .....	BUKIT BATOK BUS INTERCHANGE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMB3505B
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#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer .....	Alexander Dennis
Model .....	ENVIRO500
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 .....	201419417K

#### DRIVER

Name of Driver .....	CHAN BOON CHEN
NRIC No .....	FXXXX165Q
Date Of Birth .....	04/06/1974
Occupation .....	Outdoor
Driving Pass Date .....	28/07/2006
Driving License Pass Class .....	4A
Driving License Validity .....	Valid
Driving experience .....	18 YEARS AND 2 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 .....	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 .....	SG5800M
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) .....	-

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

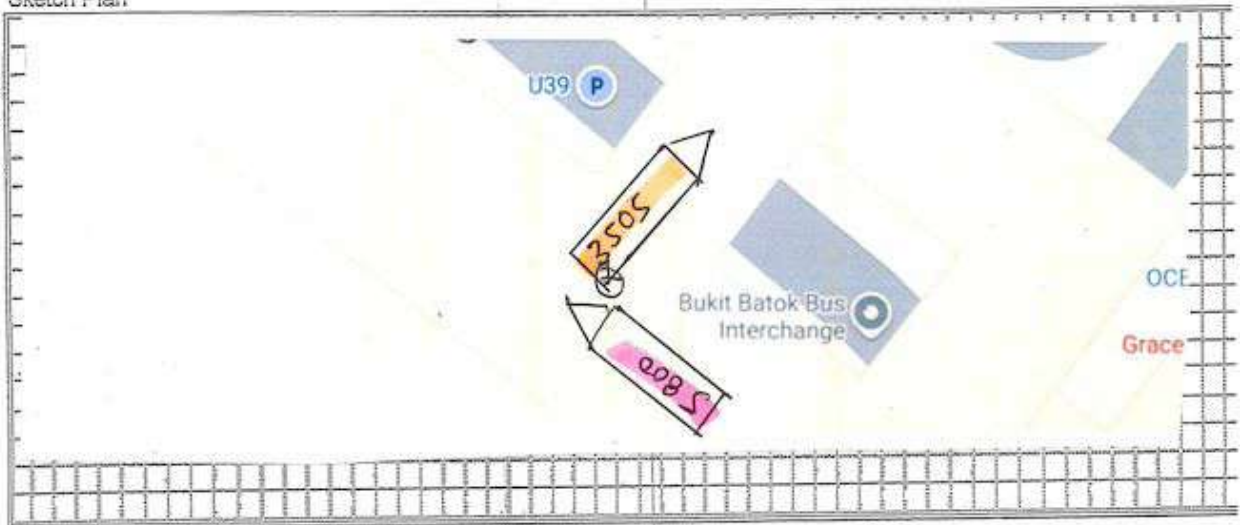
*Abc*

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



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

**Sketch Plan**





2

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

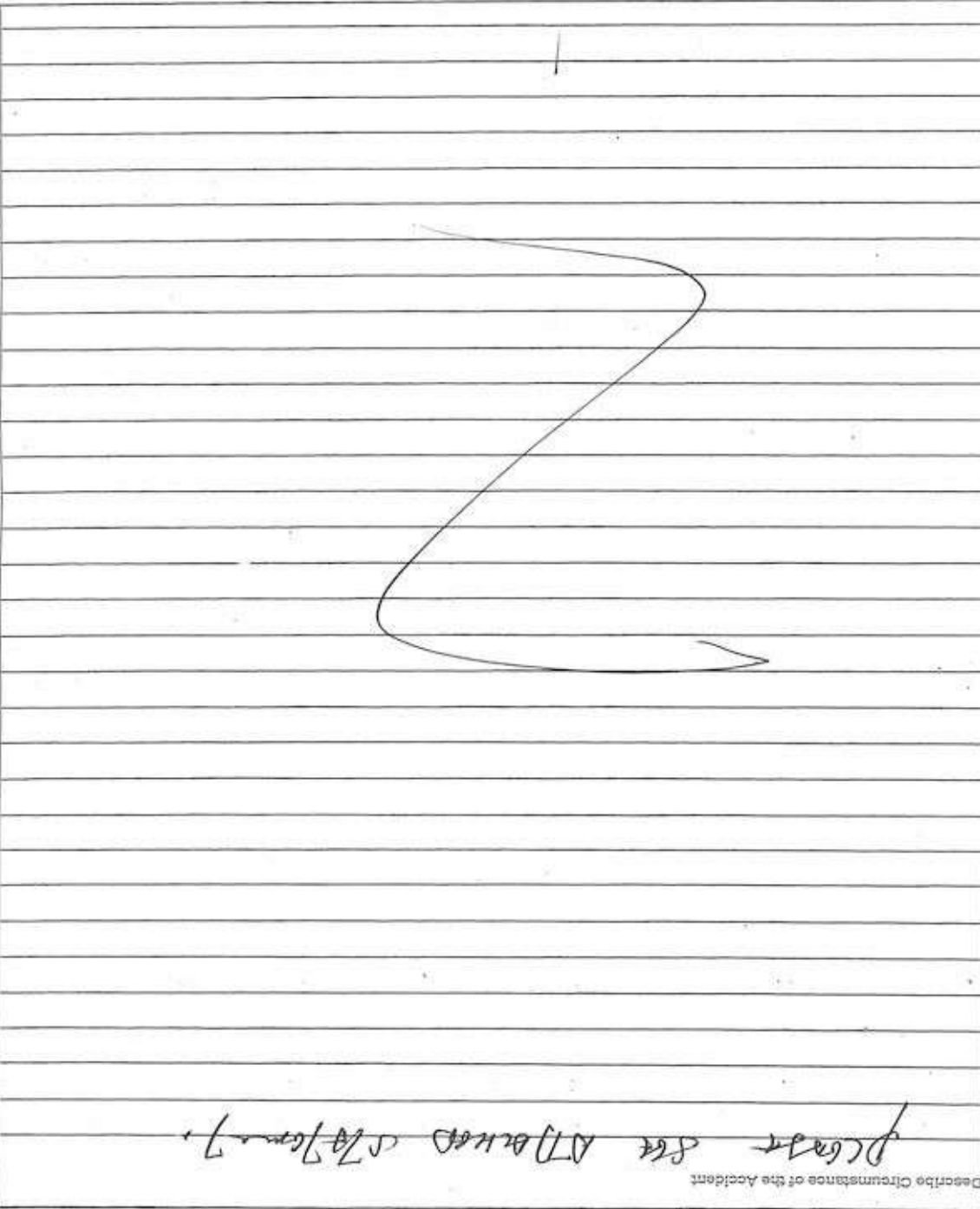
Driver's Signature (if driver is not the policyholder) / Date & Time

Policyholder's Signature / Date & Time

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

Describe Circumstance of the Accident

Please see attached sketch.







## Statement Form

Employee Name:	Chan Boon Chen	Date Taken:	24/09/2024
Employee ID:	BC12685	Time Taken:	10:00hrs
Date of Incident:	22/09/2024	Service No:	990
Time of Incident:	13:00hrs	Duty No:	A04
Bus Reg No:	SMB3505B		
Nature of Incident:	SMRT Bus side swap Stationary TTS Bus		

## Details:

At the above-mentioned Date/Time I on duty 990A04 driving Bus SMB3505B,

My stationary bus was side- swap by SMRT bus that wanted to head in for parking,

As I did not notice amiss till BOCC informed me so.

SMRT Bus No: SG5800M SMRT BC-ID: 25007

No injury reported.

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

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

Chan Boon Chen  
BC12685

Employee Name & No.

Signature

24/09/2024  
10:00hrs

Date & Time

Statement Taken Conducted By:

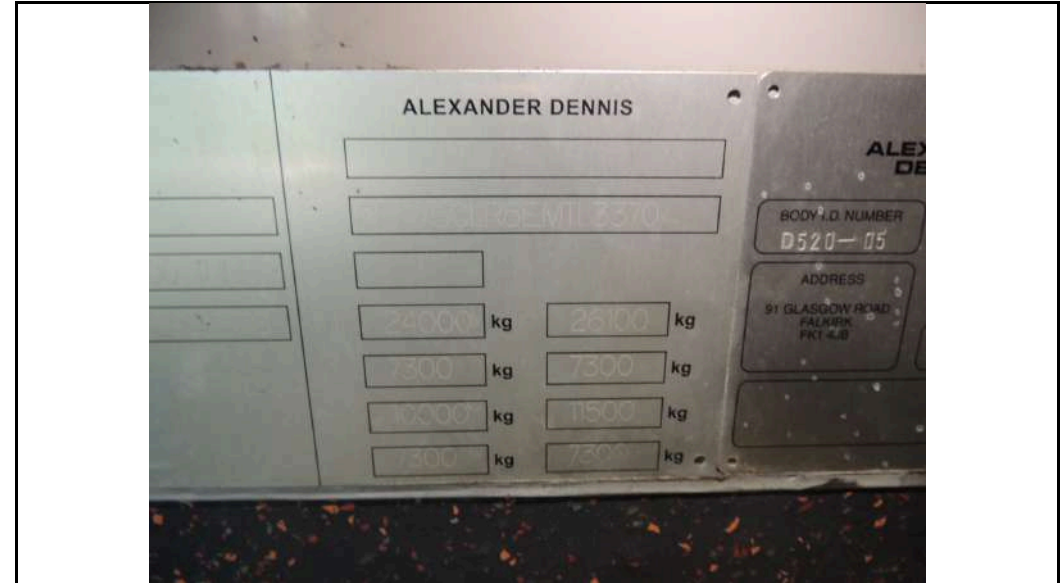
Andy Nelson NG

Name

Interchange Supervisor

Designation

## PHOTOGRAPHS FOR VEHICLE NO. : SMB 3505B





**PHOTOGRAPHS FOR VEHICLE NO. : SMB 3505B**



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REINSPECTION PHOTOS (Page 3 of 3)

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