

**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. : SAC2401162

INV Date : 28-10-2024

Reference CS/SMR24100213/Rnp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SBS 3363J
Insured Veh. SG 5160B
Claim No. BUS/10/24/5014
Policy No.
Accident Date 09/10/2024
Inspection Date 11/10/2024

Description	Amount
Survey Inspection	128.00
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/SMR24100213/Rnp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	28/10/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SG 5160B	Veh. Inspected	SBS 3363J
Policy No.	-	Coverage	0
Claim No.	BUS/10/24/5014	Excess	\$0.00
Assign From	HUA YEN	Assign Date	11/10/2024

2. Vehicle Details

Make & Model	VOLVO B9TL	C.C	9364
Engine No.	D9190861	Year of Reg.	01/10/2013
Chassis No.	YV3S4P925DA162170	Colour	GREEN
Odometer	716564 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	275/70 R22.5	FIRENZA	8
L/H Front Tyre	275/70 R22.5	FIRENZA	8
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	8/8
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	8/8

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/10/2024	Inspection Date	11/10/2024
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: 8 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SBS 3363J

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR END AIRCON DOOR	BENT	\$6,178.28	\$6,178.28
1	REAR ENGINE SERVICE	BENT	\$6,037.66	\$6,037.66
1	BOTTOM BOOT DOOR ASSEMBLY	BENT	\$2,756.31	\$2,756.31
1	EXT DOOR CAPPING PANEL	NOT NECESSARY	\$307.65	\$0.00
1	NO PLATE RECESS PAN	CRACKED	\$182.34	\$182.34
1	HYDRAULIC FLUID TANK	CRACKED	\$1,163.56	\$1,163.56
35	LITRE HYDRAULIC FLUID	NECESSARY (25 LITRE ONLY)	\$600.60	\$429.00
1	ENGINE BAY LIGHT SOC	CRACKED	\$464.31	\$464.31
2	LICENSE PLATE LIGHT OLD	CRACKED (1PC ONLY)	\$45.32	\$22.66
1	TOWER TRANSIT LOGO (B)	NECESSARY	\$66.00	\$66.00
			\$17,802.03	\$17,300.12

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO DISMANTLE & REPLACE: - DISMANTLE AND REPLACE ITEM NO :1-10		\$6,500.00	\$3,250.00
	SPRAY PAINTING: - REAR END AIRCON DOOR - REAR ENGINE SERVICE DOOR - BOTTOM BOOT DOOR ASSY - EXT DOOR CAPPING PANEL - NO PLATE PAN		\$3,200.00	\$2,560.00
			\$9,700.00	\$5,810.00

GRAND TOTAL			\$27,502.03	\$23,110.12
RECOMMENDED COST OF REPAIRS				\$23,110.12
Report Ref No: CS/SMR24100213/Rnp3e2				

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	10/10/2024 12:05 (SGT)
Reported by	Actual Driver
Date of Accident	09/10/2024 15:11 (SGT)
Exact Location of Accident	Jurong Town Hall Rd, Singapore
Additional Location Information	JURONG TOWN HALL RD BEF BS 20271 OPP GERMAN CTR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3363J
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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	TAN LEONG GUAN
NRIC No	SXXXX561G
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	21/03/2019
Driving License Pass Class	4A
Driving License Validity	Valid
Driving experience	5 YEARS AND 7 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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	GBB6213D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SG5160B
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLT3714G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

[Signature] 9/10/17
1727h

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



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

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/mall 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

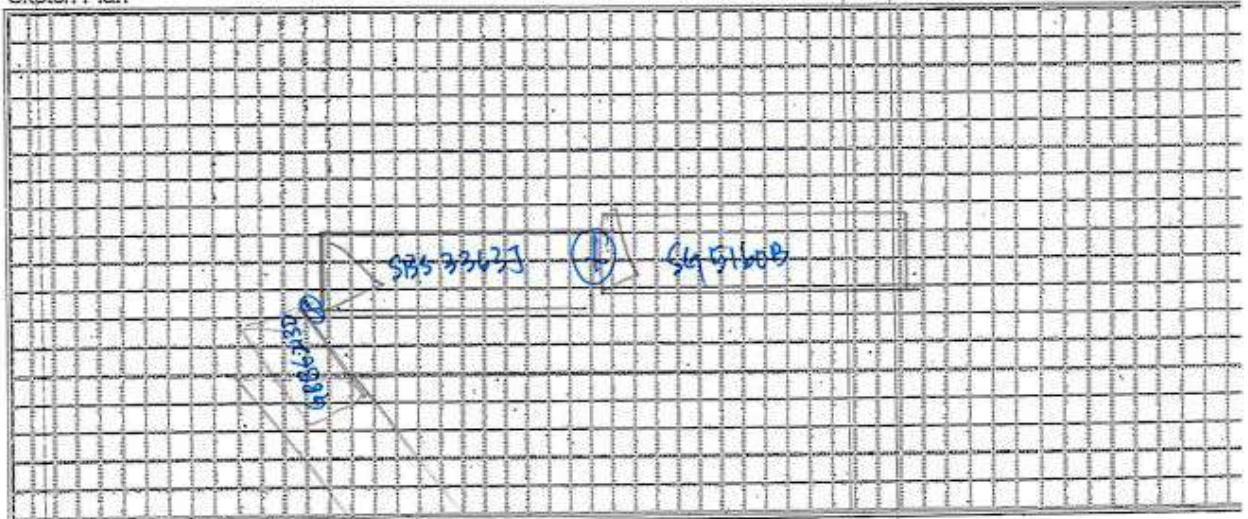
9/10/24
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Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan





Statement Form

BC Name : Tan Leong Guan Date Taken : 9/10/2024

BC No : 14537 Time Taken : 1722hrs

Nature of Incident : Private lorry sideswiped TTS bus and SMRT rear ended

Date of Incident : 9/10/2024 Time of Incident : 1511hrs

Service No : 78 Bus Reg No : SBS3363J Duty No : 78A02

Details : 1 BC 14537 driving svc 78 bus no. SBS 3363J. At Jurong Town

Holl Rd before (B/S 20271) junction one of private lorry come out from filter lane
of my left without slow down and hit my bus. After this one of SMRT bus
(SG5160B) rear ended my bus. I called BOCC report this accident and transfer par
to next B/S waiting 2nd bus. I continue exchange particular with private lorry
and SMRT Bus Captain. BOCC called me ask me waiting for Tow truck and
Engineering.

SBS 3363J sustained LHS front bumper damaged. LHS front body glass panel between
front windscreen and front door damaged. Rear bumper and Engine cover damaged.

SMRT SG5160B sustained front windscreen cracked and front body and bumper
damaged.

Private lorry GBB6213D sustained front bumper and body, RHS rear view mirror, right door
and glass damaged.

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

Tan Leong Guan 14537
 BC Name & No.

[Signature]
 Signature

9/10/24 1722hrs.
 Date & Time

Statement Taken By:

Lien Woon Lok
 Name

13
 Designation

[Signature]
 Signature

PHOTOGRAPHS FOR VEHICLE NO. : SBS 3363J



PHOTOGRAPHS FOR VEHICLE NO. : SBS 3363J



PHOTOGRAPHS FOR VEHICLE NO. : SBS 3363J



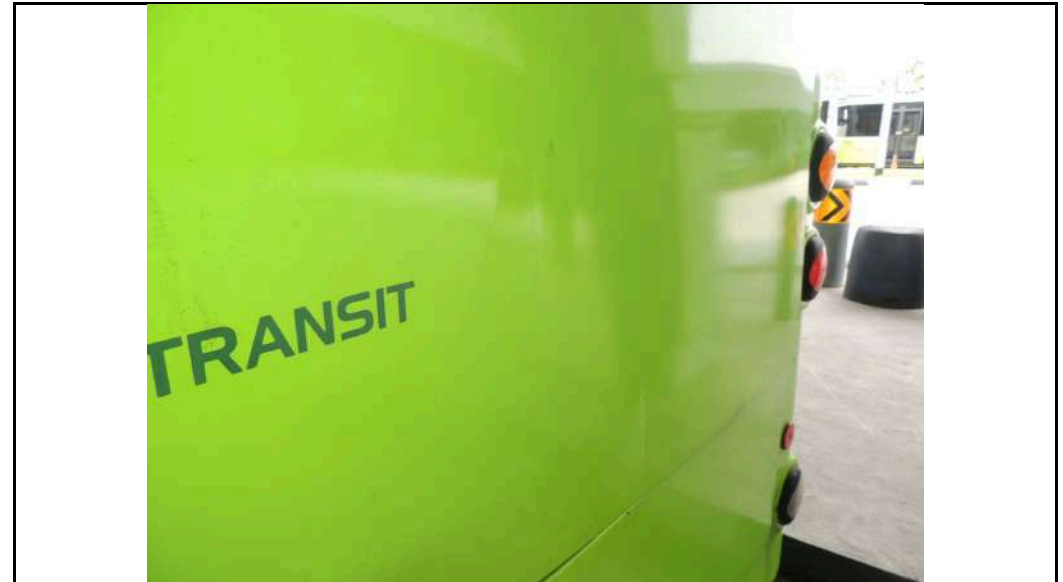
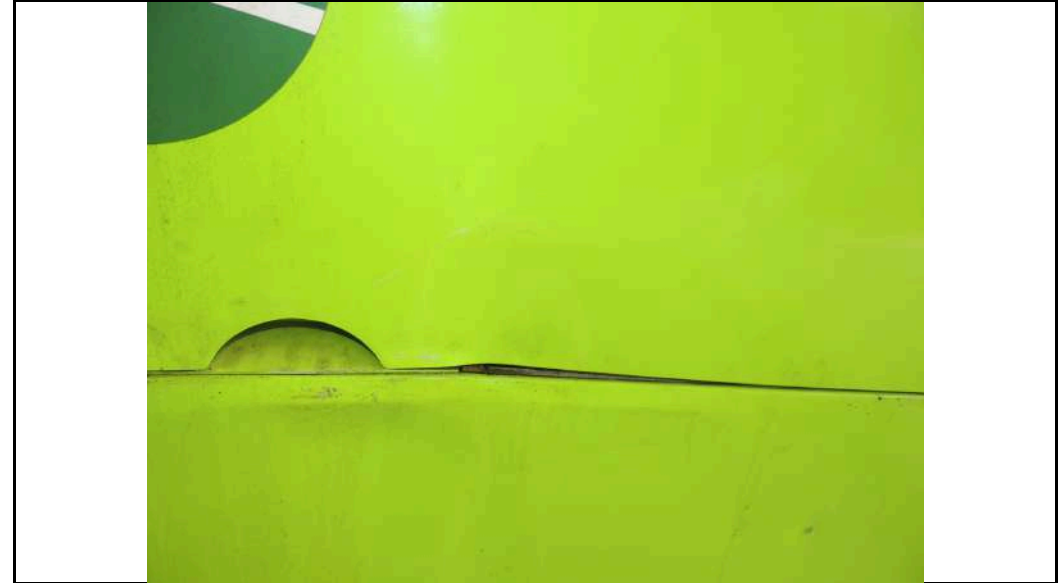
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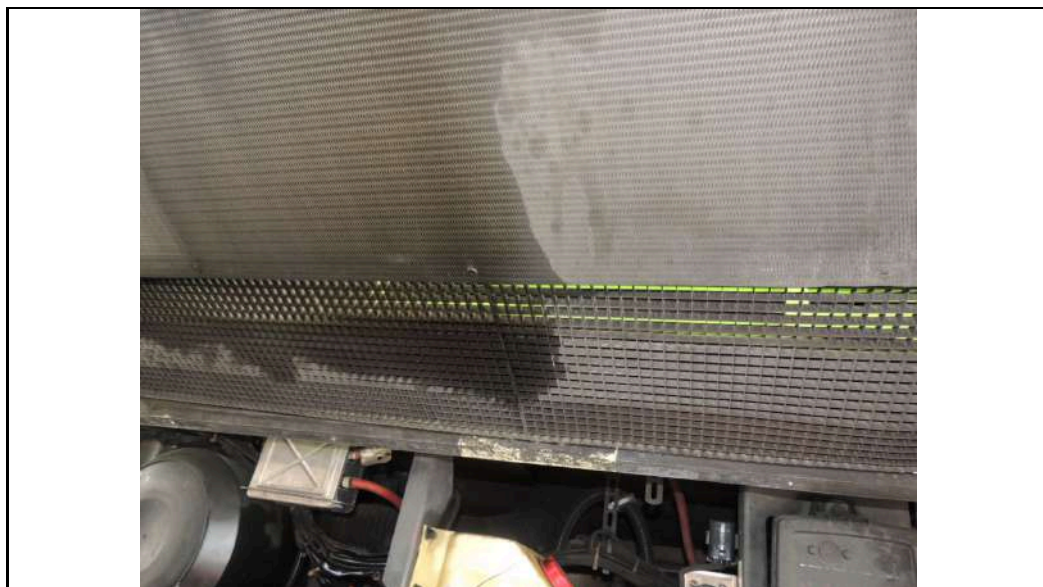
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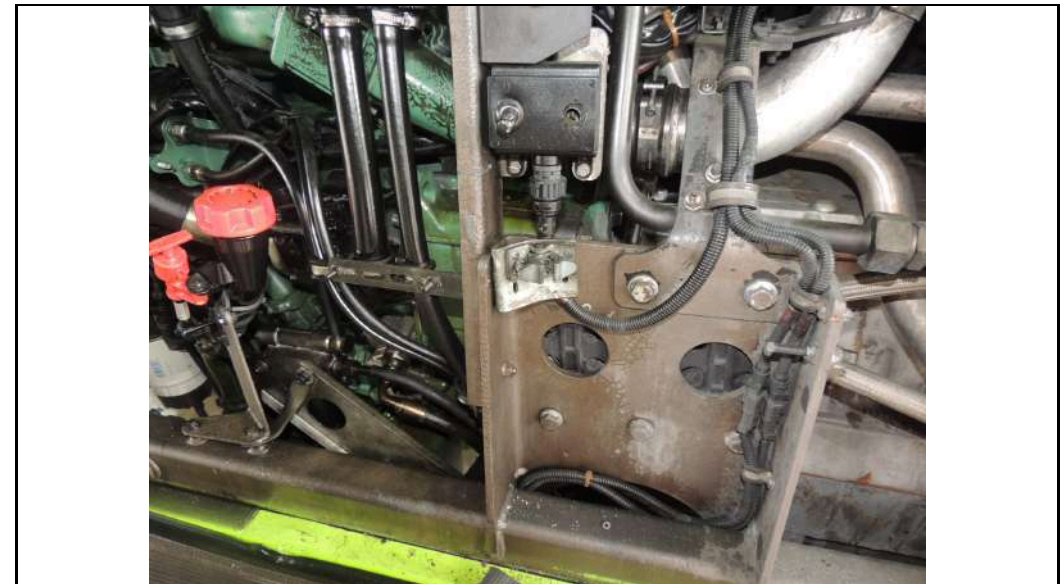
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