

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref:

FY 18/19/0008

Our Ref:

CC2/MIDA18010719/Gpq2

HQ-Transport Command

Kranji Camp 3 151 Chua Chu Kang Way Singapore 688248

Attn : CPT MERLIN/ 1WO RAVEEN

Dear Sir,

ACCIDENT INVOLVING MID 21446 & CB 7285C ON 05/03/2018

We refer to the above matter.

We have completed settlement with M/s Yang Yun Xin Bus Service acting for third party (DV enclosed).

Third party vehicle was insured with M/s NTUC Income Insurance Co-Operative Ltd and policy coverage under Third Party Fire And/ Or Theft. TCA is not applicable as there was no major damages/ repair bill to MID vehicle.

We have completed the claims activities and shall close our file.

Our note of charges is enclosed for your necessary action.

Summary: -

	Date of submission:	Remarks:
Professional Service Fee		Completed.
Disbursement Fee		DV from Civilian enclosed.
TCA	NIL	TCA is not applicable.

Yours faithfully

Chew Hsiao Tong Claims Section DID: 6742 3197 Fax: 6741 4108

E-mail: chewht@lkkauto.com

PAGE 01/01 PAGE 01/01

Hsiao Tong (LKKAuto)

From:

Hsiao Tong (LKKAuto)

Sent:

Wednesday, 15 May 2019 4:26 PM

To:

tptsafety@gmail.com

Cc:

Joy Irene (LKKAuto); Olivia Lau (LKKAuto)

Subject

<Seek Approval to Offer Third Party> ACCIDENT INVOLVING MID 21446 & CB

7285C ON 05/03/2018 *LKK REF: CC2/MIDA18010719/Gp

Attachments:

LKK Survey Photos.pdf

Dear CPT Merlin / 1WO Raveen (FY18/19/0008)

-The accident occurred when our SAF driver collided onto civilian stationary bus while SAF driver was making a turn.

- We have adjusted the amount as below,

- For your approval please.

Best Regards

Hsiao Tong

LKK Auto Consultants Pte Ltd

15 May 2019

Without Prejudice

Dear Sirs/Mdm,

ACCIDENT INVOLVING MID 21446 & CB 7285C ON 05/03/2018

We refer to the above matter.

Strictly without admission of liability and for quick and amicable settlement, our principal MINDEF is prepared to settle your client's claim as follows:-

1. Cost of Repair(w/GST)

\$ 4,708.00

2. Loss of Use (11days x \$200.00)

\$ 2,200.00

Total \$ 6,908,00

Please confirm acceptance.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd.

Phone: 6742-3197 | email: chgwht@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408939)

S1842144E 1WO RAVEENDRAN TA INVESTIGATION WO HQ TRANSPORT APPROVED

DISCHARGE VOUCHER AND INDEMNITY

I / We, the undersigned <u>YANG YUN XIN BUS SERVICE</u> DO HEREBY AGREE to accept the offer by the Government of the Republic of Singapore (hereinafter referred to as the "Government") for the sum of <u>SGD SIX THOUSAND NINE HUNDRED EIGHT ONLY</u> (<u>SS6,908.00</u>) in full and final settlement of all claims (Excluding Injury Claim) howsoever arising out of or in connection with the damages caused to my vehicle no. <u>CB 7285C</u>, in an accident involving Govt, vehicle no. <u>MID 21446</u> on <u>05/03/2018</u>.

I hereby authorize you to make payment in favour of YANG YUN XIN BUS SERVICE.

I agree that the payment is made without any admission of liability on the part of the Government or any agent or servant of the Government, I declare that I have no further claim whatsoever against the Government or any agent or servant of the Government in respect of the abovementioned incident and hereby give the Government a full and final discharge in respect of any liability or liabilities (Excluding Injury Claim) which may arise out of the aforesaid accident.

I also declare that I am the person entitled to receive the above compensation and hereby undertake to indemnify the Government against any claim made or which may be made by any person in connection with this matter.

to THE

Date: 16/5/19	
Signature of Claimant (with company s	stamp if applicable):
Name of Claimant: YANG YUN XIN BUS	SERVICE
If the Claimant is a Company or Firm,	Name and Designation
Of the person signing on behalf of the ONG ENG HONG, OP	
Signature of Witness:	g
Name and Designation of Witness:	ONG ENG HWA, FINANCE MANAGER

CC2/MIDA18010719/Gp

Yang Yun Xin Bus Service

50 Serangoon North Ave 4 #01-23, First Centre Singapore 555856 Tel :285 7585 Fax: 6382 5058

Invoice:

C1905/CB7285/180305

Vehicle No: CB7285

M/S:

MINDEF

HQ-Transport Command

Kranji Camp 3

151 Choa Chu Kang Way

Singapore 688248

Date:

16/5/19

S/N Description

Lump Sum Repair Cost for CB7285C DOA: 5/3/18 Unit Amount

\$ 4,400.00

7% GST

308.00

Total:

\$4,708.00

Payment Should be make within 14 days upon received of invoice.

Authorise Signature

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

Mobile Phone No Alternative Phone No OFFICE-62857585 Vehicle Particulars Manufacturer Model 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? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number Cover Note Number Driver Name of Driver Name of Driver Sun ZHAOCONG Passport No/FIN Date Of Birth Occupation Date Of Driving Pass Driving Experience Mobile Number Gender MALE Mobile Number OCOASTER TOYOTA COASTER WORK WORK NOR THIRD PARTY VER NOR THIRD PARTY SUN ZHAOCONG G6784557P DOTOOR D140672017 Driving Experience MALE Mobile Number OCCAL) +65-87319623	Charles and the second second	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number CB7285C Insured/Policyholder Name Of Registered Owner CReg No Lemail Address VICTOR@YYX.COM.SG Mobile Phone No Alternative Phone No OFFICE-62857585 Vehicle Particulars Manufacturer TOYOTA COASTER 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? Insurance Company Name of Insurance Company Name of Insurance Company Policy Number Cover Note Number Driver Name of Driver Passport No/FIN G6784557P Date Of Birth Occupation Uniform Pass Diving Experience Oyean AMLE Mobile Number Manue of Driving Pass Oyean AMD 8 MONTH MALE Mobile Number Manuel Clocal Policy Pass Oyean AMD 8 MONTH MALE Mobile Number Manuel Clocal Policy Pass Oyean AMD 8 MONTH MALE Mobile Number Manuel Clocal Policy Pass Oyean AMD 8 MONTH	Date Of Report	06/03/2018 09:37
Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number CB7285C Insured/Policyholder Name Of Registered Owner CO Reg No Email Address VICTOR@YYX.COM.SG Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer Model 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? If No, Pleass state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleat Policy Policy Number Cover Note Number Driver Name of Driver Passport No/FIN G6784557P Date Of Birth Occupation OUTDOOR Sender MALE Mobile Number Mobile Number (LOCAL) +65-87319623	Date Of Accident	05/03/2018 12:30
Vehicle Registration Number CB7285C Insurad/Policyholder Name Of Registered Owner YANG YUN XIN BUS SERVICE CO Reg NO 44258900W Email Address VICTOR@YYX.COM.SG Mobile Phone No OFFICE-62857585 Vehicle Particulars Manufacturer TOYOTA COASTER 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? If No. Please state action to be taken THIRD PARTY Vehicle Category BUS Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number 5088514877 Cover Note Number Driver Name of Driver SUN ZHAOCONG Passport No/FIN G6784557P Date Of Birth 21/07/1981 Docupation Under Sunder Driving Experience MALE Mobile Number (LOCAL) +65-87319623	Exact Location Of Accident	MANDAI ROAD TRACK 7
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Name Of Registered Owner Co Reg No Email Address VICTOR@YYX.COM.SG Mobile Phone No Alternative Phone No OFFICE-62857585 Vehicle Particulars Manufacturer TOYOTA COASTER 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? If No, Please state action to be taken THIRD PARTY Vehicle Category Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy Yes Policy Number Cover Note Number Driver Name of Driver Sun ZHAOCONG Passport No/FIN G6784557P Date Of Birth OutDOOR Date Of Driving Pass 14/08/2017 Driving Experience O YEAR AND 8 MONTH Gender Mobile Number	Vehicle Registration Number	CB7285C
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Mobile Phone No Alternative Phone No OFFICE-62857585 Vehicle Particulars Manufacturer Model 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? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number Cover Note Number Driver Name of Driver Name of Driver Sun ZHAOCONG Passport No/FIN Date Of Birth Occupation Date Of Driving Pass Driving Experience Mobile Number Gender MALE Mobile Number OCOASTER TOYOTA COASTER WORK WORK NOR THIRD PARTY VER NOR THIRD PARTY SUN ZHAOCONG G6784557P DOTOOR D140672017 Driving Experience MALE Mobile Number OCCAL) +65-87319623	Co Reg No	44258900W
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Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number 5088514877 Cover Note Number Driver Name of Driver SUN ZHAOCONG Passport No/FIN G6784557P° Date Of Birth 21/07/1981 Occupation OUTDOOR Date Of Driving Pass 14/06/2017 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-87319623	Insurance Company	
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Driver SUN ZHAOCONG Passport No/FIN G6784557P Date Of Birth 21/07/1981 Occupation OUTDOOR Date Of Driving Pass 14/06/2017 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-87319623	Fleet Policy	YES
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Name of Driver SUN ZHAOCONG Passport No/FIN G6784557P^ Date Of Birth 21/07/1981 Occupation OUTDOOR Date Of Driving Pass 14/06/2017 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-87319623	Cover Note Number	
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Date Of Birth 21/07/1981 Occupation OUTDOOR Date Of Driving Pass 14/06/2017 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-87319623	Name of Driver	SUN ZHAOCONG
Occupation OUTDOOR Date Of Driving Pass 14/06/2017 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-87319623	Passport No/FIN	G6784557P
Date Of Driving Pass 14/06/2017 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-87319623	Date Of Birth	21/07/1981
Date Of Driving Pass 14/06/2017 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-87319623	Occupation	OUTDOOR
Gender MALE Mobile Number (LOCAL) +65-87319623	Date Of Driving Pass	
Gender MALE Mobile Number (LOCAL) +65-87319623	Driving Experience	0 YEAR AND 8 MONTH
1,000	Gender	
	Mobile Number	(LOCAL) +65-87319623
	Fax Number	

NOEMAIL



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 Ref: CC2/MIDA18010719/Gpq2 MINISTRY OF DEFENCE

HQ TRANSPORT COMMAND KRANJI CAMP 3

Date: 17-05-2019



	CHOA CHU KANG	WAYSINGAPORE 688248	Code MIDA	
			Code: MIDA	
1.			:- THIRD PARTY CLAI	
	Insured Veh.	MID 21446	Veh. Inspected	CB 7285C
	Policy No.		Coverage (\$)	0.00
	Claim No.	FY 18/19/0008	Excess (\$)	0.00
	Assign From		Assign Date	02/05/2018
2.	THE PERSON NAMED IN	Vehicle Part	iculars & Condition	THE PERSON NAMED IN COLUMN
	Make & Model	TOYOTA COASTER HR D	c.c	4104
	Engine No.	HIDDEN	Year of Reg.	2003
	Chassis No.	JTGFG538502000149	Colour	WHITE / BLUE
	Odometer	609225	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Condit	tions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/75 R17.5	DOUBLE COIN	5 mm
	L/H Front Tyre	215/75 R17.5	DOUBLE COIN	5 mm
	R/H Rear Tyre	215/75 R17.5	DOUBLE COIN	5 mm
	L/H Rear Tyre	215/75 R17.5	DOUBLE COIN	5 mm
4.	TOTAL STREET	Descript	ion of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE FE	RONT O/S PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Genera	al Information	A THE REAL PROPERTY.
	Accident Date	05/03/2018	Inspection Date	02/05/2018
	Survey held at	YANG YUN XIN BUS SERVICE	03.	
		50 SERANGOON NORTH AVE #01-23 FIRST CENTRE SINGAPORE 555856	NUE 4	
5a.	No. of Parties	THE RESERVE THE PARTY OF THE PA	Remarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, V	THOUT PREJUDICE" BAS WE HAVE NOT AUTHORIS	IS. ED REPAIRS.
5b.	A DESIGNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON	Estimate	Days of Repair	THE OF RESIDENCE PARTY.
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	8 Working Day	5



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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. CB 7285C

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT WINDSCREEN	CRACKED	2,500.00	2,374.67
1	WINDSCREEN RUBBER	NECESSARY	500.00	500.00
1	FRONT PANEL	TO REPAIR SEE LABOUR	3,000.00	(-
1	FRONT - RIGHT SIGNAL LIGHT	CRACKED	350.00	221.15
1	FRONT BUMPER	CUT	2,500.00	1,113.60
1	FRONT-RIGHT DOOR	TO REPAIR SEE LABOUR	3,000.00	93 -
	LESS 25% DISCOUNT	24 77 211	-	-1,052.36
			11,850.00	3,157.06
	LABOUR			
	TO SUPPLY LABOUR AND MATERIALS TO REMOVE, REPLACE AND ALIGN DAMAGED BUMPER / FIBRE CAP. INCLUSIVE OF THE REPAIR OF FRONT PANEL AND FRONT-RIGHT DOOR.		5,000.00	1,200.00
	TO PUTTY AND SPRAY PAINT ALL AFFECTED AREA AND PANELS.		1,500.00	900.00
	COMPUTER ARTWORK FOR LOGO.		250.00	200.00
	WIRING AND TESTING.		500.00	30.00
			7,250.00	2,330.00
	GRAND TOTAL		19,100.00	5,487.06

RECOMMENDED COST OF LUMP SUM REPAIRS		4,400.00
(TO ITS PRE-ACCIDENT CONDITION)	Distriction of the latest the lat	

Report Ref No. CC2/MIDA18010719/Gpq2



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

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 responsibility whatsoever, in contact or tort, is accepted to any third party who may reply 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.



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

PHOTOGRAPHS FOR VEHICLE NO. CB 7285C

INSPECTION













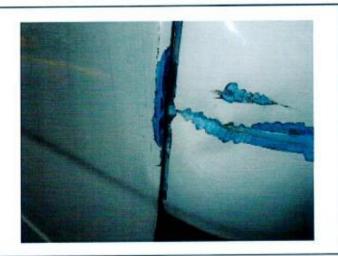


51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6266 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R















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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R















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Reg. No: 199607198R GST Reg. No. 19-9607198-R









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Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. CB 7285C

RE-INSPECTION

