



Auto  
Consultants  
Pte Ltd

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](mailto:chewht@lkkauto.com)

**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 (11 days x \$200.00)	\$ 2,200.00
<b>Total</b>	<b>\$ 6,908.00</b>

Please confirm acceptance.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: [chowht@lkkauto.com](mailto:chowht@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



S1842144E  
1WO RAVEENDRAN  
TA INVESTIGATION WO  
HQ TRANSPORT

**APPROVED**

## **DISCHARGE VOUCHER AND INDEMNITY**

I / We, the undersigned **YANG YUN XIN BUS SERVICE** 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 **SGD SIX THOUSAND NINE HUNDRED EIGHT ONLY (S\$6,908.00)** 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. **CB 7285C**, in an accident involving Govt, vehicle no. **MID 21446** on **05/03/2018**.

**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.

Date: 16/5/19

Signature of Claimant (with company 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 Company or Firm.

**ONG ENG HONG, OPERATION MANAGER**

Signature of Witness:



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

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 withholding 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.

### ACCIDENT STATEMENT

Date Of Report	06/03/2018 09:37
Date Of Accident	05/03/2018 12:30
Exact Location Of Accident	MANDAI ROAD TRACK 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7285C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YANG YUN XIN BUS SERVICE
Co Reg No	44258900W
Email Address	VICTOR@YYX.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62857585

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COASTER
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

### 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	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
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL






# 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				
MINISTRY OF DEFENCE			Ref : CC2/MIDA18010719/Gpq2	
HQ TRANSPORT COMMAND KRANJI CAMP 3 151 CHOA CHU KANG WAYSINGAPORE 688248			Date : 17-05-2019	
			Code : MIDA	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
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	
<b>2. Vehicle Particulars &amp; Condition</b>				
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			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/03/2018	Inspection Date	02/05/2018	
Survey held at	YANG YUN XIN BUS SERVICE 50 SERANGOON NORTH AVENUE 4 #01-23 FIRST CENTRE SINGAPORE 555856			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>8 Working Days</b>		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. CB 7285C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
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	-
	LESS 25% DISCOUNT		-	-1,052.36
			11,850.00	3,157.06
	<b>LABOUR</b>			
	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
	<b>GRAND TOTAL</b>		<b>19,100.00</b>	<b>5,487.06</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>4,400.00</b>

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 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.





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PHOTOGRAPHS FOR VEHICLE NO. CB 7285C

INSPECTION





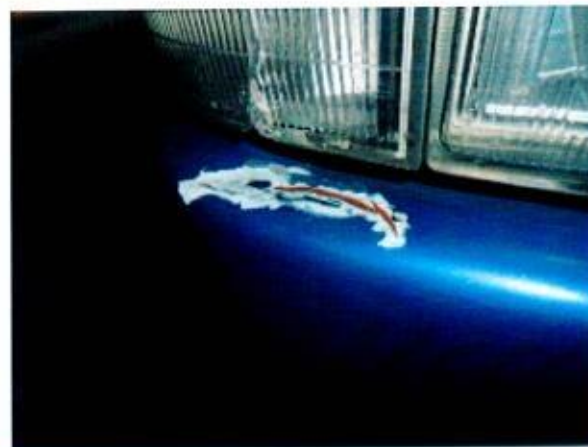


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**PHOTOGRAPHS FOR VEHICLE NO. CB 7285C**

**RE-INSPECTION**

