



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

EQ INSURANCE COMPANY LTD

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV No. AC2105127

INV Date 22/07/2021

Reference CC3/EQI21006482/R1tf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMB 1422U

Insured Veh. XE 1711P

Claim No. DM21HO00851-JG

Policy No.

Accident Date 28/05/2021

Inspection Date 07/06/2021

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	160.00
GST (7%)	11.20
Grand Total	171.20

We shall be glad if you could forward the payment at your early 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				
EQ INSURANCE COMPANY LTD 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110			Ref: CC3/EQI21006482/R1tf3e2 Date: 22/07/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	XE 1711P	Veh. Inspected	SMB 1422U
	Policy No.		Coverage (\$)	0.00
	Claim No.	DM21HO00851-JG	Excess (\$)	0.00
	Assign From		Assign Date	07/06/2021
2. Vehicle Particulars & Condition				
	Make & Model	MAN NL 320F (A22) 11L A	c.c	10518
	Engine No.	HIDDEN	Year of Reg.	2014
	Chassis No.	WMAA22ZZ4E7002136	Colour	MULTI COLOUR
	Odometer	563710 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	275/70 R22.5	GOODYEAR	8 mm
	L/H Front Tyre	275/70 R22.5	GOODYEAR	8 mm
	R/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	8/8 mm
	L/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	8/8 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	28/05/2021	Inspection Date	07/06/2021
	Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
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:		1 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 1422U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	CRACKED		
	MIRROR, VIEW:FRONT, RH, MAN A22 'C' SERIES		1,353.00	1,353.00
	LESS 10% DISCOUNT		-	-135.30
			1,353.00	1,217.70
	<u>LABOUR</u>			
	TO REMOVE & INSTALL FRONT VIEW MIRROR RH.		530.00	265.00
			530.00	265.00
GRAND TOTAL			1,883.00	1,482.70
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,150.00

Report Ref No. CC3/EQI21006482/R1tf3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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.

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 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 Submission	04/06/2021 10:57 (SGT)
Date of Accident	28/05/2021 19:05 (SGT)
Exact Location of Accident	88 Hillview Ave, Singapore 669590
Additional Location Information	AT JUNCTION OF HILLVIEW AVENUE AND JLN REMAJA BEFORE BS:43251 (HILLBROOKS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1422U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXX292D
Email Address	Auto-Svcs-BARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Man
Model	MAN NL320F(A22)
Variant	-
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	10518

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097498MFBP
Cover Note Number	-

DRIVER

Name of Driver	JOHAN BIN JAFFAR
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NRIC No SXXXX908C
 Date Of Birth 04/08/1965
 Occupation Outdoor
 Date Of Driving Pass 02/07/2007
 Driving experience 13 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-68662672
 Alt. Phone Number -
 Email Address Auto-Svcs-BARC@smrt.com.sg
 Address 6 ANG MO KIO STREET 62
 Address complement -
 Postcode -
 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 material 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

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Jurong West Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18002689999
 Alt. Police Station Phone No (Fax) +65-62672438
 Police Station Address 700 Corporation Road Singapore 649818
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20210529/2007

I am the Bus Captain of service Bus Number 970 with plate registration SMB 1422U. While waiting for the traffic light to turn green along Hillview Avenue towards the direction of Bukit Timah on left lane of the two lane road after bus stop 43241, a lorry which carried tree branches, had stopped beside my bus. After the traffic light turned green, one of the tree branch had hit the right side view mirror of the bus and the driver of the lorry drove off without stopping. I horned at the vehicle several times however the driver of the vehicle did not stopped. I then informed the Control Room of the accident and all passengers alighted to transfer to another bus. After the getting the instructions from the Control Room, I drove the bus to the bus depot for repair. SMRT management viewed the CCTV footage of the accident and managed to get the vehicle number XE1711P from the footage. I was then advised to lodge a Police report. No one was injured and only the right side mirror was broken.

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 PENDING DOWNLOAD
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1711P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	EQ Insurance Company Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SMB1422 U

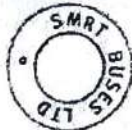
Bas/05/21/5052

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 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Signature

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

$$\beta' \geq \frac{1}{2} \{ \eta^2, \rho \}$$


Belmont, A. 20

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

1/We declare the

Policyholder's Signature _____
Date & Time _____



are true in every respect.

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



Reporting Centre Personnel's Signature
Name _____
NRIC/PIN No. _____



SINGAPORE POLICE FORCE



T/20210529/2007

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210529/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2021 03:00	Vide Report No.:	Station Diary No.: 6
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Informant's Particulars

Name of Informant: JOHAN BIN JAFFAR		Address:	
ID Type / ID No.: NRIC NO /		Contact No.: Home/Office: Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth:	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/05/2021 19:15	Type of Location: Straight Road
Location: HILLVIEW AVENUE				
Lamp Post Number: 25				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB1422U	Bus/Coach/Mi nibus				Slightly Damaged	15

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210529/2007

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No T/20210529/2007

CONTINUATION OF REPORT

Driver				
Name	JOHAN BIN JAFFAR		ID No.	
Related Vehicle	SMB1422U (Bus/Coach/Minibus)		Contact No.	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

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**SINGAPORE
POLICE FORCE**



T/20210529/2007

3 of 3

Report No. T/20210529/2007

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 3 MUHAMMAD FAIS BIN ABDUL WAHAB

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079

Signature Of Informant:

Date/Time:

29/05/2021 03:00

Classification Of Case:

Authentication Stamp

NP168



LKK Auto Consultants Pte Ltd

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TEL: 6256 3561 FAX: 6256 4315

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

PHOTOGRAPHS FOR VEHICLE NO. SMB 1422U

INSPECTION





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PHOTOGRAPHS FOR VEHICLE NO. SMB 1422U

RE-INSPECTION

