



## 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. AC2104739

INV Date 06/07/2021

Reference CC3/EQI21006995/R1tce2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SG 1723D

Insured Veh. SLW 6508A

Claim No. DM21HO00904/JT

Policy No.

Accident Date 22/06/2021

Inspection Date 23/06/2021

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

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/EQI21006995/R1tce2 Date: 06/07/2021 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLW 6508A	Veh. Inspected	SG 1723D
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO00904/JT	Excess (\$)	0.00
Assign From		Assign Date	23/06/2021
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MAN NL 320F (A22) 11L AUTO	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WMAA22ZZ4F7002896	Colour	MULTI COLOUR
Odometer	299860 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	CONTINENTAL	8 mm
L/H Front Tyre	275/70 R22.5	CONTINENTAL	8 mm
R/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	8/8 mm
L/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	8/8 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	22/06/2021	Inspection Date	23/06/2021
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
<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:		3 Working Days	



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Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SG 1723D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	COVER:REAR TAIL LAMP, RH, FOR MAN A22 BUS	CRACKED	974.70	974.70
2	LAMP, STOP:LED (MAN BUS) @\$1141.70	CRACKED	2,283.40	2,283.40
1	LAMP, INDICATOR:LED (MAN BUS)	CRACKED	1,274.10	1,274.10
1	PANEL, REFLECTOR:REAR, RH, FOR MAN BUS	CRACKED	107.00	107.00
1	BUMPER REAR, CENTRE, FOR MAN A22 BUS	TO REPAIR SEE LABOUR	1,868.80	-
	LESS 10% DISCOUNT		-	-463.92
			6,508.00	4,175.28
	<b><u>LABOUR</u></b>			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF BUMPER REAR, CENTRE, FOR MAN A22 BUS.		1,060.00	795.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		524.00	432.00
			1,584.00	1,227.00
	<b>GRAND TOTAL</b>		<b>8,092.00</b>	<b>5,402.28</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>4,550.00</b>

Report Ref No. CC3/EQI21006995/R1tce2

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 Authorized 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	23/06/2021 10:48 (SGT)
Date of Accident	22/06/2021 09:03 (SGT)
Exact Location of Accident	N Coast Ave, Singapore
Additional Location Information	SLIP ROAD FROM WOODLANDS AVENUE 9 TOWARDS NORTH COAST AVENUE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1723D
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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	SUN BAOLIANG
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Passport No/FIN ..... GXXXX120U  
 Date Of Birth ..... 25/05/1981  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 06/06/2016  
 Driving experience ..... 5 YEARS  
 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 ..... Collision - Head to Rear  
 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? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

On 22/06/2021 at around 0903hrs, I was travelling on the extreme left lane of 03 lanes along Woodlands Avenue 9 heading towards the direction of Woodlands Temp Bus Park on service 969, SG1723D (OSB). My bus speed was around 15-20km/hrs. While bus was approaching the Signalized Cross- Junction of North Coast Avenue, I made a left turn into the Slip Road. While bus was exiting out from the slip road, I stopped my bus at the give-way line and check for on-going vehicle from my right side. While waiting to around 4-5 sec later, I heard a thud sound from the rear portion of my bus. Upon hearing this, I immediately turned my head to checks from both view mirror and saw a pte car had collided onto the rear portion of my bus. As my bus was at stationary position, I immediately alighted from bus to conduct damage checks. While checking, I noticed that my bus Right rear bumper damaged While the third party Car had its Front left bumper damaged.

#### 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 ..... SLW6508A  
 Vehicle Manufacturer ..... -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	POOK YEE FAN
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)	-

## SKETCH PLAN

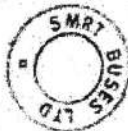
891723 D  
Bus/06/21/1036

## 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:

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

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





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### PHOTOGRAPHS FOR VEHICLE NO. SG 1723D

### INSPECTION



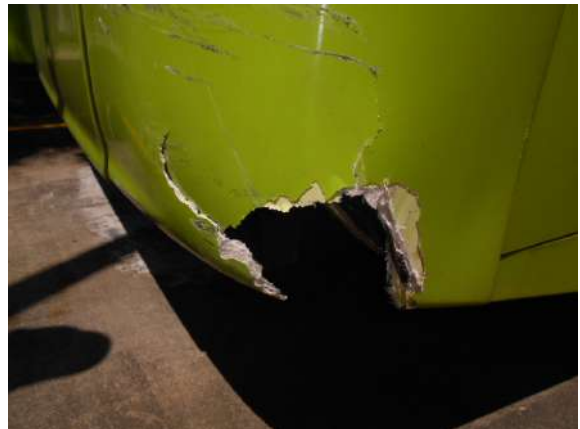


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### RE-INSPECTION





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