



## 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. AC2201681

INV Date 25/03/2022

Reference CS/EQI22001824/Etf3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SBS 8472U

Insured Veh. SLT 4198P

Claim No. DM22HO00270/JT

Policy No. DMPPHQ21-007344

Accident Date 16/02/2022

Inspection Date 25/02/2022

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: CS/EQI22001824/Etf3e2 Date: 25/03/2022 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLT 4198P	Veh. Inspected	SBS 8472U	
Policy No.	DMPPHQ21-007344	Coverage (\$)	0.00	
Claim No.	DM22HO00270/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	25/02/2022	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	SCANIA KUB4X2	c.c	9290	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	YS2K4X20001860494	Colour	MULTI COLOUR	
Odometer	1076647 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	295/80 R22.5	BRIDGESTONE	4 mm	
L/H Front Tyre	295/80 R22.5	BRIDGESTONE	4 mm	
R/H Rear Tyre	295/80 R22.5 (D)	BRIDGESTONE	4/4 mm	
L/H Rear Tyre	295/80 R22.5 (D)	BRIDGESTONE	4/4 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	16/02/2022	Inspection Date	25/02/2022	
Survey held at	Ulu Pandan WS, 1 Business Park Drive, Singapore 6			
Repairer	SBS TRANSIT LTD (HQ)			
<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:			2 Working Days	



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### OPINION ON REPAIR COST FOR VEHICLE NO. SBS 8472U

Qty	Description of Parts	Condition	Recommended (\$)
1	<b><u>REPLACEMENT OF PARTS</u></b>	BROKEN	
	30122010 OSF LAMP PANEL		190.00
			190.00
	<b><u>LABOUR</u></b>		
	LABOUR - REPLACE DAMAGED PARTS. }		992.00
	SPRAY PAINT & PUTTY. }		-
	STICKER LIVERY - PURPLE. }		-
			992.00
<b>GRAND TOTAL</b>			<b>1,182.00</b>

<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>	<b>1,182.00</b>
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Report Ref No. CS/EQI22001824/Etf3e2

CHEN TSUE YEE

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 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 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 .....	17/02/2022 11:42 (SGT)
Date of Accident .....	16/02/2022 20:15 (SGT)
Exact Location of Accident .....	302 Tiong Bahru Rd, Singapore 168732
Additional Location Information .....	Tiong Bahru Road b/s 06051
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBS8472U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SBS TRANSIT LTD
Company Reg No .....	1XXXXXXXXXXTE01
Email Address .....	leehj@sbstransit.com.sg
Mobile Phone No .....	(Phone) +65-99999999
Alternative Phone No .....	(Office) +65-65151383

### VEHICLE PARTICULARS

Manufacturer .....	Scania
Model .....	KUB4X2
Variant .....	-
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? .....	No - Claiming third party
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	8867

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Type of Coverage .....	ActLiability
Fleet Policy .....	No
Policy Number .....	D-21097501MFBP
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Jilse Mathew Mundackal
NRIC No .....	SXXXX299C

Date Of Birth .....	26/04/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	13/01/2017
Driving experience .....	5 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-99999999
Alt. Phone Number .....	-
Email Address .....	leehj@sbsstransit.com.sg
Address .....	BLK 474 JURONG WEST ST 41 #12-394
Address complement .....	-
Postcode .....	640474
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 7

Name .....	UNKNOWN
Gender .....	Female

#### 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

I was driving at the left most lane along Tiong Bahru road after b/s 06051. There was a car (SLT4198P) coming from my right, cut into my lane and sideswiped with my bus. I stopped bus and make a check. No one was injured during the incident. OCC was informed and I was instructed to continue with my service after exchanging particulars with 3P driver.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLT4198P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG YEW FAI
Contact Number .....	(Phone) +65-87357388
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	LHS BODY SCRATCHES
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

W10767/2022  
16/02/2022**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.

VIVIAN LEE HUEY JUAN  
Safety Officer  
Ulu Pandan Depot

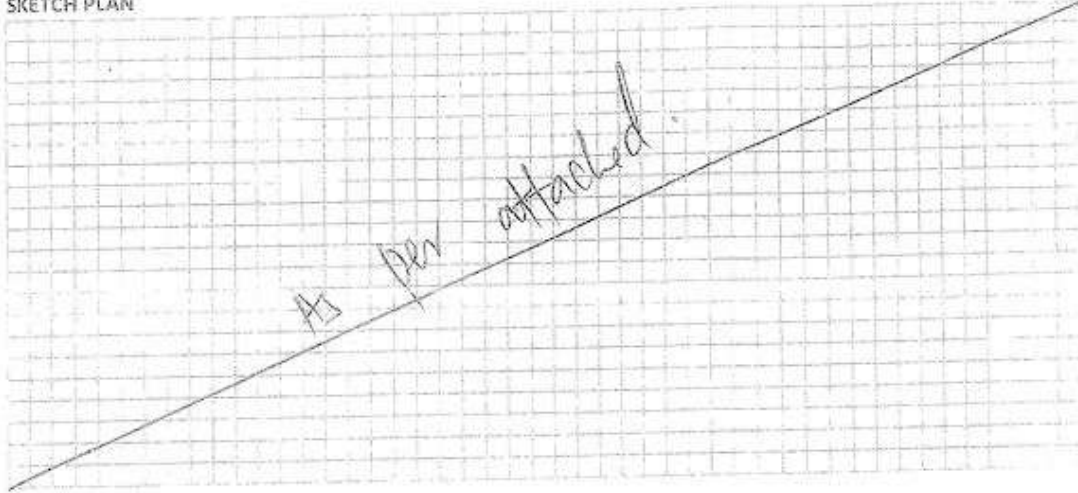
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the circumstances of the accident. It is crossed out with a diagonal line and the handwritten text 'As per attached'.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

VIVIAN LEE HUEY JUAN  
Safety Officer  
Jlu Pandan Depot

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.:

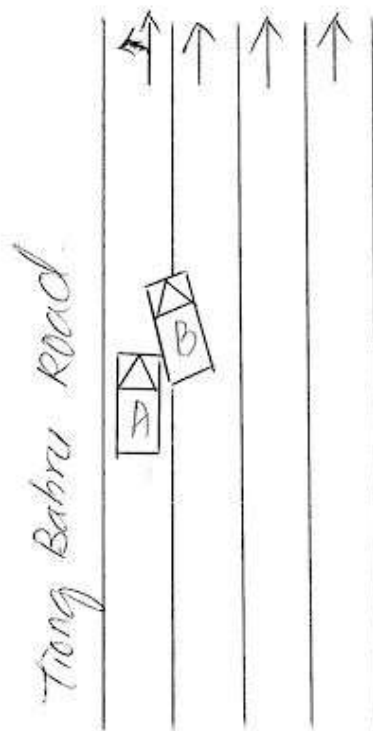


**SBS Transit**

# Sketch Plan

I/O In charge :	Raymond Seow
Report No :	W1676712022
Date & Time Acc :	16/02/2022
意外日期與時間 :	2015hrs
Bus No: 巴士車牌:	SBS84724
Svc No: 路線:	033
BC No: 工牌號碼:	78980
BC Name: 姓名:	Alise Mathew
Signature: 簽名:	<i>Alise Mathew</i>
Date: 日期:	17/02/2022

Tiong Bahru Road  
after b/s 06051



A - SBS84724

B - SLT4198P



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### PHOTOGRAPHS FOR VEHICLE NO. SBS 8472U

### INSPECTION





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### RE-INSPECTION





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### RE-INSPECTION

