



## 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. AC2205628

INV Date 14/09/2022

Reference CS/EQI22006748/Ecy3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SMB 3023A

Insured Veh. SMY 1235Y

Claim No. DM22HO01131

Policy No.

Accident Date 11/07/2022

Inspection Date 15/07/2022

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/EQI22006748/Ecy3e2 Date: 14/09/2022 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SMY 1235Y	Veh. Inspected	SMB 3023A
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO01131	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	15/07/2022
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MAN NL320F	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WMAA22ZZ2C7001449	Colour	MULTI COLOUR
Odometer	599991 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<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 REAR N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	11/07/2022	Inspection Date	15/07/2022
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170		
<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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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 3023A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	NSR COVER TAIL LAMP	BROKEN	678.00	678.00
2	REAR LAMP STOP ASSEMBLY	CUT	228.00	228.00
1	REAR FLASHER ASSY	CUT	319.30	319.30
1	NS SIDE PANEL L11	DENTED	780.00	780.00
2	SIKAFLEX BLACK	NECESSARY	64.00	64.00
2	NS SIDE PANEL HINGE	NOT NECESSARY	96.00	-
	LESS 10% DISCOUNT		-	-206.93
			2,165.30	1,862.37
	<b><u>LABOUR</u></b>			
	TO DISMANTLE & REPLACE: -ITEM 1-6		1,950.00	1,300.00
	SPRAY PAINTING: -NSR PANEL -NSR BUMPER -NS SIDE PANEL L11		1,920.00	1,280.00
			3,870.00	2,580.00
<b>GRAND TOTAL</b>			<b>6,035.30</b>	<b>4,442.37</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>4,442.37</b>

Report Ref No. CS/EQI22006748/Ecy3e2

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 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 .....	13/07/2022 21:01 (SGT)
Reported by .....	Driver
Date of Accident .....	11/07/2022 08:40 (SGT)
Exact Location of Accident .....	Commonwealth Ave W, Singapore
Additional Location Information .....	COMMONWEALTH AVE WEST JUNCT OF CLEMENTI AVE 2
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMB3023A
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TOWER TRANSIT SINGAPORE PTE LTD
Company Reg No .....	2XXXXX417K
Email Address .....	feedback@towertransit.sg
Mobile Phone No .....	(Phone) +65-18002480950
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Man
Model .....	A22
Variant .....	SINGLE DECK
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 .....	11000

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-22099187MFBP

#### DRIVER

Name of Driver .....	KOH BENG GHEE
NRIC No .....	SXXXX807C
Date Of Birth .....	05/04/1962
Occupation .....	Outdoor

Date Of Driving Pass .....	10/05/2011
Driving experience .....	11 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-18002480950
Alt. Phone Number .....	-
Email Address .....	feedback@towertransit.sg
Address .....	C/O : 21 BULIM DRIVE
Address complement .....	BULIM BUS DEPOT
Postcode .....	648170
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) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

please refer attached

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMY1235Y
Vehicle Manufacturer .....	Volkswagen
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JOCELYN LIEU
Contact Number .....	(Phone) +65-88991935

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) .....	-



## Statement Form

Employee Name:	KOH BENG GHEE	Date Taken:	11-July-2022
Employee ID:	10534	Time Taken:	1257hrs
Date of Incident:	11-July-2022	Time of Incident:	0840hrs
Service No:	189	Duty Number:	A02
Bus Reg No:	SMB3023A		
Nature of Incident:	Private car Side Swap with TTS Bus		

## Details:

I BC10534 on 11 July 2022 doing SVC189A02 with SMB3023A towards BBI, Before BS17161 at Junction of Commonwealth Ave West and Clementi Ave 2, I stop at the traffic light Junction Suddenly I heard a loud sound from the back I immediately alight and check what's happened and found Out SMY1235Y side swap with our bus SMB3023A I report BOCC and check that no passenger injuries BOCC instruct me to transfer passenger and drive the bus back to bulim.

\*I confirmed that the above statement given by me is correct to the best of my knowledge.

KOH BENG GHEE ID:10534  
Employee Name & No.

  
Signature

11-July-2022 1257hrs  
Date & Time

Statement Taken Conducted By:

Kenneth  
Name

Interchange Supervisor  
Designation

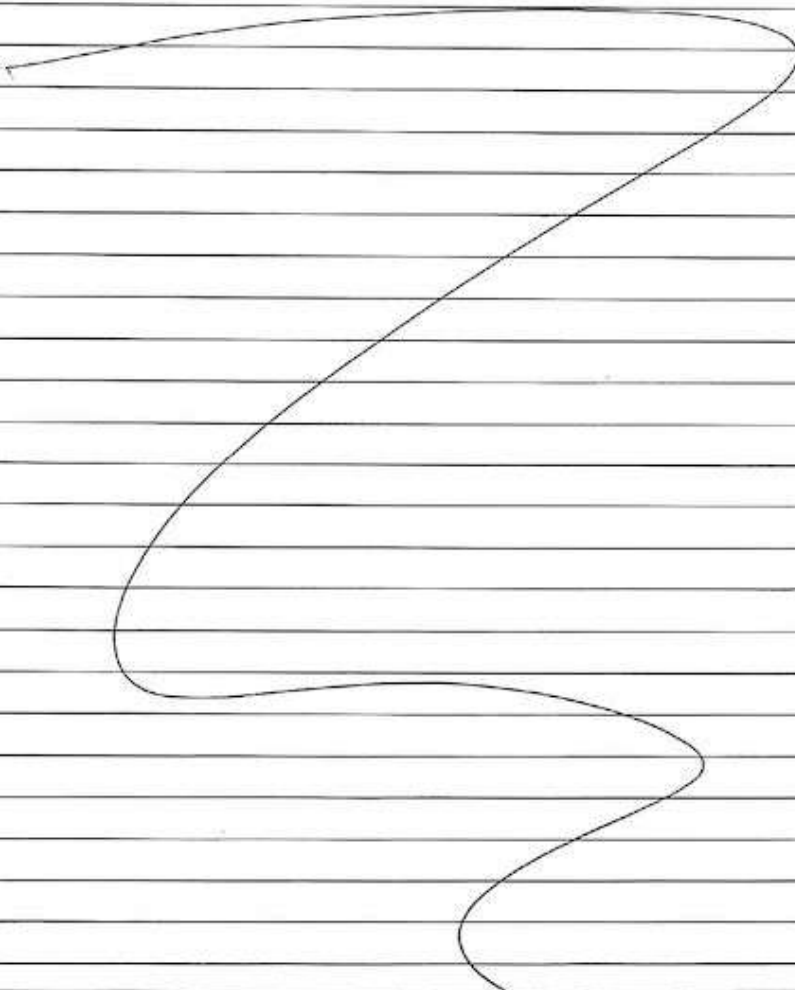






Describe Circumstance of the Accident

Please Refer Statement



Declaration

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



Policyholder's Signature / Date & Time

*AN 1257*

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



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### PHOTOGRAPHS FOR VEHICLE NO. SMB 3023A

### INSPECTION





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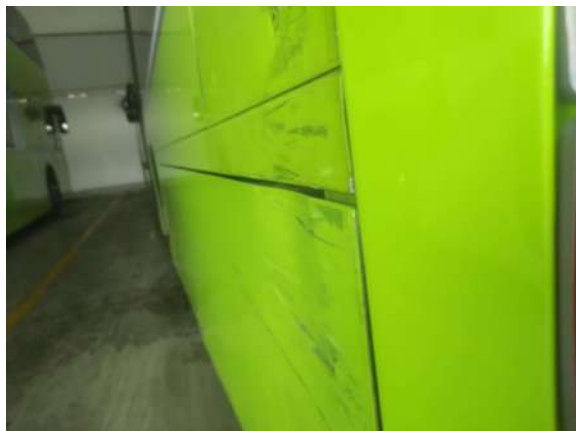
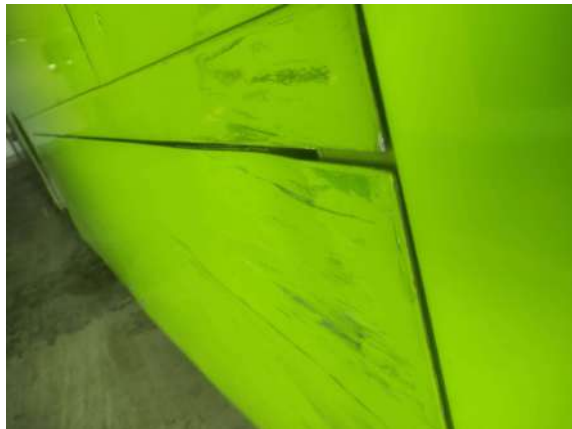


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### RE-INSPECTION







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