



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

STRIDES PREMIER AUTOMOTIVE SERVICES PL	INV No.	AC2500119
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	07/01/2025
SINGAPORE 757705	Reference	CS/SMR24090471/Rqp3m4
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	YN 6965G
Insured Veh.	SBS 8068D
Claim No.	BUS/09/24/8019
Policy No.	
Accident Date	24/09/2024
Inspection Date	07/10/2024

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	128.00
GST (9%)	11.52
Grand Total	139.52

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'**

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SML



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Affiliated to Federation Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL			Ref:	CS/SMR24090471/Rqp3m4 (N)
60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705			Date:	07/01/2025
ATTN: HUA YEN			Code:	SMR
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SBS 8068D	Veh. Inspected	YN 6965G
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/09/24/8019	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	26/09/2024
2. Vehicle Particulars & Condition				
	Make & Model	ISUZU NPR85UH5A	c.c	2999
	Engine No.	HIDDEN	Year of Reg.	2014
	Chassis No.	JAANPR85HE7100750	Colour	WHITE
	Odometer	245544 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	255/65R17	OHTSU	7 mm
	L/H Front Tyre	255/65R17	OHTSU	7 mm
	R/H Rear Tyre	255/65R17 (D)	OHTSU	7/7 mm
	L/H Rear Tyre	255/65R17 (D)	OHTSU	7/7 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	24/09/2024	Inspection Date	07/10/2024
	Survey held at	8 TUAS AVE 18 SINGAPORE 638892		
	Repairer	GOLDBELL ENGINEERING PTE LTD		
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:		3 Working Days	



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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 6965G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	SIDE MIRROR, RH (N)	BROKEN	130.00	130.00
1	SIDE MIRROR STAY, RH (N)	BENT	350.00	350.00
1	SIDE MIRROR, CAP (N)	CRACKED	15.00	15.00
1	CORNER PANEL, RH (N)	CRACKED	420.00	420.00
1	CORNER PANEL COVER, RH (N)	CRACKED	135.00	135.00
	LESS 15% DISCOUNT		-157.50	-157.50
			892.50	892.50
	<u>SPECIAL NETT ITEMS</u>			
1	LOGO (SN)	NECESSARY	200.00	150.00
			200.00	150.00
	<u>LABOUR</u>			
	TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN, ETC.		1,800.00	600.00
	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC.		1,500.00	700.00
	TO REMOVE AND REFIT DOOR.	NOT NECESSARY	300.00	-
			3,600.00	1,300.00
GRAND TOTAL			4,692.50	2,342.50

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,850.00
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Report Ref No. CS/SMR24090471/Rqp3m4(N)

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ANG BRYAN TANI

Automotive Assessor / Investigator

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 Actual 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 First Submission	25/09/2024 16:41 (SGT)
Reported by	Actual Driver
Date of Accident	24/09/2024 17:00 (SGT)
Exact Location of Accident	Tuas Ave 9, Singapore
Additional Location Information	Junction of Tuas Ave 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6965G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	F&N FOODS PTE LTD
Company Reg No	1XXXXX390K
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NPR85UH5A
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	Commercial vehicle
Transmission	Auto
CC	2999
Vehicle Fuel	-
First Registration Date	24/11/2014
Chassis no	JAANPR85HE7100750
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allied World Assurance Company, Ltd
Policy Number / Cover Note Number	BVFCB0013692304

DRIVER

Name of Driver	ONG CHEE SHENG
Passport No/FIN	GXXXX700T
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	10/01/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	-
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Wet

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)	1
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

REFER TO THE SKETCH PLAN.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS8068D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	RAMEHENDHIRAAN KALAICHCHELVAN
Passport No/FIN	GXXXX415P
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

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.

F&N FOODS PTE LTD
2 Tuas Link 3
Singapore 639468
Tel No. 6210 8108

Policyholder's Signature / Date & Time
25/9/2024

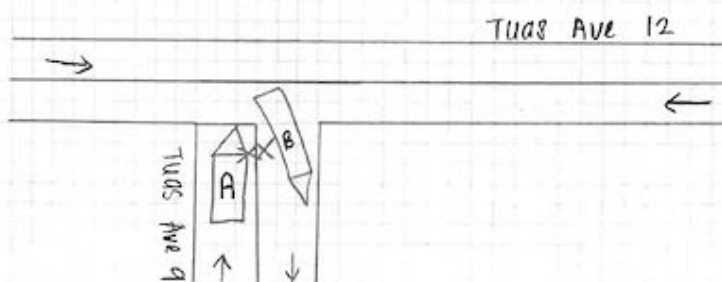
Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - YN6965G
B - SBS8068D



Describe Circumstances of the Accident

I was driving 7U6965G1, along Tuas Ave 9 (junction of Tuas Ave 12) around 17.00 hrs I was waiting at the junction there and there was a SMRT bus (SRT8068P), which was from Tuas Ave 12, made a turn to Tuas Ave 9, hit my vehicle's LH

I _____ (Owner/Driver), Identification No. _____, Vehicle No. _____, will be sending the above stated damaged vehicle to _____ (Company Name) for my vehicle repair works and insurance claims. Goldbell Engineering Pte Ltd "GBE" had clearly informed me on new GIA rules and I accept all liabilities and discharged GBE.

Declaration

We declare the foregoing particulars are true in every respect.

F&N FOODS PTE LTD
2 Tuas Link 3
Singapore 639468
Tel No. 6210 8108

Policyholder's Signature / Date & Time
25/9/2024

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

Witnessed by Reporting Centre Personnel



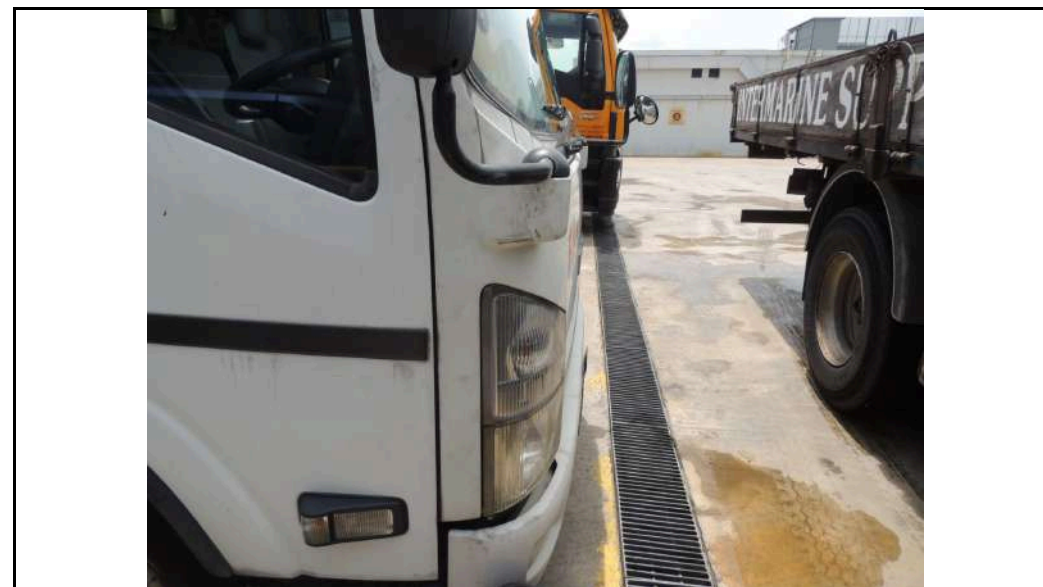
PHOTOGRAPHS FOR VEHICLE NO. : YN 6965G



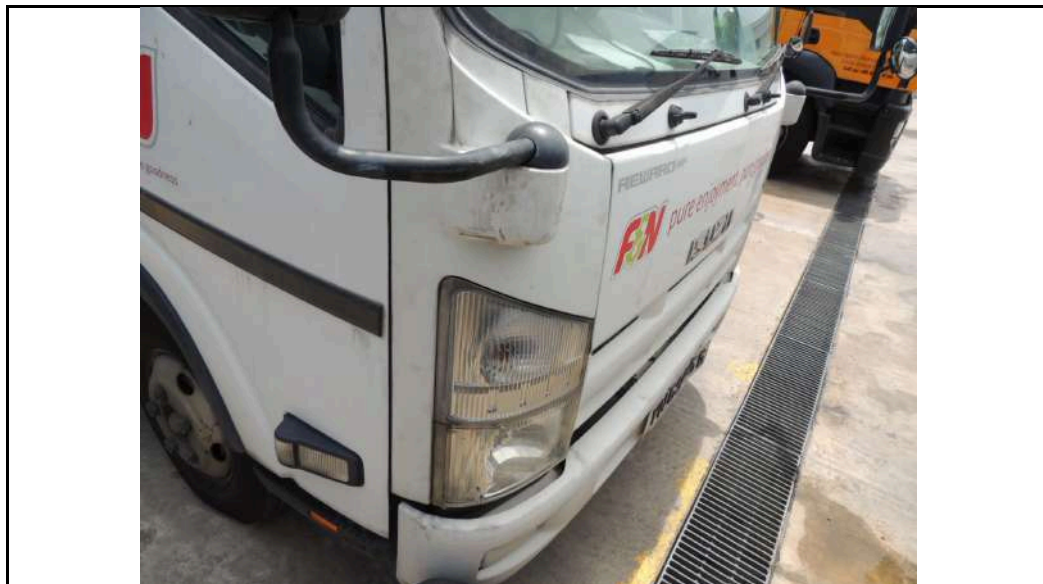
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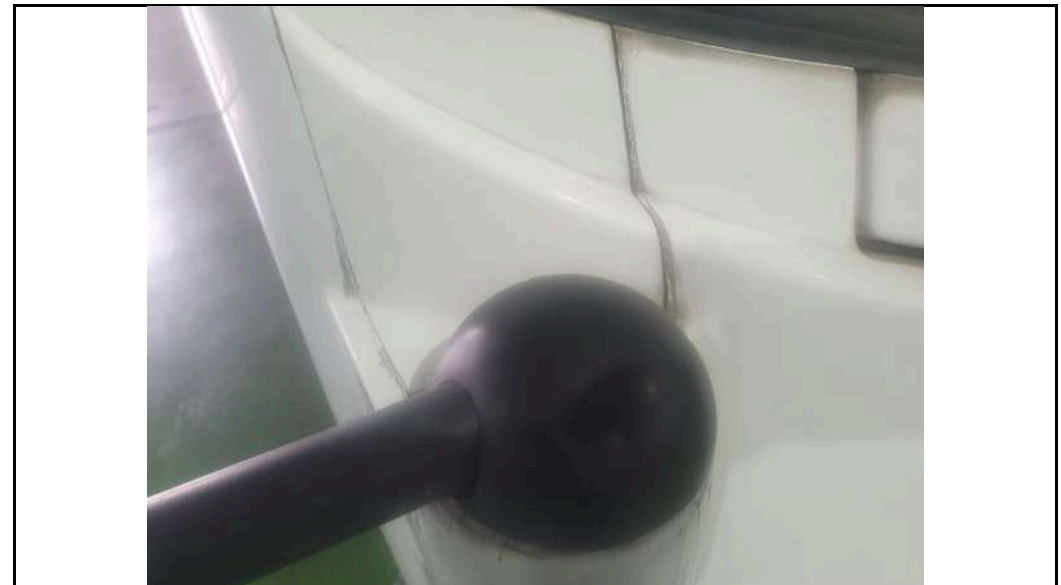
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