

**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.  
60 WOODLANDS INDUSTRIAL PARK E4  
SINGAPORE 757705

INV No. : SAC2401992

INV Date : 27-12-2024

Reference CS/SMR24090503/Anp3e2

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. YQ 7132X  
Insured Veh. SBS 3769Y  
Claim No. BUS/09/24/8013  
Policy No.  
Accident Date 24/09/2024  
Inspection Date 28/10/2024

Description	Amount
Survey Inspection	128.00
Digital Photographs	0.00
Transportation	0.00
Sub-Total	128.00
GST (9%)	11.52
Grand Total	139.52

We shall be glad if you could forward the payment at your earliest 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

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24090503/Anp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	27/12/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SBS 3769Y	Veh. Inspected	YQ 7132X
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/8013	Excess	\$0.00
Assign From	HUA YEN	Assign Date	27/09/2024

### 2. Vehicle Details

Make & Model	HINO XZU710R	C.C	4009
Engine No.	N04CWP10495	Year of Reg.	02/06/2022
Chassis No.	JHHUCW2F90K043802	Colour	WHITE
Odometer	71567 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: NIL		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	215/75 R17.5	BRIDGESTONE	6
L/H Front Tyre	215/75 R17.5	BRIDGESTONE	6
R/H Rear Tyre	215/75 R17.5	BRIDGESTONE	6
L/H Rear Tyre	215/75 R17.5	BRIDGESTONE	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	24/09/2024	Inspection Date	28/10/2024
Survey held at	JL PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, SINGAPORE 415875		

### 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: 5 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO YQ 7132X

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	CABIN ROOF TOP PANEL	TO REPAIR SEE LABOUR	\$3,528.60	\$0.00
1	CABIN ROOF TOP INNER PANEL	TO REPAIR SEE LABOUR	\$1,865.90	\$0.00
1	CABIN ROOF LINING	NOT NECESSARY	\$1,355.90	\$0.00
1	FRONT WINDSCREEN GLASS	CRACKED	\$1,865.20	\$1,865.20
1	FRONT WINDSCREEN GLASS MOULDING	NECESSARY	\$293.30	\$293.30
1	FRONT DOOR PILLAR LH	TO REPAIR SEE LABOUR	\$1,836.20	\$0.00
1	FRONT DOOR PILLAR TOP LAMP LH	NOT NECESSARY	\$238.50	\$0.00
1	FRONT DOOR PILLAR INNER TRIM LH	NOT NECESSARY	\$395.60	\$0.00
	<b>LESS 10.00% DISCOUNT</b>		(\$1,137.92)	(\$215.85)
			<b>\$10,241.28</b>	<b>\$1,942.65</b>

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	CABIN ROOF TOP PANEL SEALANT (SN)	NOT NECESSARY	\$250.00	\$0.00
1	FRONT WINDSCREEN GLASS SEALANT (SN)	NECESSARY	\$80.00	\$40.00
1	FRONT WINDSCREEN GLASS INNER SEAL (SN)	NECESSARY	\$60.00	\$30.00
1	FRONT WINDSCREEN GLASS SOLAR FILM (SN)	NECESSARY	\$550.00	\$300.00
1	REAR BOX FRONT PANEL (SPECIAL TYPE) (SN)	DENTED	\$2,500.00	\$800.00
1	REAR BOX SLIDING DOOR LH (SPECIAL TYPE) (SN)	NOT NECESSARY	\$4,800.00	\$0.00
1	REAR BOX DOOR PILLAR COVER LH (SPECIAL TYPE) (SN)	NOT NECESSARY	\$800.00	\$0.00
			<b>\$9,040.00</b>	<b>\$1,170.00</b>

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO PANEL BEAT, WELD, CUT, ADJUST, KNOCK. INCLUSIVE OF THE REPAIR OF CABIN ROOF TOP PANEL, CABIN ROOF TOP INNER PANEL AND FRONT DOOR PILLAR LH		\$2,600.00	\$600.00
	TO PUTTY, SPRAY PAINT, POLISH WAX		\$1,400.00	\$300.00
	TO SPRAY TUFF COAT		\$250.00	\$40.00
	WIRING, BULB CHECKING	NOT NECESSARY	\$80.00	\$0.00
	CONDUCT WATER TER LEAKAGE TEST	NOT NECESSARY	\$80.00	\$0.00
	REMOVE AND REFIX CUSHION SEAT / UPHOLSTERY & ROOF LINING TO FACILITATE REPAIR	NOT NECESSARY	\$250.00	\$0.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	REMOVE AND REFIX FRONT WINDSCREEN	NOT NECESSARY	\$120.00	\$120.00
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT / CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC		\$180.00	\$0.00
			\$4,960.00	\$1,060.00
GRAND TOTAL			\$24,241.28	\$4,172.65
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$3,300.00
Report Ref No: CS/SMR24090503/Anp3e2				

**LWP**

ADRIAN LING WAI PING

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 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 11:37 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/09/2024 16:12 (SGT)
Exact Location of Accident .....	Tuas, Singapore
Additional Location Information .....	Tuas South Ave 1
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ7132X
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Meng Chong Foodstuffs Pte Ltd
Company Reg No .....	197302415C
Email Address .....	Mcfoods@mengchong.com.sg
Mobile Phone No .....	(Phone) +65-67552222
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hino
Model .....	XZU710R
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 .....	Commercial vehicle
Transmission .....	Manual
CC .....	4009
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5127923590-02

#### DRIVER

Name of Driver .....	MUHAMMAD FAIZAL BIN ABDUL LATIF
NRIC No .....	S8619204G
Date Of Birth .....	23/06/1986
Occupation .....	Outdoor
Driving Pass Date .....	29/09/2009
Driving License Pass Class .....	4
Driving License Validity .....	Valid
Driving experience .....	15 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93858619
Alt. Phone Number .....	-
Email Address .....	Mcfoods@mengchong.com.sg
Address .....	BLK 713 CLEMENTI WEST STREET 2 04-109 SINGAPORE
	120713
Address complement .....	04-109
Postcode .....	120713
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 on collision
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

On 24 September around 16:12pm as I was driving straight along Tuas South Ave 1. The a bus came out from Tuas West Drive and Hit My lorry From the side.

#### 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 .....	SBS3769Y
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Vehicle Manufacturer .....	Volvo
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	Lee Soo Kun
NRIC No .....	S2687645A
Contact Number .....	(Phone) +65-93509362
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## Describe Circumstance of the Accident

On 24 September around 1012 pm  
as I was driving straight along Tuas South  
Ave 1. Then a bus came out from  
Tuas West Drive and hit my lorry from  
the side.

## Declaration

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



Policyholder's Signature / Date & Time

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

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



## SKETCH PLAN

## 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

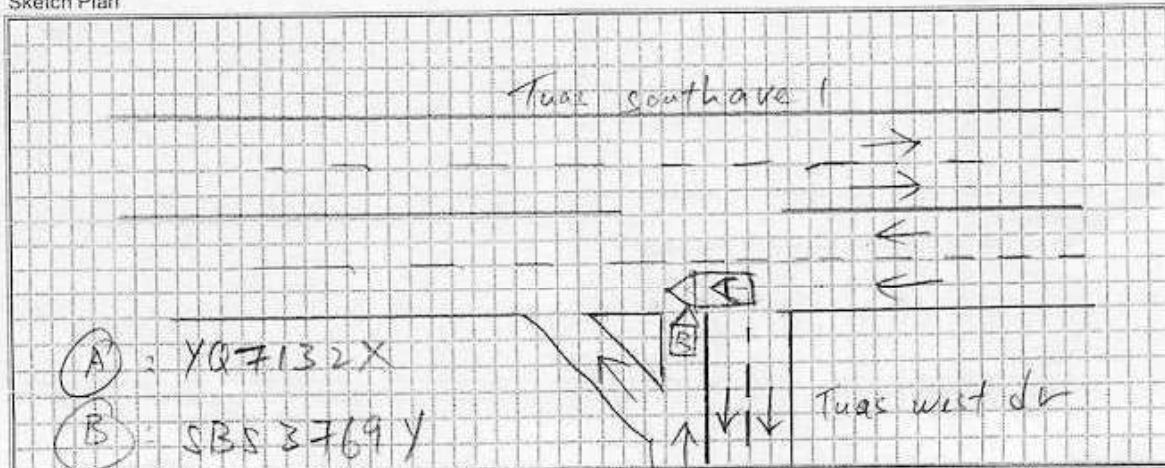


Policyholder's Signature / Date &amp; Time

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

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

## Sketch Plan



vJun2022

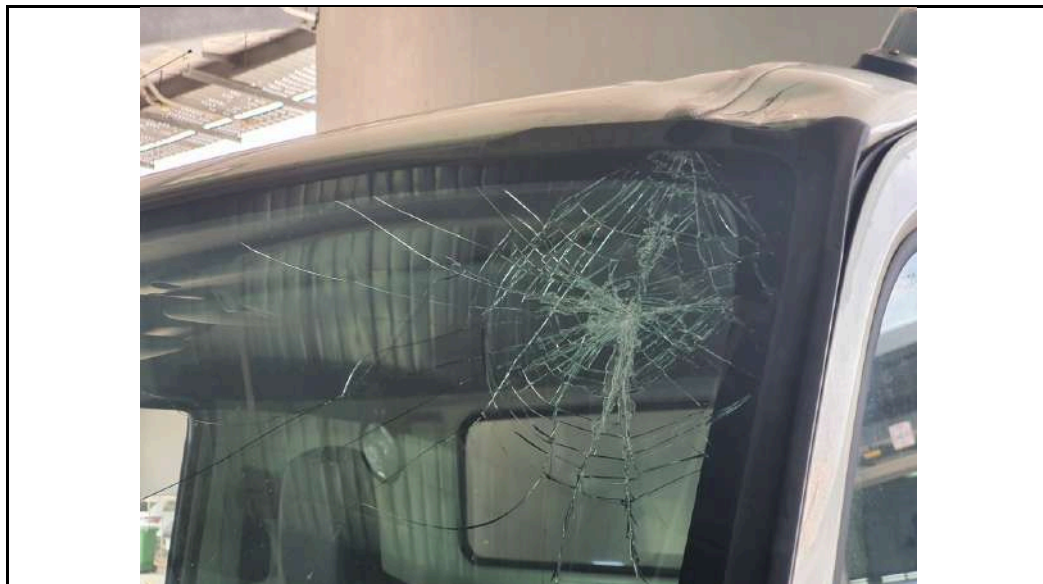
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**PHOTOGRAPHS FOR VEHICLE NO. : YQ 7132X**

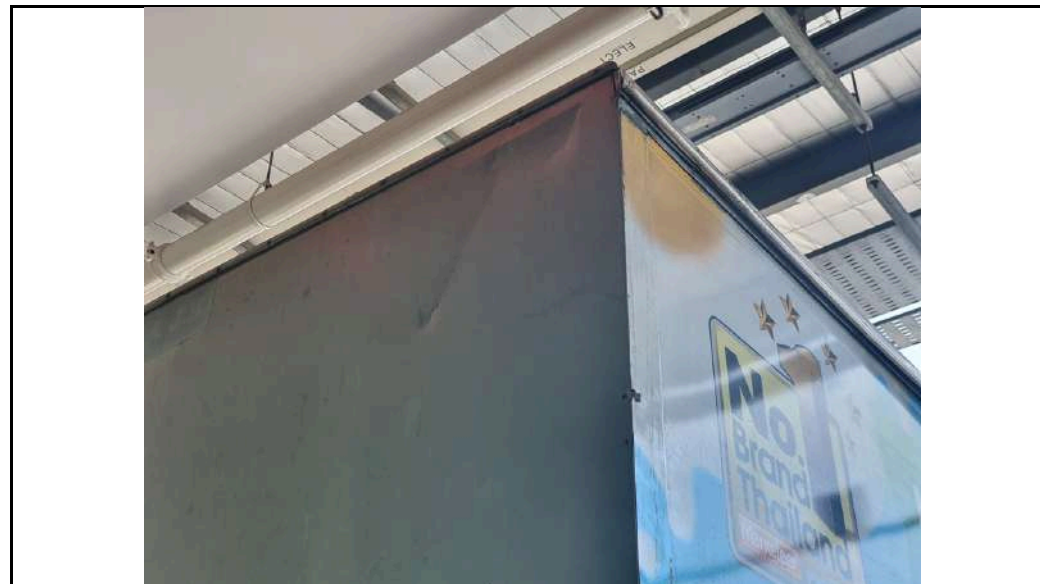




**PHOTOGRAPHS FOR VEHICLE NO. : YQ 7132X**



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