



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.	AC2503953
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	24/06/2025
SINGAPORE 757705	Reference	CS/SMR24090508/Tqh3m4
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	GBL 9995H
Insured Veh.	SG 6344G
Claim No.	BUS/09/24/8015
Policy No.	
Accident Date	25/09/2024
Inspection Date	02/10/2024

Description	Total
Survey Inspection	128.00
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/SMR24090508/Tqh3m4 (N)
60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705			Date:	24/06/2025
ATTN: HUA YEN			Code:	SMR
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SG 6344G	Veh. Inspected	GBL 9995H
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/09/24/8015	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	27/09/2024
2. Vehicle Particulars & Condition				
	Make & Model	CITROEN E-BERLINGO	c.c	0
	Engine No.	HIDDEN	Year of Reg.	2022
	Chassis No.	VR7EAKXZJ637704	Colour	WHITE
	Odometer	29317 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	215/65 R16	MICHELIN	6 mm
	L/H Front Tyre	215/65 R16	MICHELIN	6 mm
	R/H Rear Tyre	215/65 R16	MICHELIN	6 mm
	L/H Rear Tyre	215/65 R16	MICHELIN	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	25/09/2024	Inspection Date	02/10/2024
	Survey held at	KAN FOOK SING MOTOR WORKSHOP BLK.8 JTC DEFU INDUSTRIAL CITY #04-29 DEFU SOUTH STREET 1 SINGAPORE 533758		
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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBL 9995H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR LAMP RH	CRACKED	3,585.00	3,585.00
1	REAR LAMP CLIP	* CHECK	45.30	-
1	REAR BUMPER	DEFORMED	2,850.00	2,850.00
1	REAR BUMPER SIDE RH	DEFORMED	345.00	345.00
1	REAR BUMPER SIDE RETAINER RH	DEFORMED	225.00	225.00
1	REAR BUMPER REINFORCEMENT	* CHECK	1,650.00	-
10	REAR BUMPER CLIP @\$10.50	NECESSARY	105.00	105.00
1	REAR BOOT COVER	BENT	3,250.00	3,250.00
1	REAR BOOT CITROEN EMBLEM	NECESSARY	245.00	245.00
1	REAR BOOT HINGE LOWER	* CHECK	225.00	-
	LESS 10% DISCOUNT		-1,252.53	-1,060.50
			11,272.77	9,544.50
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER SENSOR (SN)	* CHECK	300.00	-
1	6 PAX STICKER (SN)	NECESSARY	15.00	15.00
1	REAR WINDSCREEN GUM (SN)	NECESSARY	50.00	50.00
			365.00	65.00
<u>LABOUR</u>				
	TO CHECK WIRING SYSTEM.		50.00	30.00
	TO REMOVE/REFIT REAR WINDSCREEN GLASS.		100.00	80.00
	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS.		980.00	500.00
	SPRAYPAINTING CHARGES.		780.00	500.00
			1,910.00	1,110.00
GRAND TOTAL			13,547.77	10,719.50

Report Ref No. CS/SMR24090508/Tqh3m4(N)



RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$2,028.27 NETT)			10,719.50
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Report Ref No. CS/SMR24090508/Tqh3m4(N)

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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	26/09/2024 11:03 (SGT)
Reported by	Actual Driver
Date of Accident	25/09/2024 21:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT JELEBU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL9995H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CANATEC PTE LTD
Company Reg No	2XXXXX354K
Email Address	
Mobile Phone No	
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	CITROEN / E-BERLINGO 50KWH
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	0
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	5129884658-02

DRIVER

Name of Driver	NG CHENG SAN
NRIC No	SXXXX740A
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	04/02/1999
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	25 YEARS AND 7 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 - 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 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 ATTACHED

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	SG6344G
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LOOI YEOK SUM
NRIC No	SXXXX937I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SBS BUS NO 974
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.**
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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.



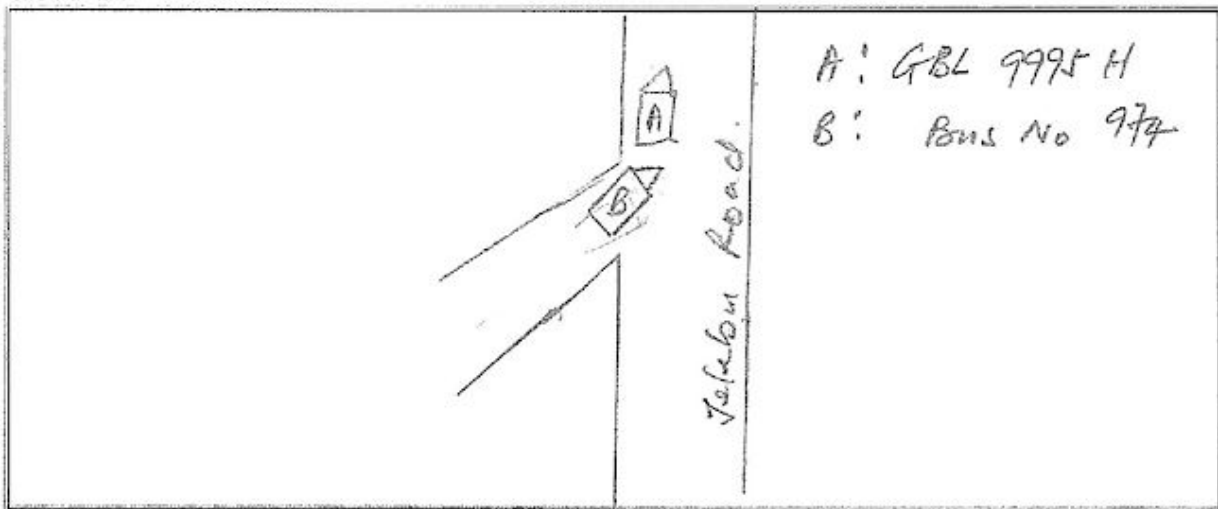
Policyholder's Signature / Date & Time

[Signature] 09.50am
26/09/24
Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan



Describe Circumstance of the Accident

I was travelling along Telukau Road.
My vehicle stopped due to traffic light
was red. Bus No 974 came out
from Patir Road and he collided
into the rear of my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an own
damage claim under your own policy, please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

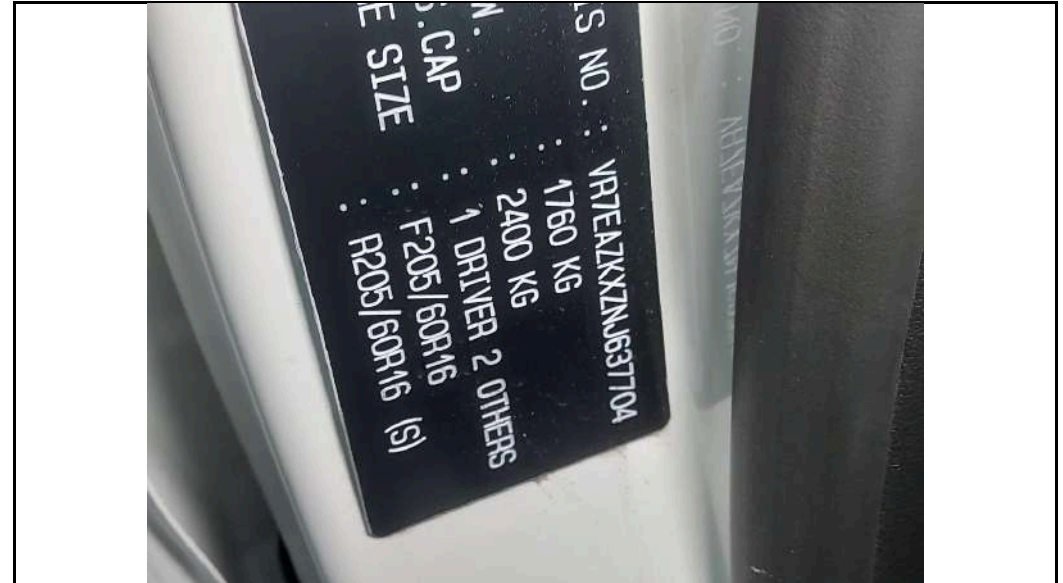
[Signature] 09.50am
26/09/24

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



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

PHOTOGRAPHS FOR VEHICLE NO. : GBL 9995H



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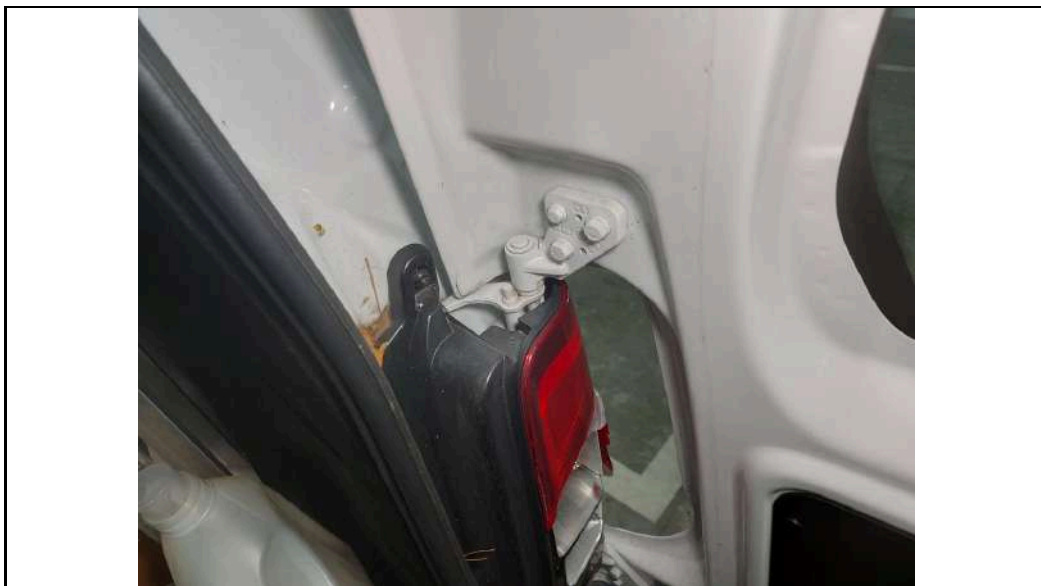
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