



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.	AC2500369
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	16/01/2025
SINGAPORE 757705	Reference	CS/SMR24100063/Rnp3m4
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	GBM 1073R
Insured Veh.	SMB 110B
Claim No.	BUS/09/24/5007
Policy No.	
Accident Date	04/09/2024
Inspection Date	15/10/2024

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'**

LKK Auto Consultants Pte Ltd

SML



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Affiliated to Federation Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL			Ref:	CS/SMR24100063/Rnp3m4 (N)
60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705			Date:	16/01/2025
ATTN: HUA YEN			Code:	SMR
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SMB 110B	Veh. Inspected	GBM 1073R
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/09/24/5007	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	02/10/2024
2. Vehicle Particulars & Condition				
	Make & Model	DFSK EC31	c.c	0
	Engine No.	HIDDEN	Year of Reg.	2022
	Chassis No.	LVP1PB4B4NC894028	Colour	WHITE
	Odometer	51002 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	185R14C	CONDOR	6 mm
	L/H Front Tyre	185R14C	CONDOR	6 mm
	R/H Rear Tyre	185R14C	CONDOR	6 mm
	L/H Rear Tyre	185R14C	CONDOR	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	04/09/2024	Inspection Date	15/10/2024
	Survey held at	HONG SEH MOTORS PTE LTD 10 FOURTH LOK YANG ROAD JURONG TOWN SINGAPORE 628631		
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:		10 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBM 1073R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR CARRIAGE	CRACKED	5,684.88	5,684.88
1	PARKING SENSOR	SHORTED	186.00	186.00
1	REAR RH LIGHT	CRACKED	55.00	55.00
1	REAR LH LIGHT	CRACKED	80.00	80.00
1	REAR CARRIAGE ALUMINIUM BOX	BENT	7,775.00	6,500.00
			13,780.88	12,505.88
	<u>LABOUR</u>			
	REMOVE, INSTALL & RENEW :- HOIST NEEDED, REAR CARRIAGE BOX, REAR CARRIAGE, REAR LH LIGHT, REAR RH LIGHT, PARKING SENSOR, REAR AXLE, REAR ABSORBER AND BATTERY.		3,500.00	2,500.00
	TO SUPPLY PANEL BEATER TO KNOCK BACK AND WELDING THE REAR.		500.00	250.00
	TO SUPPLY ELECTRICIAN TO DISMOUNT HIGH VOLTAGE BEFORE AND AFTER START WORK.		250.00	150.00
	TO RESPRAY LAYER OF ANTI RUST COATING REAR AND ANTI COLLISION BEAN.		250.00	150.00
	RESPRAY PREMIER & PAINT: REAR CARRIAGE, PARKING SENSOR.		1,000.00	900.00
	TO SUPPLY LABOUR AND MACHINERY (HUNTER) TO DONE UP ALL WHEEL ALIGNMENT BEFORE AND AFTER.		240.00	180.00
			5,740.00	4,130.00
	GRAND TOTAL		19,520.88	16,635.88
	RECOMMENDED COST OF REPAIRS			16,635.88

Report Ref No. CS/SMR24100063/Rnp3m4(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 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	05/09/2024 17:56 (SGT)
Reported by	Actual Driver
Date of Accident	04/09/2024 10:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOLLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM1073R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YINSON MOBILITY PTE. LTD
Company Reg No	0727E
Email Address	
Mobile Phone No	-
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Dongfeng
Model	EC31
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	Auto
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	5127671475-02

DRIVER

Name of Driver	SAHAYADASS S/O PITCHAY MUTHU
NRIC No	
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	31/07/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 2 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	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	SMB110B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SAHAYADASS S/O PITCHAY MUTHU
Gender	Male
Phone No	
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER TO MY ELBOW PAIN AND LOWER BACK PAIN
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident


Refer To Police Report.

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.

Enice

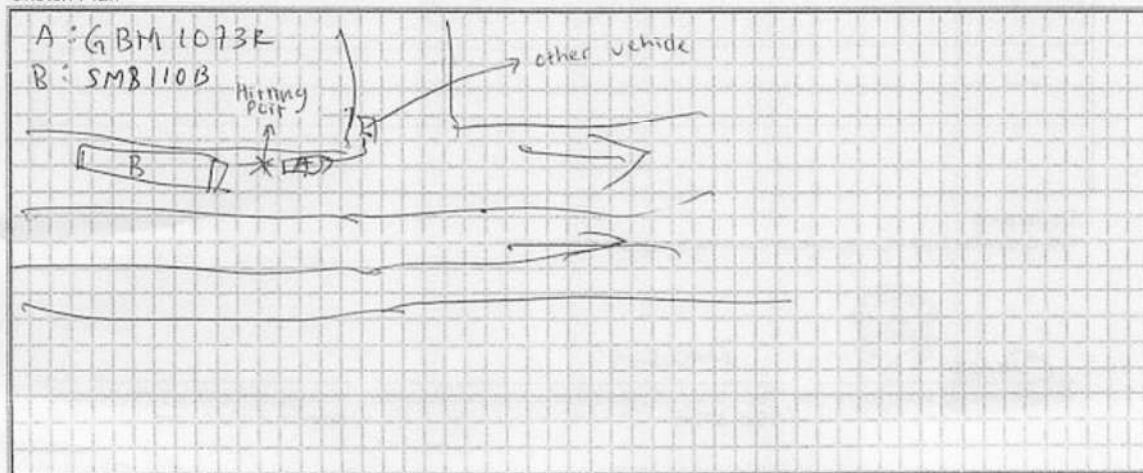


Policyholder's Signature / Date & Time

Mass

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

vJun2022

1



**SINGAPORE
POLICE FORCE**



T/20240904/7113

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20240904/7113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2024 21:53		Vide Report No.: D/20240904/0057		Station Diary No.:	
Informant's Particulars					
Name of Informant: Sahayadass S/o Pitchay muthu			Address:		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race:			Language: English		
Occupation: Other car and light goods vehicle drivers			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/09/2024 10:55	Type of Location: Straight Road
Location: EAST SUSSEX LANE				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBM1073R	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240904/7113

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20240904/7113

CONTINUATION OF REPORT

Driver			
Name	Sahayadass S/o Pitchay muthu	ID No.	[REDACTED]
Related Vehicle	GBM1073R (Lorry)	Contact No.	[REDACTED]
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/09/2024	Date Discharge	04/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

At about 10:58am, I was travelling on the left lane of Holland Road. Just before East Sussex Road, a car turned left at East Sussex lane. While turning, he slowed down even more. Upon seeing that I had enough time to safely brake as I was within a safe distance. There was no contact between me and the car that turned left. However at that very moment, a public transport bus (SMB 110B), hit me from behind. After the collision, my vehicle was pushed forward by itself for the length of East Sussex lane upon impact. I stopped my vehicle and came down immediately. Immediately I realized that I had suffered injuries to my right shoulder, back of my head, lower back and my left calf. I called my son, Benjamin S/o Sahayadass and he advised to call the ambulance immediately as I was losing my ability to be mobile. In between all of this, I managed to take down the driver's particulars and pictures of the vehicles. Thereafter, the ambulance and police on site did the necessary. I was brought to NUH accident and emergency. Also, I have tried several times to upload the pictures of the vehicles and driver particulars on this portal but the site doesn't allow me to. I have the details on me if needed anytime.



**SINGAPORE
POLICE FORCE**



T/20240904/7113

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20240904/7113

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
04/09/2024 21:53

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD RAIMIE BIN ABDUL KARIM
Contact No.: 65476246

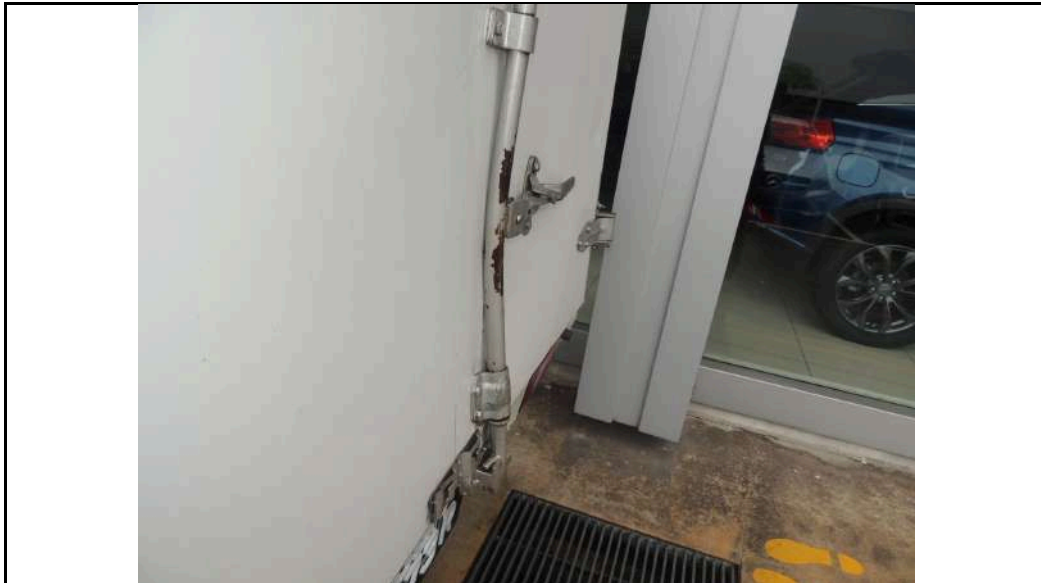
Classification Of Case:

NP168

PHOTOGRAPHS FOR VEHICLE NO. : GBM 1073R



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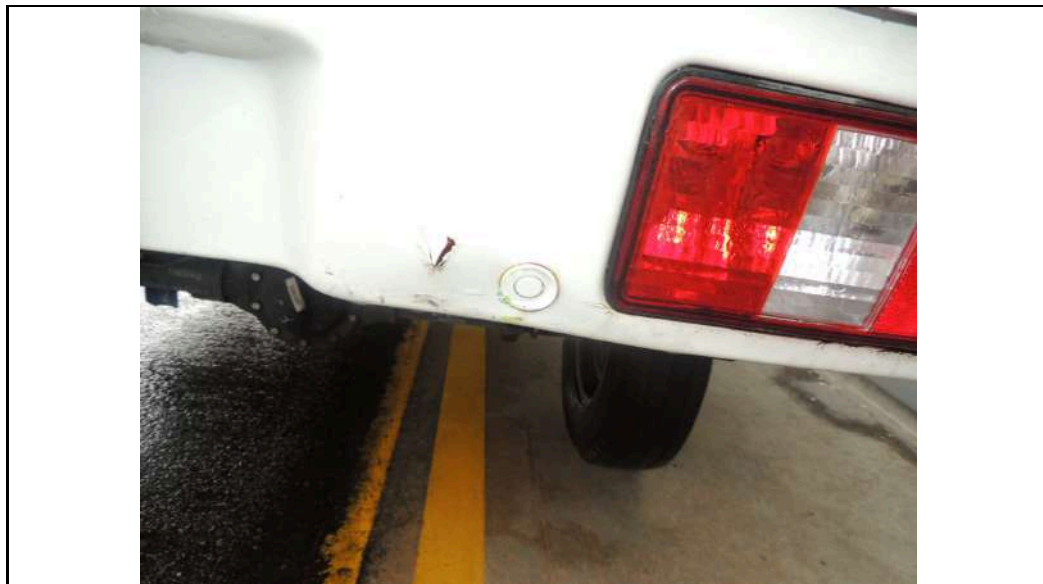
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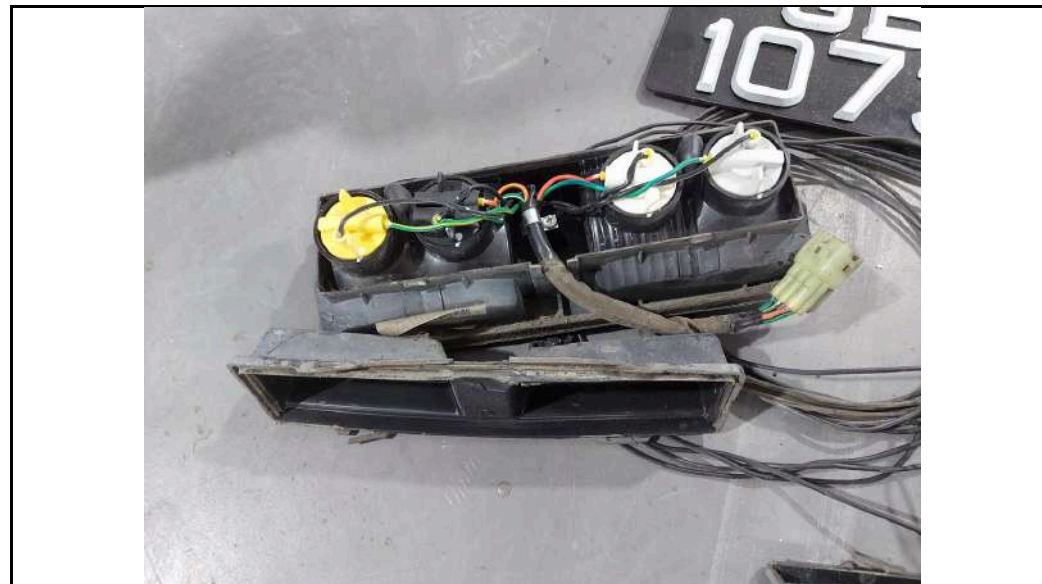
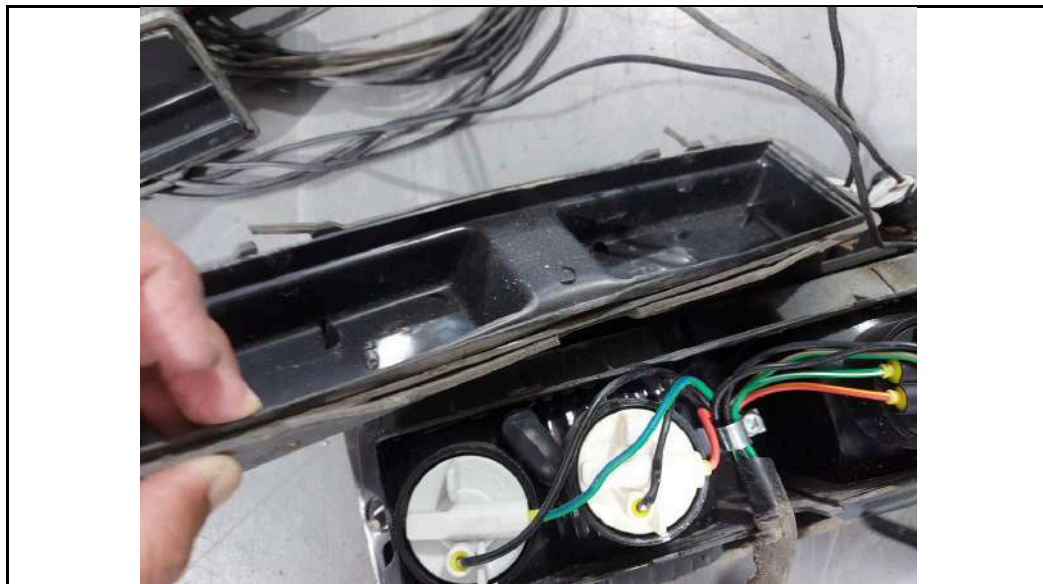
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REINSPECTION PHOTOS (Page 17 of 35)

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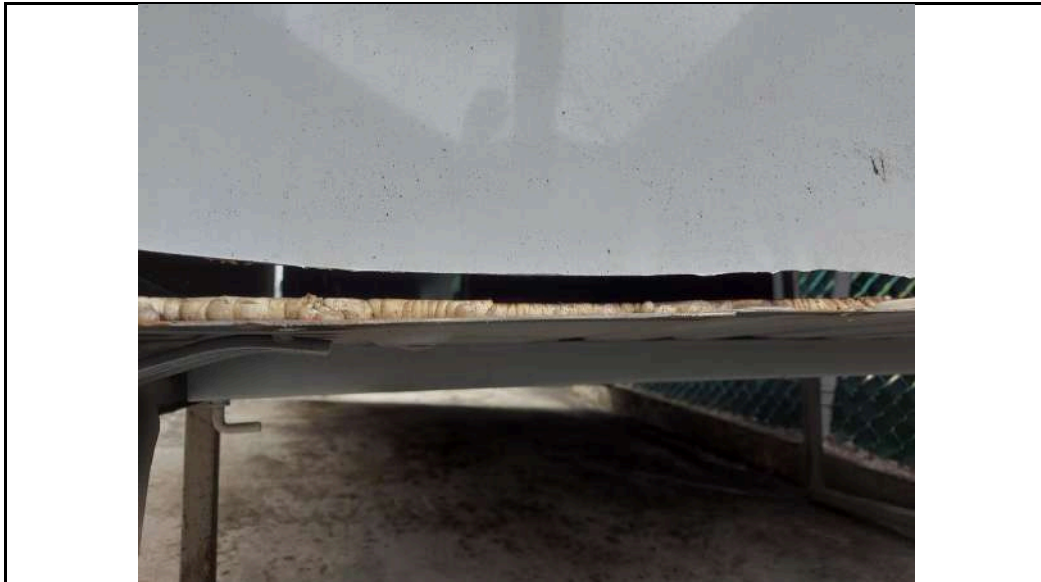
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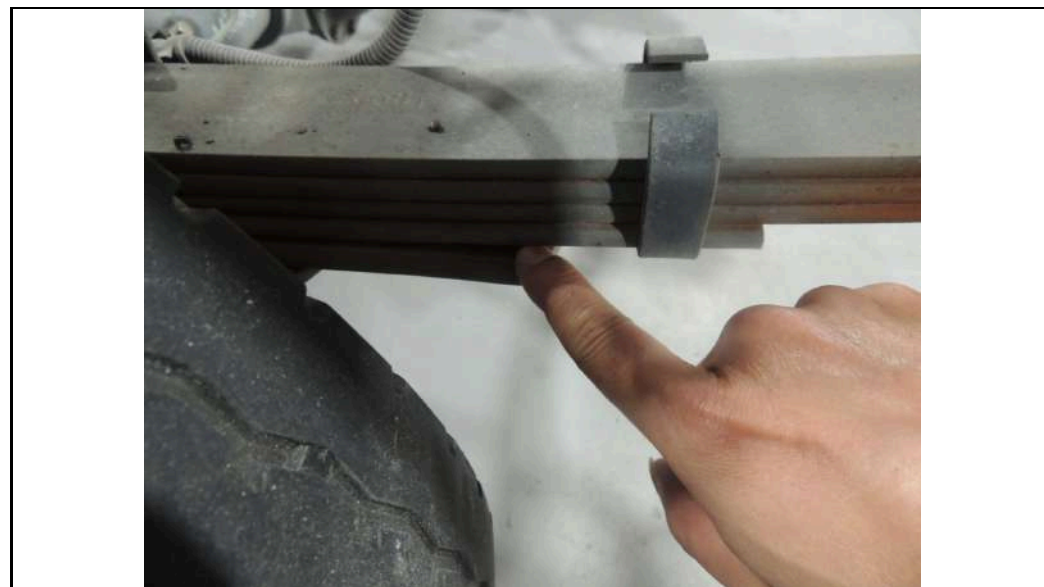
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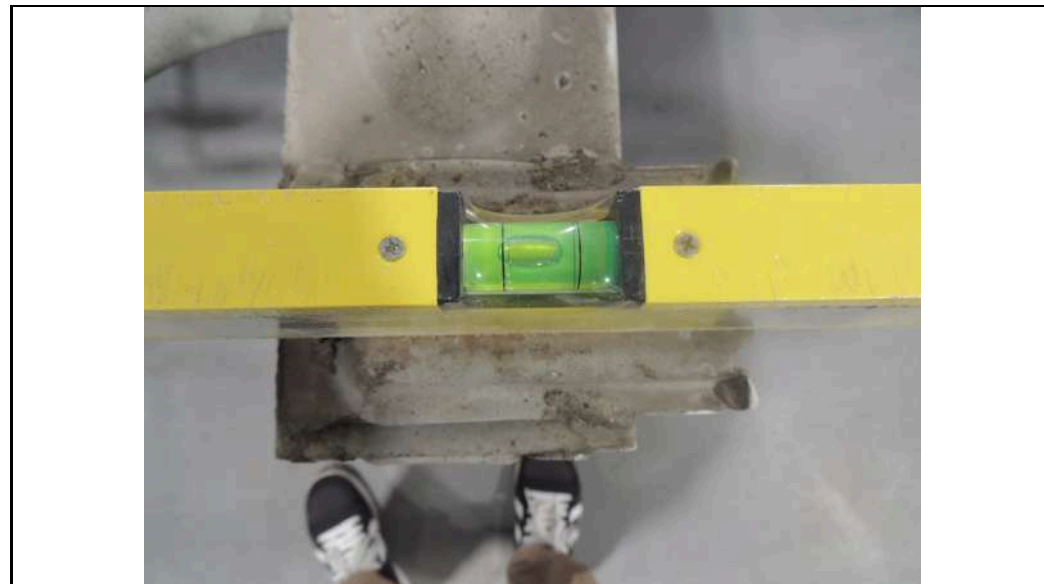
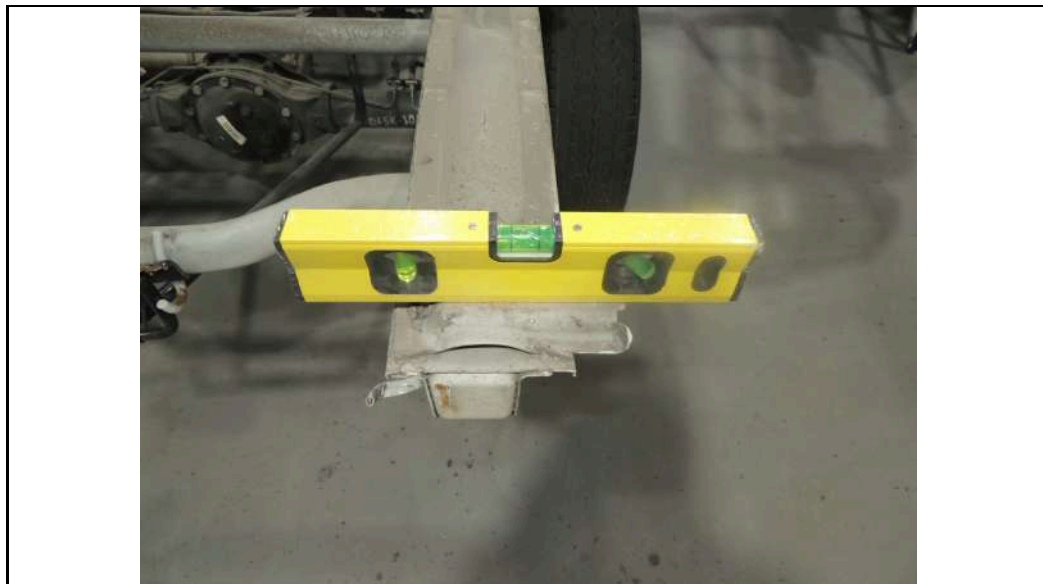
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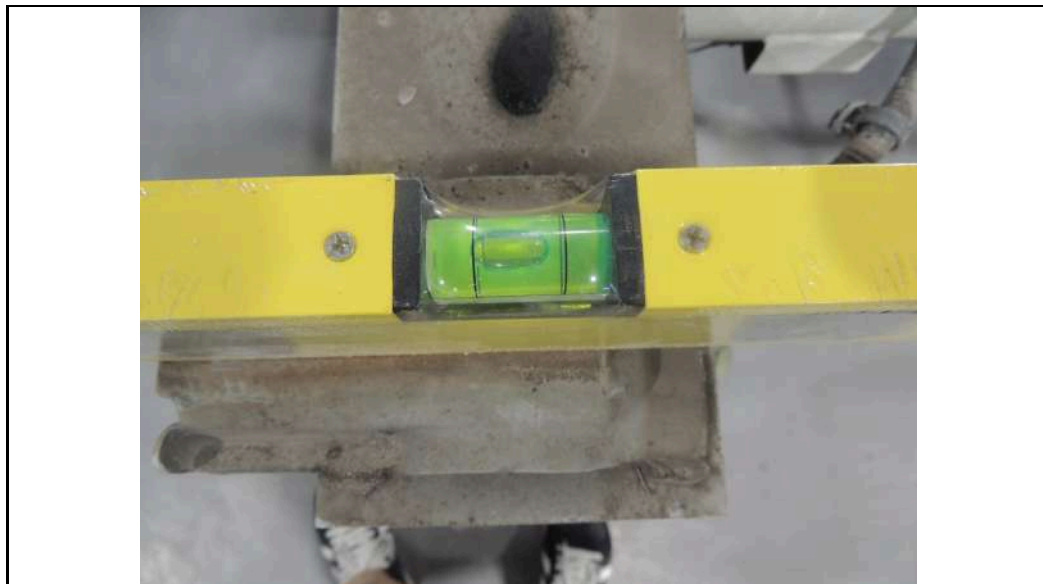
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