



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.	AC2500870
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	11/02/2025
SINGAPORE 757705	Reference	CS/SMR24100311/Aqp3m4
ATTN: ANA MAGNAYE	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	PC 4485C
Insured Veh.	SG 5759A
Claim No.	BUS/10/24/7027
Policy No.	
Accident Date	15/10/2024
Inspection Date	06/11/2024

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/SMR24100311/Aqp3m4 (N)
60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705		Date:	11/02/2025
ATTN: ANA MAGNAYE		Code:	SMR
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SG 5759A	Veh. Inspected	PC 4485C
Policy No.		Coverage (\$)	0.00
Claim No.	BUS/10/24/7027	Excess (\$)	0.00
Assign From	ANA MAGNAYE	Assign Date	16/10/2024
2. Vehicle Particulars & Condition			
Make & Model	ISUZU LT434P	c.c	7790
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JALLT434PF7000138	Colour	WHITE
Odometer	508197 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	295/80R22.5	FIREMAX	6 mm
L/H Front Tyre	295/80R22.5	FIREMAX	6 mm
R/H Rear Tyre	295/80R22.5	FIREMAX	6 mm
L/H Rear Tyre	295/80R22.5	FIREMAX	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/10/2024	Inspection Date	06/11/2024
Survey held at	YSK AUTO WORKSHOP 1 KAKI BUKIT AVE 6 @ AUTOBAY #01-71 SINGAPORE 417883		
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. PC 4485C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER (SN)	TO REPAIR SEE LABOUR	3,200.00	-
1	SET REAR BUMPER REFLECTIVE STICKER (SN)	NECESSARY	200.00	150.00
1	TAILLAMP (SN)	CUT	750.00	650.00
1	SET REAR UPPER SIGNAL LAMP (SN)	CRACKED	1,500.00	800.00
1	REAR BODY PANEL (LOCAL REPAIR) (SN)	CRACKED	3,500.00	1,000.00
1	REAR BODY PANEL GLASS MOULDING (SN)	NECESSARY	280.00	280.00
1	REAR BODY PANEL GLASS SEALANT (SN)	NECESSARY	60.00	60.00
			9,490.00	2,940.00
	<u>LABOUR</u>			
	PANEL BEATING, REMOVE AND REFIT PARTS. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		2,000.00	600.00
	SPRAY PAINTING TO AFFECTED AREA.		1,600.00	800.00
	WIRING CHECK.		150.00	30.00
	TO APPLY TUFF COAT.		250.00	100.00
	TO REMOVE REAR BODY PANEL GLASS.		250.00	180.00
			4,250.00	1,710.00
GRAND TOTAL			13,740.00	4,650.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,700.00

Report Ref No. CS/SMR24100311/Aqp3m4(N)

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 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	15/10/2024 16:33 (SGT)
Reported by	Actual Driver
Date of Accident	15/10/2024 08:09 (SGT)
Exact Location of Accident	Sembawang Dr, Singapore
Additional Location Information	Northoaks Primary School
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4485C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Frontier Tours Pte. Ltd.
Company Reg No	2XXXXX649E
Email Address	admin@leisurefrontier.com.sg
Mobile Phone No	(Phone) +65-94398983
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
Variant	Multi Color
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	7790
Vehicle Fuel	-
First Registration Date	25/01/2016
Chassis no	JALLT434PF7000138
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MFL0002018

DRIVER

Name of Driver	Hendera Zulkarnaen Bin Mohamed Hakim
NRIC No	SXXXX516J
Date Of Birth	26/02/1981
Occupation	Outdoor
Driving Pass Date	12/04/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87429691
Alt. Phone Number	-
Email Address	admin@leisurefrontier.com.sg
Address	178 Woodlands Street 13
Address complement	#02-299
Postcode	730178
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 - Major/Minor Rd
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

Please refer to sketch plan 2.

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	SG5759A
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	Bus servicing number is 962
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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.

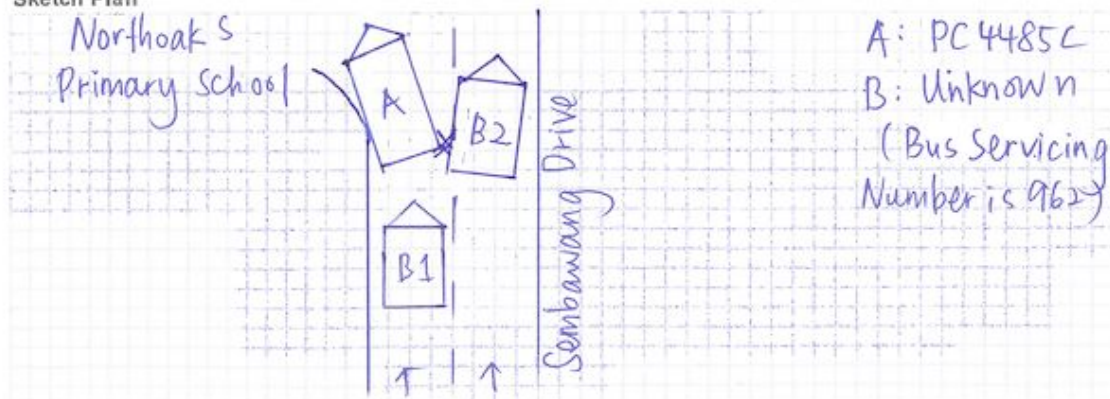


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the above mentioned date & time. I was driving my bus towards Northoaks Primary School to pick up students. When I was turning into the school. Suddenly I heard a knocking sound from my bus rear portion and I noticed a bus (servicing number is 962) hit onto my bus rear right side without even stopping. Then I reported to my office to get the footage of the incident through my bus CCTV.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

zi Xuan

Witnessed by Reporting Centre Personnel

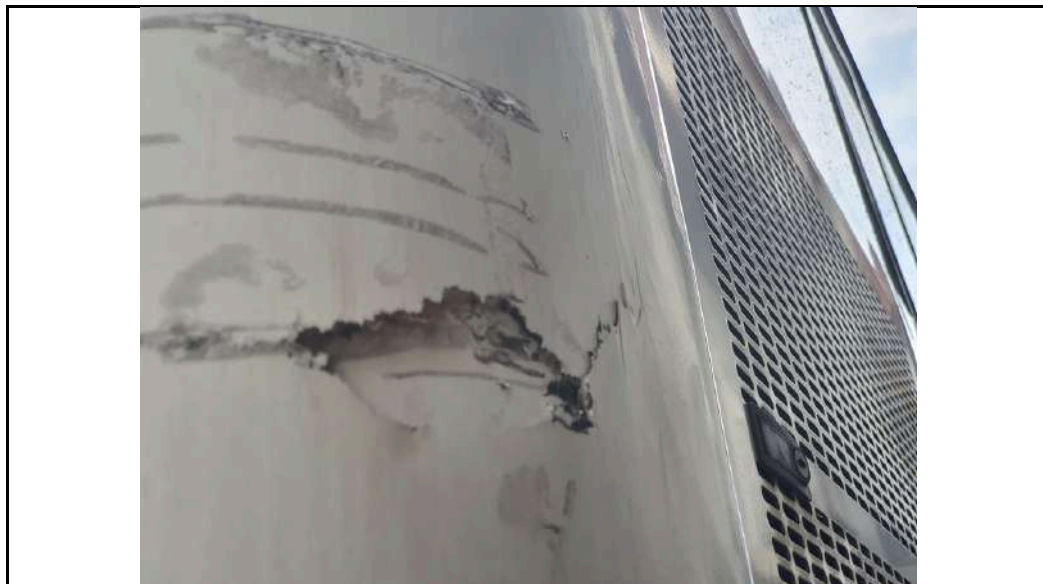
PHOTOGRAPHS FOR VEHICLE NO. : PC 4485C



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REINSPECTION PHOTOS (Page 1 of 1)

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