

**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. : SAC2401595

INV Date : 27-11-2024

Reference CS/SMR24110190/Eqh3m4

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. YP 5617H

Insured Veh. SG 5429C

Claim No. BUS/05/24/5025

Policy No.

Accident Date 15/05/2024

Inspection Date 20/11/2024

Description	Amount
Survey Inspection	128.00
Resurvey Inspection	0.00
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**

**SML**

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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24110190/Eqh3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	27/11/2024
	Code:	SMR

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

Insured Veh.	SG 5429C	Veh. Inspected	YP 5617H
Policy No.	-	Coverage	0
Claim No.	BUS/05/24/5025	Excess	\$0.00
Assign From	HUA YEN	Assign Date	11/11/2024

### 2. Vehicle Details

Make & Model	UD TRUCKS PKC8ELN5EP	C.C	7013
Engine No.	GH7211272	Year of Reg.	16/03/2017
Chassis No.	JNCL0F1A7HU016685	Colour	WHITE
Odometer	184406 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: STANDARD ALLOY RIM		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	295/80R22.5	ROVELO	5
L/H Front Tyre	295/80R22.5	ROVELO	5
R/H Rear Tyre	295/80R22.5	ROVELO	5
L/H Rear Tyre	295/80R22.5	ROVELO	5

### 4. Description of Damages

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

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	15/05/2024	Inspection Date	20/11/2024
Survey held at	SIN SHENG AUTO WORKSHOP PTE LTD 5 TUAS AVENUE 3, SINGAPORE 639405		

### 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: 1 Working Days



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO YP 5617H

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SIDE GLASS LH	BROKEN	\$385.50	\$385.50
	LESS 10.00% DISCOUNT		(\$38.55)	(\$38.55)
			\$346.95	\$346.95

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE AND CHANGE SIDE GLASS		\$100.00	\$80.00
			\$100.00	\$80.00

<b>GRAND TOTAL</b>			<b>\$446.95</b>	<b>\$426.95</b>
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	<b>RECOMMENDED COST OF REPAIRS</b>			<b>\$426.95</b>
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Report Ref No: CS/SMR24110190/Eqh3m4

**CTY**

STEVE CHEN TSUE YEE

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 repositibility whatsoever, in contact 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 .....	28/05/2024 10:44 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	15/05/2024 07:12 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	St Andrew Village Bus Stop
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YP5617H
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	C & P Leasing Pte Ltd
Company Reg No .....	1XXXXX050G
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	UDTrucks
Model .....	UD TRUCKS / PKC8ELN5EP
Variant .....	UD TRUCKS / PKC8ELN5EP
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 .....	7013
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	-

#### DRIVER

Name of Driver .....	NOOR FAIDHI BIN ABDULLAH
NRIC No .....	SXXXX920C
Date Of Birth .....	-
Occupation .....	Outdoor
Driving Pass Date .....	25/08/2020
Driving License Pass Class .....	-
Driving License Validity .....	-
Driving experience .....	3 YEARS AND 9 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 .....	Side Swipe
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

Happend at St Andrew Village Bus Stop. Buses are exiting the bus stop one after another. After giving way to the bus, right side rear of the bus made contact with my lorry left side mirror. Damage both my side mirror and the bus glass window. No injuries to my individuals.

#### 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 .....	SG5429C
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) .....	-

# 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.

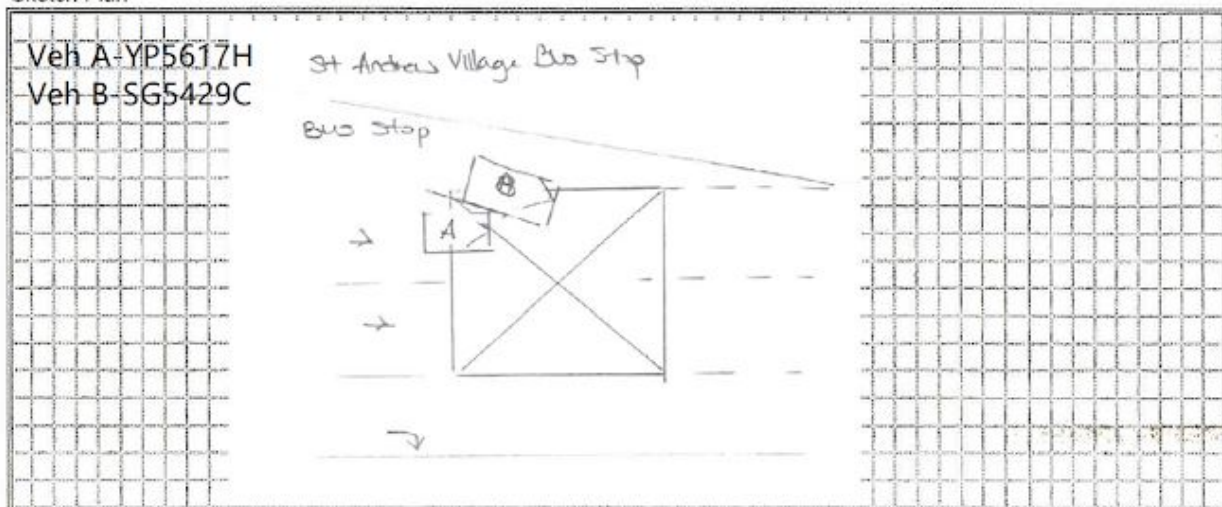
*Fandi: [Signature]*

Policyholder's Signature / Date & Time

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	
VEHICLE NO: YP 5617H	ACCIDENT DATE & TIME: 15 May 2024 0712
CONTACT NUMBER: 96798690	E-MAIL: afa12012@hotmail.com
LOCATION: St Andrew Village Bus Stop	
<p>Happened at St Andrew village bus stop. Buses are exiting the bus stop one after another. After giving way to the bus, the right side rear of the bus made contact with my lorry left side mirror. Damage both my side mirror and the bus glass window. No injuries to any individuals.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

**Declaration**

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

*Fadhil*

Policyholder's Signature / Date & Time

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

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





## LKK Auto Consultants Pte Ltd

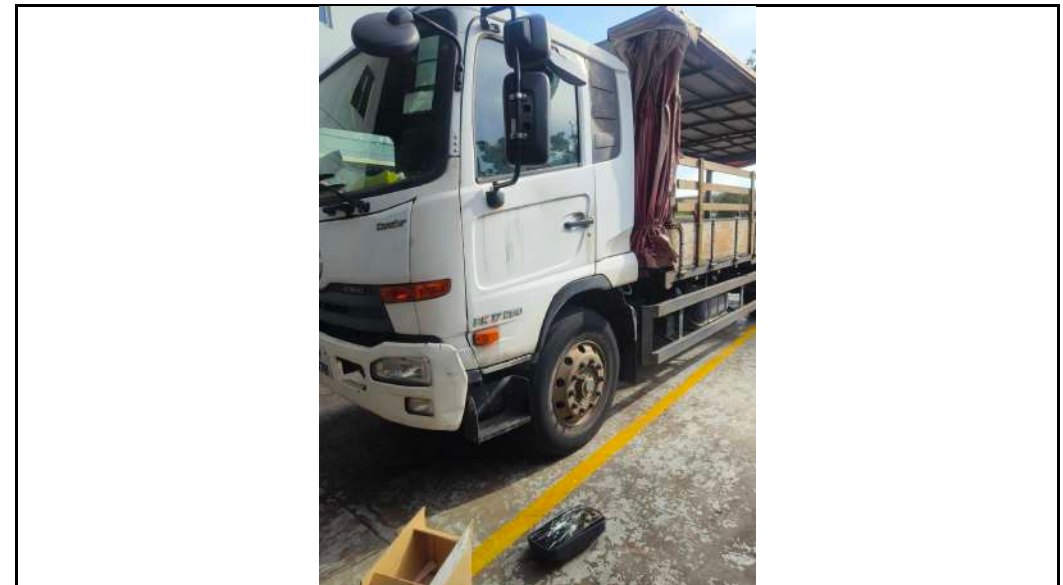
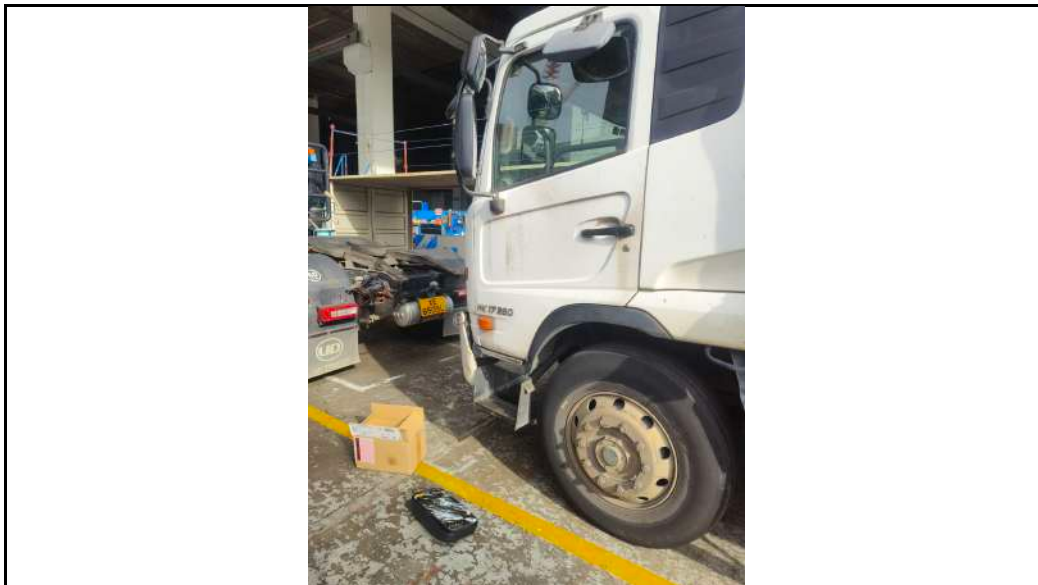
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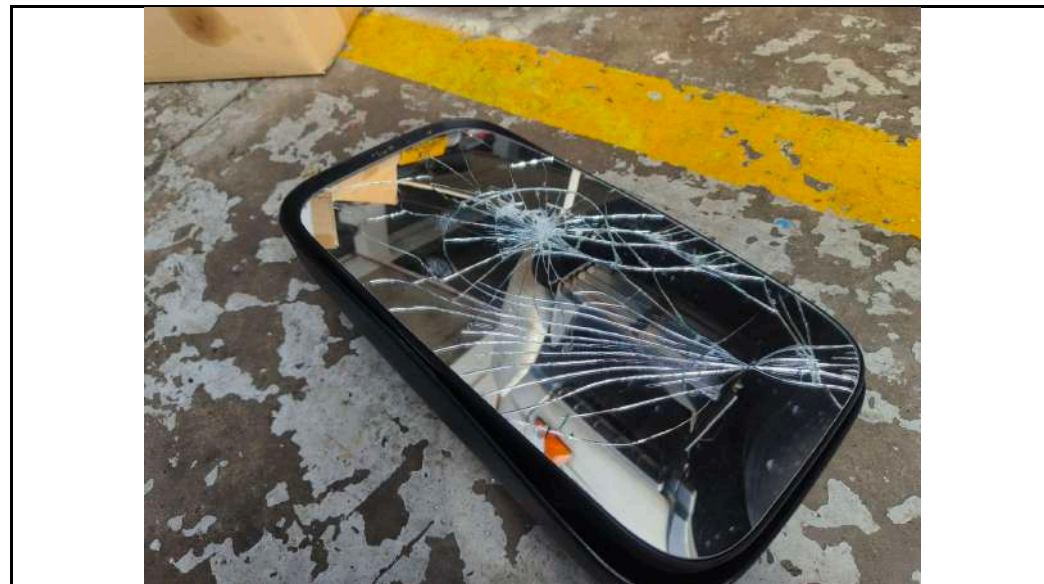
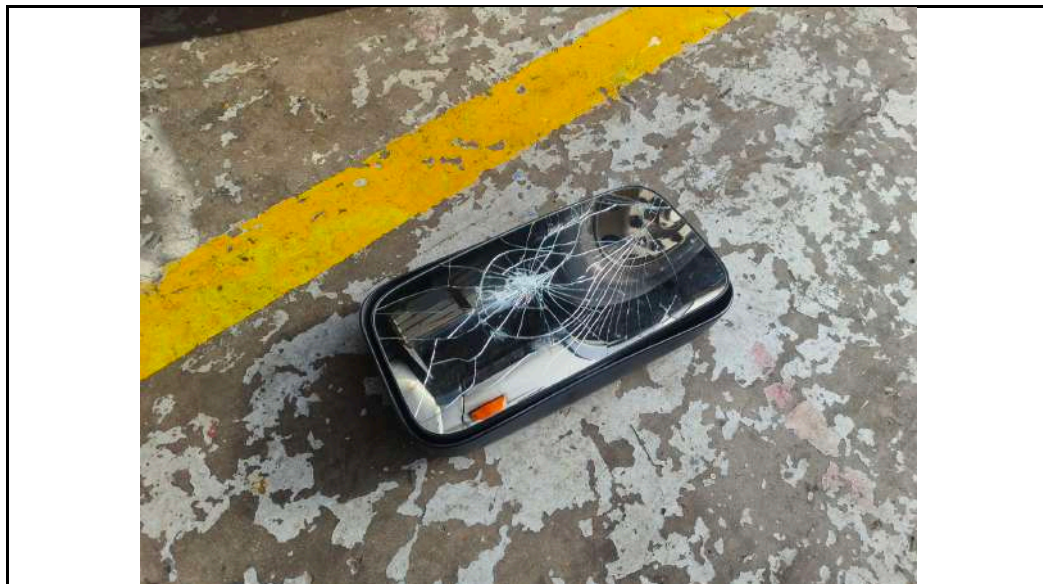
INSPECTION PHOTOS (Page 1 of 5)

### PHOTOGRAPHS FOR VEHICLE NO. : YP 5617H





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