

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. AC2501387

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705

ATTN: HUA YEN

INV Date 11/03/2025

Reference CS/SMR24110397/Tvp3m4

/NT\

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. PC 2758D

Insured Veh. SMB 169H

Claim No. BUS/11/24/7018

Policy No.

Accident Date 19/11/2024

Inspection Date 28/11/2024

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'

LKK Auto Consultants Pte Ltd

SML



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		Affiliated to Federation Internation	nale Des Experts En Automo	bbile
	STRIDES PREMIE	R AUTOMOTIVE SERVICES PL	Ref:	CS/SMR24110397/Tvp3m4 (N)
	60 WOODLANDS I E4SINGAPORE 75	NDUSTRIAL PARK 37705	Date:	11/03/2025
	ATTN: HUA YEN		Code:	SMR
1.		Policy Particulars	:- THIRD PARTY CLAIF	И
	Insured Veh.	SMB 169H	Veh. Inspected	PC 2758D
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/11/24/7018	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	19/11/2024
2.		Vehicle Partic	culars & Condition	
	Make & Model	SCANIA KIB4X2	c.c	12742
	Engine No.	HIDDEN	Year of Reg.	2014
	Chassis No.	YS2K4X20001888323	Colour	BLACK
	Odometer	751525 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Conditi	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	295/80R22.5	BRIDGESTONE	8 mm
	L/H Front Tyre	295/80R22.5	BRIDGESTONE	8 mm
	R/H Rear Tyre	295/80R22.5 (D)	BRIDGESTONE	8/8 mm
	L/H Rear Tyre	295/80R22.5 (D)	BRIDGESTONE	8/8 mm
4.		Description	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE REA	AR N/S PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		General	I Information	
	Accident Date	19/11/2024	Inspection Date	28/11/2024
	Survey held at	CONNECT3		
		566 WOODLANDS ROAD (MANDAI ESTATE) SINGAPORE 728697		
5a.		Re	emarks	
	B)THE INSPECTION	IAS NOT SEND IN FOR REPAIRS ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICE" BASI	
5b.		Estimate	Days of Repair	
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:	3 Work	ing Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 2758D

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR LH TAILLAMP	CUT	1,980.00	1,980.00
			1,980.00	1,980.00
	<u>LABOUR</u>			
	LABOUR CHARGES.		900.00	700.00
	SPRAY PAINTING.		1,000.00	800.00
			1,900.00	1,500.00
	GRAND TOTAL		3,880.00	3,480.00

RECOMMENDED COST OF REPAIRS		3,480.00
(REPAIR COST NOT CONCLUDE)		

Report Ref No. CS/SMR24110397/Tvp3m4(N)

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

ANG BRYAN TANI

Automotive Assessor / Investigator

Automotive Assessor

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 contact or tort, is accepted to any third party who may reply 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 witholding 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 19/11/2024 13:41 (SGT) Reported by **Actual Driver** Date of Accident 19/11/2024 07:50 (SGT) Exact Location of Accident Woodlands Ave 3, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC2758D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **B & A TRAVEL PTE. LTD.** Company Reg No 2XXXXX499C Email Address CONNECT3LAU@GMAIL.COM Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Scania Model KIB4X2 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?

Vehicle Category Transmission CC

Vehicle Fuel First Regisration Date Chassis no

Effective Date/Time of Ownership

Auto 12742 Diesel

No - Claiming third party

11/09/2014

Employment

Bus

YS2K4X20001888323

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2030282146

DRIVER

Name of Driver	LEE BOON HENG
NRIC No	SXXXX947G
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	05/06/2018
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	***·
Alt. Phone Number	-
Email Address	CONNECT3LAU@GMAIL.COM
Address	
Address complement	-
Postcode	- N
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Employee
Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlicle Registration Number of Other Verlicle Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
T (A) .	- m
Type of Accident	Collision - Change/cross lane
Weather Conditions	Raining
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)	N
soliciting/offering accident claims assistance? Translator's name	No
Translator's ID	-
Translator's phone number	-
Translator's email	
Original language used in the statement	
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 ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes No
Trad alore any video captured by Oar Oarlicia:	INU
	VELUCI E PROPERTY 4
DETAILS OF OTHER	VEHICLE PROPERTY 1

SMB169H

Vehicle Registration Number

Vehicle Manufacturer	Mercedes
Vehicle Model	Citaro
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	PEREIRA LISA MARIE
NRIC No	SXXXX428F
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.
- Information provided must be as truthful and accurate as possible. Any wiful 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.
- 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.
- 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:

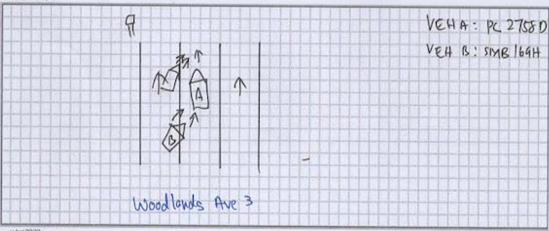
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



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

Describe Circumstance of the Accidence o	one Aund 0750 HRS, I 3, there is a vehicle theregony brake and Veh cross to my lane alle	was driving my bus	PC 2756D	
which is trying to	mergony brake and vest cross to my lane cells	h is SMB 1694 teepen toled to my ver	lett portion.	
Declaration I/We declare the foregoing particulars	are true in every respect.			
QTE LTO	h			
(3) V99		=		
Policyhold Senature / Date & Time	Actual Driver's Signature (if driver is not / Date & Time	the policyholder) Witnessed by Rep (Name as in NRIC	orting Centre Personnel VID card)	
vJun2022			- 2	



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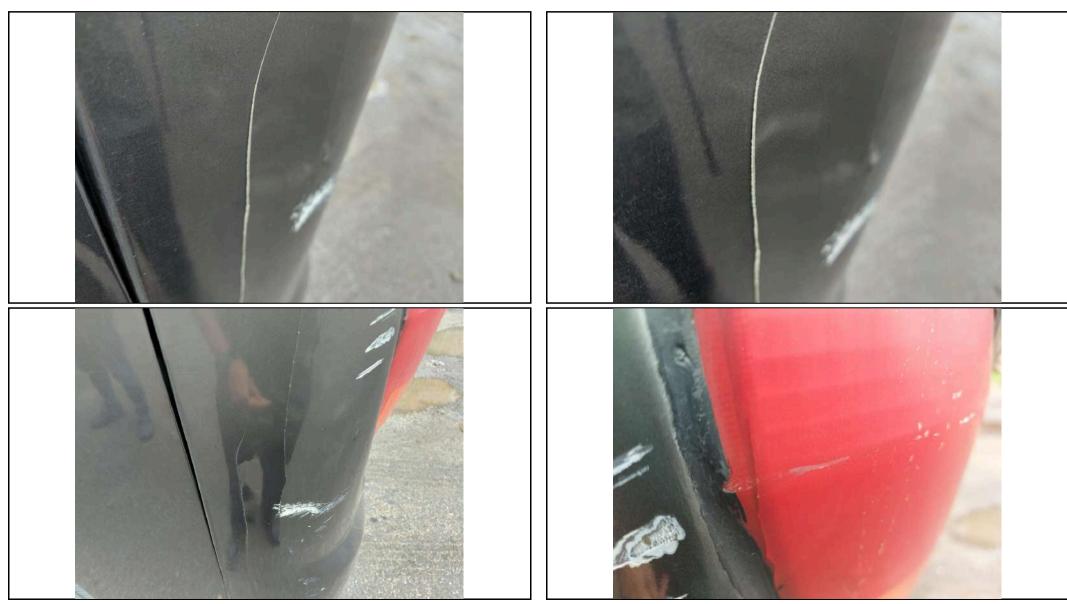






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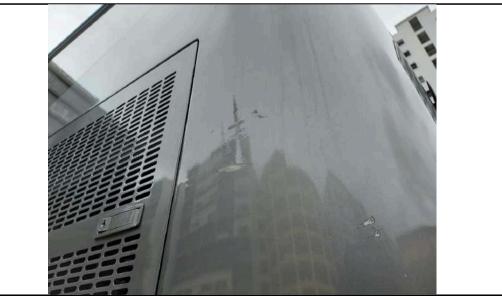
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