



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.	AC2500839
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	07/02/2025
SINGAPORE 757705	Reference	CS/SMR24120078/Tnh3m4
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	PH 2822A
Insured Veh.	SBS 7729L
Claim No.	BUS/12/24/8001
Policy No.	
Accident Date	05/12/2024
Inspection Date	06/12/2024

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/SMR24120078/Tnh3m4 (N)
60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705			Date:	07/02/2025
ATTN: HUA YEN			Code:	SMR
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SBS 7729L	Veh. Inspected	PH 2822A	
Policy No.		Coverage (\$)	0.00	
Claim No.	BUS/12/24/8001	Excess (\$)	0.00	
Assign From	HUA YEN	Assign Date	05/12/2024	
2. Vehicle Particulars & Condition				
Make & Model	YUTONG ZK6116HE	c.c	6690	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	LZYTBT61G1055152	Colour	BLUE	
Odometer	372823 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	11R22.5	CEAT	8 mm	
L/H Front Tyre	11R22.5	CEAT	8 mm	
R/H Rear Tyre	11R22.5 (D)	CEAT	8/8 mm	
L/H Rear Tyre	11R22.5 (D)	CEAT	8/8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/12/2024	Inspection Date	06/12/2024	
Survey held at	WOODLANDS TRANSPORT SERVICE PTE. LTD. 8 GUL CIRCLE SINGAPORE 629564			
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:			3 Working Days	



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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PH 2822A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	CRACKED	1,030.00	1,030.00
	REAR WINDSHIELD GLASS		-	-103.00
	LESS 10% DISCOUNT		1,030.00	927.00
	<u>SPECIAL NETT ITEMS</u>	NECESSARY NECESSARY		
	1 LIVERY STICKER (SN)		780.00	400.00
	5 SIKAFLEX @\$25 (SN)		125.00	125.00
			905.00	525.00
	<u>LABOUR</u>			
	REMOVE AND REFIT NEW WINDSCREEN GLASS WITH SIKAFLEX.		600.00	400.00
	INSTALL NEW LIVERY STICKER ON REAR WINDSCREEN GLASS.		250.00	150.00
			850.00	550.00
	GRAND TOTAL		2,785.00	2,002.00
RECOMMENDED COST OF REPAIRS				2,002.00

Report Ref No. CS/SMR24120078/Tnh3m4(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	05/12/2024 15:52 (SGT)
Reported by	Actual Driver
Date of Accident	05/12/2024 08:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Boon Lay Way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PH2822A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Woodlands Transport Service Pte Ltd
Company Reg No	1XXXXX721M
Email Address	GOO@WOODLANDSTRANSPORT.COM.SG
Mobile Phone No	(Phone) +65-83382992
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	ZK6116HE AUTO
Variant	-
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	Manual
CC	6494
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	SD24V17520

DRIVER

Name of Driver	Lee Kim Seng
NRIC No	SXXXX966B
Date Of Birth	11/10/1955
Occupation	Outdoor
Driving Pass Date	28/02/1984
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91915543
Alt. Phone Number	-
Email Address	GOO@WOODLANDSTRANSPORT.COM.SG
Address	Blk 304 Jurong East St 32 #04-106
Address complement	-
Postcode	600304
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

On 05/12/2024, at about 08:35 hrs, I was assigned to send MSD workers to Lakeside Mrt Station. The weather was clear with dry road surface at that point of time. While traveling in lane 2 along Boon Lay Way, the vehicle in front of me suddenly braked. Hence, I braked as well. However, a vehicle, SBS7729L collided with the rear of my bus. As a result, my vehicle sustained damages to the rear portion, while SBS7729L sustained damage to its front mirror mounting. Fortunately, no one was injured in the accident.

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	SBS7729L
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.



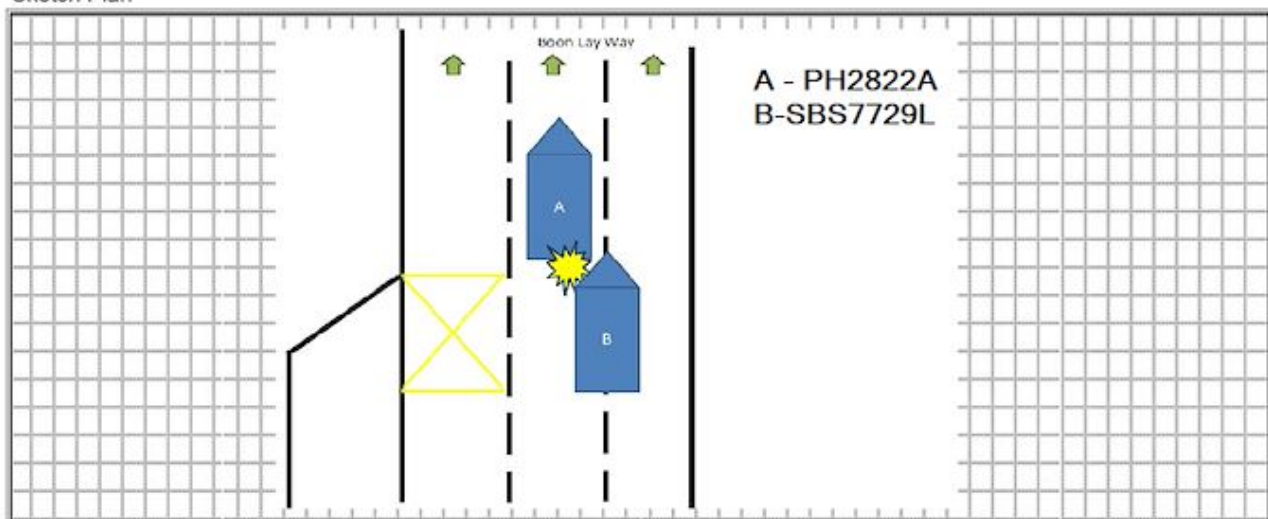
Policyholder's Signature / Date & Time

Lee Kim Seng

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

lee

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

Sketch Plan

v.Jun2022

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PHOTOGRAPHS FOR VEHICLE NO. : PH 2822A



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REINSPECTION PHOTOS (Page 1 of 1)

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