



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.	AC2500385
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	16/01/2025
SINGAPORE 757705	Reference	CS/SMR24120173/Enh3e2
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	GBA 7552Z
Insured Veh.	SMB 1380G
Claim No.	BUS/12/24/5024
Policy No.	
Accident Date	09/12/2024
Inspection Date	12/12/2024

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'**

LKK Auto Consultants Pte Ltd

KHM



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

Affiliated to Federation Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24120173/Enh3e2(N) Date: 16/01/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SMB 1380G	Veh. Inspected	GBA 7552Z
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/12/24/5024	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	11/12/2024
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA DYNA 150	c.c	2982
	Engine No.	HIDDEN	Year of Reg.	2007
	Chassis No.	JTFAT35Y403001539	Colour	BLUE
	Odometer	764986 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	195 R15C	BRIDGESTONE	5 mm
	L/H Front Tyre	195 R15C	BRIDGESTONE	5 mm
	R/H Rear Tyre	195 R15C	BRIDGESTONE	5 mm
	L/H Rear Tyre	195 R15C	BRIDGESTONE	5 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	09/12/2024	Inspection Date	12/12/2024
	Survey held at	SE AUTOHUB PTE LTD 56 LOYANG WAY 04-04 LOYANG ENTERPRISE BUILDING SINGAPORE 508775		
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBA 7552Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE	TO REPAIR SEE LABOUR	1,514.00	-
2	TAIL GATE SIDE HANDLE @\$179.00	NOT NECESSARY	358.00	-
2	TAIL GATE LOWER SIDE RAILING @\$125.00	NOT NECESSARY	250.00	-
2	TAIL GATE LOWER SIDE RAILING MOUNTING @\$25.00	NOT NECESSARY	50.00	-
4	TAIL GATE HINGE @\$124.10	NOT NECESSARY	496.40	-
1	TAIL GATE HINGE SUPPORT PANEL	NOT NECESSARY	564.20	-
2	TAIL LAMP @\$354.90	NOT NECESSARY	709.80	-
2	TAIL LAMP BRACKET @\$172.40	NOT NECESSARY	344.80	-
1	REAR CAR PLATE BRACKET	NOT NECESSARY	186.00	-
2	REAR CAR PLATE LAMP @\$60.00	NOT NECESSARY	120.00	-
	LESS 25% DISCOUNT		-1,148.30	-
			3,444.90	-
2	TAIL GATE SIDE LOCK @\$215.00 (SN)	BENT	430.00	160.00
2	SIDE GATE RH @\$1898.60 (SN) (LOCAL REPAIR)	BENT	3,797.20	300.00
	LESS 25% DISCOUNT		-1,056.80	-
			3,170.40	460.00
<u>SPECIAL NETT ITEMS</u>				
1	TAIL GATE STICKER (70KM/H) (SN)	NECESSARY	40.00	20.00
1	TAIL GATE STICKER (8PAX) (SN)	NECESSARY	40.00	20.00
1	REAR CAR PLATE (SN)	NOT NECESSARY	60.00	-
1	REVERSE SENSOR (LONG) (SN)	NOT NECESSARY	550.00	-
1	END PANEL SEALANT (SN)	NOT NECESSARY	80.00	-
1	REAR STEP PANEL (SN)	NOT NECESSARY	600.00	-
1	TAIL GATE COMPANY STICKER (SN)	NECESSARY	800.00	250.00
1	(CHROME) SIDE GATE UPPER RAILING RH (SN)	DENTED	600.00	600.00
			2,770.00	890.00



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>LABOUR</u>			
	PANEL BEATING, REMOVAL AND REPLACING PARTS. INCLUSIVE OF THE REPAIR OF TAILGATE.		1,200.00	500.00
	TO SPRAY PAINT AFFECTED AREA.		1,000.00	500.00
	TO PERFORM LIGHTING & WIRING CHECK.		60.00	30.00
	TO APPLY ANTI-RUST & TUFF KOTE.		200.00	30.00
	REMOVE AND INSTALL TAIL GATE, SIDE GATE.		150.00	80.00
			2,610.00	1,140.00
	GRAND TOTAL		11,995.30	2,490.00
RECOMMENDED COST OF REPAIRS				2,490.00

Report Ref No. CS/SMR24120173/Enh3e2(N)

CHEN TSUE YEE

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	10/12/2024 10:32 (SGT)
Reported by	Actual Driver
Date of Accident	09/12/2024 08:50 (SGT)
Exact Location of Accident	304 Choa Chu Kang Ave 4, Singapore 680304
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7552Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYLINK VEHICLE RENTAL PTE LTD
Company Reg No	2XXXXX755G
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	JTFAT35Y403001539
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MFL0003653

DRIVER

Name of Driver	ISLAM MOHAMMAD JOHIRUL
Passport No/FIN	GXXXX230R
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	21/08/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS AND 4 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'S DRIVER
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	RAHMAN MOHON ARMANUR
Gender	Male

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

Please refer to the sketch plan attached.

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 SMB1380G
Vehicle Manufacturer Man
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 ISLAM MOHAMMAD JOHIRUL
Gender Male
Phone No
Address
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBA7552Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person RAHMAN MOHON ARMANUR
Gender Male
Phone No
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBA7552Z
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

Describe Circumstance of the Accident

While I was parked in the left lane at the specified date and time, I was switching from the right lane to the left lane, and the traffic light was red. Bus B was in the right lane, and I had been parked in the left lane for almost a minute when suddenly Bus B collided with my right side. It took me a few seconds to realize what had happened. I then got out of the car to check the damage to my vehicle and found that the right side of my car was damaged. After communicating with the bus driver, he gave me the hotline number for their company and asked me to contact them. After taking photos of the scene, I got back in my car and left. Shortly after leaving, I started feeling pain in my back, so I went to see a doctor.

Declaration

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

SKYLINK VEHICLE RENTAL PTE LTD
 ROC: 201710755G
 1 Bukit Batok Crescent
 #08-03 WCEGA Plaza
 Singapore 658064

Policyholder's Signature / Date & Time

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

SKYLINK ENGINEERING PTE LTD
 ROC: 202100108N
 1 Bukit Batok Crescent
 #08-52 WCEGA Plaza
 Singapore 658064

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 willful 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.

SKYLINK VEHICLE RENTAL PTE LTD

ROC: 201710755G
1 Bukit Batok Crescent
#08-03 WCEGA Plaza
Singapore 658064

Policyholder's Signature / Date & Time

[Signature]

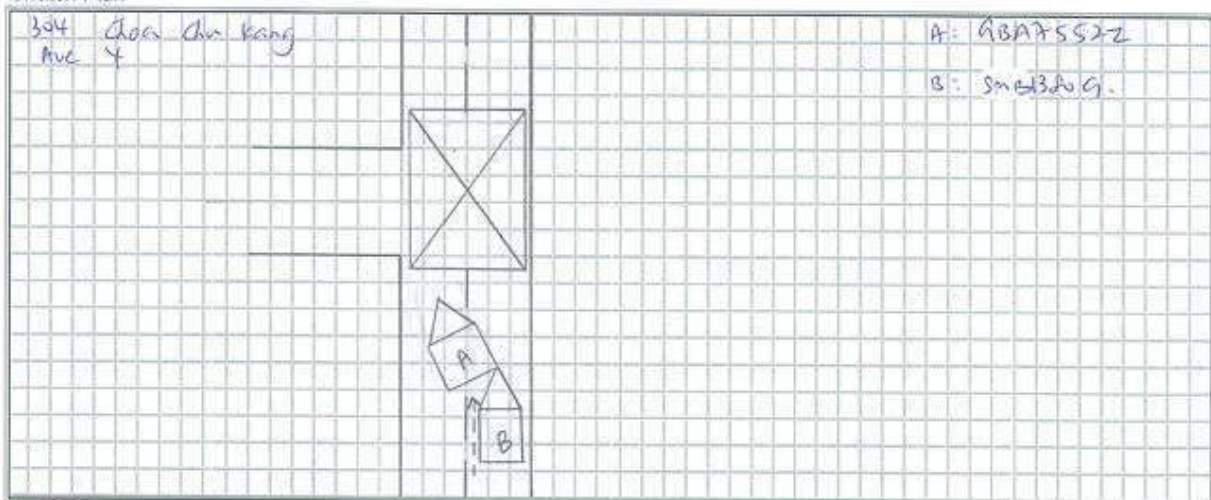
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

SKYLINK ENGINEERING PTE LTD

ROC: 202100108N
1 Bukit Batok Crescent
#08-52 WCEGA Plaza
Singapore 658064

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

Sketch Plan



vJun2022

1



**SINGAPORE
POLICE FORCE**



T/20241209/7084

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

1 of 3

Report No. T/20241209/7084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2024 16:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ISLAM MOHAMMAD JOHIRUL			Address:		
ID Type / ID No.: FIN NO			Contact No.:		Mobile:
Nationality: BANGLADESHI			Email:		
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race: Bangladeshi			Language: English		
Occupation: Assistant Manager			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2024 08:50	Type of Location: T-Junction
Location: CHOA CHU KANG AVENUE 4				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA7552Z	Lorry	TOYOTA	Dyna	Blue	Slightly Damaged	1
	Bus			Multi-Colored	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20241209/7084

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

2 of 3
Report No. T/20241209/7084

CONTINUATION OF REPORT

Passenger			
Name	RAHMAN MOHON ARMANUR		ID No.
Related Vehicle	GBA7552Z (Lorry)		Contact No.
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2024	Date Discharge	09/12/2024
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Slight
Driver			
Name	ISLAM MOHAMMAD JOHIRUL		ID No.
Related Vehicle	GBA7552Z (Lorry)		Contact No.
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	09/12/2024	Date Discharge	09/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details

On the above mentioned date time and location, I was driving my lorry and stopped at the traffic light at the T junction of 304 Chao Chu Kang Ave 4. A bus then hit me from behind causing a impact. I strain my back as a result and was given 3 days MC by CGH. My passenger also sprain his chest and given 2 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20241209/7084

3 of 3

Report No. T/20241209/7084

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

This report is lodged at Changi NPC Kiosk 1
NP168

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

Date/Time:
09/12/2024 16:12

Classification Of Case:

PHOTOGRAPHS FOR VEHICLE NO. : GBA 7552Z

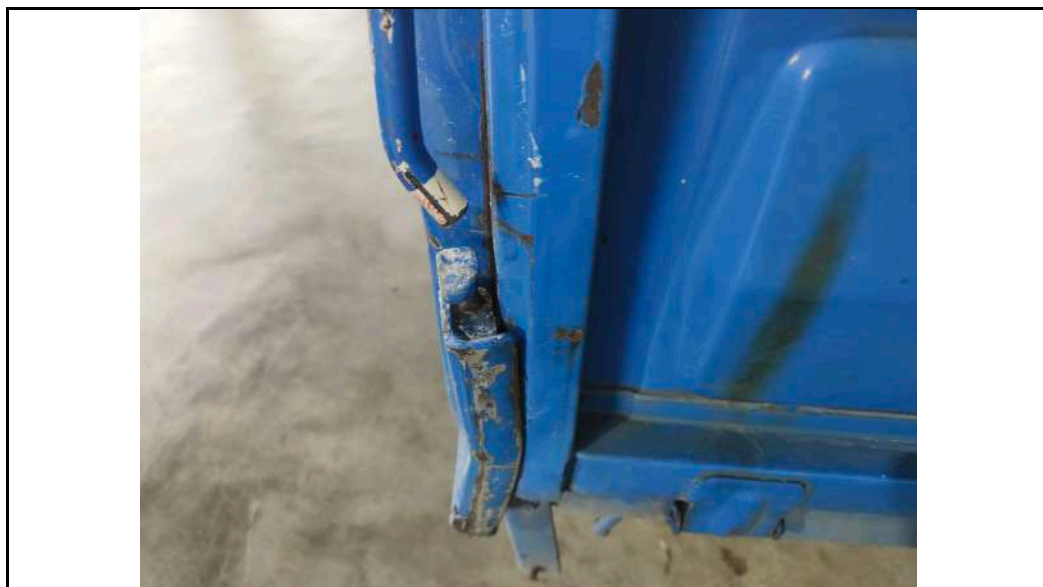




PHOTOGRAPHS FOR VEHICLE NO. : GBA 7552Z



PHOTOGRAPHS FOR VEHICLE NO. : GBA 7552Z





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INSPECTION PHOTOS (Page 5 of 16)

PHOTOGRAPHS FOR VEHICLE NO. : GBA 7552Z



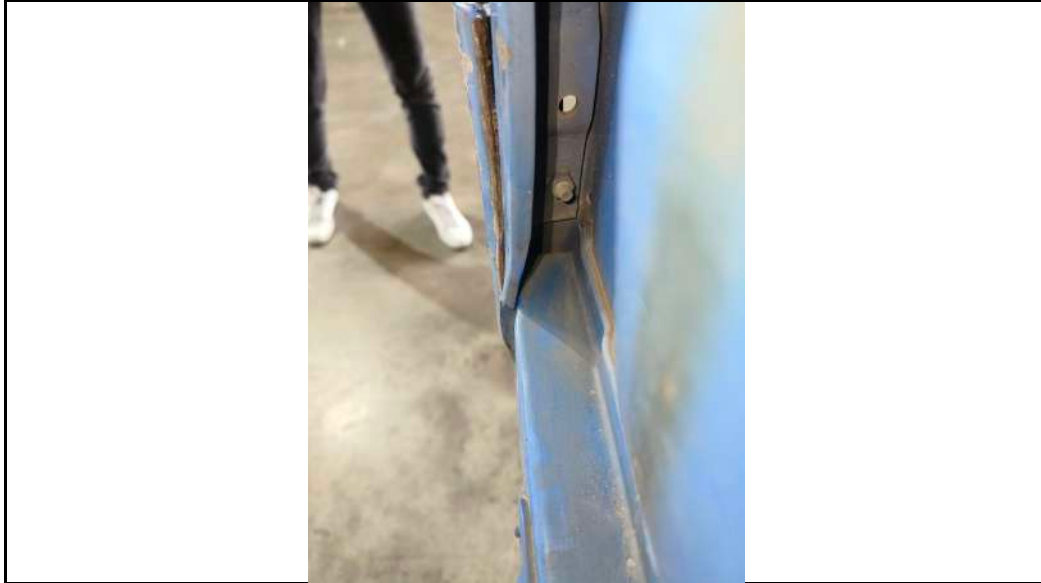
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PHOTOGRAPHS FOR VEHICLE NO. : GBA 7552Z



PHOTOGRAPHS FOR VEHICLE NO. : GBA 7552Z





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INSPECTION PHOTOS (Page 9 of 16)

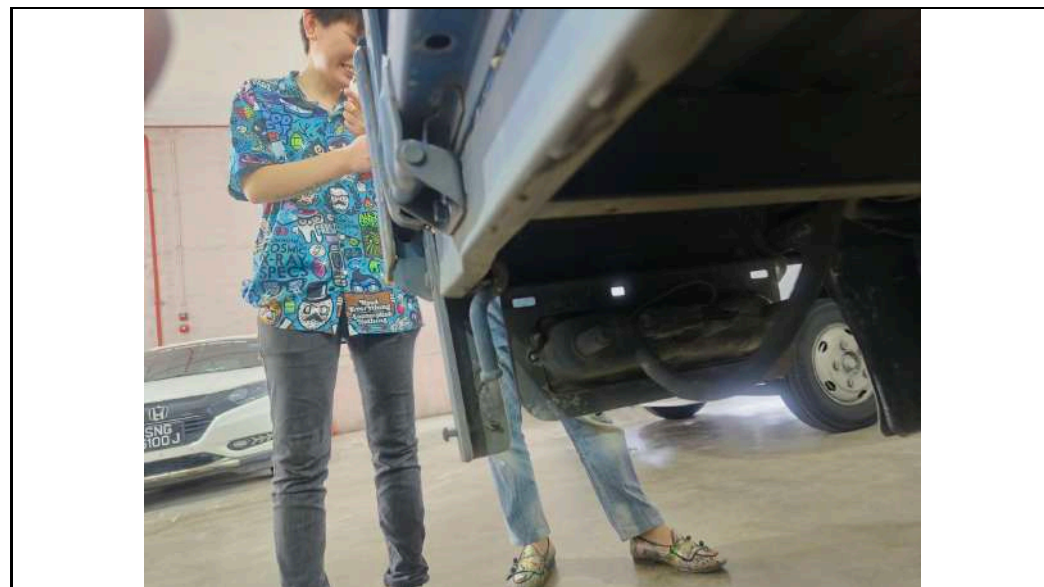
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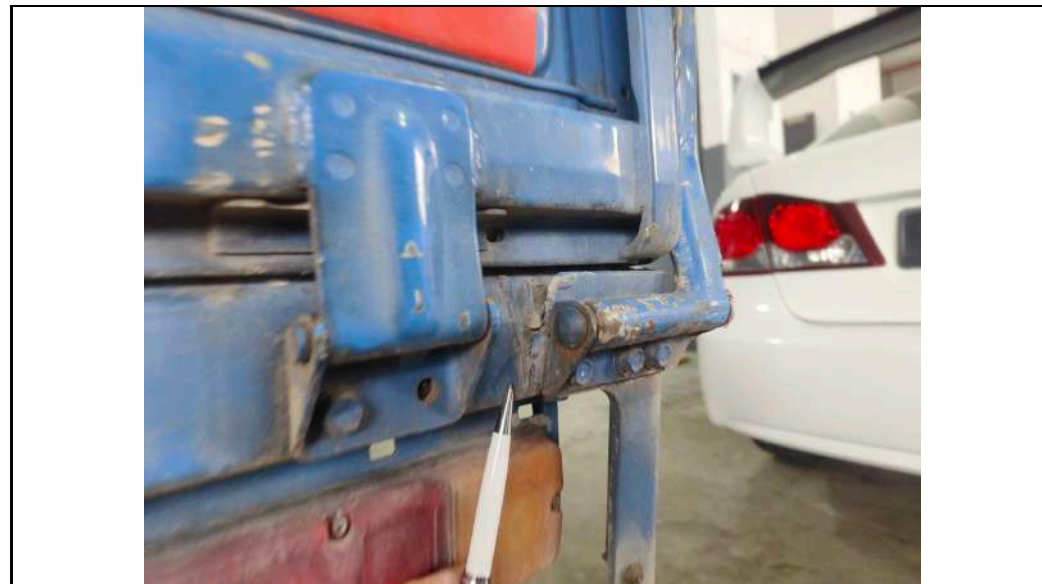
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REINSPECTION PHOTOS (Page 1 of 2)

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PHOTOGRAPHS FOR VEHICLE NO. : GBA 7552Z

