



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.	AC2500595
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	22/01/2025
SINGAPORE 757705	Reference	CS/SMR24120245/Tqp3m4
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	GBA 2625E
Insured Veh.	SBS 6081C
Claim No.	BUS/12/24/8006
Policy No.	
Accident Date	13/12/2024
Inspection Date	18/12/2024

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 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24120245/Tqp3m4 (N) Date: 22/01/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SBS 6081C	Veh. Inspected	GBA 2625E
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/12/24/8006	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	17/12/2024
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA DYNA	c.c	2982
	Engine No.	HIDDEN	Year of Reg.	2007
	Chassis No.	JTFAT35YX03000735	Colour	BLUE
	Odometer	428971 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	195R15C	FALKEN	6 mm
	L/H Front Tyre	195R15C	FALKEN	6 mm
	R/H Rear Tyre	155R12C	FALKEN	6 mm
	L/H Rear Tyre	155R12C	FALKEN	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	13/12/2024	Inspection Date	18/12/2024
	Survey held at	BAN CHOON MOTOR WORKS 3 PIONEER ROAD NORTH #01-14/15 SINGAPORE 628457		
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:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBA 2625E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	TAILGATE	BENT	1,800.00	1,800.00
1	RH SIDE GATE	BENT	1,900.00	1,900.00
	LESS 25% DISCOUNT		-	-925.00
			3,700.00	2,775.00
	<u>SPECIAL NETT ITEMS</u>			
1	TOYOTA LOGO (SN)	NECESSARY	180.00	180.00
1	REAR NUMBER PLATE BRACKET (SN)	BENT	80.00	80.00
1	REAR STEPIING BOARD (SN)	BENT	120.00	120.00
1	13 PAX STICKER (SN)	NECESSARY	25.00	25.00
1	70 KM/H STICKER (SN)	NECESSARY	25.00	25.00
1	DYNA LOGO (SN)	NECESSARY	35.00	35.00
1	REAR NUMBER PLATE (SN)	BENT	35.00	35.00
			500.00	500.00
	<u>LABOUR</u>			
	TO KNOCKING AND STRAIGHTENING OF ALL NECESSARY DAMAGED PARTS. TO CHANGING OF THE ABOVE PARTS.		600.00	500.00
	TO PUTTY AND SPRAY PAINTING ON ACCIDENT DAMAGED PARTS.		500.00	500.00
			1,100.00	1,000.00
	GRAND TOTAL		5,300.00	4,275.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,400.00

Report Ref No. CS/SMR24120245/Tqp3m4(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	16/12/2024 10:31 (SGT)
Reported by	Actual Driver
Date of Accident	13/12/2024 20:30 (SGT)
Exact Location of Accident	161 Pioneer Rd, Singapore 508988
Additional Location Information	PIONEER ROAD NORTH X SOON LEE DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA2625E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN HONG ALUMINIUM AND CONSTRUCTION PTE LTD
Company Reg No	2XXXXX689G
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	Diesel
First Registration Date	07/05/2007
Chassis no	JTFAT35YX03000735
Effective Date/Time of Ownership	07/05/2007 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MCV0002415_05

DRIVER

Name of Driver	MASUD MD KHALED
Passport No/FIN	GXXXX658L
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	07/10/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 2 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	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 - Cross Junction
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)	4
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	ANISUR
Gender	Male

PASSENGER 2

Name	AZAD
Gender	Male

PASSENGER 3

Name	NADIMUL
Gender	Male

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

AT THE CROSS JUNCTION OF PIONEER ROAD NORTH X SOON LEE DRIVE, TRAFFIC LIGHT TURN GREEN. AS THERE WERE PEDESTRIAN CROSSING, I STOPPED . VEHICLE NO. SBS 6081 C (SERVICE 193) CAME FROM BEHIND AND HIT ONTO MY VEHICLE REAR BODY.

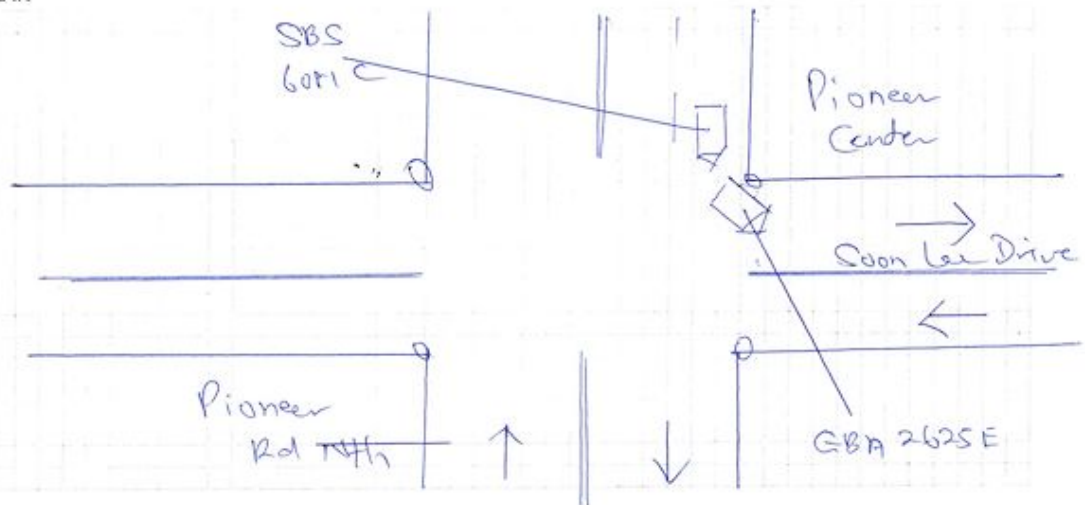
ATTACHMENT(S)

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 SBS6081C
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) 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the cross junction of Pioneer Rd North x Soon Lee Drive, traffic light was green, as there were pedestrian crossing, I stopped. Vehicle No ~~SBS~~ SBS 6081 c (Service 193) came & hit me from behind.

DECLARATION

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

Policyholder's Signature
Date & Time: 16/12/24

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/12/24

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



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INSPECTION PHOTOS (Page 1 of 12)

PHOTOGRAPHS FOR VEHICLE NO. : GBA 2625E



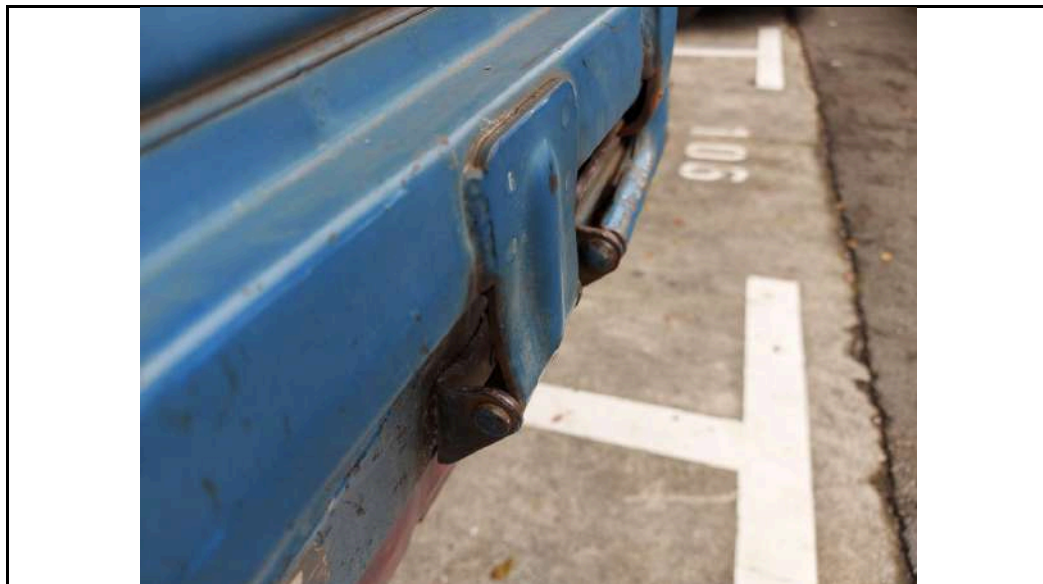
PHOTOGRAPHS FOR VEHICLE NO. : GBA 2625E



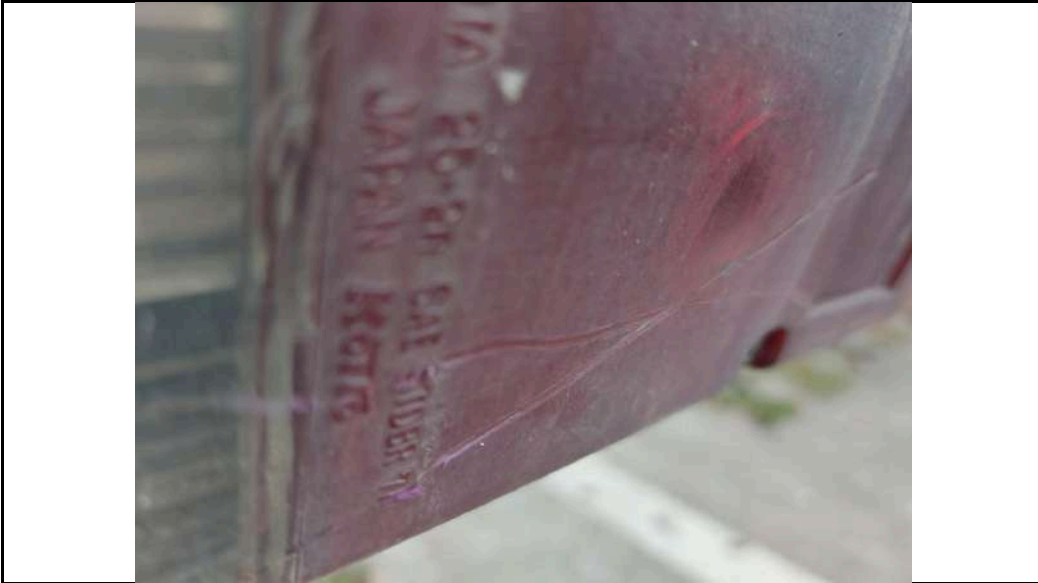
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