



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. : SAC2400319

INV Date : 21-08-2024

Reference CS/SMR24080212/Uvp3

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SMX 304T

Insured Veh. SHB 899T

Claim No. TAX/08/24/2025

Policy No.

Accident Date 09/08/2024

Inspection Date 14/08/2024

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

KHM



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park,
Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24080212/Uvp3
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	21/08/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 899T	Veh. Inspected	SMX 304T
Policy No.	-	Coverage	0
Claim No.	TAX/08/24/2025	Excess	\$0.00
Assign From	HUA YEN	Assign Date	14/08/2024

2. Vehicle Details

Make & Model	MERCEDES BENZ E220 D (A)	C.C	1950
Engine No.	65492080906454	Year of Reg.	22/12/2020
Chassis No.	W1K2130042A873670	Colour	BLACK
Odometer	195551 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	245/45R18	HABILEAD	6
L/H Front Tyre	245/45R18	HABILEAD	6
R/H Rear Tyre	245/45R18	GRENLANDER	6
L/H Rear Tyre	245/45R18	GRENLANDER	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/08/2024	Inspection Date	14/08/2024
Survey held at	WE GARAGE - 1 KAKI BUKIT AVENUE 6 #02-11 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

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 SMX 304T

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BOOT LID	DENTED/BENT	\$2,950.00	\$2,770.71
1	REAR BOOT CHROME MOULDING	SERVICEABLE	\$196.00	\$0.00
2	REAR BOOT HINGES	NOT NECESSARY	\$236.00	\$0.00
2	REAR BOOT LAMPS	NOT NECESSARY	\$1,130.00	\$0.00
1	REAR BOOT INNER LOCK	SERVICEABLE	\$465.00	\$0.00
1	REAR BOOT LOGO	NECESSARY	\$98.00	\$98.00
1	REAR BOOT RUBBER	TWISTED	\$162.00	\$162.00
1	REAR BOOT "AMG" EMBLEM	NECESSARY	\$88.00	\$88.00
2	REAR TAILLAMPS	N/S CRACKED / O/S NOT NECESSARY	\$1,686.00	\$843.00
1	REAR END PANEL	DENTED/BENT	\$1,248.00	\$1,006.22
1	REAR END PANEL INNER GARNISH	TWISTED	\$165.00	\$165.00
1	REAR BUMPER	DEFORMED/TORN	\$2,094.00	\$2,094.00
2	REAR BUMPER LOWER BRACKETS	NOT NECESSARY	\$90.00	\$0.00
1	REAR BUMPER LOWER SPOILER	CUT	\$655.00	\$389.53
1	REAR BUMPER LOWER CHROME MOULDING	CRACKED	\$342.00	\$342.00
2	REAR BUMPER REFLECTORS	NOT NECESSARY	\$270.00	\$0.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	\$817.00	\$0.00
2	REAR BUMPER SIDE RETAINERS	NOT NECESSARY	\$96.00	\$0.00
1	REAR BUMPER CENTRE INNER GARNISH	CRACKED	\$535.00	\$320.21
1	REAR BUMPER TOW HOOK COVER	NOT NECESSARY	\$45.00	\$0.00
2	REAR BUMPER SIDE BRACKETS	NOT NECESSARY	\$144.00	\$0.00
6	REAR BUMPER PDC SENSORS	SERVICEABLE	\$1,950.00	\$0.00
2	REAR EXHAUST CHROME TAIL PIPES	SERVICEABLE	\$478.00	\$0.00
	LESS 5.00 / 10.00% DISCOUNT		(\$797.00)	(\$827.87)
			\$15,143.00	\$7,450.80
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET REAR BUMPER CLIP (SN)	NECESSARY	\$100.00	\$40.00
1	REAR NUMBER PLATE WITH HOLDER (SN)	NOT NECESSARY	\$50.00	\$0.00
			\$150.00	\$40.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE, REPLACED DAMAGED LAMPS AND CHECK UP REAR WIRING		\$80.00	\$20.00
	TO REMOVE AND REFIT INNER GARNISHES		\$180.00	\$60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR		\$200.00	\$30.00
	TO TRANSFER BOOTLID MECHANISM AND WIRING ASSEMBLY		\$120.00	\$60.00
	TO APPLY UNDERCOATING		\$180.00	\$50.00
	PANEL BEATING		\$1,800.00	\$600.00
	TO RE-SPRAY PAINTING ON THE AFFECTED AREAS		\$1,600.00	\$800.00
			\$4,160.00	\$1,620.00
GRAND TOTAL			\$19,453.00	\$9,110.80
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$7,200.00
Report Ref No: CS/SMR24080212/Uvp3				

CKS

MARCUS CHUA KANG SENG

Licensed Appraiser

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 reposibility 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	10/08/2024 12:57 (SGT)
Reported by	Actual Driver
Date of Accident	09/08/2024 13:30 (SGT)
Exact Location of Accident	Sheares Ave, Singapore
Additional Location Information	BEFORE RAFFLES BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX304T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOH LEASING
Company Reg No	53392514B
Email Address	FRANCIS4436@GMAIL.COM
Mobile Phone No	(Phone) +65-83825855
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220d
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2031835967

DRIVER

Name of Driver	CHAU CHEE KEEN
NRIC No	S7338734E
Date Of Birth	29/10/1973
Occupation	Outdoor
Driving Pass Date	12/05/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87881348
Alt. Phone Number	-
Email Address	FRANCIS4436@GMAIL.COM
Address	BLK 110 BUKIT PURMEI ROAD #09-166
Address complement	-
Postcode	090110
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	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?	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

REFER TO POLICE REPORT NO.T/20240810/7019.

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	SHB899T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
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

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

Vehicle A: SMX 304T

Vehicle B: SHB 899T

Vehicle A: SMX 304T

Vehicle B: SHB 899T

Vehicle A's path: A → B → A

Vehicle B's path: B → A → B

1 Jun 2022

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT T/20240810/7019.
 ckl 10/8/2024

Declaration

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

 Policyholder's Signature / Date & Time	 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000



02024081007010

Report No: SS2X248A0007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2024 11:17			Vide Report No.: SS2X248A0007	
Informant's Particulars				
Name of Informant: Chau Chee Kean			Address: 110 Bukit Purmei Road #09-160 SINGAPORE 650110	
ID Type / ID No.: NRIC NO. / S7338734E			Contact No.: Home/Office: Mobile: 87331000	
Nationality: SINGAPORE CITIZEN			Email: francis4436@gmail.com	
Sex: Male	Age: 50	Date of Birth: 29/10/1973	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Injury Others:	Drink Drive: No	Date/Time of Accident: 09/08/2024 13:30	Type of Location: Straight Road
Location: SHEARES AVENUE			
Weather: Clear		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	
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 Passengers
SHB899T	Motor car	MG		Green	Slightly Damaged	0
SMX304T	Motor car	MERCEDES BENZ	E220D	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SMX304T	ALLIANZ INSURANCE SINGAPORE PTE LTD.	SP2031835967		



**SINGAPORE
POLICE FORCE**



1/20/2024 10:17:11

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

Page No. 1/2024031026000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil		Use of Pedestrian Crossing: NA	
Driver			
Name:	Chau Chee Keen	ID No.	S7338734E
Related Vehicle	SMX304T (Motor car)	Contact No.	8786 1142
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: Nil
Date of Treatment	10/08/2024	Date Discharge	10/08/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details:

On 08th August 2024 at around 1,30pm, I was driving SMX304T along Shores Ave before Raffles Blvd. The traffic light was in Red hence I stopped my vehicle. Suddenly, Vehicle B, SHB899T, hit onto the rear of my vehicle. The great impact causes pain on my back and neck. I felt unwell today 10/8/2024 and I went to Mount Elizabeth for a check. I was given 5 days MC from 10/8/2024 to 14/8/24 and given oral medications.



SINGAPORE
POLICE FORCE

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



173000040107012

Tel 3:

Report No: 17282401077012

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476494

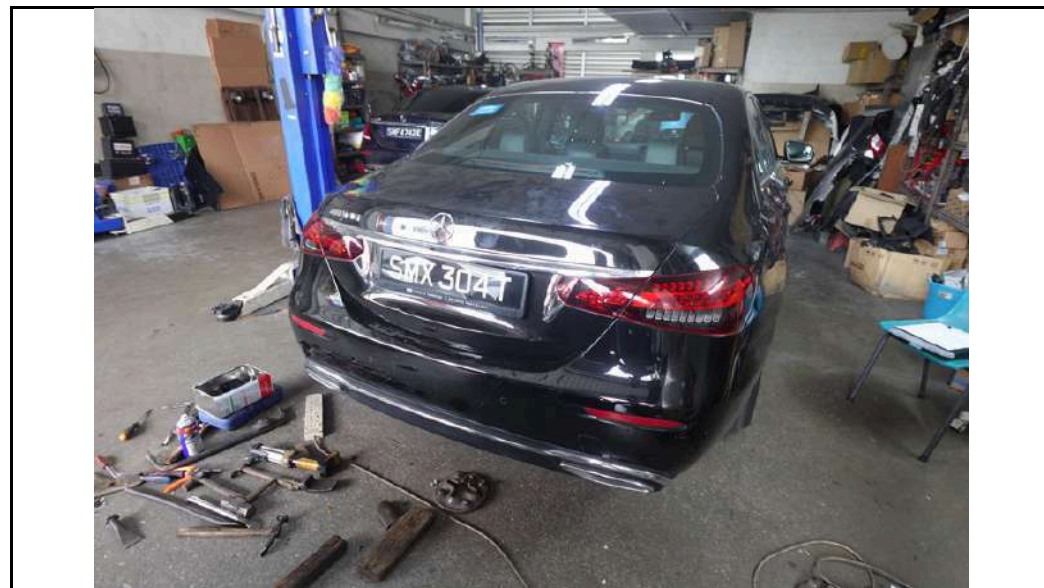
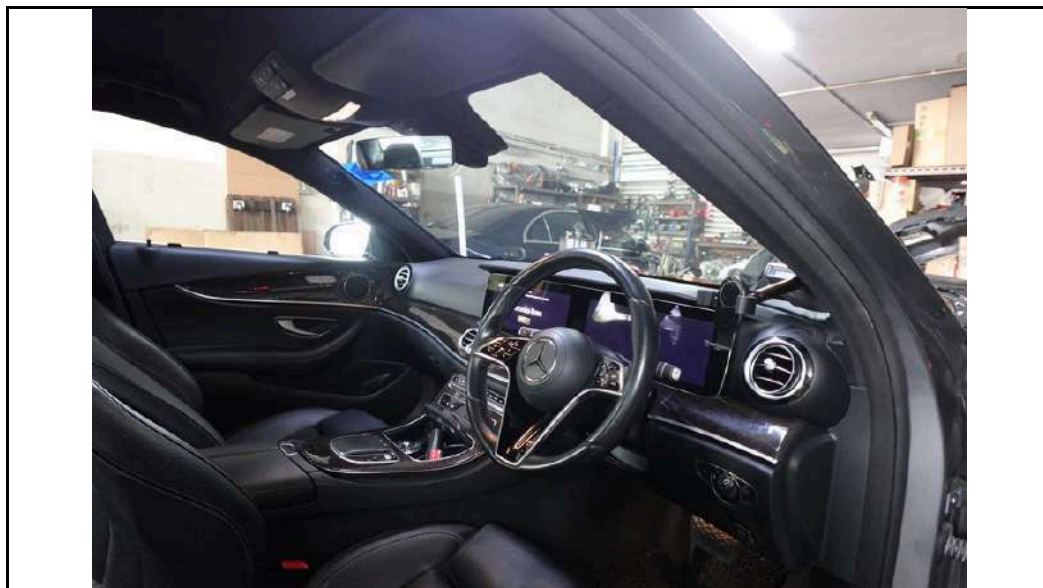
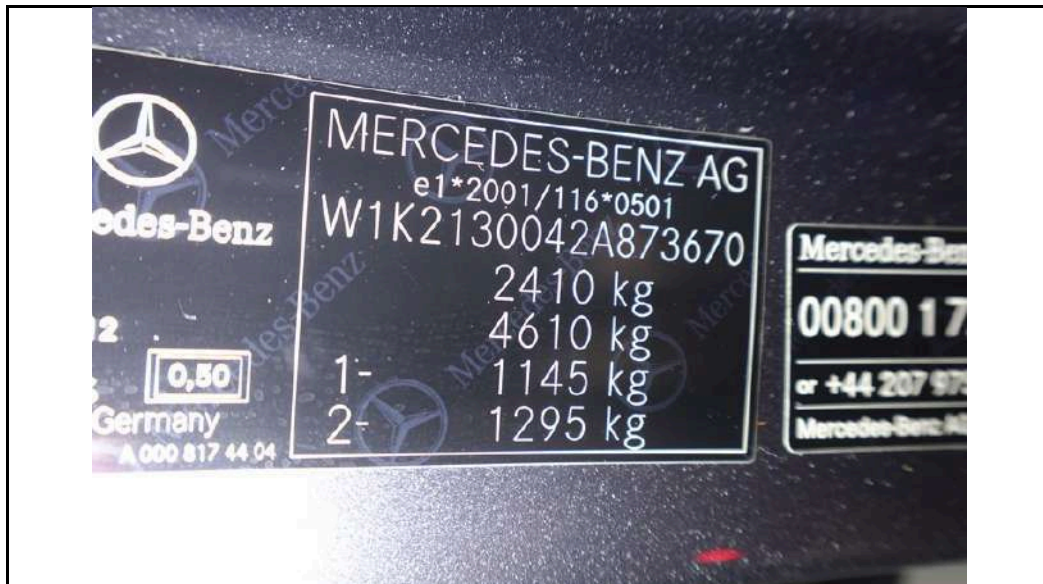
NR168

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

Date/Time:
10/08/2024 11:17

Classification Of Case:

PHOTOGRAPHS FOR VEHICLE NO. : SMX 304T



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INSPECTION PHOTOS (Page 5 of 15)

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PHOTOGRAPHS FOR VEHICLE NO. : SMX 304T



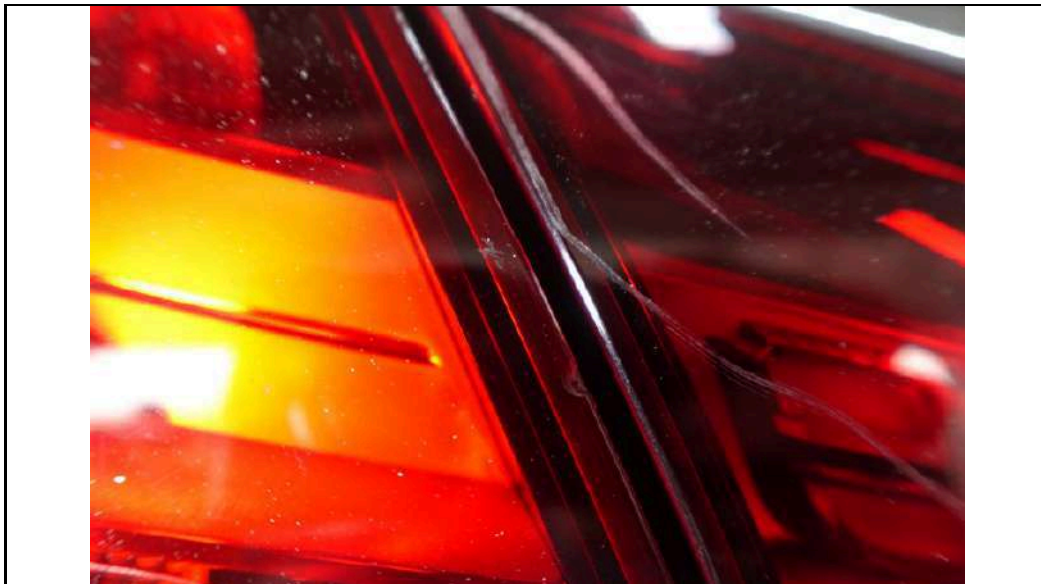
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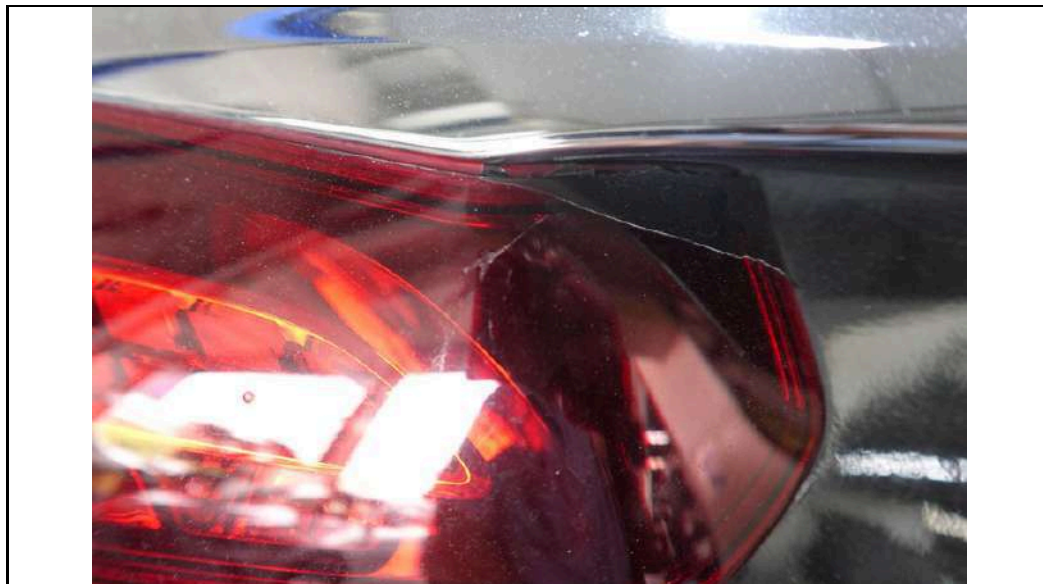
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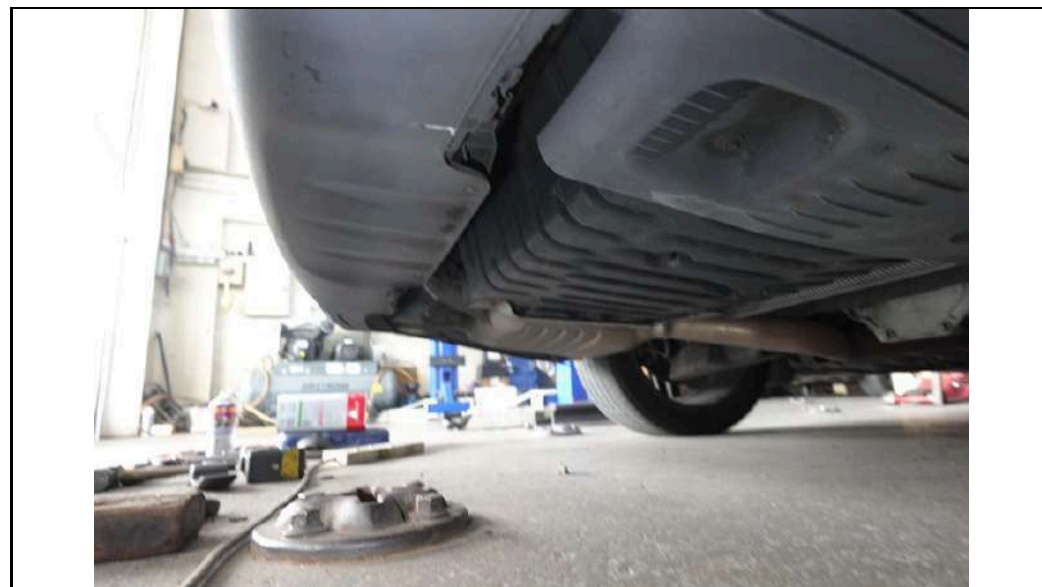
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REINSPECTION PHOTOS (Page 3 of 14)

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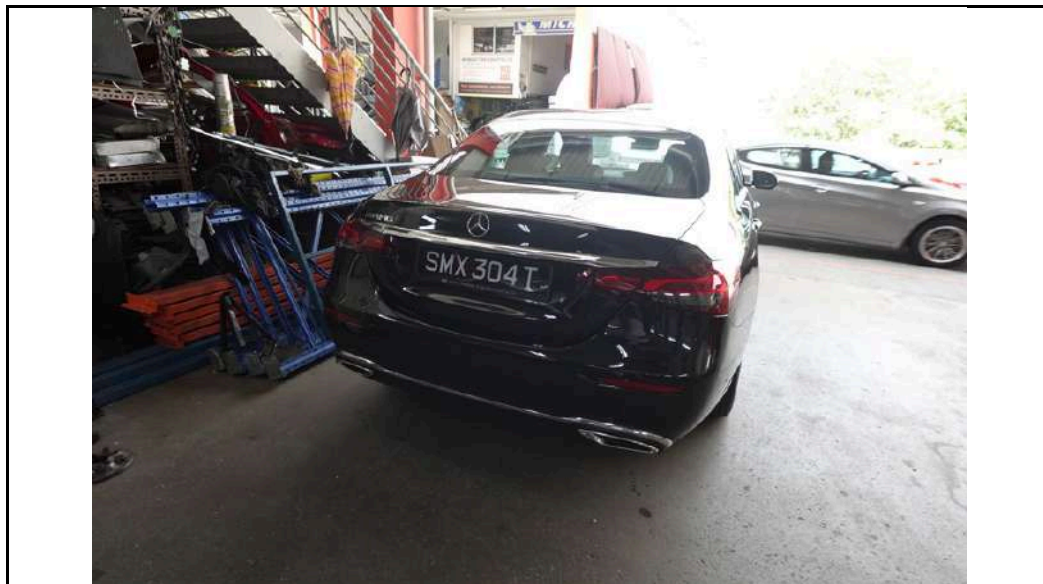
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