

**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. : SAC2400380

INV Date : 26-08-2024

Reference CS/SMR24080216/Uqp3

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SMD 9806H

Insured Veh. SHB 285P

Claim No. TAX/08/24/2037

Policy No.

Accident Date 13/08/2024

Inspection Date 15/08/2024

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**



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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24080216/Uqp3
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	26/08/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 285P	Veh. Inspected	SMD 9806H
Policy No.	-	Coverage	0
Claim No.	TAX/08/24/2037	Excess	\$0.00
Assign From	HUA YEN	Assign Date	14/08/2024

### 2. Vehicle Details

Make & Model	MERCEDES BENZ C 180 (A)	C.C	1597
Engine No.	27191031353515	Year of Reg.	04/05/2012
Chassis No.	WDD2040452A691423	Colour	BLACK
Odometer	144061 KM	Steering	DAMAGED
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: SPORTS RIM		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	225/40ZR18	MICHELIN	6
L/H Front Tyre	225/40ZR18	MICHELIN	6
R/H Rear Tyre	225/40ZR18	MICHELIN	6
L/H Rear Tyre	225/40ZR18	MICHELIN	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. THE UNDERCARRIAGE AFFECTED DUE TO COLLISION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	13/08/2024	Inspection Date	15/08/2024
Survey held at	HUAT HOCK MOTOR WORKSHOP BLK 3012 BEDOK NORTH AVE 4 BEDOK INDUSTRIAL PARK E #01-2054 SINGAPORE 489978		

### 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: 4 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMD 9806H

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT BUMPER	CUT	\$1,698.30	\$1,636.54
1	FRONT BUMPER SIDE RETAINER RH	NOT NECESSARY	\$289.65	\$0.00
1	FRONT BUMPER BRACKET RH	NOT NECESSARY	\$198.20	\$0.00
1	FRONT HEAD LAMP RH	SCRATCHED/CRACKED	\$1,982.10	\$1,982.10
1	FRONT FENDER RH	DENTED/BENT	\$1,114.90	\$1,085.00
1	FRONT FENDER SPLASH GUARD RH	TORN	\$424.10	\$225.00
1	FRONT LOWER ARM RH	BENT	\$986.20	\$645.00
1	FRONT ANTI ROLL BAR LINK RH	NOT NECESSARY	\$221.90	\$0.00
1	FRONT SHOCK ABSORBER RH	NOT NECESSARY	\$818.20	\$0.00
1	FRONT SHOCK ABSORBER MOUNTING RH	NOT NECESSARY	\$139.60	\$0.00
1	FRONT KNUCKLE ASSEMBLY RH	BENT	\$829.10	\$829.10
1	FRONT WHEEL BEARING RH	NECESSARY	\$382.90	\$382.90
1	FRONT BUMPER FOG LAMP GARNISH RH	NOT NECESSARY	\$186.20	\$0.00
1	FRONT BUMPER FOG LAMP LOWER GARNISH RH	CRACKED	\$181.90	\$166.50
1	FRONT BUMPER FOG LAMP ASSEMBLY RH (CRACKED)	NOT CONSISTENT WITH THE IMPACT	\$389.20	\$0.00
	<b>LESS 0.00 / 10.00% DISCOUNT</b>		\$0.00	(\$695.21)
			\$9,842.45	\$6,256.93

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	\$40.00	\$40.00
1	SET FRONT FENDER SPLASH GUARD CLIPS (SN)	NOT NECESSARY	\$40.00	\$0.00
1	FRONT ALLOY RIM RH (SN)	CUT	\$1,080.00	\$600.00
1	FRONT TYRE RH (MICHELIN 225/40 ZR18) (SN)	SERVICEABLE	\$680.00	\$0.00
			\$1,840.00	\$640.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO CARRY OUT ANTI-RUST TREATMENT		\$120.00	\$30.00
	REWIRING TO FACILITATE REPAIR WORKS		\$120.00	\$20.00
	TO CONDUCT 4 WHEEL ALIGNMENT		\$150.00	\$80.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	FRONT UNDERCARRIAGE WORKS; TO REMOVE AND INSTALL FRONT UNDERCARRIAGE INCLUDING LOWER ARMS, SHOCK ABSORBER, SPRING, KNUCKLE, BRAKE CALIPER AND ALL NECESSARY		\$580.00	\$120.00
	LABOUR TO REMOVE AND REPLACE, KNOCKING AND JACKING OF ALL NECESSARY, INCLUDING REPOSITIONING OF REPLACED PARTS		\$1,000.00	\$300.00
	SPRAY PAINTING MATERIALS AND RESPRAY OF ALL AFFECTED AND REPLACED PARTS NECESSARY FOR PAINTWORK		\$800.00	\$400.00
			\$2,770.00	\$950.00
<b>GRAND TOTAL</b>			<b>\$14,452.45</b>	<b>\$7,846.93</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>\$6,200.00</b>
Report Ref No: CS/SMR24080216/Uqp3				

## 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 responsibility whatsoever, in contract 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 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 .....	13/08/2024 11:31 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/08/2024 08:43 (SGT)
Exact Location of Accident .....	Near 712A Upper Changi Rd E, Singapore 486843
Additional Location Information .....	ALONG UPPER CHANGI ROAD EAST
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD9806H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEOW KOK WAH THOMAS
NRIC No .....	SXXXX948H
Email Address .....	ADVENTURE.T888@GMAIL.COM
Mobile Phone No .....	(Phone) +65-94746464
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	MERCEDES BENZ
Model .....	C 180 KOMPRESSOR
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1597
Vehicle Fuel .....	Petrol
First Registration Date .....	04/05/2012
Chassis no .....	WDD2040452A691423
Effective Date/Time of Ownership .....	22/09/2018 01:09 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5104068952-05

#### DRIVER

Name of Driver .....	LEOW KOK WAH THOMAS
NRIC No .....	SXXXX948H
Date Of Birth .....	19/05/1952
Occupation .....	Indoor
Driving Pass Date .....	20/07/1982
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	42 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-94746464
Alt. Phone Number .....	-
Email Address .....	ADVENTURE.T888@GMAIL.COM
Address .....	BLK 243 PASIR RIS STREET 21 10-105 SINGAPORE 510243
Address complement .....	-
Postcode .....	5510243
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Major/Minor Rd
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 THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG UPPER CHANGI ROAD EAST (NEAR LAMP POST 80R6). TRAFFIC WAS HEAVY. AS I WAS TRAVELLING STRAIGHT, SUDDENLY A TAXI, VEHICLE SHB285P, DASHED OUT FROM MY RIGHT AND COLLIDED ONTO THE FRONT RIGHT HAND PORTION OF MY VEHICLE. I CAME DOWN TO ECHANGE PERTICULARS AND TOOK SOME PHOTOS. THE EXIT OF THE ROAD THE TAXI WAS ON HAD A STOP LINE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB285P
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	WONG HENG LIAN
NRIC No .....	SXXXX996G
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****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)**

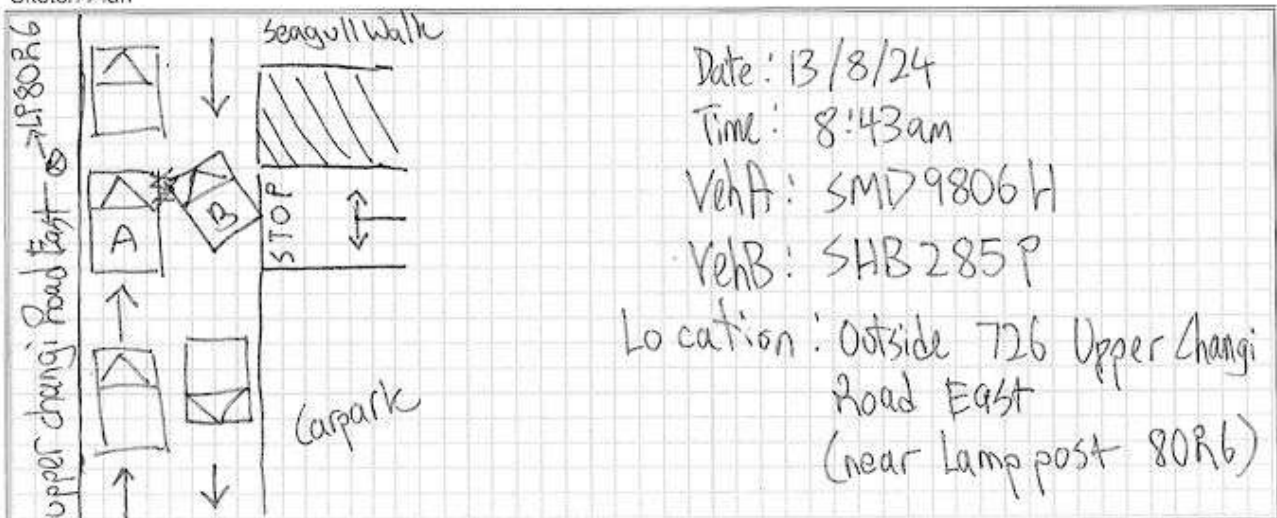
I understand, acknowledge, agree and consent that:

- (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 &amp; Time

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



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

vJun2022



On the stated date & time, I was travelling straight along Upper Changi Road East (near lamp post 80R6).

As I was travelling straight, suddenly a taxi, Veh B, SHB 285P, dashed out from my right and collided onto the front right hand portion of my vehicle.

The exit of the road the taxi was on had a stop line.

Claim OD/TP at other workshop

*[Signature]*



*[Signature]*

2

PHOTOGRAPHS FOR VEHICLE NO. : SMD 9806H





**PHOTOGRAPHS FOR VEHICLE NO. : SMD 9806H**





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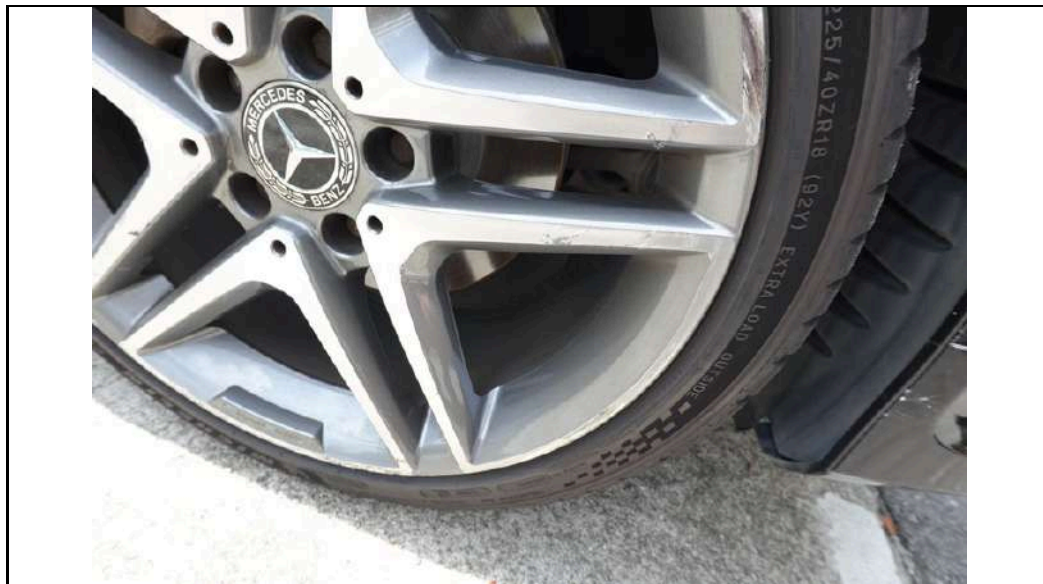


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INSPECTION PHOTOS (Page 19 of 19)

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