



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. : SAC2400453

INV Date : 30-08-2024

Reference CS/SMR24080271/Uqh3

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. FBD 37A

Insured Veh. SHD 6335D

Claim No. TAX/05/24/2059

Policy No.

Accident Date 21/05/2024

Inspection Date 19/08/2024

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/SMR24080271/Uqh3
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	30/08/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 6335D	Veh. Inspected	FBD 37A
Policy No.	-	Coverage	0
Claim No.	TAX/05/24/2059	Excess	\$0.00
Assign From	HUA YEN	Assign Date	19/08/2024

2. Vehicle Details

Make & Model	HONDA FS 150F	C.C	149
Engine No.	KC27E2017687	Year of Reg.	06/07/2017
Chassis No.	PMKKC27E0HB005344	Colour	RED
Odometer	14933 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	90-80-17	PIRELLI	6
L/H Front Tyre			
R/H Rear Tyre	110-70-17	PIRELLI	6
L/H Rear Tyre			

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND N/S BODY.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/05/2024	Inspection Date	19/08/2024
Survey held at	AHM PERFORMANCE BLK 1 KAKI BUKIT AVE 6 #02-46 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: 3 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO FBD 37A

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT WHEEL SHAFT	CUT	\$30.00	\$30.00
1	FRONT WHEEL SHAFT NUT	CUT	\$10.00	\$10.00
1	FRONT FORK ASSY	BENT/TWISTED	\$495.00	\$495.00
1	STEERING CONE BEARING	NECESSARY	\$120.00	\$60.00
1	FRONT SIGNAL (L)	CRACKED	\$80.00	\$80.00
1	CLUTCH LEVER	CUT	\$30.00	\$30.00
1	HANDLE BALANCER (L)	CUT	\$25.00	\$25.00
1	SIDE MIRROR (L)	CUT	\$45.00	\$45.00
1	FOOTREST COMPLETE (L)	BENT	\$105.00	\$105.00
1	REAR SIGNAL (L)	CUT	\$80.00	\$80.00
1	FULL COVERSET	CRACKED	\$450.00	\$450.00
1	POSITION LAMP LH	CRACKED	\$75.00	\$75.00
1	POSITION LAMP COVER	CRACKED	\$80.00	\$80.00
	LESS 0.00 / 10.00% DISCOUNT		\$0.00	(\$156.50)
			\$1,625.00	\$1,408.50

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT NUMBER PLATE (SN)	NECESSARY	\$20.00	\$10.00
			\$20.00	\$10.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TOW		\$45.00	\$0.00
	LABOUR		\$400.00	\$300.00
			\$445.00	\$300.00

GRAND TOTAL			\$2,090.00	\$1,718.50
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	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$1,350.00
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Report Ref No: CS/SMR24080271/Uqh3



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TEL: 6256 3561 FAX: 6256 4315
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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 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	31/05/2024 16:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/05/2024 18:50 (SGT)
Exact Location of Accident	Woodlands Centre Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD37A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIKERCHOICE PTE LTD
Company Reg No	202308503R
Email Address	BASILWANG2@GMAIL.COM
Mobile Phone No	(Phone) +65-86664988
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fs150f
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	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	139400673-000004

DRIVER

Name of Driver	BASIL WANG ZHUANG ZHEN
NRIC No	T0211972I
Date Of Birth	20/04/2002
Occupation	Outdoor

Driving Pass Date	22/02/2021
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86664988
Alt. Phone Number	-
Email Address	BASILWANG2@GMAIL.COM
Address	27 MARSILING DR #02-239
Address complement	-
Postcode	730027
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 on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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 POLICE REPORT - T/20240523/7146
VIDEO FAOOTAGE ATTACHED

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	SHD6335D
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	BASIL WANG ZHUANG ZHEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD37A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

It was green light for me to head towards ~~woodland~~ woodlands rd from woodlands centre road. Taxi was coming down from BKE towards woodlands centre rd where he beat the red light and I couldn't stop in time therefore I hit his side and fall on the ground. I was injured quite serious with a spine fracture from the incident.

Refer police report .
Video Footage Attached .



Declaration

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



Policyholder's Signature / Date & Time

[Signature]
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

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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

[Signature] 31/5/24

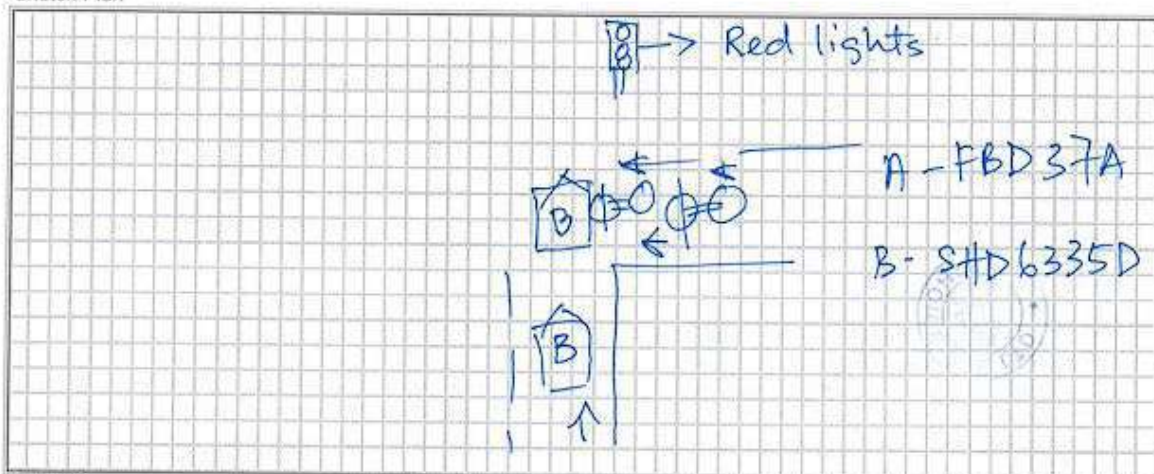
[Signature]

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

31/5/24

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

Sketch Plan



wJun2022

1



SINGAPORE POLICE FORCE



T/20240523/7146

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

1 of 3

Report No. T/20240523/7146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2024 23:51	Vide Report No.: L/20240521/0081	Station Diary No.:
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Informant's Particulars			
Name of Informant: BASIL WANG ZHUANG ZHEN		Address: 27 MARSILING DRIVE #02-239 SINGAPORE 730027	
ID Type / ID No.: NRIC NO / T0211972I		Contact No.: Home/Office: Mobile: 86664988	
Nationality: SINGAPORE CITIZEN		Email: BASILWANG2@GMAIL.COM	
Sex: Male	Age: 22	Date of Birth: 20/04/2002	Type of Informant: Rider
Race: Chinese		Language: English	
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2024 18:50	Type of Location: Straight Road	
Location: WOODLANDS CENTRE ROAD				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD37A	Motorcycle	HONDA	Fs150r	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBD37A	NTUC Income Insurance Co-Operative Limited	5139400673-000004	15/09/2023	14/09/2024



**SINGAPORE
POLICE FORCE**



T/20240523/7146

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

2 of 3

Report No. T/20240523/7146

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BASIL WANG ZHUANG ZHEN	ID No.	T0211972I
Related Vehicle	FBD37A (Motorcycle)	Contact No.	86664988
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious

Brief Details.

It was green light for me to head towards woodlands rd from woodlands centre rd. Taxi was coming down from BKE towards woodlands centre rd where he beat the red light and i couldn't stop in time therefore i hit his side and fall on the ground. I was injured quite serious with a spine fracture from the incident

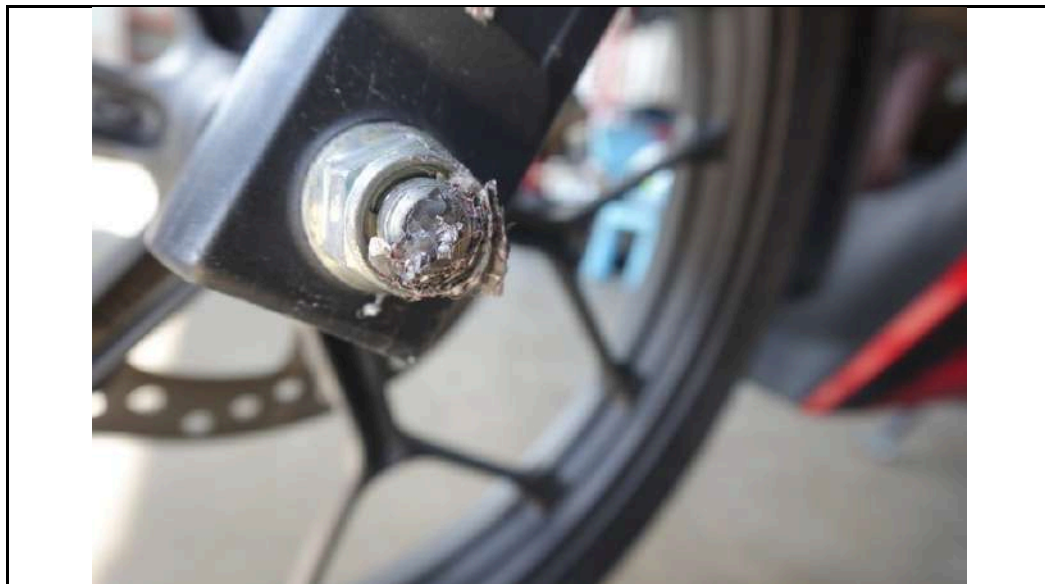
PHOTOGRAPHS FOR VEHICLE NO. : FBD 37A



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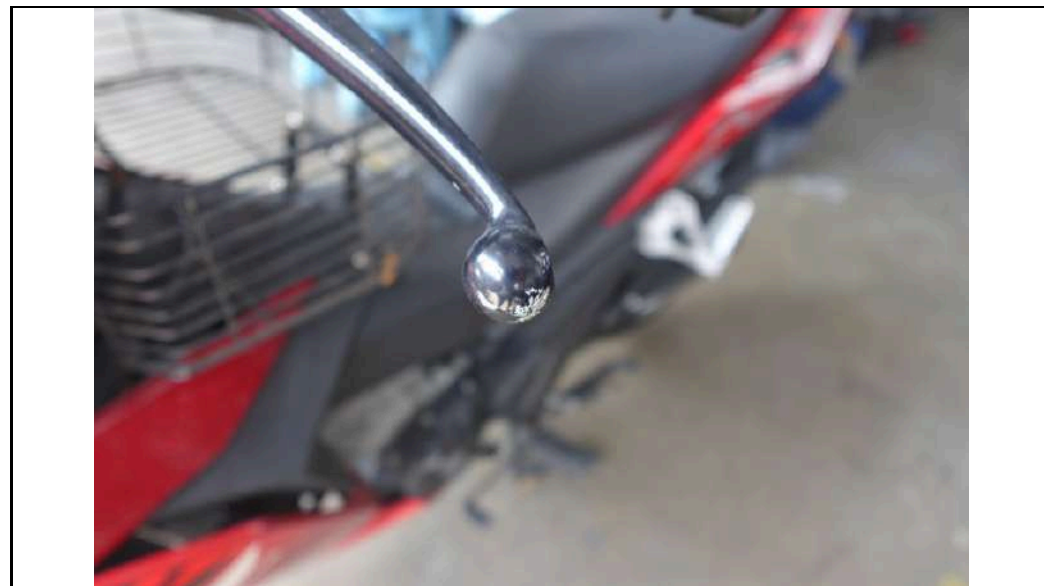
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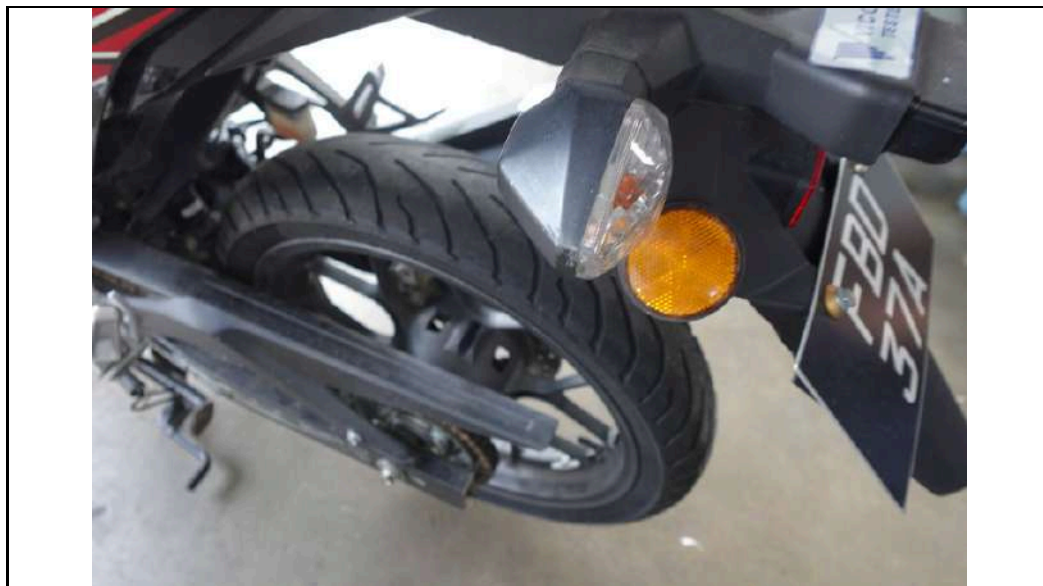
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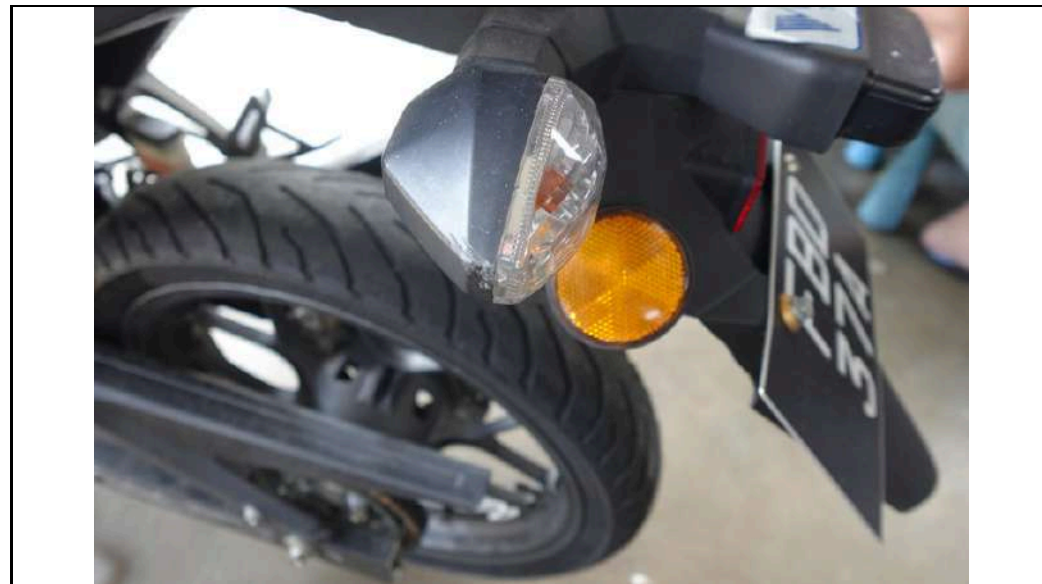
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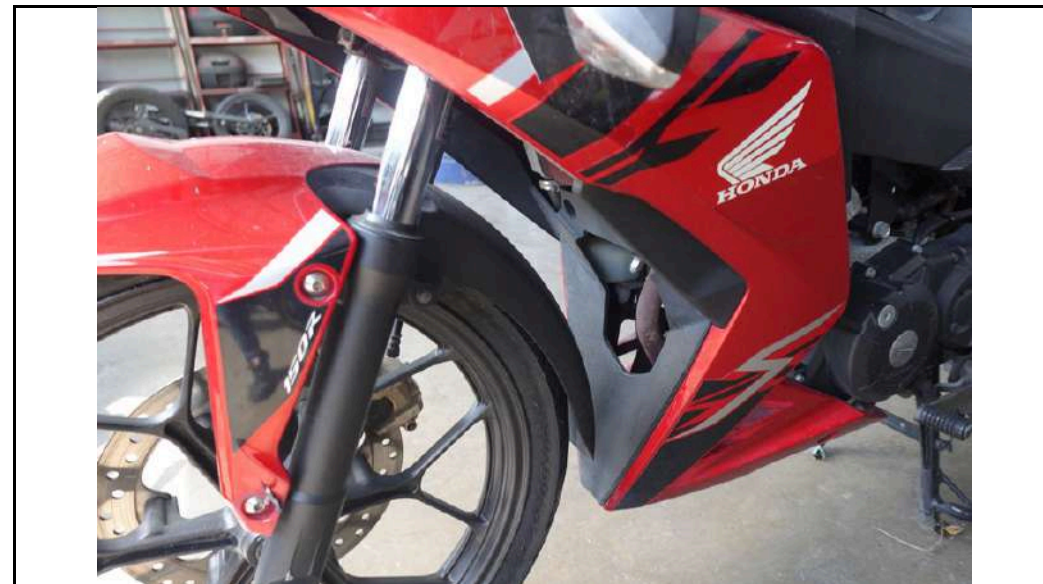
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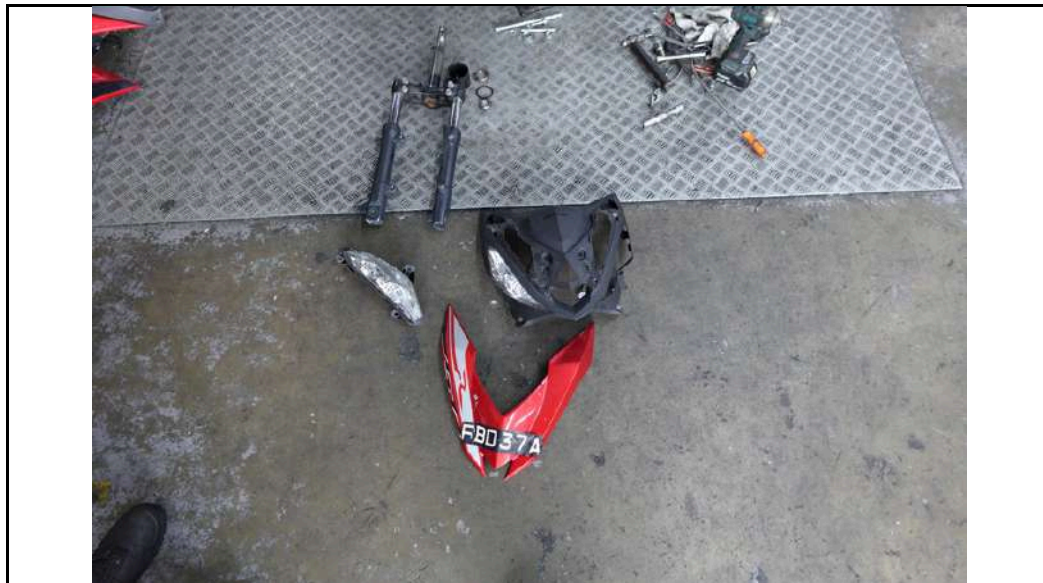
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