

**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. : SAC2400050

INV Date : 15-07-2024

Reference CS/SMR24060012/Knp3e2

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SNJ 1932K

Insured Veh. SHB 5347L

Claim No. TAX/06/24/2012

Policy No.

Accident Date 05/06/2024

Inspection Date 11/06/2024

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/SMR24060012/Knp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	10/06/2024
	Code:	SMR

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

Insured Veh.	SHB 5347L	Veh. Inspected	SNJ 1932K
Policy No.	-	Coverage	0
Claim No.	TAX/06/24/2012	Excess	\$0.00
Assign From	HUA YEN	Assign Date	10/06/2024

### 2. Vehicle Details

Make & Model	MERCEDES BENZ E200 (A)	C.C	1991
Engine No.	26492030487211	Year of Reg.	31/05/2022
Chassis No.	W1K2130802B044282	Colour	METALLIC GREY
Odometer	9061 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: STANDARD ALLOY RIM		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	245/45 R18	HANKOOK	9
L/H Front Tyre	245/45 R18	HANKOOK	9
R/H Rear Tyre	245/45 R18	HANKOOK	9
L/H Rear Tyre	245/45 R18	HANKOOK	9

### 4. Description of Damages

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

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	05/06/2024	Inspection Date	11/06/2024
Survey held at	160 SIN MING AUTOCITY #05-02 SIN MING-AP AUTOMOTIVE SERVICES PTE LTD		

### 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 SNJ 1932K

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	BONNET	TO REPAIR SEE LABOUR	\$2,846.20	\$0.00
1	FRONT FENDER LH	TO REPAIR SEE LABOUR	\$1,466.50	\$0.00
1	FRONT DOOR LH	TO REPAIR SEE LABOUR	\$1,988.20	\$0.00
1	FRONT DOOR HINGE LH	TO REPAIR SEE LABOUR	\$290.00	\$0.00
1	FRONT VIEW MIRROR ASSEMBLY LH	BROKEN	\$4,163.00	\$3,516.00
	<b>LESS 10.00% DISCOUNT</b>		(\$1,075.39)	(\$351.60)
			\$9,678.51	\$3,164.40

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR FENDER CLIPS (SN)	NOT NECESSARY	\$80.00	\$0.00
1	REAR FENDER COWLING CLIPS (SN)	NOT NECESSARY	\$80.00	\$0.00
1	REAR FENDER INNER GARNISH CLIPS LH (SN)	NOT NECESSARY	\$80.00	\$0.00
1	REAR DOOR INNER TRIM CLIPS LH (SN)	NOT NECESSARY	\$80.00	\$0.00
			\$320.00	\$0.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	SPRAY PAINT ON AFFECTED AREAS		\$1,400.00	\$800.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF BONNET, FRONT FENDER LH, FRONT DOOR LH AND FRONT DOOR HINGE LH		\$1,200.00	\$200.00
	TO PERFORM RUST PROOFING	NOT NECESSARY	\$180.00	\$0.00
	TO TRANSFER FRONT DOOR MECHANISM	NOT NECESSARY	\$80.00	\$0.00
			\$2,860.00	\$1,000.00

<b>GRAND TOTAL</b>			<b>\$12,858.51</b>	<b>\$4,164.40</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>\$4,164.40</b>

Report Ref No: CS/SMR24060012/Knp3e2



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## **KSC**

KENNETH KONG SENG CHEONG

## 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 .....	06/06/2024 16:40 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	05/06/2024 16:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	RIVER ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNJ1932K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NEO MUI KEOW
NRIC No .....	SXXXX905F
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E200
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 .....	1991

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5136386489-01

#### DRIVER

Name of Driver .....	NEO MUI KEOW
NRIC No .....	SXXXX905F
Date Of Birth .....	
Occupation .....	Indoor

Driving Pass Date .....	09/09/1979
Driving experience .....	44 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	
Alt. Phone Number .....	
Email Address .....	
Address .....	
Address complement .....	-
Postcode .....	
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 .....	Side Swipe
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) .....	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 .....	LINDA
Gender .....	Female

#### 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

#### REFER TO SKETCH

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB5347L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	CHAN AH WAT
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
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 Authorised 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. The 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.
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")

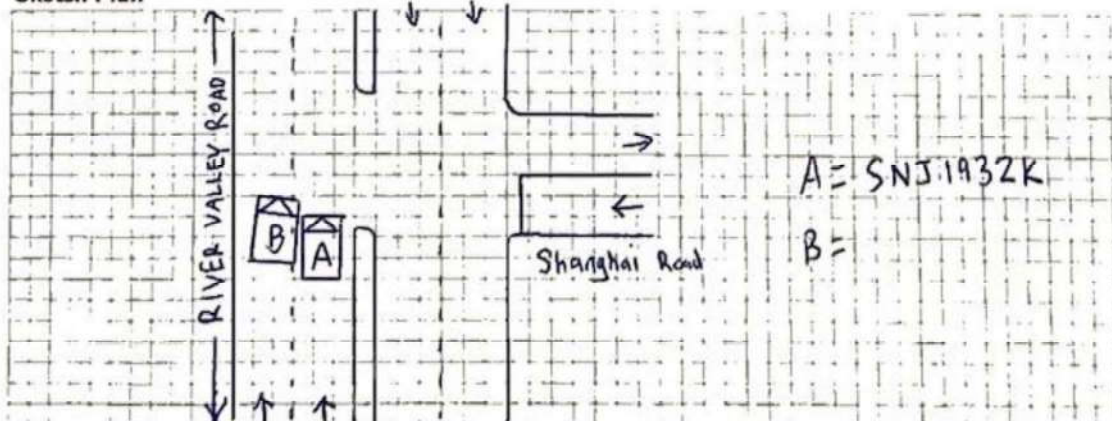
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As I was stationary along River Valley waiting to turn right into Shanghai road, suddenly vehicle 'B' which was travelling on my left, side swipe ~~the~~ and collided onto my vehicle left portion.

**DECLARATION**

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



Policyholder's Signature Date  
& Time:

GIARMC SketchPlanForm\_V3



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



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

**PHOTOGRAPHS FOR VEHICLE NO. : SNJ 1932K**







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INSPECTION PHOTOS (Page 2 of 5)

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