

**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. : SAC2400555

INV Date : 10-09-2024

Reference CS/SMR24080400/Kqp3

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SMP 2207U
Insured Veh. SHB 5813H
Claim No. TAX/08/24/2048
Policy No.
Accident Date 14/08/2024
Inspection Date 26/08/2024

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

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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24080400/Kqp3
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	10/09/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 5813H	Veh. Inspected	SMP 2207U
Policy No.	-	Coverage	0
Claim No.	TAX/08/24/2048	Excess	\$0.00
Assign From	HUA YEN	Assign Date	23/08/2024

2. Vehicle Details

Make & Model	MERCEDES BENZ S300L (A)	C.C	2997
Engine No.	27294631962435	Year of Reg.	24/11/2011
Chassis No.	WDD2211542A434904	Colour	METALLIC BLACK
Odometer	247092 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	255/40R19	PIRELLI	8
L/H Front Tyre	255/40R19	PIRELLI	8
R/H Rear Tyre	255/40R19	PIRELLI	8
L/H Rear Tyre	255/40R19	PIRELLI	8

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/08/2024	Inspection Date	26/08/2024
Survey held at	OPTIMA WERKZ PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A #01-05 AMK AUTOPOINT SINGAPORE 568047		

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: 2 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMP 2207U

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	CRACKED	\$2,100.00	\$2,100.00
2	REAR REVERSE SENSOR @\$300.00	DENTED	\$600.00	\$600.00
1	REAR LH BUMPER RETAINER	SERVICEABLE	\$110.00	\$0.00
1	REAR BUMPER REINFORCEMENT	BENT	\$850.00	\$850.00
1	REAR END PANEL (NPA)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
1	REAR BOOT (NPA)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
1	REAR LH BOOT SILL COVER (ADDITIONAL)	MTG CRACKED	\$100.00	\$100.00
1	REAR RH BOOT SILL COVER (ADDITIONAL)	MTG CRACKED	\$100.00	\$100.00
	LESS 10.00% DISCOUNT		(\$386.00)	(\$375.00)
			\$3,474.00	\$3,375.00

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER CLIPS (SN)	NECESSARY	\$50.00	\$50.00
1	REAR REVERSE SENSOR MOUNTING BRACKET (SN)	NECESSARY	\$350.00	\$150.00
1	SET REAR BOOT SILL COVER CLIPS (SN) (ADDITIONAL)	NECESSARY	\$80.00	\$80.00
			\$480.00	\$280.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	LABOUR CHARGES TO REMOVE, REPLACE, REFIX, REPAIR & READJUST REAR ACCIDENT AREAS & ETC. INCLUSIVE OF THE REPAIR OF REAR END PANEL AND REAR BOOT		\$600.00	\$220.00
	LABOUR CHARGES FOR PAINTING & TO SUPPLY PAINT & FURNISHING MATERIALS AT REAR BOOT, REAR BUMPER, REAR END PANEL & ETC		\$800.00	\$250.00
	LABOUR CHARGES TO REMOVE & REPLACE REAR BUMPER REVERSE SENSOR & ETC		\$100.00	\$60.00
	TO DIAGNOSTIC AND RESET RADAR SENSOR FAULT CODE	NOT NECESSARY	\$250.00	\$0.00
	TO CHECK WIRING & ELECTRICAL SYSTEM		\$100.00	\$15.00
			\$1,850.00	\$545.00

GRAND TOTAL		\$5,804.00	\$4,200.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$3,350.00
Report Ref No: CS/SMR24080400/Kqp3			



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KSC

KENNETH KONG SENG CHEONG

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 repositibility whatsoever, in contact 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.

Date: 3-9-2024
 Vehicle No: SMP2207U
 Model: MERCEDES BENZ S300L
 Chassis: WDD2211542A434904
 Reg.Year: 24.11.2011

Third Party Insurer: FCIL
 Third Party Veh No: SHB5813H
 Date of Accident: 14/08/2024
 Estimator: Loong
 Surveyor:

SUPPLEMENTARY ESTIMATE

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	REAR LH BOOT SILL COVER	1	my car	\$100.00
2	REAR RH BOOT SILL COVER	1	2	\$100.00
SUB TOTAL				\$200.00
LESS 10%				-\$20.00
PARTS TOTAL				\$180.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
1	REAR BOOT SILL COVER CLIPS SET	1		\$80.00
S/N TOTAL				\$80.00

Finalize:

Parts = \$ 3375.00

Nett = \$ 280.00

Labor = \$ 545.00

Lump sum = \$ 4200.00 -20%

= \$ 3360.00 ⇒ \$ 3400.00

Head office

5 Kung Chong Road Singapore 159143
 Tel: (+65) 6472 1213 | Fax: (+65) 6472 2118

Branch

5A Serangoon North Ave 5 Singapore 554800
 Tel: (+65) 6484 9619 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

Blk 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 569047
 Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



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	15/08/2024 15:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/08/2024 18:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (AYE) 7.5KM LAMPOST 413F
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2207U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KANAN S/O PACKRISAMY
NRIC No	SXXXX105E
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MERCEDES BENZ
Model	S300L
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2997
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V14853/VPE/R02

DRIVER

Name of Driver	KANAN S/O PACKRISAMY
NRIC No	SXXXX105E
Date Of Birth	
Occupation	Indoor
Driving Pass Date	14/11/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
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	Chain 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	3
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/20240815/7045

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	SHB5813H
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN JIAWEN
NRIC No	SXXXXX260E
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL6952H
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-

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

on Cte (AYE)
7.5km Lamp. → 413F

(A) SMP22074

(B) SHB58134

(C) SLL69524


Describe Circumstances of the Accident

Refer to police report T/20240815/7045

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel





**SINGAPORE
POLICE FORCE**



T/20240815/7045

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

1 of 3

Report No. T/20240815/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2024 13:17	Vide Report No.: E/20240814/0117	Station Diary No.:
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Informant's Particulars

Name of Informant: Kanan Packrisamy			Address:		
ID Type / ID No : NRIC NO /			Contact No.:		Mobile: (
Nationality: SINGAPORE CITIZEN			Home/Office:		
			Email:		
Sex: Male	Age:	Date of Birth:	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		
Occupation: Company director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2024 18:05	Type of Location: Flyover
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5813H	Motor car	TOYOTA	Prius Hybrid	Maroon	Seriously Damaged	2
SLL6952H	Motor car	MAZDA		Grey	Seriously Damaged	2
SMP2207U	Motor car	MERCEDES BENZ	S300L	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMP2207U	LIBERTY INSURANCE PTE LTD	SI23V14853/VPE/R02	24/11/2023	23/11/2024



**SINGAPORE
POLICE FORCE**



T/20240815/7045

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

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Report No. T/20240815/7045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN JIAWEN	ID No.	
Related Vehicle	SHB5813H (Motor car)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Vehicle Owner			
Name	Kanan Packrisamy	ID No.	
Related Vehicle	NIL	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On Wednesday 14 August I was driving along the CTE headed towards to the City. At about 6.05pm on Lane 1 at CTE(AYE) 7.5km Lampost 413F, the car in front of my car (SMP2207U) braked and I followed suit. But the driver of the car behind me (Mr Tan Jiawen driver of SHB5813H) could not stop in time. He thus knocked my car and my car sustain some damage including a crack in my bumper and other damages consistent with being knocked from behind. Immediately after our collision another car SLL6952H rear ended Mr Tan's SHB5813H but I had moved to a safe distance already so they did not hit me again. I turned on my hazard signal. Came out of the car and took some pictures and notice Mr Tan was in some discomfort. I immediately went to his door to check on him and he said he was ok and eventually came out to exchange particulars. I asked if he was ok, he said he was not feeling that good. I asked if he wanted me to call the ambulance but he said he wants to "see how" first. So I exchange particulars and drove off. That's all.



**SINGAPORE
POLICE FORCE**

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



T/20240815/7045

3 of 3

Report No. T/20240815/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476083

NP168

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

Date/Time:
15/08/2024 13:17

Classification Of Case:

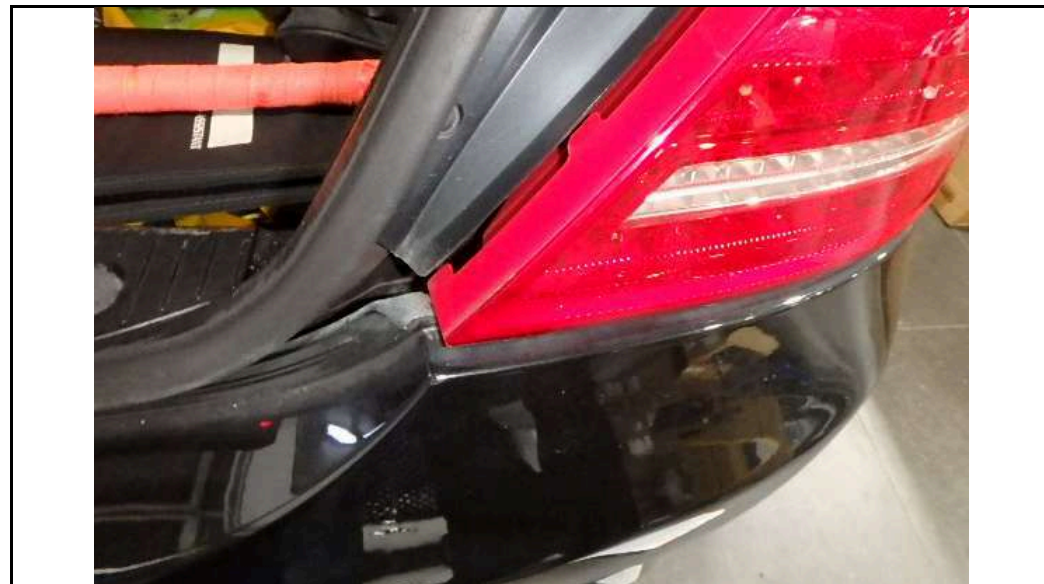
PHOTOGRAPHS FOR VEHICLE NO. : SMP 2207U



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REINSPECTION PHOTOS (Page 1 of 1)

PHOTOGRAPHS FOR VEHICLE NO. : SMP 2207U

