# LKK

## 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.: SAC2400553

INV Date: 09-09-2024

Reference CS/SMR24090017/Kqp3e2

Code SMR

**PROFESSIONAL SERVICE FEE** 

Vehicle No. SKT 8525P Insured Veh. SHB 5685K

Claim No. TAX/08/24/2062

Policy No.

Accident Date 18/08/2024 Inspection Date 02/09/2024

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 Internationa	le Des Experts En	Automobile		
MS	MS STRIDES PREMIER AUTOMOTIVE SERVICES PL. Ref: CS/SMR24090017/k					
		NDUSTRIAL PARK E4 SINGAPORE	Date:	09/09/2024		
	757705		Code:	SMR		
1.		Policy Particulars :- 1	HIRD PARTY CLA	M		
	Insured Veh.	SHB 5685K	Veh. Inspected	SKT 8525P		
	Policy No.	-	Coverage	0		
	Claim No.	TAX/08/24/2062	Excess	\$0.00		
	Assign From	HUA YEN	Assign Date	02/09/2024		
2.		Vehicle	Details			
	Make & Model	OPEL CROSSLAND X (A)	C.C	1199		
	Engine No.	10XVA10912227	Year of Reg.	01/11/2018		
	Chassis No.	W0V7D9ED0J4140780	Colour	METALLIC ORANGE		
	Odometer	68818 KM	Steering	IN ORDER		
	Brakes	IN ORDER	General	GOOD		
	Modification(s)	RIMS: STANDARD ALLOY RIM				
3.		Conditions	s of Tyres			
		Size	Make	Balance (mm)		
	R/H Front Tyre	205/60R16	YOKOHAMA	9		
	L/H Front Tyre	205/60R16	YOKOHAMA	9		
	R/H Rear Tyre	205/60R16	YOKOHAMA	9		
	L/H Rear Tyre	205/60R16	YOKOHAMA	9		
4.		Description				
THE	VEHICLE SUSTAIN	ED DAMAGES AT THE N/S FRONT BO	DDY.			
DAN	AGES SEE DETAIL	S.				
5.		General In	formation			
	Accident Date	18/08/2024	Inspection Date	02/09/2024		
	Survey held at	VIN'S MOTOR PTE LTD 160 SIN MING DRIVE #08-09 SIN MIN	NG AUTOCITY SING	SAPORE 575722		
5a.		Rem	arks			
		AS CONDUCTED ON A"WITHOUT PRE YOUR INSTRUCTIONS, WE HAVE NO		REPAIRS.		
5b.		Estimate Da	ys of Repair			

ESTIMATED NORMAL PERIOD FOR REPAIR: 4 Working Days



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#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SKT 8525P

1	ADJUSTMENT ON REPAIR COS	TI OK VEHICLE NO SKI 83	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)	
1	FRONT BUMPER	MTG CRACKED	\$1,831.00	\$1,831.00	
1	FRONT BUMPER LH OUTER PARKING SENSOR	SERVICEABLE	\$285.00	\$0.00	
1	FRONT BUMPER LOWER PAD	CUT	\$190.00	\$190.00	
1	1 FRONT BUMPER LH SIDE RETAINER SERVICEABLE		\$72.00	\$0.00	
1	1 LH SIDE MIRROR ASSY DENTED/CUT		\$810.00	\$810.00	
	LESS 10.00% DISCOUNT		(\$318.80)	(\$283.10)	
			\$2,869.20	\$2,547.90	
	Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)	
1	FRONT BUMPER CLIPS (SN)	NECESSARY	\$99.00	\$50.00	
		\$99.00	\$50.00		
	Labo	ur			
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)	
	TO RESET HEADLAMP SYSTEM		\$280.00	\$20.00	
	TO REPAIR DAMAGES		\$380.00	\$260.00	
	TO SPRAY PAINTING		\$480.00	\$400.00	
			\$1,140.00	\$680.00	
	GRAND TOTAL		\$4,108.20	\$3,277.90	
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$2,600.00	

# **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 reposibility 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.

Report Ref No: CS/SMR24090017/Kqp3e2

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 18/08/2024 16:47 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 18/08/2024 09:45 (SGT) Exact Location of Accident Singapore Additional Location Information JALAN BESAR ROAD NEAR DESKER ROAD JUNCTION Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Opel

Vehicle Registration Number SKT8525P

Alternative Phone No

Effective Date/Time of Ownership

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEOW WHYE MONG NRIC No SXXXX039A Fmail Address Mobile Phone No

VEHICLE PARTICULARS

Manufacturer

Model

CROSSLAND X B12XHT AT 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 1199 Vehicle Fuel First Regisration Date

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2007687800-01

DRIVER

Chassis no

Name of Driver	LEOW ZHI WEI NICHOLAS
NRIC No	SXXXX583A
Date Of Birth	
Occupation	Indoor
Driving Pass Date	10/12/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	-
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
	,
OTHER INFORMATION	
OTHER IN ORWATION	
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	INO
Translator's ID	
Translator's phone number	
Translator's email	
Original language used in the statement	
DETAILS OF POLICE ACTION	
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 THE SKETCH PLAN	
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	SHB5685K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 Actual Driver.
- Information provided must be as <u>fruthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- By the ladgement 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 daims;
- (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, involces, 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")

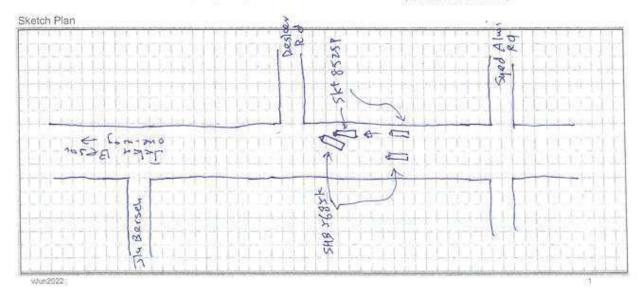
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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)



18 Ay 2024, 3pm

were see attro	Accident had pulice report.		

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

yJun2022



T/20240818/7021

Police Statlon Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240818/7021

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 18/08/2024 13:08		de:	Vide Report No.:	Station Diary No.:	
Informant	's Particular	S			
BOURT WITH LITTER OF	Informant: Wei Nichola	is	Address:		
ID Type / ID No.: NRIC NO /		n parti	Contact No.; Home/Office:	Mobile	
Nationality: SINGAPORE CITIZEN			Email:	3.00	
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race: Chinese	- At		Language: English		
Occupation Advocate	on: /Solicitor (pr	ractising)	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive; No	Date/Time of Accident: 18/08/2024 09:45	Type of Location Straight Road
JALAN BESAR Weather:		Road Surface:		
		Dry		
Sunny Traffic Flow: One Way		Dry Traffic Control: Not Controlled	10.00	ffic Volume; derate

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SHB5685K	Motor car			Maroon		0
SKT8525P	Motor car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20240818/7021

Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240818/7021

#### CONTINUATION OF REPORT

Driver		S WIEV, I'V	MIS.	25/20	
Name	Leow Zhi Wei Nicholas		ID No.		
Related Vehicle	SKT8525P (Motor car)		Conta	ict No.	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	Date Discharge NIL		
No. of Days granted Medical Leave (MC) NIL		Degree of	Degree of Injury		

#### Brief Details.

Accident date and time: 18 Aug 2024, about 943-945am along Jalan Besar Road just before junction of Desker Road

I was travelling straight along the rightmost lane when suddenly a maroon coloured taxi SHB 5685K appeared to have cut across from 2 lanes from the left to the second rightmost lane and almost immediately suddenly cut further into the rightmost lane appearing to want to eventually go into Desker Road. It was very close to the Desker Road junction by the time it cut into the rightmost lane and too close to the Desker Road junction to do so safely, especially when it was originally 2 lanes away. I was unable to brake in time or to avoid colliding into SHB 5685K. After collision, both drivers stopped our vehicles just at the junction of Desker Road and got out to take some pictures and videos of the vehicles. The driver of SHB 5685K was an elder looking gentleman in his 50s or 60s. There were some car parts that dropped along the road which i picked up and handed over to the driver of SHB 5685K - these parts appear to be from the right side mirror of SHB 5685K, including the protective cover. I observed what i believed to be some minor damage on the right side of SHB 5685K and on the left side of the vehicle i was driving, SKT 8525P. I do not believe there was any other damage and there was certainly no one that was injured. I offered to exchange particulars with the driver of SHB 5685K but he declined to do so.



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



3 of 3 Report No. T/20240818/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2024 13:08			
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case:			
NP168				



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Reg. No: 199607198R GST Reg. No. 19-9607198-R

**INSPECTION PHOTOS (Page 1 of 5)** 













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**INSPECTION PHOTOS (Page 2 of 5)** 











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**INSPECTION PHOTOS (Page 3 of 5)** 













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**INSPECTION PHOTOS (Page 4 of 5)** 











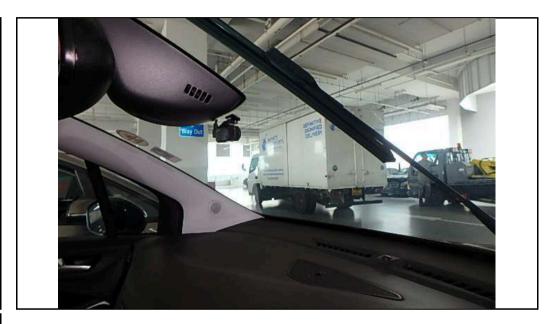


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Reg. No: 199607198R GST Reg. No. 19-9607198-R

**INSPECTION PHOTOS (Page 5 of 5)** 











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Reg. No: 199607198R GST Reg. No. 19-9607198-R

**REINSPECTION PHOTOS (Page 1 of 1)** 





