



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. : SAC2400744

INV Date : 27-09-2024

Reference CS/SMR24090119/Kvp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNE 8044D
Insured Veh. SBS 3974X
Claim No. BUS/09/24/8005
Policy No.
Accident Date 03/09/2024
Inspection Date 09/09/2024

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

SML



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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24090119/Kvp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	27/09/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SBS 3974X	Veh. Inspected	SNE 8044D
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/8005	Excess	\$0.00
Assign From	ANA MAGNAYE	Assign Date	06/09/2024

2. Vehicle Details

Make & Model	MINI ONE (A)	C.C	1198
Engine No.	F7491022B38A12A	Year of Reg.	19/06/2015
Chassis No.	WMWXS12030T819270	Colour	METALLIC RED
Odometer	116230 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	195/55R16	HANKOOK	8
L/H Front Tyre	195/55R16	HANKOOK	8
R/H Rear Tyre	195/55R16	HANKOOK	8
L/H Rear Tyre	195/55R16	HANKOOK	8

4. Description of Damages

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

DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/09/2024	Inspection Date	09/09/2024
Survey held at	EM SOLUTION PTE LTD 160 SIN MING DRIVE #03-18/19 SIN MING AUTOCITY SINGAPORE 575722		

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 SNE 8044D

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	DENTED/CRACKED	\$1,614.60	\$1,268.70
1	REAR BUMPER SIDE GUIDE LH	CRACKED	\$284.00	\$284.00
1	REAR BUMPER LOWER GARNISH	MTG CRACKED	\$490.00	\$296.40
2	REAR LAMP L/R @\$493.00	O/S SERVICEABLE/ N/S MTG CRAKED	\$986.00	\$410.00
2	REAR LAMP CHROME RIM L/R @\$128.00	N/S SCRATCHED	\$256.00	\$128.00
1	REAR FENDER WHEEL ARCH LH	MTG CRACKED	\$286.00	\$155.20
	LESS 5.00% DISCOUNT		(\$195.83)	(\$127.12)
			\$3,720.77	\$2,415.18
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	\$55.00	\$55.00
1	SET REVERSE SENSOR (SN)	SERVICEABLE	\$250.00	\$0.00
			\$305.00	\$55.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE & REARRANGE ELECTRICAL WIRINGS, CHECK LIGHTINGS		\$80.00	\$20.00
	TO REMOVE, REPAIR & REPLACE DAMAGED BODYPARTS, REALIGN BODYWORK AND WHERE CONSISTENT TO THE ACCIDENT		\$400.00	\$200.00
	PUTTY AND RESPRAY PAINTING ON AFFECTED PORTIONS		\$400.00	\$220.00
	TO REMOVE & RENEW REVERSE SENSOR		\$80.00	\$50.00
	RUST PROOFING ON AFFECTED PORTIONS	NOT NECESSARY	\$100.00	\$0.00
			\$1,060.00	\$490.00
GRAND TOTAL			\$5,085.77	\$2,960.18
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				\$2,350.00
Report Ref No: CS/SMR24090119/Kvp3m4				



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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 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	03/09/2024 16:38 (SGT)
Reported by	Actual Driver
Date of Accident	03/09/2024 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LIEN YING CHOW DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8044D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY BEE WAH
NRIC No	376H
Email Address	
Mobile Phone No	(Phone) +65-
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	One
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	1200
Vehicle Fuel	-
First Registration Date	-
Chassis no	WMWXS12030T819270
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129404641-02

DRIVER

Name of Driver	IAN TAN ZHENG LONG
NRIC No	897J
Date Of Birth	
Occupation	Indoor
Driving Pass Date	12/02/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-
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	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	JI WOO
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 PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3974X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	CHAI CHOI YEONG
NRIC No	██████████
Contact Number	(Phone) +65 ██████████
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.
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.

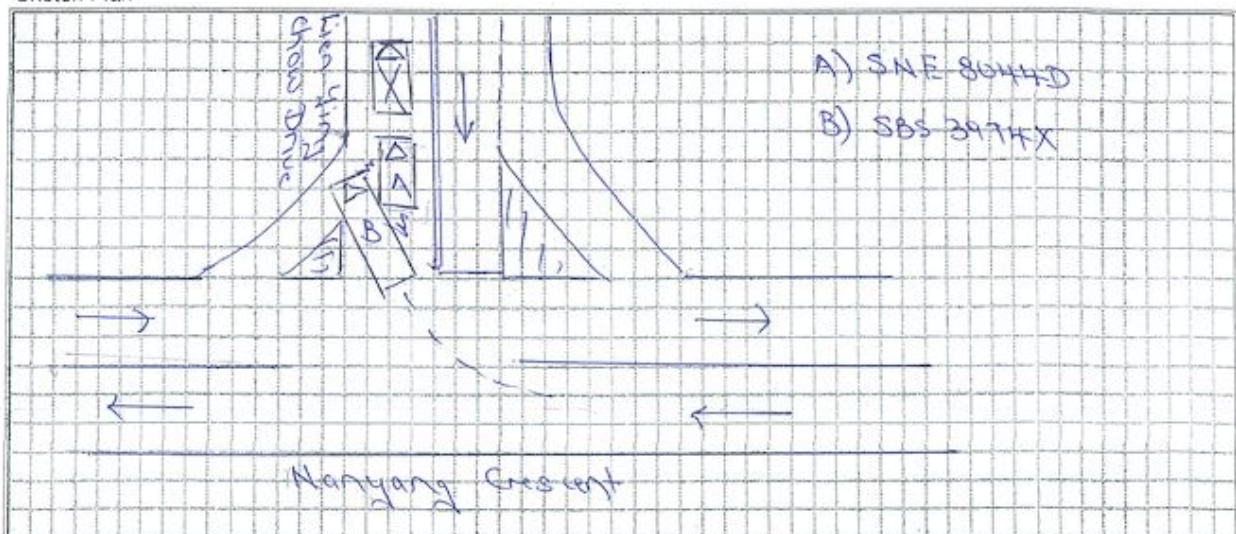
CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

My car was stationary behind vehicles ahead due to pedestrian crossing.
 Shortly after I heard a 'bang' and noticed Veh (B), a SMART bus, was on the left of my car.
 We alighted to check & realised that Veh (B) had collided onto my car when making the turn from Nanyang Crescent.
 No one was injured.

3P claim @

EM SOLUTION PTE LTD
 160 Sin Ming Drive
 #03-18/19 Sin Ming Autocity
 Singapore 575722
 Tel: 6456 0226 Fax: 6458 4500
 Email: emautosolution@singnet.com.sg

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
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 Singapore 575643
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Witnessed by Reporting Centre Personnel
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INSPECTION PHOTOS (Page 1 of 3)

PHOTOGRAPHS FOR VEHICLE NO. : SNE 8044D





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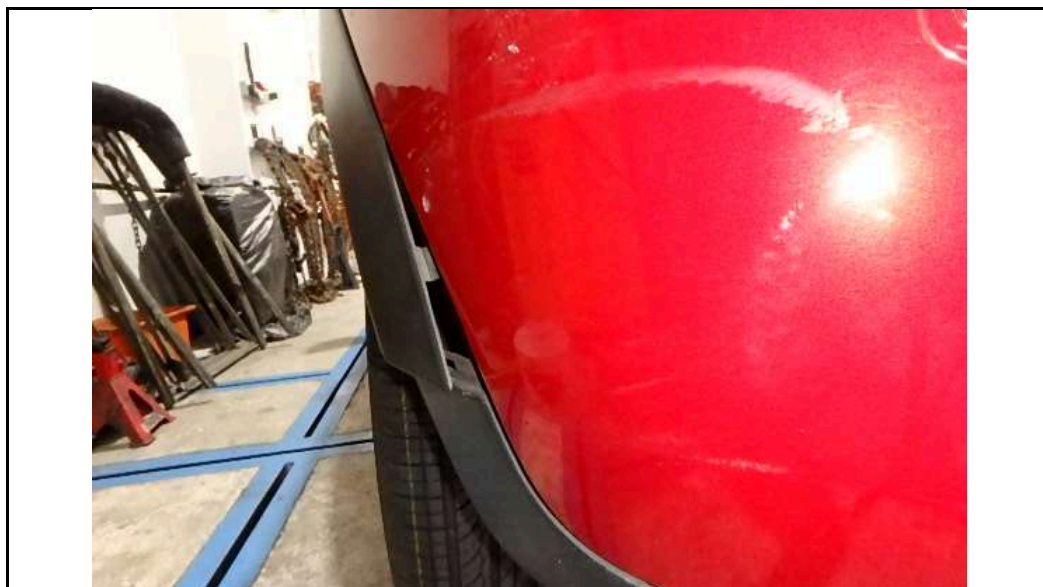
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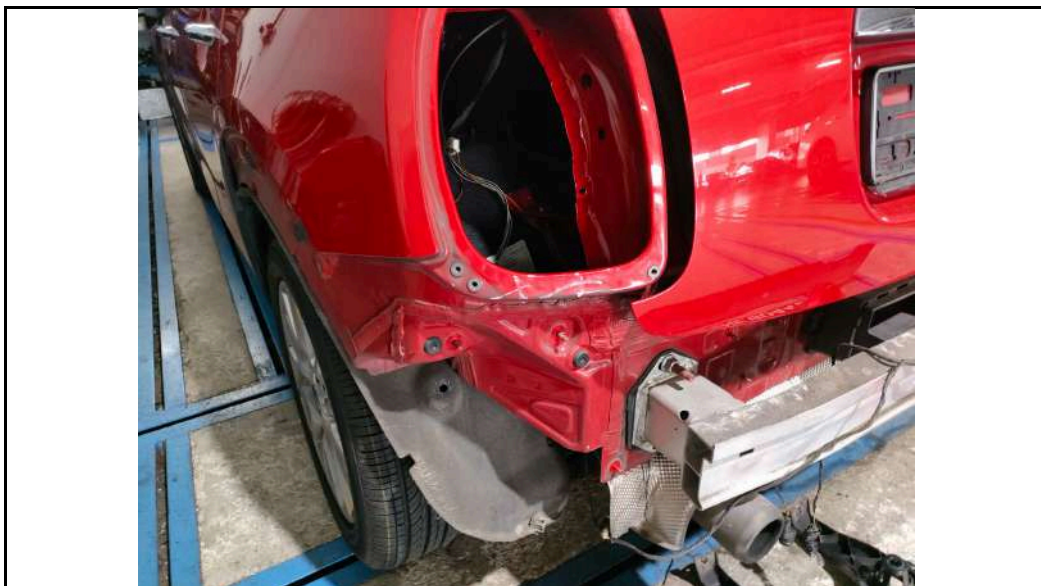
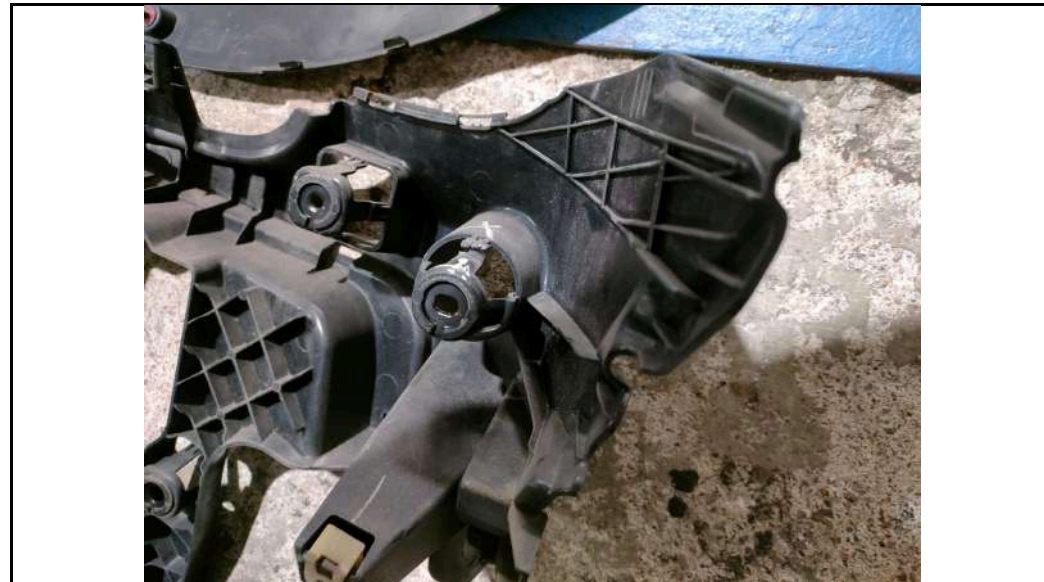
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