



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	INV No.	AC2500653
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	24/01/2025
SINGAPORE 757705	Reference	CS/SMR24100052/Aqp3m4
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SLL 6206D
Insured Veh.	SBS 3646T
Claim No.	BUS/09/24/8023
Policy No.	
Accident Date	30/09/2024
Inspection Date	02/10/2024

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	128.00
GST (9%)	11.52
Grand Total	139.52

We shall be glad if you could forward the payment at your early 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				
STRIDES PREMIER AUTOMOTIVE SERVICES PL			Ref:	CS/SMR24100052/Aqp3m4 (N)
60 WOODLANDS INDUSTRIAL PARK			Date:	24/01/2025
E4SINGAPORE 757705			Code:	SMR
ATTN: HUA YEN				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SBS 3646T	Veh. Inspected	SLL 6206D	
Policy No.		Coverage (\$)	0.00	
Claim No.	BUS/09/24/8023	Excess (\$)	0.00	
Assign From	HUA YEN	Assign Date	02/10/2024	
2. Vehicle Particulars & Condition				
Make & Model	HONDA VEZEL	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	RU11207601	Colour	BRONZE	
Odometer	133743 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60R16	MICHELIN	6 mm	
L/H Front Tyre	215/60R16	MICHELIN	6 mm	
R/H Rear Tyre	215/60R16	MICHELIN	6 mm	
L/H Rear Tyre	215/60R16	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/09/2024	Inspection Date	02/10/2024	
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933			
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. SLL 6206D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	SIDE SKIRT	NOT NECESSARY	680.00	-
1	REAR FENDER RH	TO REPAIR SEE LABOUR	980.00	-
1	REAR FENDER WHEEL ARCH	CUT	230.00	195.00
1	REAR BUMPER	NOT NECESSARY	860.00	-
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	62.40	-
1	REAR QUARTER BUMPER RH	DEFORMED	280.00	205.00
1	TAILLAMP RH	NOT NECESSARY	550.00	-
	LESS 20% DISCOUNT		-728.48	-80.00
			2,913.92	320.00
	<u>SPECIAL NETT ITEMS</u>			
1	SET SIDE SKIRT CLIPS (SN)	NOT NECESSARY	20.00	-
1	SET REAR FENDER INNER ARCH CLIPS (SN)	NECESSARY	22.00	22.00
1	SET REAR BUMPER CLIPS (SN)	NOT NECESSARY	20.00	-
			62.00	22.00
	<u>LABOUR</u>			
	PANEL BEATING, REMOVAL AND REPLACING PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER RH.		1,000.00	300.00
	TO SPRAY PAINT AFFECTED AREA.		1,000.00	300.00
	TUFF COAT.	NOT NECESSARY	250.00	-
	WIRING CHECK.		100.00	30.00
	REMOVE AND REFIX CUSHION SEAT/UPHOLSTERY AND ROOF LINING TO FACILITATE REPAIR.	NOT NECESSARY	250.00	-
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	NOT NECESSARY	100.00	-
			2,700.00	630.00
	GRAND TOTAL		5,675.92	972.00

Report Ref No. CS/SMR24100052/Aqp3m4(N)



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			750.00
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Report Ref No. CS/SMR24100052/Aqp3m4(N)

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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	01/10/2024 13:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/09/2024 14:15 (SGT)
Exact Location of Accident	Jurong West Central 1, Singapore
Additional Location Information	JUNCTION JURONG WEST ST 64
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6206D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM KOK LEONG
NRIC No	S6916380G
Email Address	SIMKOKLEONG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98713201
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5137006391-01

DRIVER

Name of Driver	SIM KOK LEONG
NRIC No	S6916380G
Date Of Birth	13/05/1969
Occupation	Outdoor
Driving Pass Date	21/07/1989
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98713201
Alt. Phone Number	-
Email Address	SIMKOKLEONG@YAHOO.COM.SG
Address	BLK 673B JURONG WEST STREET 65 #05-12
Address complement	-
Postcode	642673
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	Collision - Change/cross lane
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

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: T/20240930/7104.

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	SBS3646T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIM KOK LEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLL6206D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please read carefully the details given in specific sections of the document.
1. This report is prepared for the use of the Insurers only and is not to be used for any other purpose.
 2. Information provided in this report is based on the information provided by the Insurers and is not to be used for any other purpose.
 3. The Insurers are responsible for the accuracy of the information provided in this report and are not responsible for the accuracy of the information provided by the Insurers.
 4. Any false reporting may be referred to the Traffic Police Department for investigation.
 5. This report will be forwarded to the Insurers for the Traffic Police Department's use and will be made available to the Insurers for their use.
 6. In the event of any dispute, the Insurers shall be responsible for the accuracy of the information provided in this report and will be made available to the Insurers for their use.
- Consent under the Personal Data Protection Act (PDPA)**
- I understand, acknowledge, agree and consent that:
- (a) My claim, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in the form and any other personal information that may be possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers who have insured vehicles involved in the accident and/or Insurers who have insured vehicles involved in this accident (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 purposes of:
 - (i) processing, handling and/or dealing with my claim, including the settlement of the claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claim, 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 claim.
- Collectively for the "Purposes".
- (a) All Insurers, who have insured vehicles involved in the accident and the Insurers, lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (b) my Personal Information may 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 based outside of Singapore, for one or more of the above Purposes.

[Signature]

Policyholder's Signature (Date & Time)

[Signature]

Insurer's Signature (Date & Time)

Witnessed by Supporting Person (Name & ID No.)

Sketch Plan

TOWARDS Street 65



REPORT OF SUBCOMMISSIONER OF THE ACCIDENT

Attached traffic police report
no. T/ 20240930/7104

Declaration

I declare that the foregoing particulars are true in every respect.

[Signature]

[Signature]



**SINGAPORE
POLICE FORCE**



T/20240930/7104

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

1 of 3

Report No. T/20240930/7104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2024 17:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIM KOK LEONG			Address:		
ID Type / ID No.: NRIC NO / 380G			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2024 14:15	Type of Location: X-Junction
Location: JURONG WEST CENTRAL 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SBS3646T	Bus/Coach/Mini bus					0
SLL6206D	Motor car	HONDA	VEZEL 1.5X CVT	Brown		2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLL6206D	NTUC Income Insurance Co-Operative Limited	5137006391-01	14/03/2024	28/02/2025



**SINGAPORE
POLICE FORCE**



T/20240930/7104

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

2 of 3

Report No. T/20240930/7104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LUO BIN	ID No.	
Related Vehicle	SBS3646T (Bus/Coach/Minibus)	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
Driver			
Name	SIM KOK LEONG	ID No.	
Related Vehicle	SLL6206D (Motor car)	Contact No.	
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time,
I was driving (own car) PH vehicle plate no.SLL6206D with 2 passengers,
Travelling straight at Jurong West central 1,
towards Jurong West st 65 at lanes 2, the road have 3 lanes, when my vehicle reached the X Junction at Jurong West st 64
Traffic light was in red, I stopped and stationary my vehicle, Arrow in green to turning right a SBS3646T,coming from behind turning right towards Jurong West st 64. Suddenly collided my vehicle from the rear side bumper dented.
After accident I felt unwell, I went to W Y Teh family clinic and surgery consult doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20240930/7104

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

3 of 3

Report No. T/20240930/7104

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

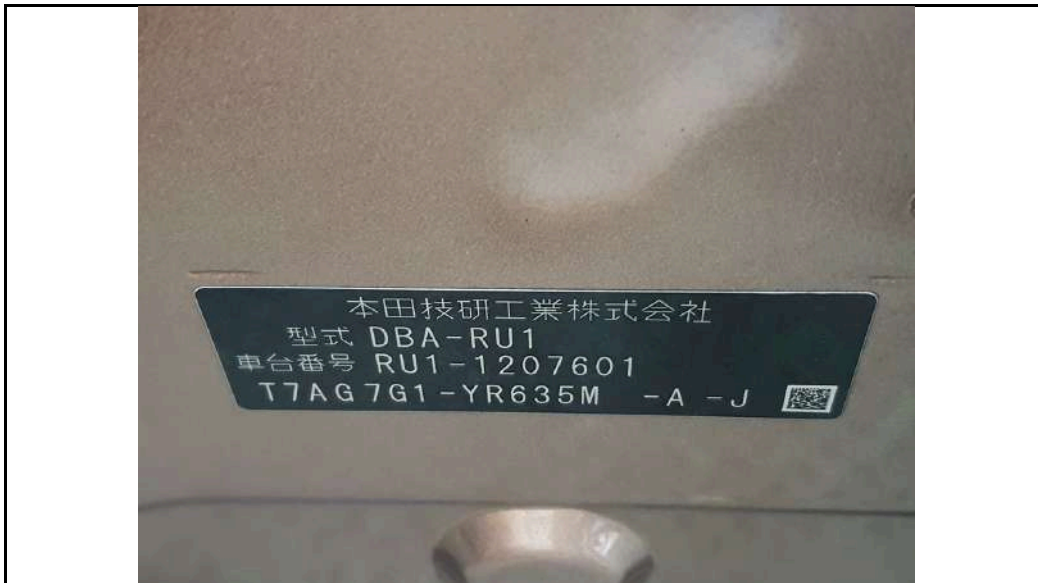
Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

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

Date/Time:
30/09/2024 17:08

Classification Of Case:

PHOTOGRAPHS FOR VEHICLE NO. : SLL 6206D





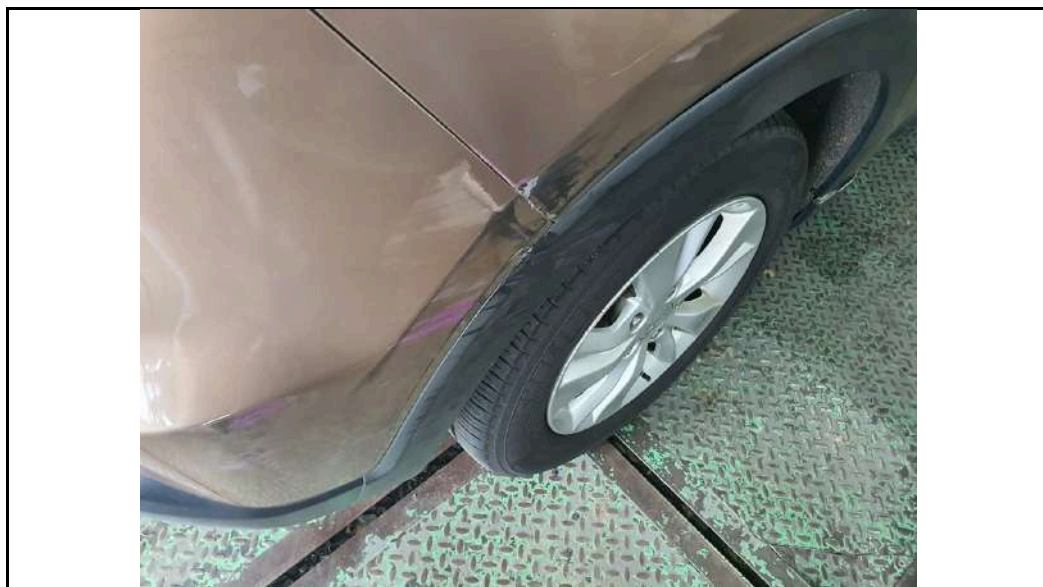
LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park,
Singapore 408933

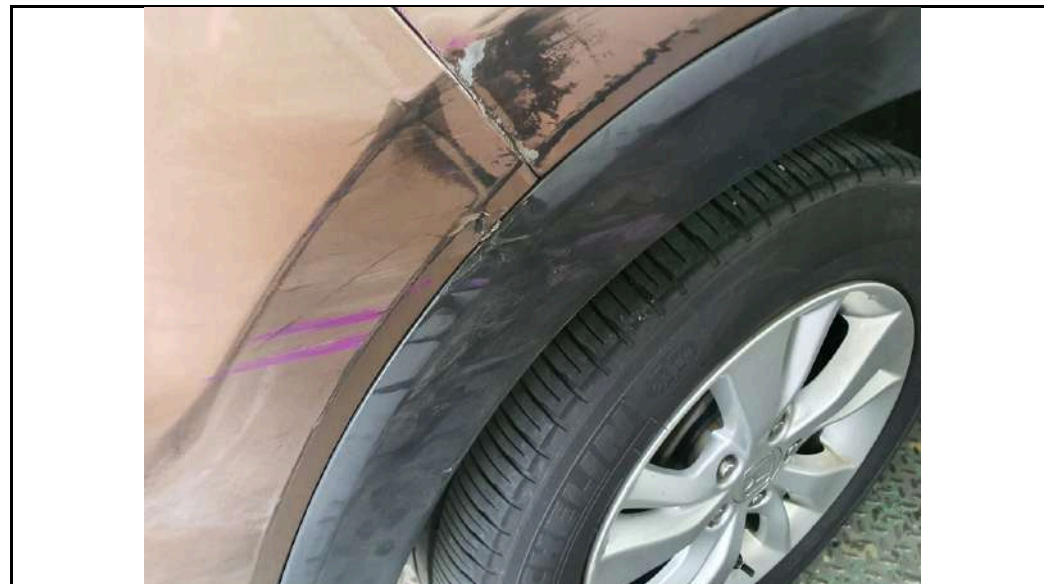
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INSPECTION PHOTOS (Page 2 of 6)

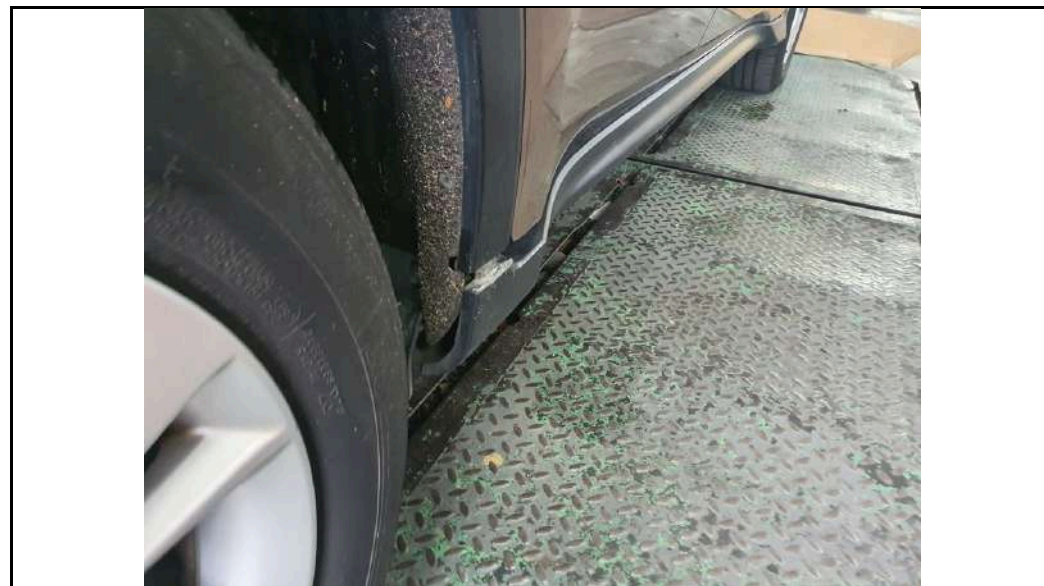
PHOTOGRAPHS FOR VEHICLE NO. : SLL 6206D



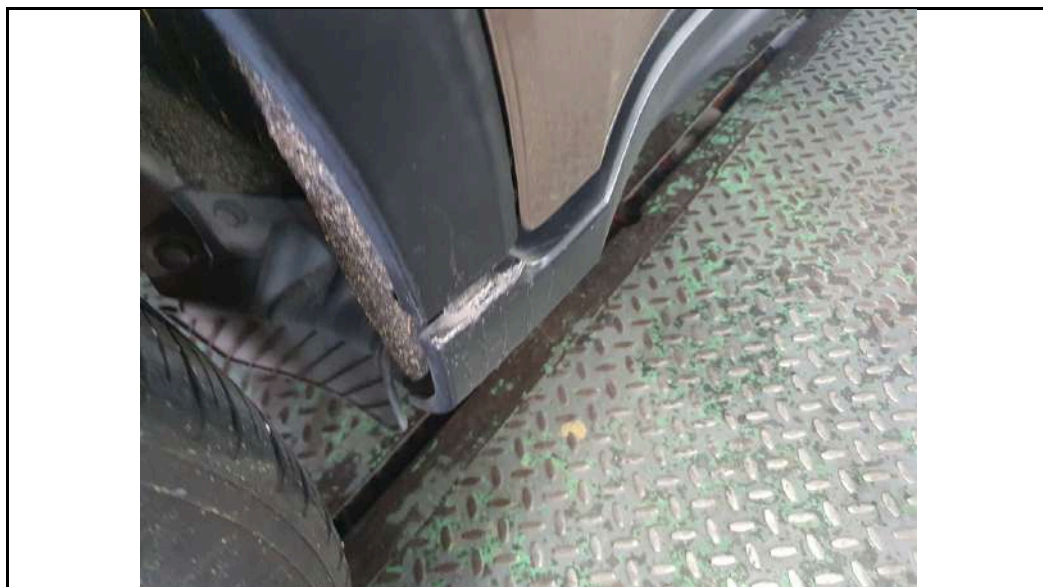
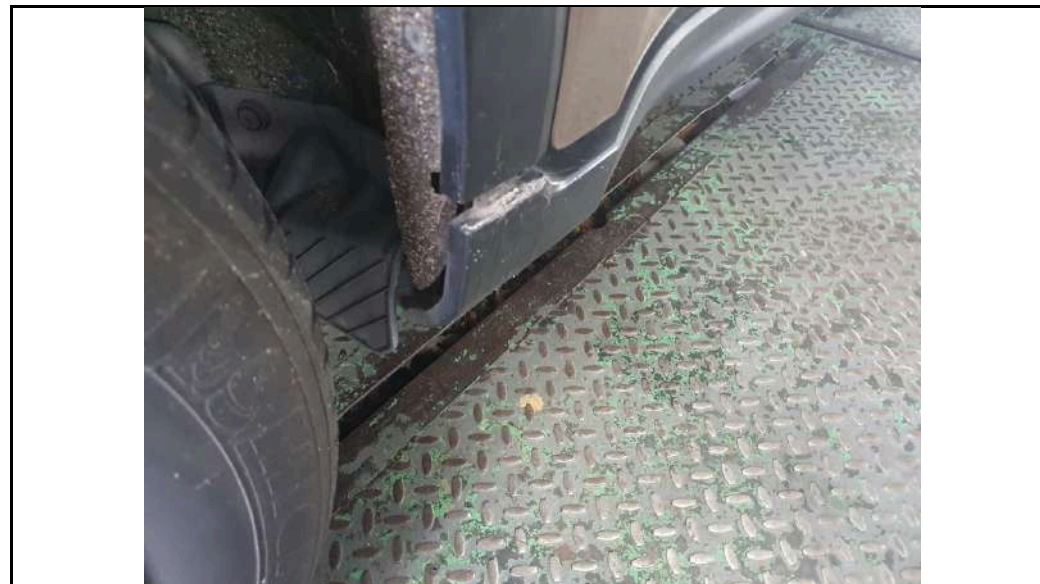
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PHOTOGRAPHS FOR VEHICLE NO. : SLL 6206D





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INSPECTION PHOTOS (Page 6 of 6)

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