

**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. : SAC2401582

INV Date : 26-11-2024

Reference CS/SMR24100056/Rnp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SDM 163Y
Insured Veh. SMB 1419E
Claim No. BUS/09/24/5064
Policy No.
Accident Date 29/09/2024
Inspection Date 15/10/2024

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/SMR24100056/Rnp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	26/11/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 1419E	Veh. Inspected	SDM 163Y
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/5064	Excess	\$0.00
Assign From	HUA YEN	Assign Date	02/10/2024

2. Vehicle Details

Make & Model	B.M.W. IX3 (BEV) ADPT HL SR	C.C	-
Engine No.	HIDDEN	Year of Reg.	30/11/2023
Chassis No.	WBY42DU050SB20699	Colour	BLACK
Odometer	18018 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	275/40 R20	YOKOHAMA	6
L/H Front Tyre	275/40 R20	YOKOHAMA	6
R/H Rear Tyre	275/40 R20	YOKOHAMA	6
L/H Rear Tyre	275/40 R20	YOKOHAMA	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	29/09/2024	Inspection Date	15/10/2024
Survey held at	PERFORMANCE MOTORS LTD - 303 ALEXANDRA ROAD SINGAPORE 159941		

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: 5 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SDM 163Y

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	TRUNK LID (SN)	BENT	\$2,241.15	\$2,241.15
1	REAR BUMPER PANEL PRIMED (PDC+PMA) (SN)	CUT	\$1,629.75	\$1,629.75
1	REAR BUMPER BOTTOM TRIM PANEL (GLOS (SN)	SCRATCHED	\$304.55	\$304.55
1	REAR BUMPER COVER PAINTED (FROZEN G (SN)	SCRATCHED	\$287.15	\$287.15
1	LH BOTTOM COVER (I BLUE) (SN)	NOT NECESSARY	\$91.90	\$0.00
1	RH BOTTOM COVER (I BLUE) (SN)	SCRATCHED	\$91.90	\$91.90
2	EMBLEM GROMMET (SN)	NECESSARY	\$2.00	\$2.00
1	PLAQUE 82MM (SN)	NECESSARY	\$76.55	\$76.55
1	LETTERING (I X3) (SN)	NECESSARY	\$103.35	\$103.35
1	(DG) CLEANER R1 (100ML) (SN)	NECESSARY	\$36.25	\$36.25
2	(DG/SL) W/SCREEN SEALANT (COLD 1 HOUR) (SN)	NECESSARY	\$308.00	\$308.00
1	(DG/SL) ACTIVATOR 1 30ML (SN)	NECESSARY	\$40.50	\$40.50
2	EXPANDING NUT (SN) (ADDITIONAL)	NECESSARY	\$6.10	\$6.10
4	BLIND RIVET NUT M6 (SN) (ADDITIONAL)	NECESSARY	\$12.60	\$12.60
10	EXPANDING RIVET BLACK (SN) (ADDITIONAL)	NECESSARY	\$15.00	\$15.00
1	SUNDRIES (SN)	NECESSARY	\$150.00	\$150.00
			\$5,396.75	\$5,304.85

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REPLACE REAR BUMPER, TAILGATE AND ATTACHMENTS		\$2,550.00	\$1,700.00
	TO PAINTING REAR BUMPER AND TAILGATE		\$2,076.00	\$2,076.00
	TO CHECK ELECTRICAL WIRING SYSTEM AND LIGHTING AT THE REAR SECTION FOR PROPER FUNCTION		\$177.00	\$177.00
	TO REMOVE OLD PDC ASSEMBLY, REPLACE DAMAGED PARTS AND RECONNECT TO NEW BUMPER INCLUDING CONDUCT CHECK FOR PROPER FUNCTION		\$177.00	\$177.00
	TO REMOVE AND INSTALL BATTERY POSITIVE CABLES INCLUDING PERFORM HIGH CURRENT TEST AND CHARGE UP BATTERY		\$531.00	\$531.00
	TO REMOVE AND INSTALL REAR WINDSCREEN GLASS TO FACILITATE REPAIR. (FOR GLASS THAT ARE NOT SHATTETRED)		\$649.00	\$649.00
	TO CONDUCT WATER LEAK TEST		\$75.00	\$75.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO TRANSFER LOCK MECHANISM FROM OLD TO NEW BOOTLID INCLUDING CONDUCT CHECK ON NEW BOOTLID CENTRAL LOCKING SYSTEM FOR PROPER FUNCTION		\$531.00	\$531.00
	TO CARRY OUT BODY CAVITY PRESERVATION. (PER PANEL)		\$118.00	\$118.00
			\$6,884.00	\$6,034.00
GRAND TOTAL			\$12,280.75	\$11,338.85
	RECOMMENDED COST OF REPAIRS			\$11,338.85
Report Ref No: CS/SMR24100056/Rnp3e2				

MRB

MOHAMMED RASUL BIN MOHD YUNUS

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.

Performance Motors

BMW Dealer



Supplementary

Estimate No. : b1 71365
Date Estimated : 01/10/2024
Prepared By : Inthiran A/L Thurasamy

Page No. :

- ESTIMATE REPAIR FOR -

Seah Hwee Lian
62 Jalan Kemuning

Singapore 769784

- ACCOUNT - 303

MS First Capital Insurance Limited
6 Raffles Quay
#21-00
Singapore 048580

REGN. NO.	CHASSIS NO.	REGN. DATE	MODEL	M LEASE
SDM163Y	WBY42DU050SB20699	30/11/2023	ix3	180156

DESCRIPTION	ORIGINAL PRICE	DISC. %	NETT
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DESCRIPTION	UNIT PRICE	QTY	DISC. %	NETT
# EXPANDING NUT <i>re</i>	3.05	2.00	0.00	6.10
# BLIND RIVET NUT M6 <i>re</i>	3.15	4.00	0.00	12.60
# EXPANDING RIVET BLACK <i>re</i>	1.50	10.00	0.00	15.00

SUPPLEMENTARY ITEMS

Total Labour :	
Total Parts :	33.70
Total Labour & Parts (before GST) :	33.70

Performance Motors Limited.
Sime Darby Performance Centre, 303 Alexandra Road

Tel: 1800-2255-269
Co Reg No. 197401559W

A Sime Darby Motors Company

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	30/09/2024 16:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/09/2024 16:20 (SGT)
Exact Location of Accident	Kranji Rd, Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM163Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH HWEE LIAN
NRIC No	SXXXX831F
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	iX3
Variant	ELECTRIC
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	0
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	SD23V14923/VPC/R00/E00

DRIVER

Name of Driver	SEAH HWEE LIAN
NRIC No	SXXXX831F
Date Of Birth	
Occupation	Indoor
Driving Pass Date	19/09/2005
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	19 YEARS
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	Collision - Head to Rear
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1419E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	SELVAM KERASEHAN
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
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 lodgment 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:

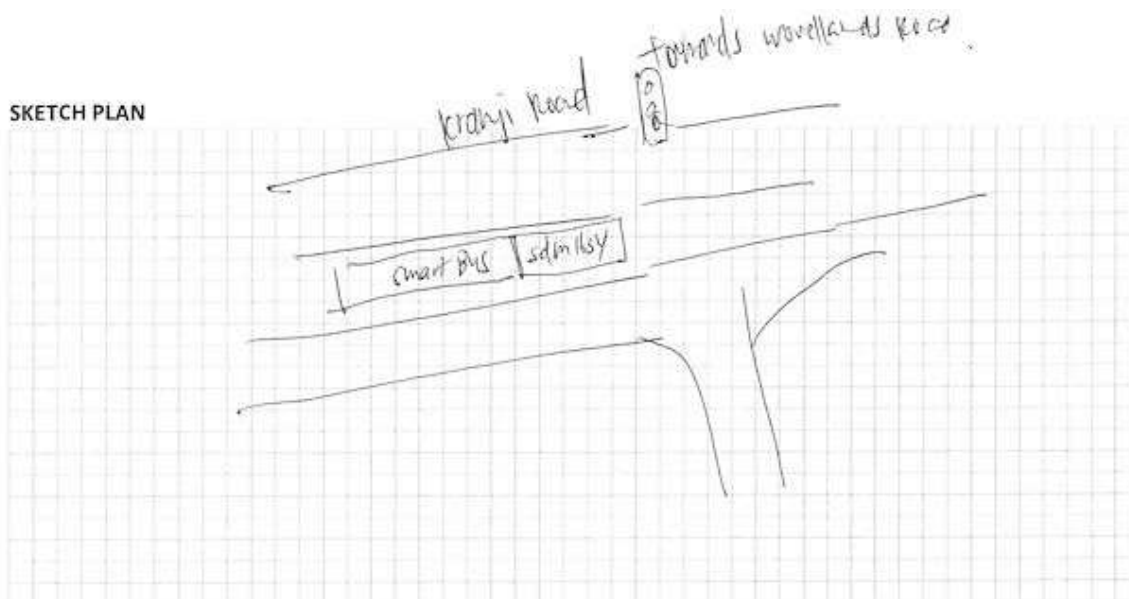
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Tee Hong Da
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

at

I was about 4.30 - 4.40 pm when I stopped at the traffic junction, a smart bus no: 616 1419 E hit my car rear. The road was not crunched at the point of accident. I have stopped my car at the red light junction - the bus hit my car rear about 5 mins later.

DECLARATION

I/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:

Reporting Centre Person: Teo Hong Da
Name: Performance Motors Limited
NRIC/FIN No.: 303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

PHOTOGRAPHS FOR VEHICLE NO. : SDM 163Y



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PHOTOGRAPHS FOR VEHICLE NO. : SDM 163Y



PHOTOGRAPHS FOR VEHICLE NO. : SDM 163Y





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INSPECTION PHOTOS (Page 8 of 12)

PHOTOGRAPHS FOR VEHICLE NO. : SDM 163Y



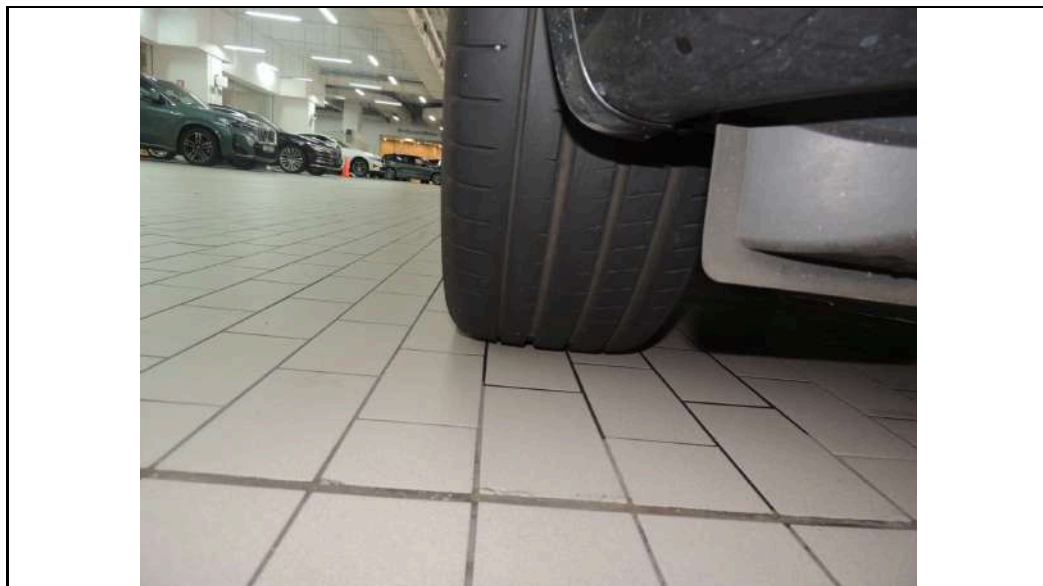
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