

**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. : SAC2401332

INV Date : 12-11-2024

Reference CS/SMR24100110/Rvp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SMT 1489H
Insured Veh. SMB 1510Z
Claim No. BUS/09/24/5065
Policy No.
Accident Date 28/09/2024
Inspection Date 22/10/2024

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

SML



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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24100110/Rvp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	12/11/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 1510Z	Veh. Inspected	SMT 1489H
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/5065	Excess	\$0.00
Assign From	HUA YEN	Assign Date	04/10/2024

2. Vehicle Details

Make & Model	HONDA FIT 1.3GF CVT	C.C	1317
Engine No.	L13B1465428	Year of Reg.	30/03/2020
Chassis No.	GK31354496	Colour	BLACK
Odometer	170753 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	185/60R15	TOYO	6
L/H Front Tyre	185/60R15	TOYO	6
R/H Rear Tyre	185/60R15	TOYO	6
L/H Rear Tyre	185/60R15	TOYO	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	28/09/2024	Inspection Date	22/10/2024
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 . SINGAPORE 159722		

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: 6 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMT 1489H

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	TAILGATE	BENT	\$870.00	\$870.00
1	TAILGATE LOCK ASSY	NOT NECESSARY	\$380.00	\$0.00
1	TAILGATE WEATHERSTRIP	CUT	\$280.00	\$208.50
1	TAILGATE EMBLEM "FIT"	NECESSARY	\$30.00	\$30.00
1	REAR WINDSCREEN MOULDING	NECESSARY	\$170.00	\$170.00
1	TAILGATE OUTER HANDLE CHROME	CRACKED	\$360.00	\$245.50
1	TAILGATE OUTER HANDLE CHROME EMBLEM "HONDA" LOGO	NECESSARY	\$80.00	\$35.00
1	REAR BUMPER	DEFORMED	\$580.00	\$580.00
10	REAR BUMPER CLIPS @\$5.00	NECESSARY	\$50.00	\$50.00
1	REAR BUMPER SPONGE (NPA)	NOT NECESSARY	\$0.00	\$0.00
1	REAR BUMPER REINFORCEMENT (NPA)	NOT NECESSARY	\$0.00	\$0.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	\$490.00	\$0.00
2	TAILLAMP RH & LH @\$420.00	O/S CRACKED	\$840.00	\$345.00
1	REAR FENDER RH & LH (NPA)	O/S TO REPAIR SEE LABOUR/ N/S NOT NECESSARY	\$0.00	\$0.00
2	REAR BUMPER RETAINER RH & LH @\$190.00	NOT NECESSARY	\$380.00	\$0.00
	LESS 20.00% DISCOUNT		(\$902.00)	(\$506.80)
			\$3,608.00	\$2,027.20

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET REVERSE SENSOR CTR (SN)	NOT NECESSARY	\$280.00	\$0.00
1	REAR WINDSCREEN GLASS SEALANT (SN)	NECESSARY	\$40.00	\$40.00
			\$320.00	\$40.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO CUT, WELD, PANEL BEAT, STRAIGHTEN, REPLACEMENT, REPLACE DAMAGED PARTS & REALIGN AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF REAR END PANEL AND REAR FENDER RH		\$1,100.00	\$800.00
	TO PUTTY SPRAY PAINT ON TAILGATE, REAR BUMPER, REAR FENDER RH & LH TAILGATE, REAR END PANEL, REAR SPARE TYRE COMPARTMENT		\$1,300.00	\$800.00
	TO CHECK WIRING ELECTRICAL SYSTEM FOR PROPER FUNCTION		\$50.00	\$30.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE & REFIT REAR WINDSCREEN GLASS	NOT NECESSARY	\$150.00	\$120.00
	TO APPLY SPRAY TEROSTAT SEALANT ON REAR END PANEL, REAR SPARE TYRE COMPARTMENT		\$200.00	\$40.00
	TO REMOVE & REFIT REAR FENDER INNER TRIM LH & RH, OTHER ATTACHMENT PARTS		\$100.00	\$0.00
	TO REMOVE & REFIT REAR END PANEL, REAR SPARE TYRE COMPARMENT TRIM & OTHER ATTACHMENT PARTS		\$100.00	\$40.00
	TO REMOVE & REFIT TAILGATE INNER TRIM & OTHER ATTACHMENT PARTS		\$100.00	\$50.00
			\$3,100.00	\$1,880.00
GRAND TOTAL			\$7,028.00	\$3,947.20
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$3,150.00
Report Ref No: CS/SMR24100110/Rvp3m4				

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 repositibility whatsoever, in contact or tort, is accepted to any third party who may rely 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.

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 16:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/09/2024 08:13 (SGT)
Exact Location of Accident	Keat Hong Cl, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT1489H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YAN TING, JASMINE
NRIC No	SXXXX791D
Email Address	-
Mobile Phone No	-
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FIT 1.3GF CVT
Variant	-
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	1317
Vehicle Fuel	Petrol
First Registration Date	30/03/2020
Chassis no	GK31354496
Effective Date/Time of Ownership	30/03/2020 08:03 (SGT)

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	TAN YAN TING, JASMINE
NRIC No	SXXXX791D
Date Of Birth	
Occupation	Indoor
Driving Pass Date	18/02/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 7 MONTHS
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)	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	NAI JUN RU ADEN
Gender	Male

PASSENGER 2

Name	NAI JIA RUI ALVEN
Gender	Male

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

-

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 SMB1510Z
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 -
No. Of Passenger (Including Driver) -

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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.
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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:

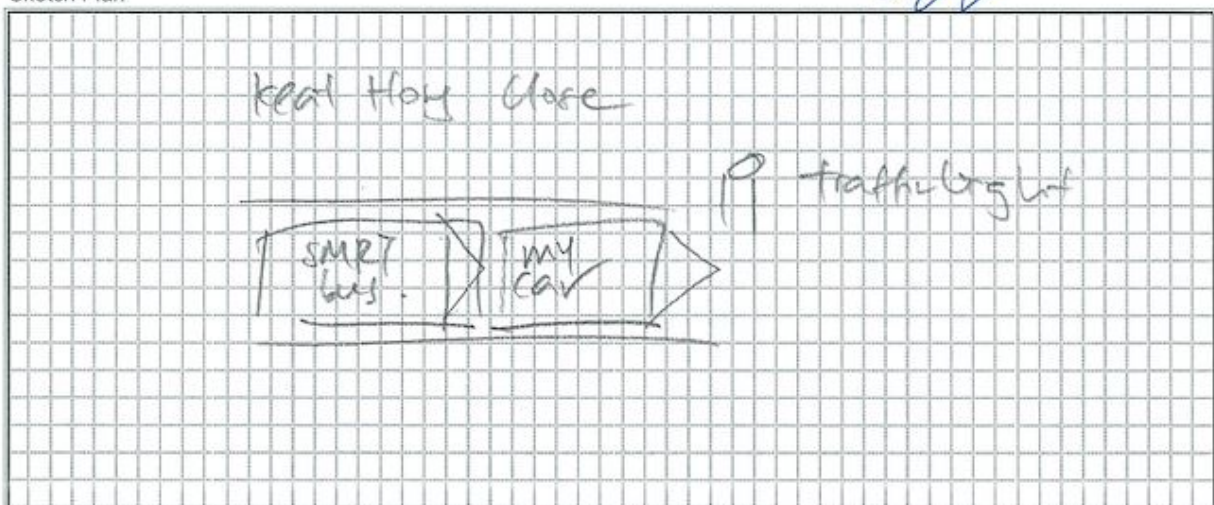
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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



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

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SKETCH PLAN**IMPORTANT NOTICE**

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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
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident	
VEHICLE NO: <u>SMT1489H</u>	ACCIDENT DATE & TIME: <u>28 Sep 2024 8:13am</u>
CONTACT NUMBER: <u>96571800</u>	E-MAIL: <u>jastan1207@gmail.com</u>
LOCATION: <u>Keat Hong Close</u>	
<p>I stopped my car at the traffic light along Keat Hong Close as it was red light. The car was stationary for at least 20 seconds when suddenly a car bumped into me.</p> <p>SMART bus 301, car bus number SMB1510Z, did not brake and collided into my car. HIT my car.</p> <p>The driver, Ten Yok Sui, acknowledged he did not brake.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p> <p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input checked="" type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

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

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

PHOTOGRAPHS FOR VEHICLE NO. : SMT 1489H



PHOTOGRAPHS FOR VEHICLE NO. : SMT 1489H



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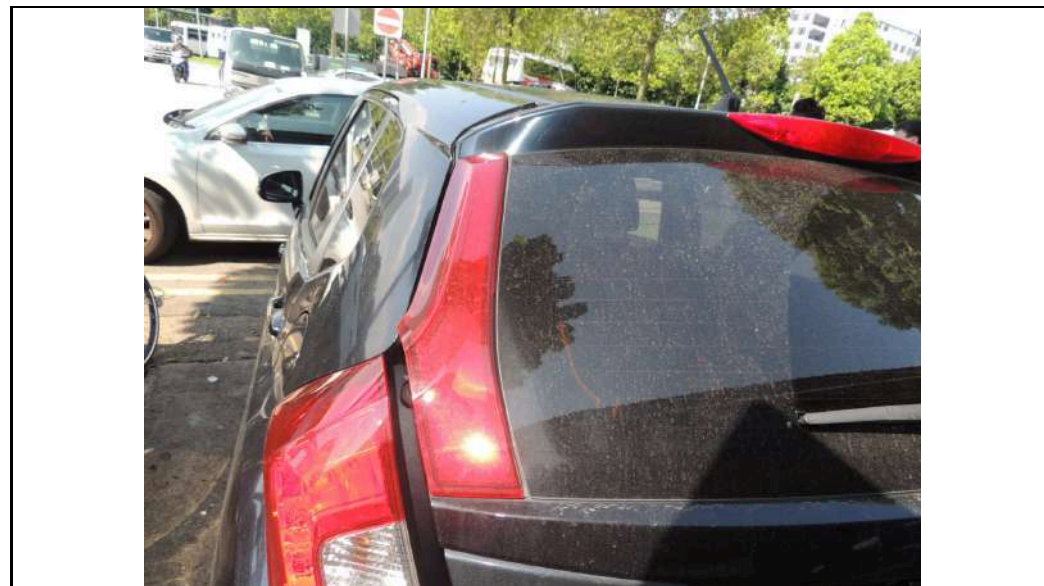
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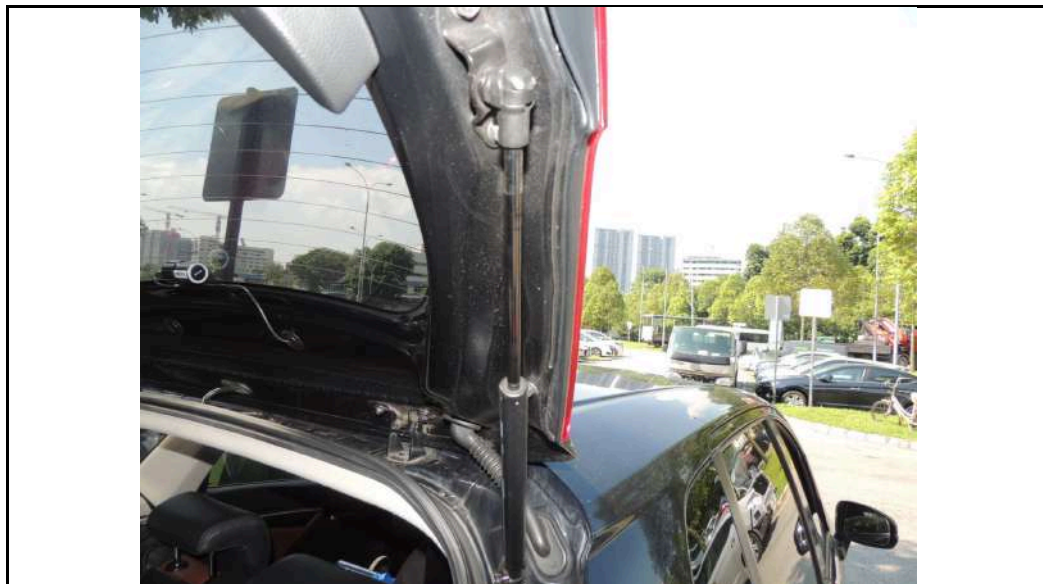
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