

**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. : SAC2401973

INV Date : 24-12-2024

Reference CS/SMR24100386/Anp3e2

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SLT 3714G

Insured Veh. SG 5160B

Claim No. BUS/10/24/5014

Policy No.

Accident Date 09/10/2024

Inspection Date 17/10/2024

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/SMR24100386/Anp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	24/12/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SG 5160B	Veh. Inspected	SLT 3714G
Policy No.	-	Coverage	0
Claim No.	BUS/10/24/5014	Excess	\$0.00
Assign From	HUA YEN	Assign Date	22/10/2024

### 2. Vehicle Details

Make & Model	HONDA VEZEL HYBRID	C.C	1496
Engine No.	LEB5955683	Year of Reg.	26/10/2017
Chassis No.	RU31255666	Colour	BLACK
Odometer	176658 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: SPORTS RIM		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	215/60 R16	DUNLOP	6
L/H Front Tyre	215/60 R16	DUNLOP	6
R/H Rear Tyre	215/60 R16	DUNLOP	6
L/H Rear Tyre	215/60 R16	DUNLOP	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	09/10/2024	Inspection Date	17/10/2024
Survey held at	HD PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, SINGAPORE 415875		

### 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: 4 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SLT 3714G

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	GRILLE LOGO GARNISH	CUT	\$485.00	\$485.00
2	HEADLAMP @\$1958.40	CUT	\$3,916.80	\$3,570.00
1	FRONT FENDER ARCH GARNISH LH	NOT NECESSARY	\$195.00	\$0.00
1	FRONT WIPER PANEL GARNISH	NOT NECESSARY	\$492.30	\$0.00
2	FRONT WIPER BLADE @\$98.50	NOT NECESSARY	\$197.00	\$0.00
1	FRONT WINDSCREEN GLASS	CUT	\$1,582.00	\$1,310.00
1	FRONT WINDSCREEN GLASS MOULDING	NECESSARY	\$295.00	\$295.00
1	SIDE MIRROR LH	TO REPAIR SEE LABOUR	\$841.60	\$0.00
1	FRONT DOOR OUTER MOULDING LH	NOT NECESSARY	\$87.00	\$0.00
1	FRONT DOOR BLACK STICKER LH	NOT NECESSARY	\$95.00	\$0.00
1	FRONT DOOR WINDOW GLASS LH	CUT	\$486.30	\$486.30
1	REAR DOOR WINDOW GLASS LH	CUT	\$538.60	\$538.60
1	REAR DOOR OUTER MOULDING LH	NOT NECESSARY	\$95.00	\$0.00
	<b>LESS 20.00% DISCOUNT</b>		(\$1,861.32)	(\$1,336.98)
			<b>\$7,445.28</b>	<b>\$5,347.92</b>

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET FRONT WIPER PANEL GARNISH CLIP (SN)	NOT NECESSARY	\$30.00	\$0.00
			<b>\$30.00</b>	<b>\$0.00</b>

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	PANEL BEATING, REMOVAL AND REPLACING PARTS. INCLUSIVE OF THE REPAIR OF SIDE MIRROR LH		\$1,000.00	\$100.00
	TO SPRAY PAINT AFFECTED AREA		\$1,800.00	\$1,000.00
	REMOVE AND REFIX FRONT AND REAR DOOR WINDOW GLASS LH		\$180.00	\$80.00
	REMOVE AND REFIX FRONT WINDSCREEN GLASS		\$150.00	\$120.00
			<b>\$3,130.00</b>	<b>\$1,300.00</b>

<b>GRAND TOTAL</b>			<b>\$10,605.28</b>	<b>\$6,647.92</b>
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	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$5,300.00
Report Ref No: CS/SMR24100386/Anp3e2			

**LWP**

ADRIAN LING WAI PING

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.

## 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 .....	10/10/2024 17:20 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	09/10/2024 15:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT3714G
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH AH LYE
NRIC No .....	S1523318D
Email Address .....	KENNY.GOH1205@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96247592
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 .....	1500
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNA00151142306

#### DRIVER

Name of Driver .....	GOH AH LYE
NRIC No .....	S1523318D
Date Of Birth .....	07/06/1962
Occupation .....	Indoor
Driving Pass Date .....	19/06/1984
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	40 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96247592
Alt. Phone Number .....	-
Email Address .....	KENNY.GOH1205@GMAIL.COM
Address .....	BLK 458 CHOA CHU KANG AVE 4 #11-205
Address complement .....	-
Postcode .....	680458
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	KOH GEK GEOK
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

on 09/10/2024 (WED) AT ABOUT 1505HRS, I WAS DRIVING ON CENTE LANE WITH MY WIFE TOWARDS JURONG TOWNHALL ROAD IN MY VEHICLE A BEARING REGISTRATION NUMBER PLATE SLT3714G SUDDENLY, 2 BUSES COLLIDED ON MY LEFT SIDE AND ONE OF THE BUS (B) BROKEN WINDOW HAD SHATTERED GLASSES CAME DOWN LIKE RAINPOUR ONTO MY WINDSCREEN AND BODY OF MY CAR CAUSING DAMAGES TO IT. I HAVE ALREADY CALLED UP TOWNER TRANSIT CUSTOMER SERVICES AND THE WILL UPDATE ME BY NEXT WEEK.

#### 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 .....	SG5160B
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 .....	VEH B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SBS3363J
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 .....	VEH C
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

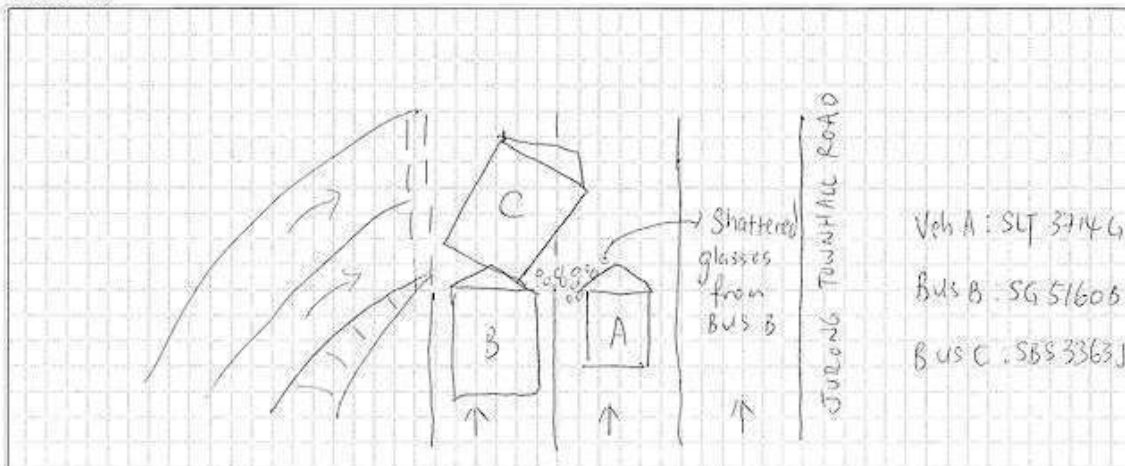
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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**

On 09 Oct 2024 (Wed) at about 1505 HRS, I was driving on centre lane with my wife towards Jurong Townhall road in my vehicle A bearing registration number plate: SLT 3714G.

Suddenly, two buses collided on my left side and one of the bus<sup>(b)</sup> broken window had shattered glasses came down like rainpour onto my windscreen and body of my car causing damages to it.

I have already called up Towner Transit customer service and they will update me by next week.

Vehicle A : SLT 3714G

Bus B : SG 5160B

Bus C : SBS 3363J

**Declaration**

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



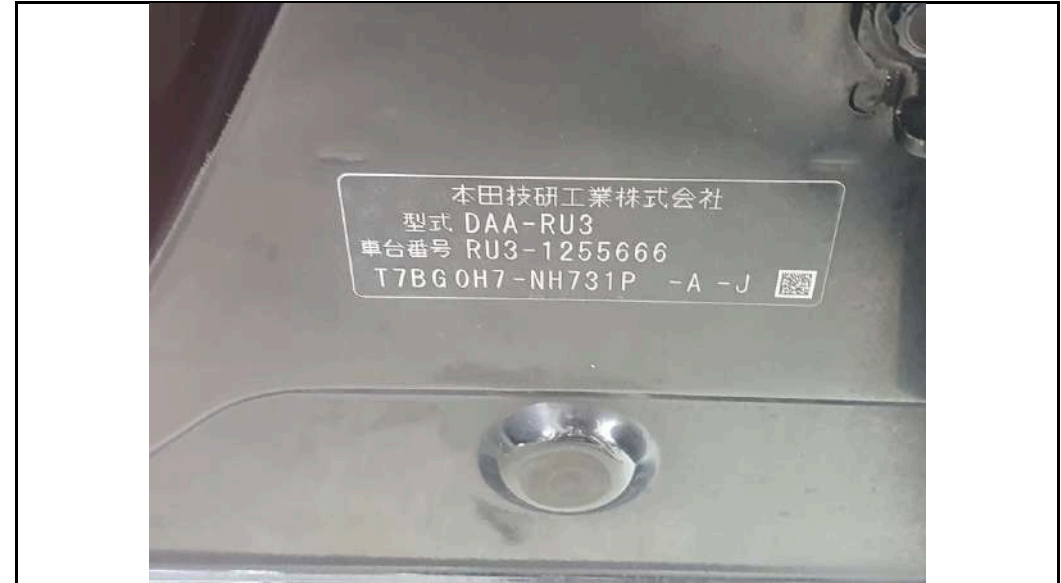
Policyholder's Signature / Date & Time



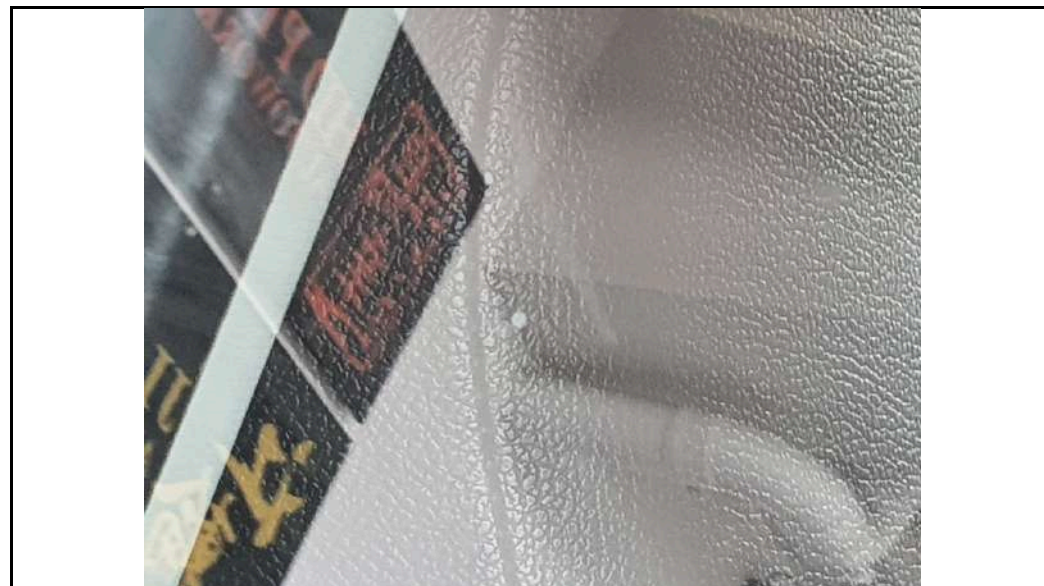
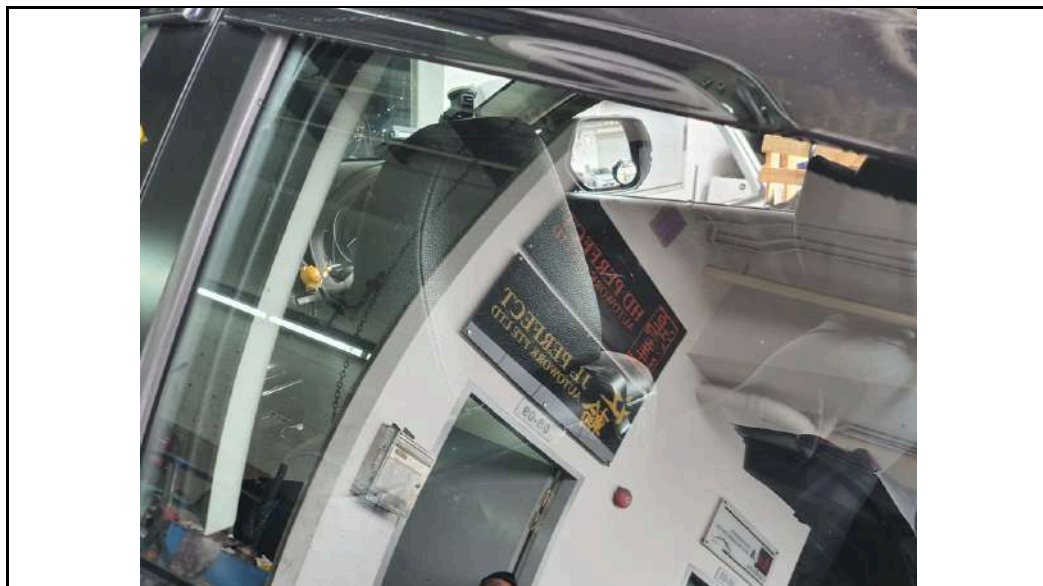
Driver's Signature (if driver is not the policyholder) / Date & Time

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

**PHOTOGRAPHS FOR VEHICLE NO. : SLT 3714G**



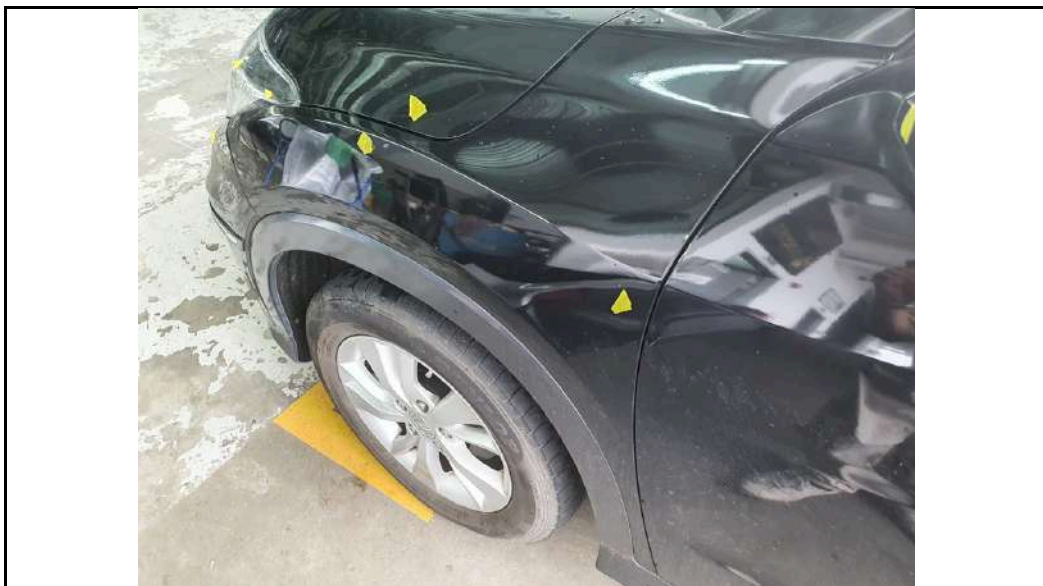
**PHOTOGRAPHS FOR VEHICLE NO. : SLT 3714G**



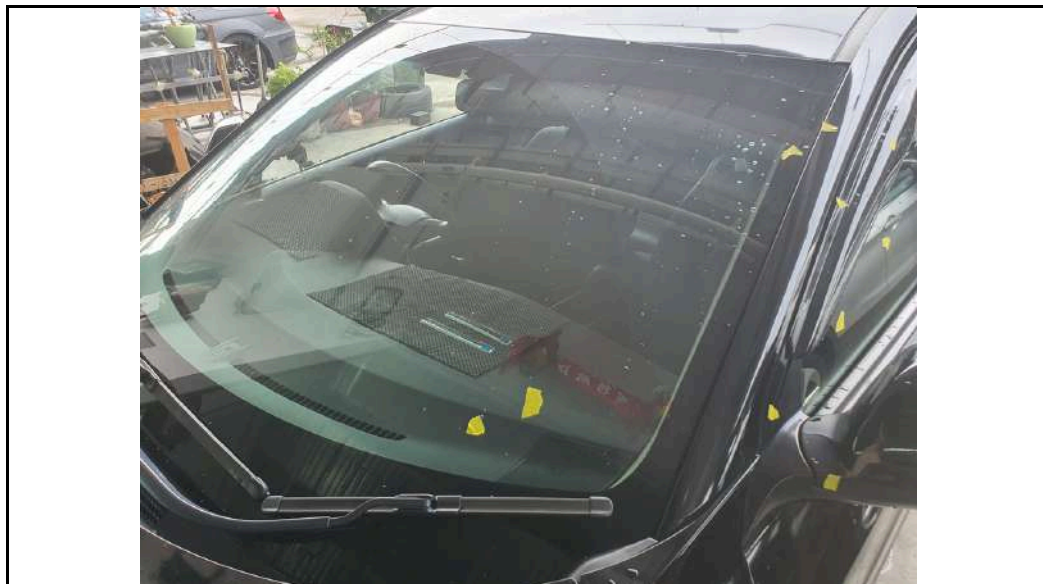
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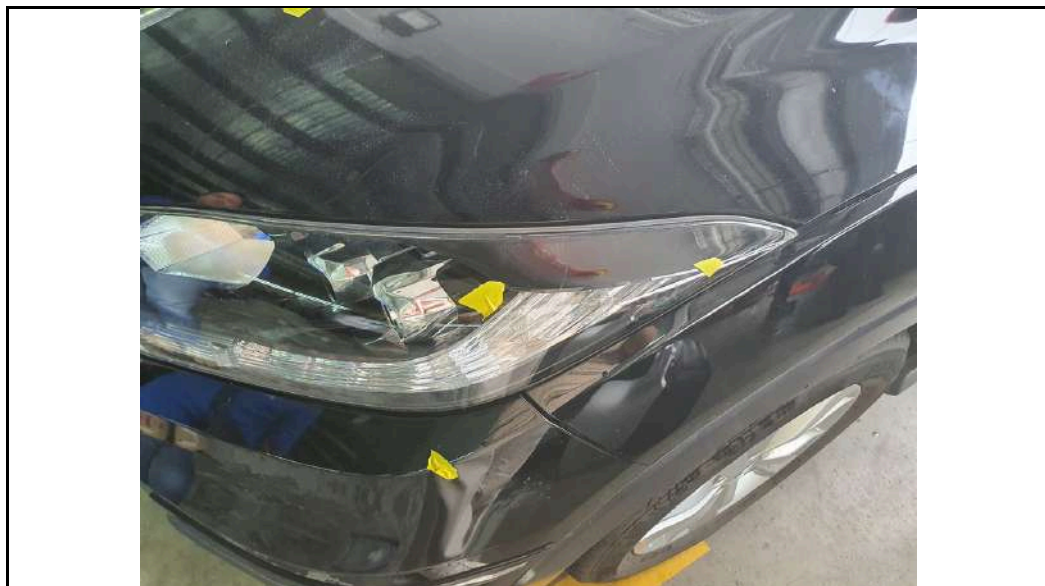
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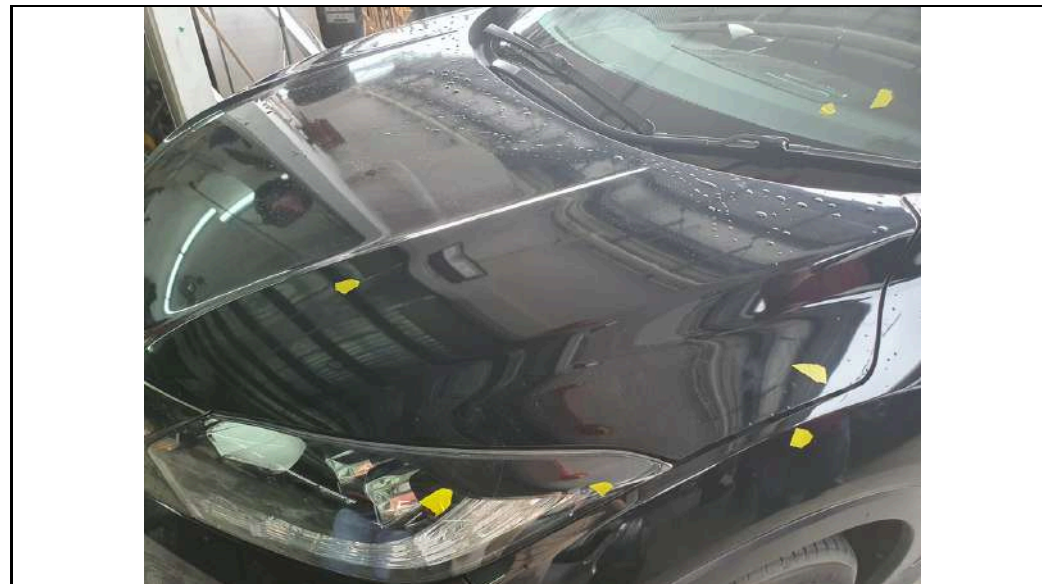
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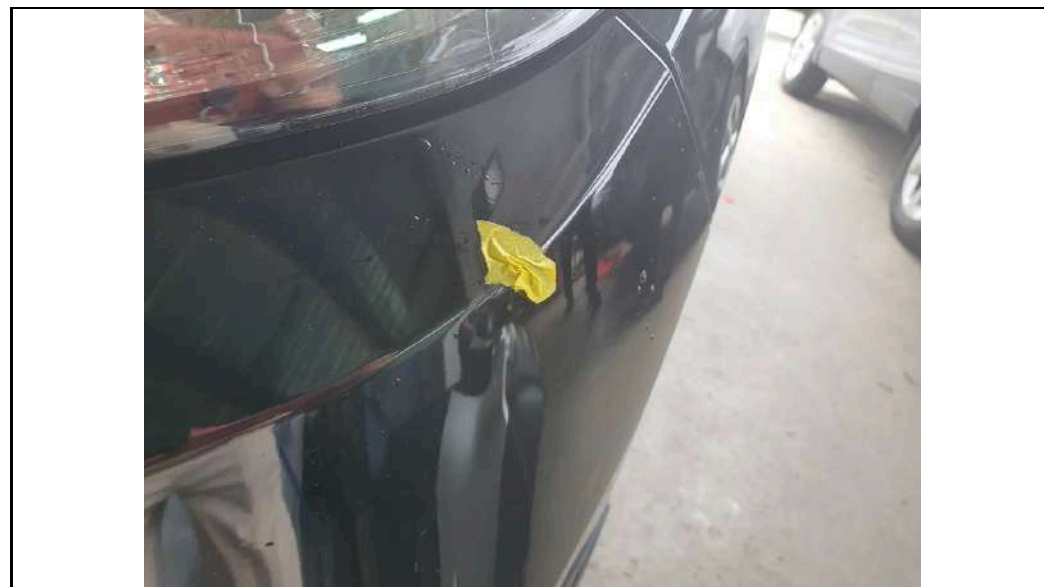
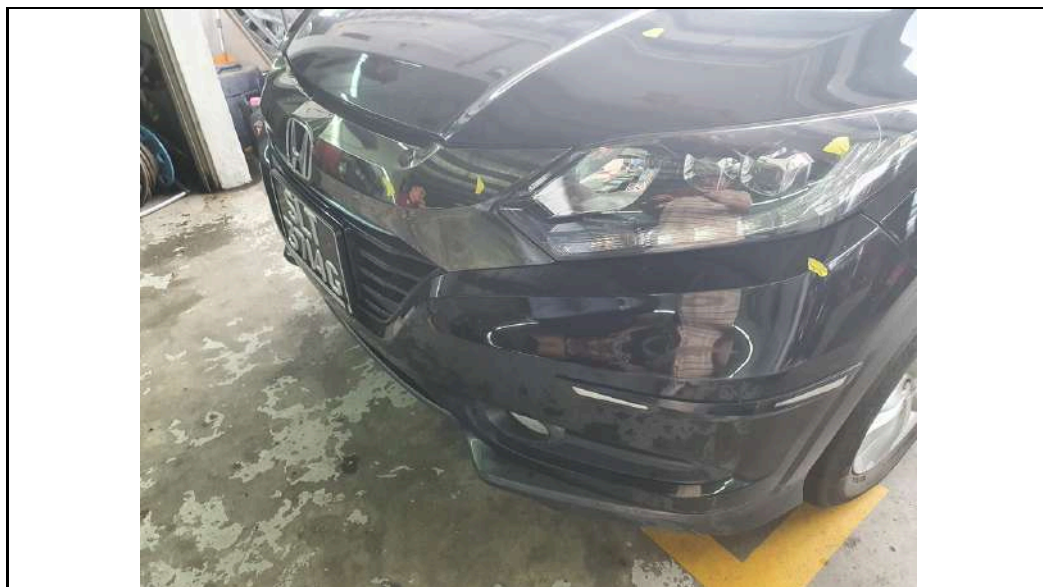
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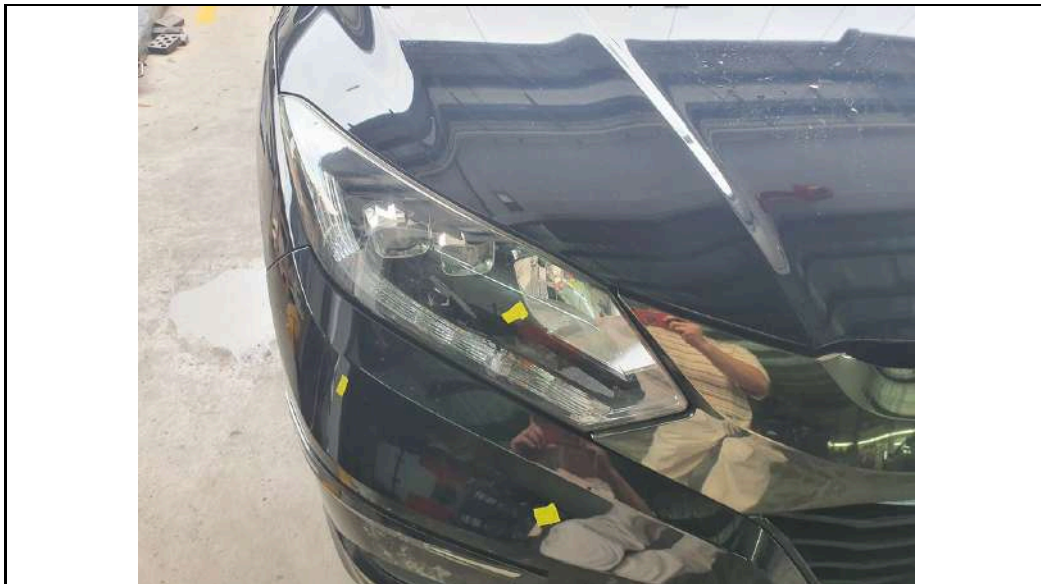
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INSPECTION PHOTOS (Page 10 of 12)

### PHOTOGRAPHS FOR VEHICLE NO. : SLT 3714G



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REINSPECTION PHOTOS (Page 1 of 3)

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**REINSPECTION PHOTOS (Page 3 of 3)**

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