



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.	AC2503288
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	27/05/2025
SINGAPORE 757705	Reference	CS/SMR24100439/Unp3e2
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SJT 6393C
Insured Veh.	SHB 5114S
Claim No.	TAX/10/24/2064
Policy No.	
Accident Date	20/10/2024
Inspection Date	25/10/2024

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

KHM



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Affiliated to Federation Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24100439/Unp3e2(N) Date: 27/05/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHB 5114S	Veh. Inspected	SJT 6393C
	Policy No.		Coverage (\$)	0.00
	Claim No.	TAX/10/24/2064	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	24/10/2024
2. Vehicle Particulars & Condition				
	Make & Model	MERCEDES BENZ C180K	c.c	1597
	Engine No.	HIDDEN	Year of Reg.	2009
	Chassis No.	WDD2040452A320299	Colour	BLACK
	Odometer	176490 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	225/45 R17	MICHELIN	6 mm
	L/H Front Tyre	225/45 R17	MICHELIN	6 mm
	R/H Rear Tyre	225/45 R17	MICHELIN	6 mm
	L/H Rear Tyre	225/45 R17	MICHELIN	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	20/10/2024	Inspection Date	25/10/2024
	Survey held at	KEE YONG AUTOMOBILE SERVICE 160 SIN MING DRIVE, #03-09, 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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 6393C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BOOTLID	TO REPAIR SEE LABOUR	1,697.00	-
1	BOOTLID LOGO	NECESSARY	75.00	75.00
1	BOOTLID EMBLEM C&C	NECESSARY	65.00	65.00
1	BOOTLID EMBLEM C180	NECESSARY	78.00	78.00
1	BOOTLID EMBLEM KOMPRESSOR	NECESSARY	92.00	92.00
1	BOOTLID LOCK	BENT	435.00	322.00
1	BOOTLID RUBBER	NOT NECESSARY	235.00	-
1	REAR BUMPER	DEFORMED	1,568.00	1,568.00
1	SET REAR BUMPER CLIPS	NECESSARY	50.00	50.00
1	FRT BUMPER CENTER CHROME	CRACKED	113.00	113.00
2	REAR BUMPER CHROME LH / RH	NECESSARY	206.00	206.00
1	REAR BUMPER REINFORCEMENT	BENT	458.00	458.00
1	REAR BUMPER CENTER BRACKET	NOT NECESSARY	221.00	-
2	TAIL LAMP LH / RH @\$715.00	NOT NECESSARY	1,430.00	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	758.00	-
1	REAR END PANEL TOP COVER	NOT NECESSARY	257.00	-
2	FRONT SEAT HEAD REST ASSY @\$595.00	ACTIVATED	1,190.00	1,190.00
	LESS 10% DISCOUNT		-892.80	-421.70
			8,035.20	3,795.30
2	REVERSE SENSOR @\$265.00 (SN)	NOT WORKING	530.00	200.00
	LESS 10% DISCOUNT		-53.00	-
			477.00	200.00
	<u>LABOUR</u>			
	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN ALL AFFECTED AREA DUE TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF BOOTLID AND REAR END PANEL.		1,100.00	500.00
	TO PUTTY AND SPRAY PAINTING FRONT PORTION / REAR PORTION RELATED TO THE ACCIDENT.		1,000.00	600.00

Report Ref No. CS/SMR24100439/Unp3e2(N)



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REPLACE AND RESET FRONT HEAD REST FAULT CODE.		250.00	100.00
	TO REMOVE / INSTALL REAR COMPARTMENT ATTACHMENT TO FACILITATE REPAIR.		80.00	40.00
	TO CHECK WIRING AFTER REPAIR WORKS.		80.00	20.00
	TO APPLY ANTI RUST PROOFING ON AFFECTED AREA.	NOT NECESSARY	150.00	-
	TO CONDUCT PROGRAMME AFTER REPAIR WORKS.	NOT NECESSARY	250.00	-
			2,910.00	1,260.00
GRAND TOTAL			11,422.20	5,255.30
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,200.00

Report Ref No. CS/SMR24100439/Unp3e2(N)

CHUA KANG SENG

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	21/10/2024 14:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/10/2024 15:45 (SGT)
Exact Location of Accident	Jurong Town Hall Rd, Singapore
Additional Location Information	JURONG TOWN HALL RD TOWARDS TUAS NEAR JURONG EAST STREET 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6393C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AIYADURAI VEERAPANDIAN
NRIC No	346D
Email Address	
Mobile Phone No	-
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1597
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	5149990282

DRIVER

Name of Driver	AIYADURAI VEERAPANDIAN
NRIC No	
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	04/06/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
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?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SKV8330Z
Insurance Company of Other Vehicle Owned by Driver	MSIG Insurance (Singapore) Pte. Ltd.

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)	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

REFER TO ATTACHMENT

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	SHB5114S
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Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LOI WAI FATT
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SG6163L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LAZIM SYAH BIN MD ZULKIFLEE GOPALAN
Contact Number	-
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 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 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

Sketch Plan

See Attached

Please see attached.

We declare the foregoing particulars are true in every respect.

M. Pander 21/10/24

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



20 Oct 2024 (Sun)
Time : 3.45 pm

On the way home to IE St 13, on Jurong Town Hall Road, stopped at red light. My foot was on the brake and there was a van in front of me. I was looking straight ahead when suddenly, I felt a tremendous force at the rear of my car, which propelled me forward. Luckily, I did not hit the van in front of me.

I stepped out of my car and saw a taxi (SHB5114S) behind me and a Transit Link bus (SG6163L) behind the taxi. The bus had hit the taxi, which in turn hit me. The bus hit the taxi with so much force which caused my seat headrest to come apart.



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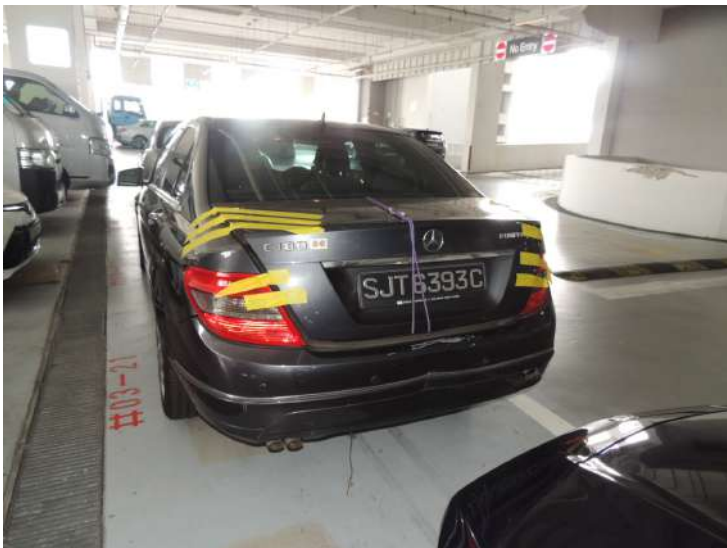
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PHOTOGRAPHS FOR VEHICLE NO. SJT 6393C

INSPECTION





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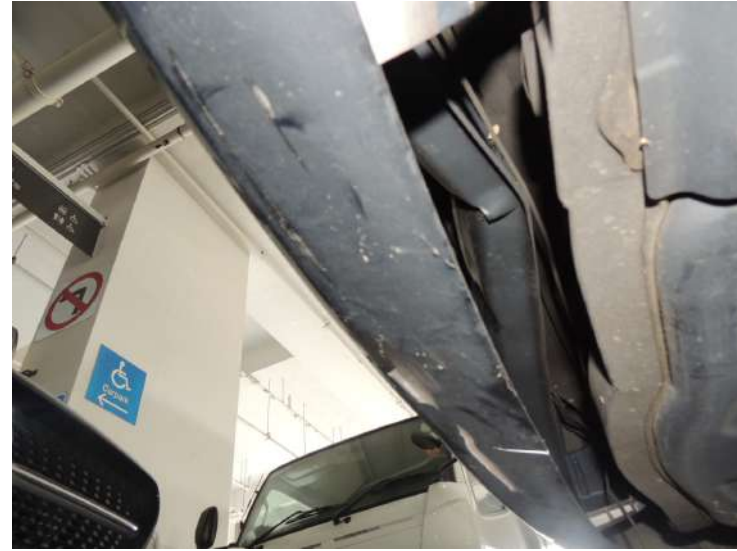


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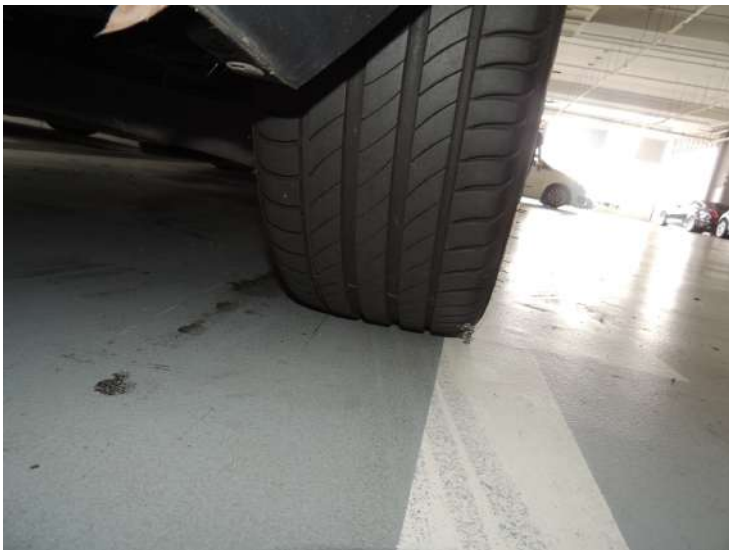


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RE-INSPECTION

