

**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. : SAC2401558

INV Date : 25-11-2024

Reference CS/SMR24100478/Enp3e2

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SME 381U

Insured Veh. SHD 6288G

Claim No. TAX/10/24/2078

Policy No.

Accident Date 25/10/2024

Inspection Date 28/10/2024

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/SMR24100478/Enp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	25/11/2024
	Code:	SMR

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

Insured Veh.	SHD 6288G	Veh. Inspected	SME 381U
Policy No.	-	Coverage	0
Claim No.	TAX/10/24/2078	Excess	\$0.00
Assign From	HUA YEN	Assign Date	25/10/2024

### 2. Vehicle Details

Make & Model	MERCEDES BENZ E250	C.C	1991
Engine No.	27492031570697	Year of Reg.	17/09/2018
Chassis No.	WDD2130452A497141	Colour	BLUE
Odometer	154556 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	245/40 R19	PIRELLI	6
L/H Front Tyre	245/40 R19	PIRELLI	6
R/H Rear Tyre	275/35 R19	PIRELLI	6
L/H Rear Tyre	275/35 R19	PIRELLI	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	25/10/2024	Inspection Date	28/10/2024
Survey held at	GMA AUTOMOTIVE SERVICES - 38 WOODLANDS IND PARK E1, #05-07 SINGAPORE 757700		

### 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 SME 381U

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	OUTER CONTROL ARM	BENT	\$460.00	\$291.03
1	INNER CONTROL ARM	BENT	\$460.00	\$213.06
1	UPPER ARM	BENT	\$940.00	\$246.09
1	LOWER ARM	NOT NECESSARY	\$748.00	\$0.00
1	REAR RH DOOR	DENTED	\$3,774.00	\$3,396.60
1	REAR RH DOOR WEATHER STRIP	NOT NECESSARY	\$375.00	\$0.00
1	REAR RH DOOR LOWER CHROME MOULDING	NOT NECESSARY	\$320.00	\$0.00
1	REAR RH DOOR CHROME WINDOW CHANNEL	NOT NECESSARY	\$311.00	\$0.00
1	REAR RH DOOR CHROME WINDOW MOULDING	NOT NECESSARY	\$378.00	\$0.00
1	REAR LH FENDER	TO REPAIR SEE LABOUR	\$3,329.00	\$0.00
1	FRONT RH DOOR	DENTED	\$3,189.00	\$2,870.10
1	FRONT RH DOOR LOWER CHROME MOULDING	NOT NECESSARY	\$330.00	\$0.00
1	FRONT RH DOOR CHROME WINDOW MOULDING	NOT NECESSARY	\$321.00	\$0.00
1	REAR BUMPER	NOT NECESSARY	\$2,283.00	\$0.00
1	RH SIDE SKIRT	TO REPAIR SEE LABOUR	\$896.00	\$0.00
1	RH SIDE SKIRT CHROME MOULDING	CUT	\$383.90	\$345.51
1	REAR RH RIM AMG	CUT	\$1,890.00	\$1,000.00
1	REAR RH TYRE	NOT NECESSARY	\$400.00	\$0.00
1	REAR RH TYRE PRESSURE SENSOR	SHORTED	\$488.00	\$439.20
1	RH ROCKER PANEL	TO REPAIR SEE LABOUR	\$2,891.00	\$0.00
1	B PILLAR FRAME	TO REPAIR SEE LABOUR	\$3,571.00	\$0.00
1	REAR RH DOOR FRAME	NOT NECESSARY	\$2,547.00	\$0.00
	<b>LESS 10.00% DISCOUNT</b>		(\$3,028.49)	(\$880.16)
			\$27,256.41	\$7,921.43

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	REMOVE REFIT OF DOOR TRIM, DOOR PANEL, DOOR WEATHERSTRIP, WINDOW CHANNEL, POWER WINDOW, DOOR LOCK ASSEMBLY, DOOR HANDLE, FITTINGS, GLASS WINDOW, TO FACILITATE REPAIR		\$400.00	\$160.00
	REMOVE AND INSTALL UNDER CARRIAGE, CONTROL ARM, UPPER ARM, RIM, SUSPENSION TO FACILITATE REPAIR WORKS		\$400.00	\$200.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	REPAIR REMOVE AND REFIT, PANEL BEATING, CHASSIS FRAME STRAIGHTENING PULLING AND WELDING WORKS. INCLUSIVE OF THE REPAIR OF REAR LH FENDER, RH SIDE SKIRT, RH ROCKER PANEL AND B PILLAR FRAME		\$1,900.00	\$800.00
	SPRAY ALL AFFECTED AREA		\$2,100.00	\$1,000.00
	REMOVE AND REFIT WHEEL TYRE PRESSURE		\$200.00	\$30.00
	SPRAY TUFF COTE		\$200.00	\$30.00
	TO CHECK REAR ELECTRICAL WIRING		\$120.00	\$120.00
	REMOVE AND REFIT AND REBALANCE NEW RIM		\$50.00	\$20.00
	ALIGNMENT		\$120.00	\$80.00
	TOWING		\$240.00	\$120.00
			\$5,730.00	\$2,560.00
GRAND TOTAL			\$32,986.41	\$10,481.43
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$8,100.00
Report Ref No: CS/SMR24100478/Enp3e2				

**CTY**

STEVE CHEN TSUE YEE

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 .....	25/10/2024 17:09 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/10/2024 06:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CHOA CHU KANG AVE 3 BLK 284 OPEN CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SME381U
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	C BHONESVERAN
NRIC No .....	S1657066D
Email Address .....	chiefboom69@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-96864823
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E200
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1991
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 .....	5134105931-01

#### DRIVER

Name of Driver .....	C BHONESVERAN
NRIC No .....	S1657066D
Date Of Birth .....	02/02/1964
Occupation .....	Indoor
Driving Pass Date .....	16/08/1984
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	40 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96864823
Alt. Phone Number .....	-
Email Address .....	chiefboom69@yahoo.com.sg
Address .....	BLK 28 WOODLANDS DR 16 #02-20
Address complement .....	-
Postcode .....	737768
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 - Major/Minor Rd
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) .....	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 .....	DAUGHTER
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

#### REFER TO STATEMENT

#### 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 .....	SHD6288G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	PANG CHING LIM
NRIC No .....	S1475701E
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

SKETCH PLAN

VEH NO SME 381 U  
INSURER INCOME  
DATE OF ACC 25/10/24 06:40HRS

**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

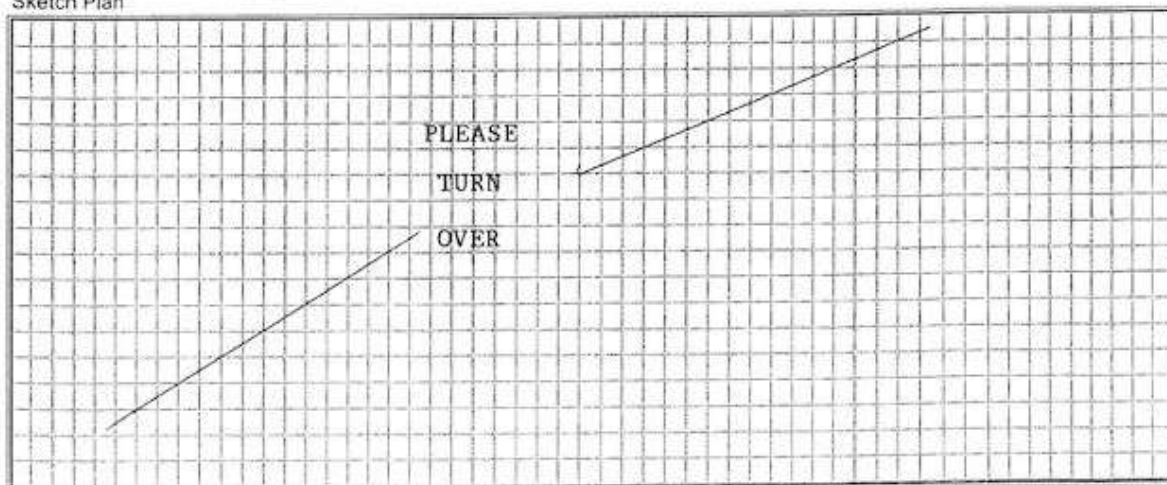
25/10/2024

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

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

Eleena (W/L)  
25/10/24

**Sketch Plan**





Describe Circumstance of the Accident

" NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

(✓) Claim OD (TP) at other workshop ( )

Sketch Plan

I was driving within the car park heading straight, while passing blk 284, the vehicle (SMD 6288G) did not stop at the stipulated 'STOP' sign and proceed to hit my vehicle's (SME 381U) right rear portion.

Declaration

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

*[Signature]* 25/10/24

*[Signature]*  
Policyholder's Signature / Date & Time  
25/10/2024

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

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**PHOTOGRAPHS FOR VEHICLE NO. : SME 381U**





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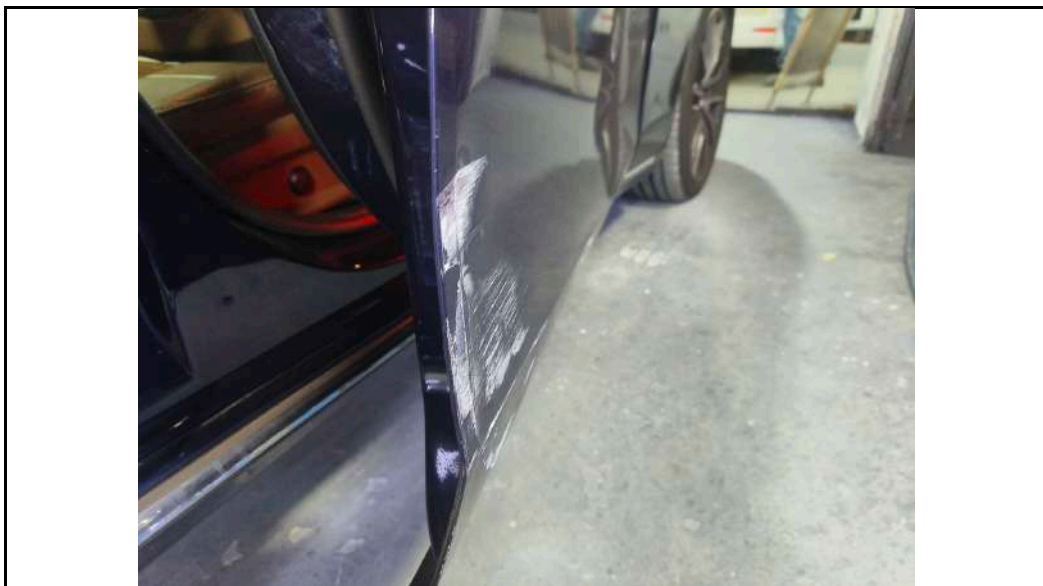
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INSPECTION PHOTOS (Page 4 of 18)

### PHOTOGRAPHS FOR VEHICLE NO. : SME 381U

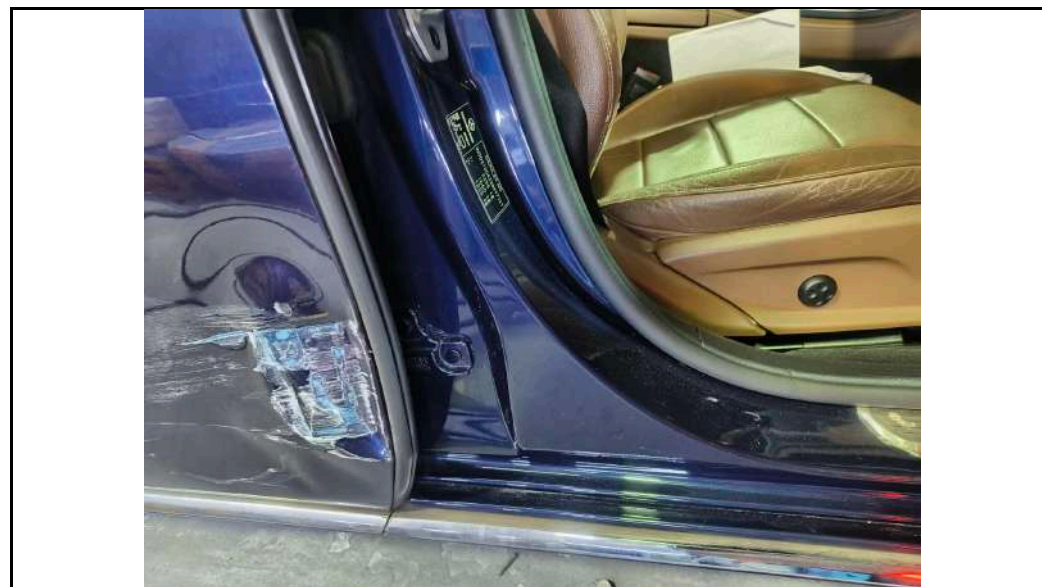
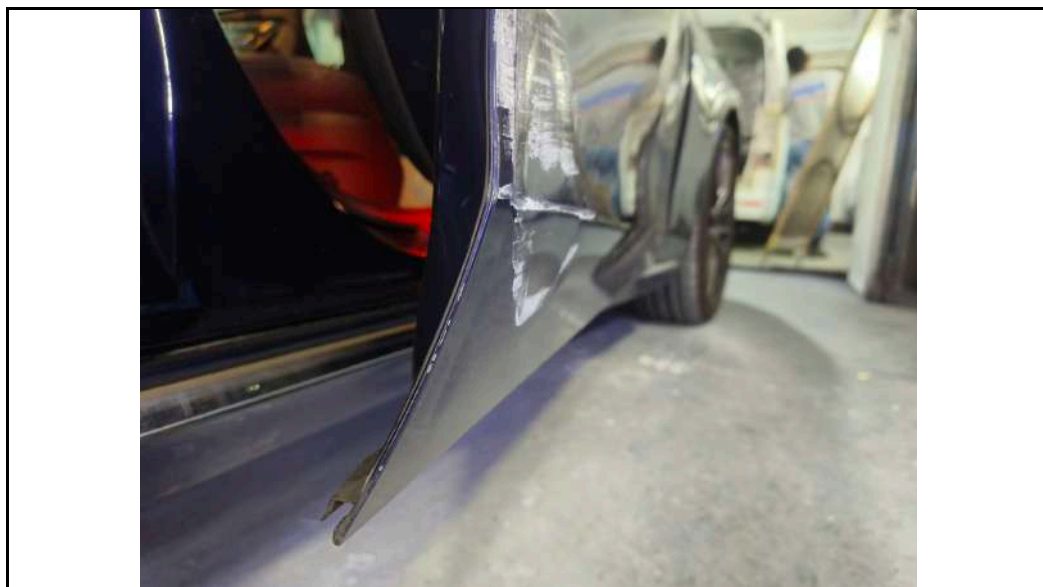
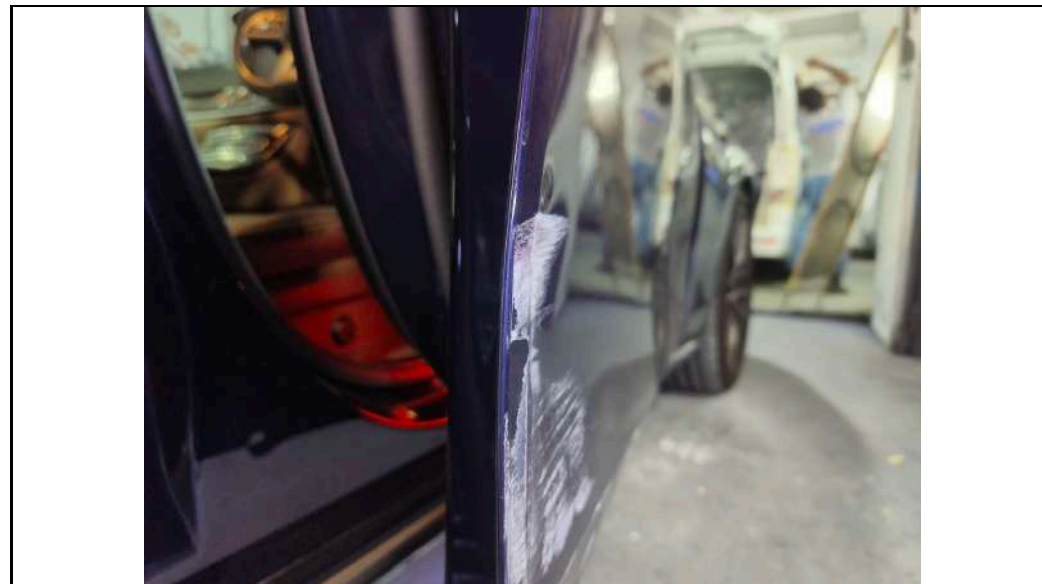
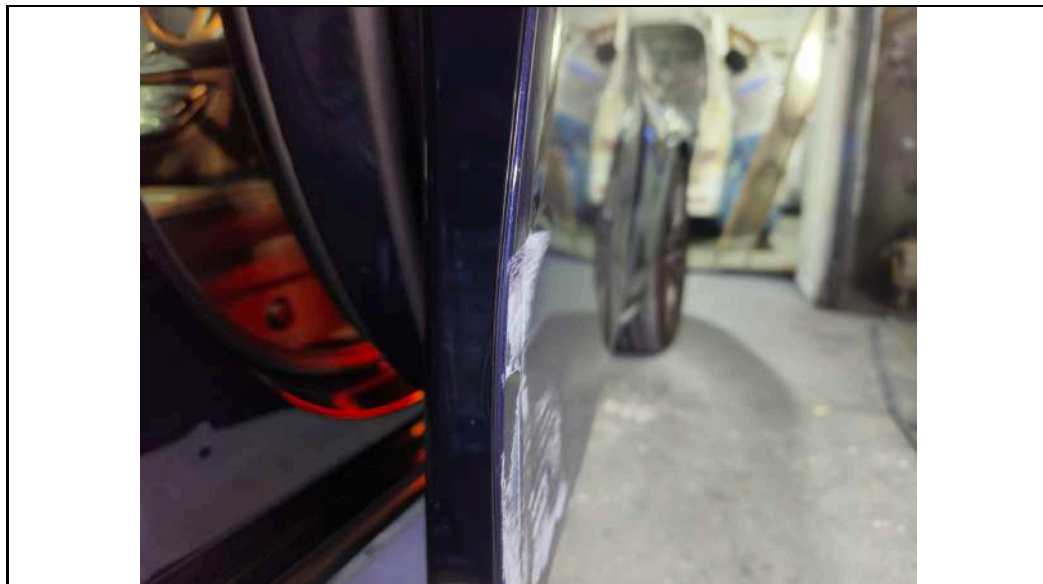


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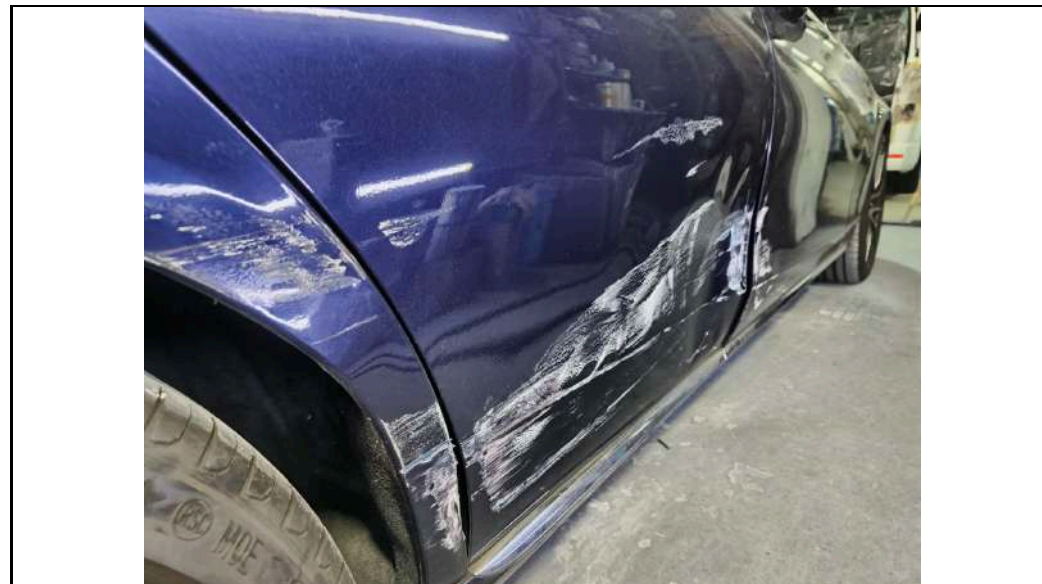


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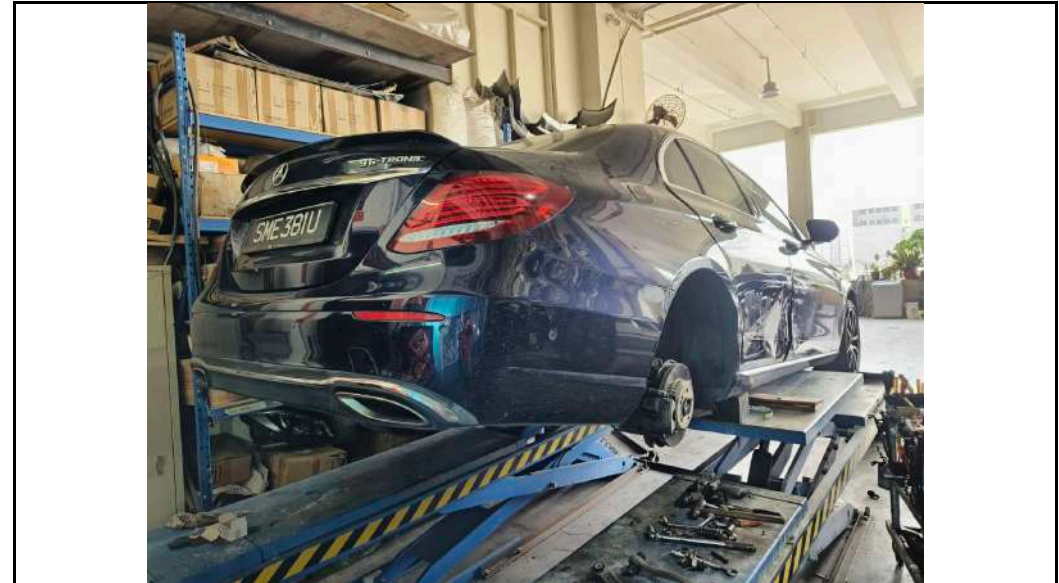


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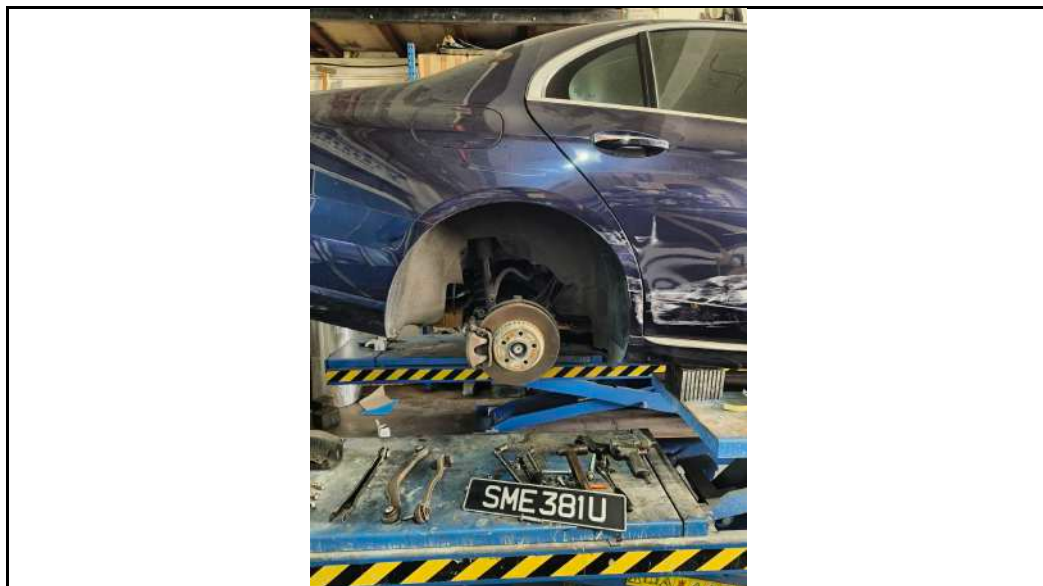


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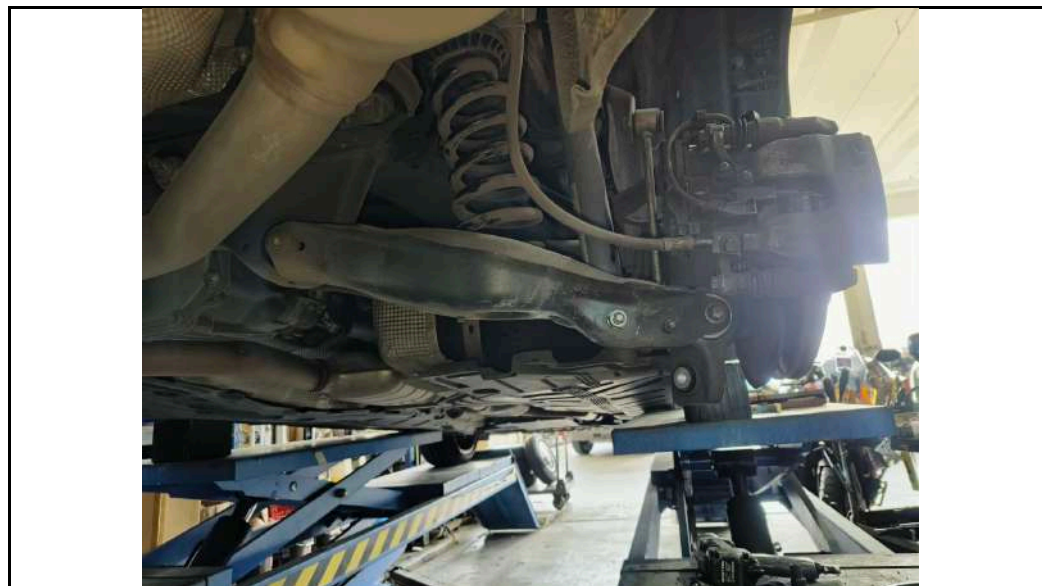


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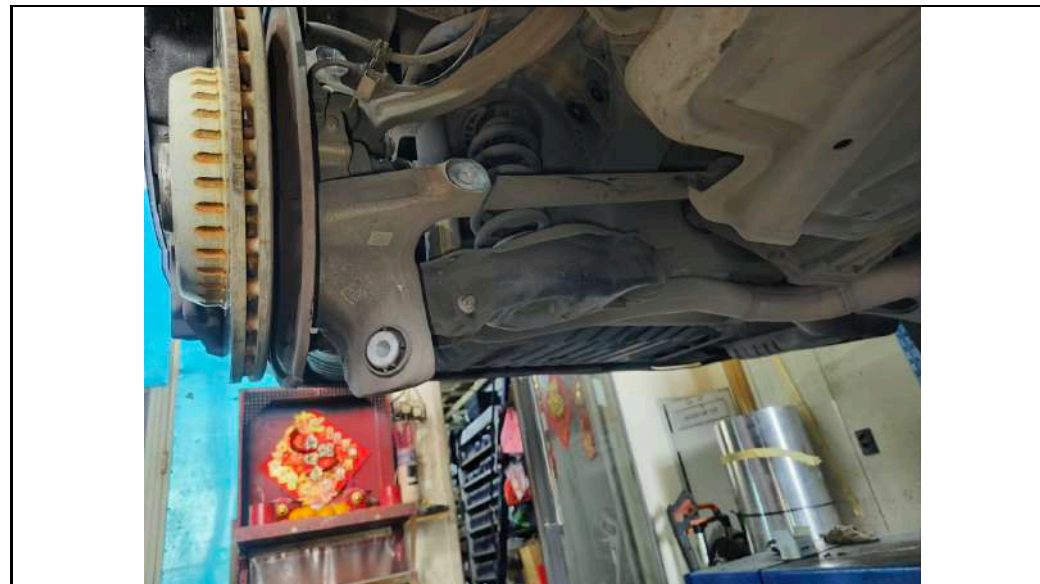


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REINSPECTION PHOTOS (Page 1 of 1)

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