

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. AC2500649

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705

ATTN: HUA YEN

INV Date 24/01/2025

Reference CS/SMR24100483/Anp3e2

/NT\

Code SMR

#### PROFESSIONAL SERVICE FEE

Vehicle No. SMA 3593B

Insured Veh. SMB 182T

Claim No. BUS/10/24/7026

Policy No.

Accident Date 24/10/2024

Inspection Date 28/10/2024

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 Internation	nale Des Experts E	n Automo	bile
	STRIDES PREMIE	R AUTOMOTIVE SERVICES PL		Ref:	CS/SMR24100483/Anp3e2(N)
	60 WOODLANDS I E4SINGAPORE 75	NDUSTRIAL PARK 7705		Date:	24/01/2025
	ATTN: HUA YEN			Code:	SMR
1.		Policy Particulars	:- THIRD PART	Y CLAIN	1
	Insured Veh.	SMB 182T	Veh. Inspected	d	SMA 3593B
	Policy No.		Coverage (\$)		0.00
	Claim No.	BUS/10/24/7026	Excess (\$)		0.00
	Assign From	HUA YEN	Assign Date		28/10/2024
2.		Vehicle Partic	culars & Condit	ion	
	Make & Model	KIA CARENS	c.c		1685
	Engine No.	HIDDEN	Year of Reg.		2018
	Chassis No.	KNAHU815VJ7208163	Colour		RED
	Odometer	170877 KM	Steering		IN ORDER
	Brakes	IN ORDER	Modification		SPORTS RIM
	General	GOOD			
3.		Condition	ons of Tyres		
		Size	Make		Balance
	R/H Front Tyre	205/55 R16	GOODYEAR		6 mm
	L/H Front Tyre	205/55 R16	GOODYEAR		6 mm
	R/H Rear Tyre	205/55 R16	GOODYEAR		6 mm
	L/H Rear Tyre	205/55 R16	GOODYEAR		6 mm
4.		Description	on of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE REA	AR O/S PORTION	l.	
	DAMAGES SEE DI	ETAILS.			
5.		General	Information		
	Accident Date	24/10/2024	Inspection Da	te	28/10/2024
	Survey held at	XIN YUN AUTO PTE LTD	•		
		BLK 8 KAKI BUKIT AVENUE 4 #05-23 PREMIER @ KAKI BUKI SINGAPORE 415875	Т		
5a.		Re	emarks		
		N WAS CONDUCTED ON A"WIT E TO YOUR INSTRUCTIONS, W			
5b.		Estimate	Days of Repair		
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:		5 Worki	ng Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMA 3593B

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER ASSY WITH LOWER LIP	DEFORMED	985.00	985.00
1	FRONT BUMPER SIDE BRACKET-REAR RIGHT	CRACKED	85.00	85.00
1	VENT COVER-REAR LIGHT	DEFORMED	110.00	110.00
1	REAR REFLECTOR	CRACKED	240.00	240.00
1	TAILGATE LOGO AND EMBLEM FULL SET	NECESSARY	200.00	200.00
1	REAR RIGHT FENDER LIGHT	TO REPAIR SEE LABOUR	880.00	-
1	REAR RIGHT TAILGATE LIGHT	CRACKED	680.00	243.00
1	REAR REINFORCEMENT	CRACKED	780.00	428.00
1	TAILGATE SIDE GUIDE FITS-OUT OF SHAPE	NOT NECESSARY	180.00	-
1	REAR END SIDE PANEL	TO REPAIR SEE LABOUR	950.00	-
1	SIDE PANEL BRACKET	NOT NECESSARY	120.00	-
1	REAR FENDER	TO REPAIR SEE LABOUR	980.00	-
1	TAILGATE RUBBER GARNISH	NOT NECESSARY	250.00	-
2	SENSOR-LEFT	DAMAGED (1PC ONLY)	500.00	250.00
1	REAR FENDER LIGHT LEFT	CRACKED	968.00	397.00
1	REAR REINFORCEMENT	REPEATED	785.00	-
1	REAR RIGHT SIDE RIM	NOT NECESSARY	950.00	-
1	REAR RIGHT SIDE WHEEL BEARING	NOT NECESSARY	650.00	-
1	KEY LESS	NOT NECESSARY	280.00	-
1	LOWER COVER RIGHT	TORN	130.00	130.00
1	WHEEL ARCH MUG GUARD	NOT NECESSARY	280.00	-
	LESS 10% DISCOUNT		-	-306.80
			10,983.00	2,761.20
	SPECIAL NETT ITEMS			
10	REAR BUMPER CLIPS (SN)	NECESSARY	100.00	30.00
8	REAR TAILGATE INNER BOARD CLIPS (SN)	NOT NECESSARY	80.00	-
10	REAR FENDER LIGHT CLIPS (SN)	NOT NECESSARY	60.00	-
20	REAR RIGHT DOOR CLIPS (SN)	NOT NECESSARY	100.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	REAR NUMBER PLATE AND CASING (SN)	NOT NECESSARY	150.00	-
20	WHEEL ARCH COVER CLIPS (SN)	NOT NECESSARY	120.00	-
			610.00	30.00
	<u>LABOUR</u>			
	CHECKING REAR WIRING HARNESS AND LIGHTING SYSTEM FOR PROPER FUNCTION.		80.00	30.00
	CARRY UP BODY CAVITY PRESERVATION FOR AFFECTED AREA \$50 PER PANEL.		200.00	50.00
	REPLACING ACCIDENT DAMAGES PARTS, KNOCK, JACK, AND STRAIGHTEN ACCIDENT DAMAGES AREA. INCLUSIVE OF THE REPAIR OF REAR RIGHT FENDER LIGHT, REAR END SIDE PANEL AND REAR FENDER.		1,600.00	500.00
	SPRAY PAINTING FOR ACCIDENT AFFECTED DAMAGED AREA, INCLUDING: TAILGATE IN & OUT, BUMPER, REAR SIDE PANEL IN & OUT, TOUCH UP FENDER.		1,800.00	600.00
	CARRY OUT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	REMOVING AND INSTALLING REAR FENDER COMPARTMENT GARNISH, TRIMING ETC, TO FACILITATE THE NECESSARY REPAIR.		150.00	60.00
	TRANSFERRING TAILGATE / BOOTLID LOCK MECHANISM, TRIMING ETC TO THE NEW TAILGATE / BOOTLID.	NOT NECESSARY	120.00	-
	CHECKING CENTRAL LOCK SYSTEM FOR PROPER FUNCTION.	NOT NECESSARY	120.00	-
	CARRY OUT DIAGNOSIS CHECK INCLUDING CLEANING ACCIDENT FAULT CODE.	NOT NECESSARY	150.00	-
	WHEEL BALANCING.	NOT NECESSARY	80.00	-
	CHECKING REAR BUMPER SENSOR AND HARNESS FOR PROPER FUNCTIONING.		80.00	50.00
			4,500.00	1,290.00
	GRAND TOTAL		16,093.00	4,081.20

RECOMMENDED COST OF LUMP SUM REPAIRS	3,250.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/SMR24100483/Anp3e2(N)



**ADRIAN LING WAI PING** 

B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

**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 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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 17:05 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 24/10/2024 14:00 (SGT) Exact Location of Accident Near Woodlands Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Kia

Vehicle Registration Number SMA3593B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **BOH CHUAN FONG** NRIC No S1441636F Fmail Address BOHCHUANFONG@GMAIL.COM Mobile Phone No (Phone) +65-90271702 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model CARENS 1.7 DCT DIESEL 5DR FWD 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1685 Vehicle Fuel Diesel First Regisration Date 04/06/2018 Chassis no KNAHU815VJ7208163 Effective Date/Time of Ownership 04/06/2018 08:06 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2005594058-01

DRIVER

Name of Driver  NRIC No  Date Of Birth  Occupation  Driving Pass Date  Driving License Pass Class  Driving License Validity  Driving experience  Gender  Mobile Number	BOH CHUAN FONG S1441636F 30/07/1960 Indoor 18/11/1981 3 Valid 42 YEARS AND 11 MONTHS Male
Mobile Number Alt. Phone Number	(Phone) +65-90271702
Email Address	- BOHCHIJANEONG@GMAII COM
Address	BOHCHUANFONG@GMAIL.COM BLK 12 UPPER SERANGOON VIEW 06-07 SINGAPORE 534199
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 Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name	
Gender	KESTER TAN JIA JUN Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMB182T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	TAN KOK KEONG
NRIC No	S1492434E
Contact Number	(Phone) +65-94765793
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 Formmust 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 Formby 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)

Lunderstand, 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' law yers/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.

1)1000 010 00

( Kranji MP)

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (a) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

25/10/24 Driver's Signature (If driver is not the policyholder) / Date & Time 99 44 an

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

TENES Woodland ANKS VehicleA: SMA 3593B

yehicles: ShB 182T

vehicle A stopped 2 waited

scribe (	Circumstances of the Accident
- On	24/10/2004 at about 11/100pm
I c	drove my vehicle SMA 3593B along woodland Avenue 3 8 Woodland in front of kranzi MRT trafficlight. I Stopped and waitled for traffic
Sudde	enly SMRT Bus SMB 1827 coubln't Stop & tried to Switch to right, and hi cle SM A3593B. My colleague Kester Tar Jia Jun was with me during acco

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 0944 an

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

Witnessed by Reporting Centre Personnel



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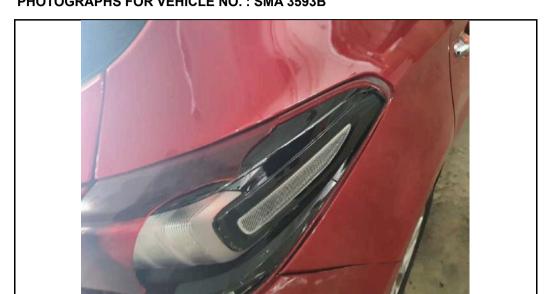








PHOTOGRAPHS FOR VEHICLE NO.: SMA 3593B





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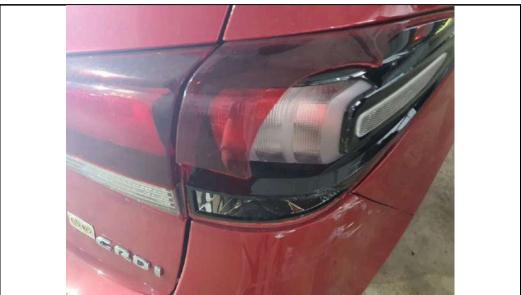


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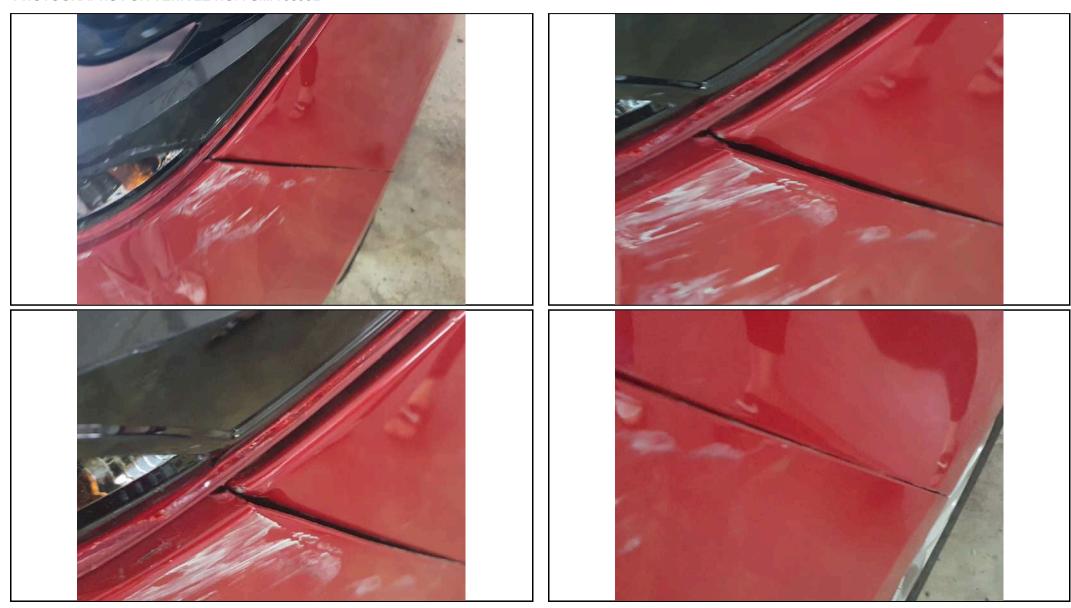








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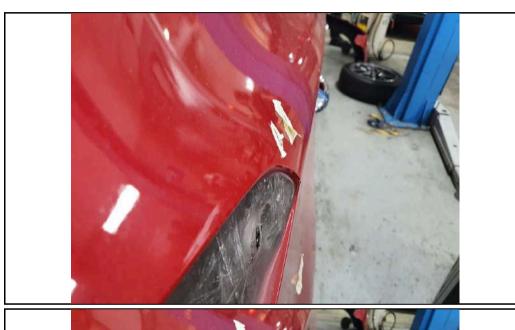








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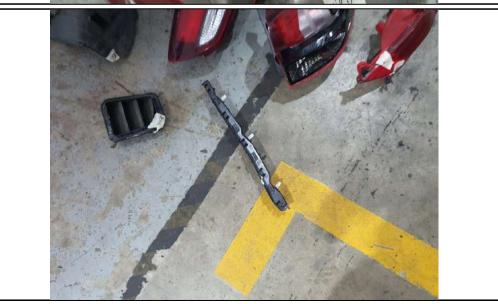
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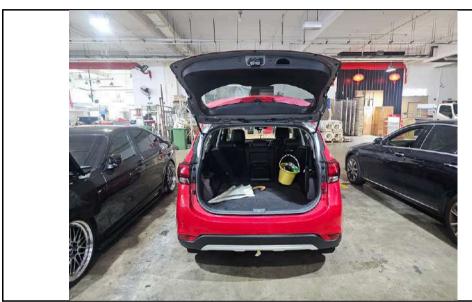




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