

**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. : SAC2401406

INV Date : 18-11-2024

Reference CS/SMR24100512/Evp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SGV 7188Y

Insured Veh. SG 5337J

Claim No. BUS/10/24/8005

Policy No.

Accident Date 07/10/2024

Inspection Date 11/11/2024

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/SMR24100512/Evp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE	Date:	18/11/2024
757705	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SG 5337J	Veh. Inspected	SGV 7188Y
Policy No.	-	Coverage	0
Claim No.	BUS/10/24/8005	Excess	\$0.00
Assign From	HUA YEN	Assign Date	29/10/2024

2. Vehicle Details

Make & Model	MERCEDES BENZ E 250	C.C	1796
Engine No.	27186030390617	Year of Reg.	18/04/2012
Chassis No.	WDD2120472A556174	Colour	SILVER
Odometer	189788 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	245/40 R18	GOODYEAR	6
L/H Front Tyre	245/40 R18	GOODYEAR	6
R/H Rear Tyre	245/40 R18	GOODYEAR	6
L/H Rear Tyre	245/40 R18	GOODYEAR	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	07/10/2024	Inspection Date	11/11/2024
Survey held at	11 MANDAI ESTATE, ELDIX, #01-08 - REPAIRER: JOHN AUTO SERVICES		

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 SGV 7188Y

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	BROKEN	\$1,806.44	\$1,633.00
1	REAR RH BUMPER RETAINER	NOT NECESSARY	\$91.98	\$0.00
1	REAR RH TAIL LAMP ASSY	NOT NECESSARY	\$706.50	\$0.00
1	REAR RH ROAD WHEEL	CUT	\$858.38	\$858.38
1	REAR RH WHEEL BEARING	NOT NECESSARY	\$585.30	\$0.00
1	REAR BUMPER RH INNER SUPPORT	NOT NECESSARY	\$26.29	\$0.00
1	REAR FENDER RH	TO REPAIR SEE LABOUR	\$2,870.17	\$0.00
1	REAR GLASS SEALANT	NOT NECESSARY	\$150.00	\$0.00
	LESS 0.00 / 10.00% DISCOUNT		\$0.00	(\$249.14)
			\$7,095.06	\$2,242.24

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR RH BUMPER MOULDING (SN)	CUT	\$160.30	\$125.00
1	REAR RH TYRE (SN)	NOT NECESSARY	\$450.00	\$0.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	\$50.00	\$30.00
1	REAR BUMPER CENTRE MOULDING (SN) (ADDITIONAL)	NECESSARY	\$208.62	\$150.00
1	REAR LH BUMPER MOULDING (SN) (ADDITIONAL)	NECESSARY	\$160.30	\$125.00
			\$1,029.22	\$430.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE & REFIT REAR GLASS	NOT NECESSARY	\$150.00	\$0.00
	REAR BUMPER SENSOR TO REMOVE & REFIT		\$120.00	\$50.00
	WIRING FEE		\$50.00	\$50.00
	TO REPAIR REAR RH UNDERCARRIAGE	NOT NECESSARY	\$150.00	\$0.00
	WHEEL ALIGNMENT		\$120.00	\$100.00
	RESPRAY TAILLAMP DAMAGED AREA		\$1,000.00	\$450.00
	TO REPAIR DAMAGED PORTION. INCLUSIVE OF THE REPAIR OF REAR FENDER RH		\$1,500.00	\$400.00
	REAR BOOT & REAR FENDER TRIM BOARD REMOVE & REFIT	NOT NECESSARY	\$80.00	\$0.00
			\$3,170.00	\$1,050.00



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GRAND TOTAL		\$11,294.28	\$3,722.24
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$3,000.00
Report Ref No: CS/SMR24100512/Evp3e2			

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.

JOHN AUTO SERVICES

(53315321B)

Ong Jia Wen

✓ SGV 7188Y

Date 11/11/24 NO.

Supplementary Estimate

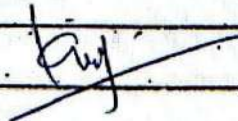
- | | | | | |
|----|-----------------------------|-----------|--------|---|
| 1. | Rear bumper Centre moulding | nec 150 / | 208.62 | N |
| 2. | Rear LH bumper moulding | nec 125 / | 160.30 | N |

275

JOHN AUTO SERVICES

(53315321B)

11, Mandai Estate, #01-08 Eldix,
Singapore 729908 HP: 85081258





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	08/10/2024 12:46 (SGT)
Reported by	Actual Driver
Date of Accident	07/10/2024 08:30 (SGT)
Exact Location of Accident	Choa Chu Kang Rd, Singapore
Additional Location Information	NEAR JUNCTION 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7188Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IVY ONG JIA WEN
NRIC No	S1579101B
Email Address	operations@cherrystone.com.sg
Mobile Phone No	(Phone) +65-97381331
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1796
Vehicle Fuel	Petrol
First Registration Date	18/04/2012
Chassis no	WDD2120472A556174
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100297210-12

DRIVER



Name of Driver	YAP CHEE SING
NRIC No	S2579155Z
Date Of Birth	19/11/1960
Occupation	Outdoor
Driving Pass Date	07/05/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91062033
Alt. Phone Number	-
Email Address	operations@cherrystone.com.sg
Address	BLK 97 PAVILION CIRCLE - SINGAPORE 658536
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SLA7188Z
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
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	NIL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20241007/2013

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 SG5337J
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver LIU XIANGTAO
Work Permit No M3447931X
Contact Number (Phone) +65-92337970
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 Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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

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

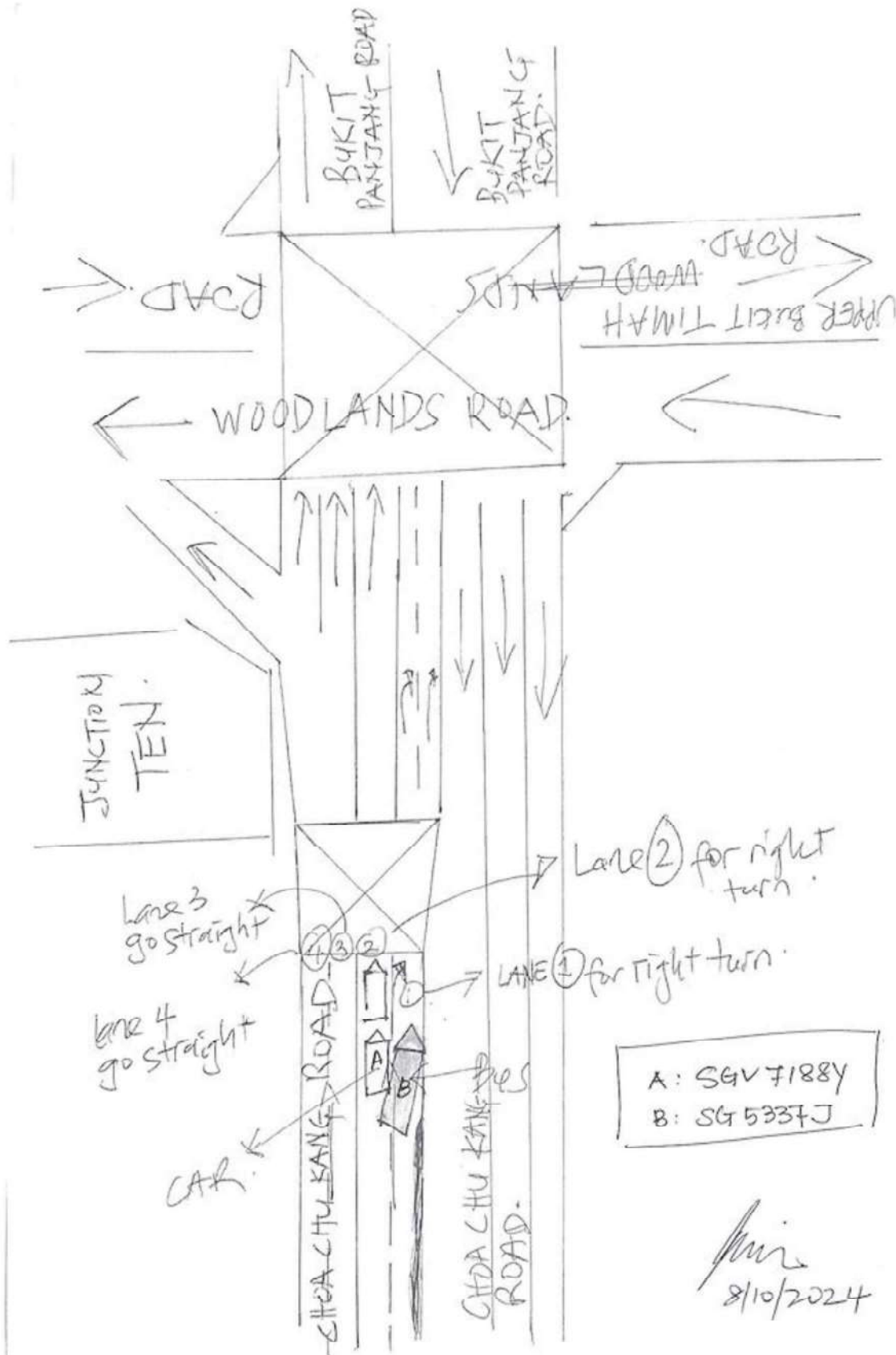
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

REFER TO ATTACHED SKETCH PLAN

vJun2022

1



Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20241007/2013.

Declaration

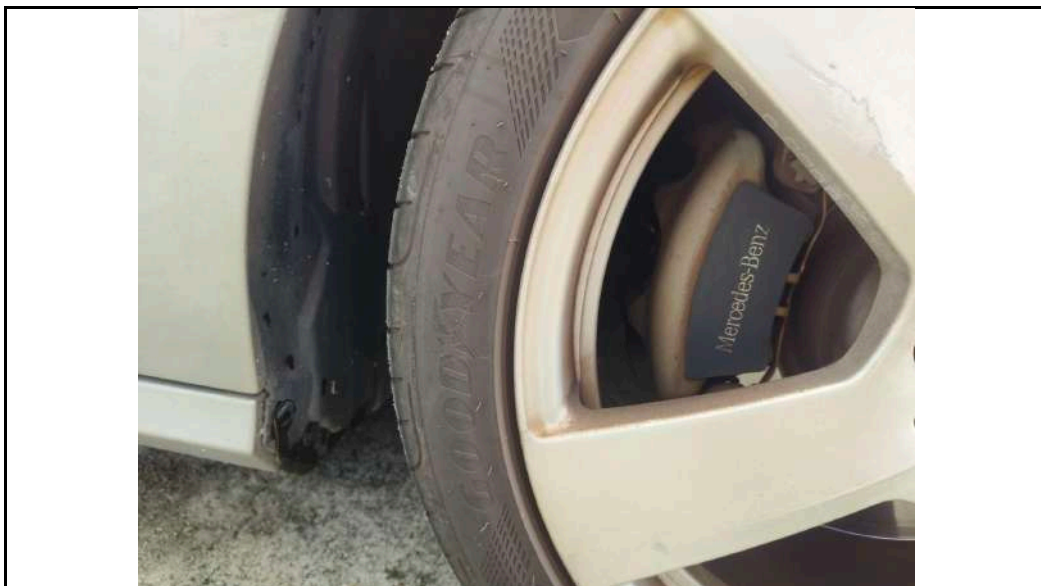
I/We declare the foregoing particulars are true in every respect.

<p>_____</p> <p>Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i> 8/10/2024</p> <p>Actual Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p><i>Ke</i></p> <p>Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</p>
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PHOTOGRAPHS FOR VEHICLE NO. : SGV 7188Y



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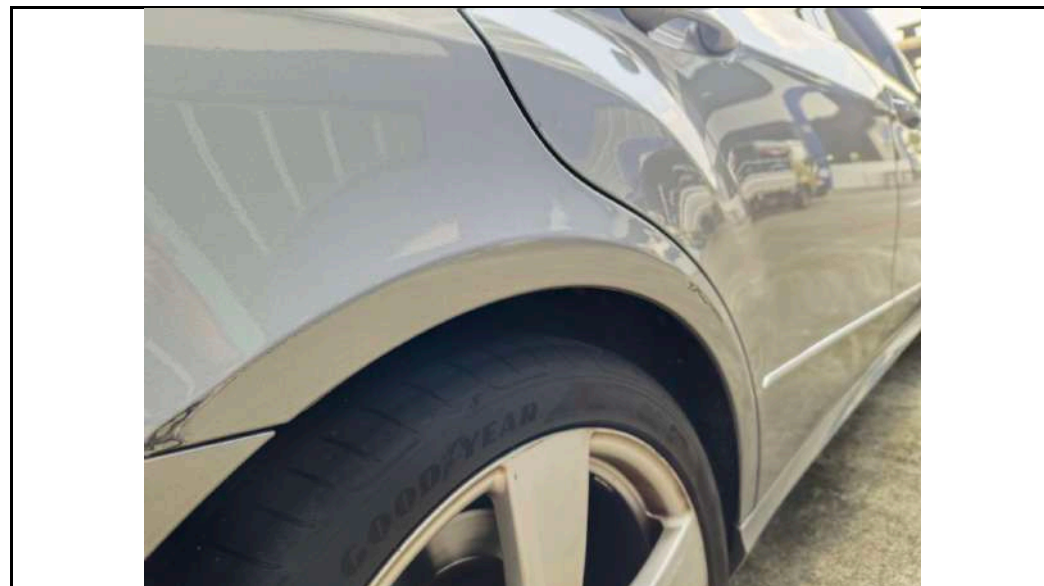
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INSPECTION PHOTOS (Page 4 of 11)

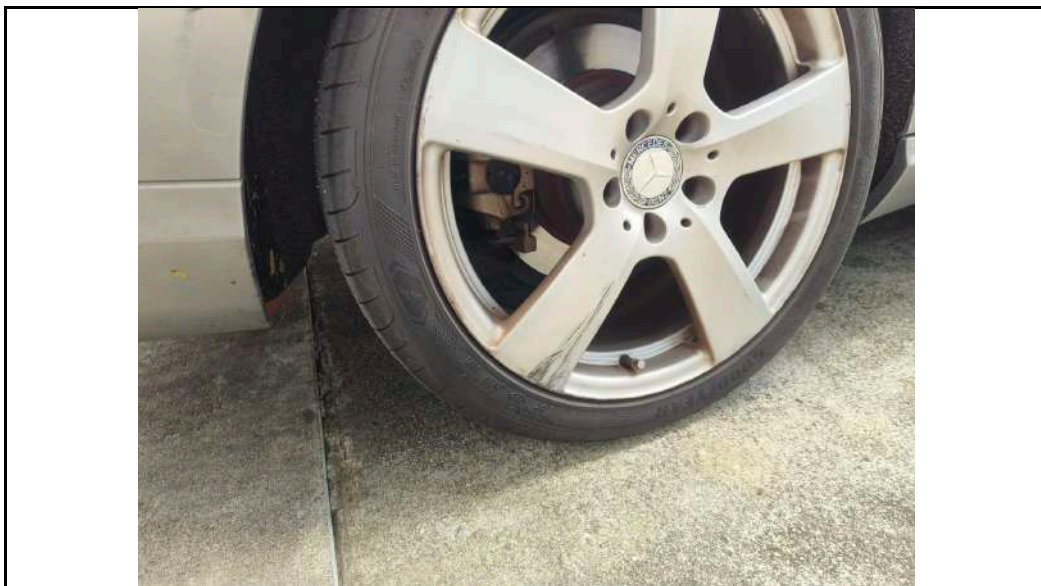
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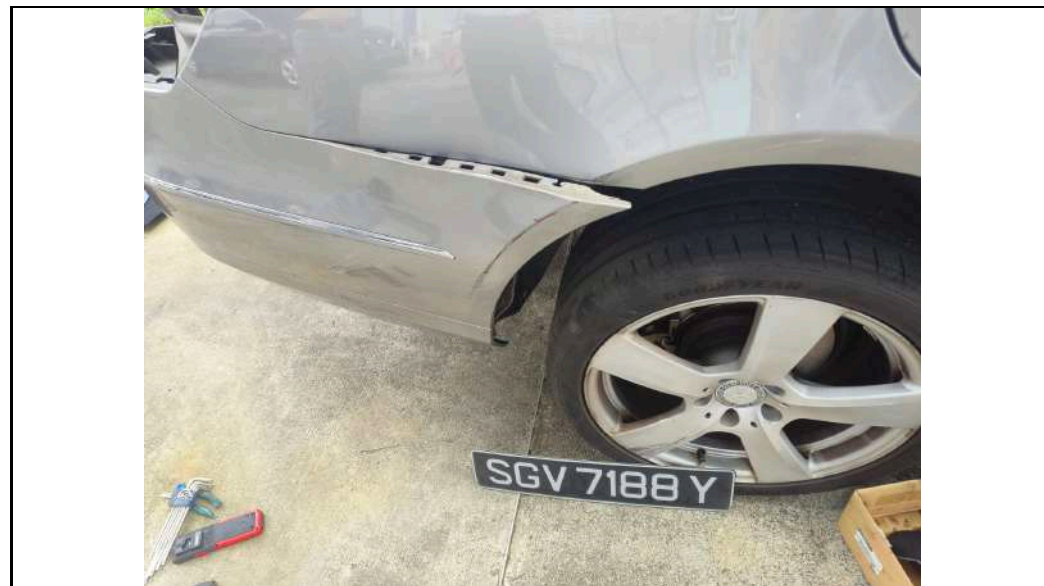


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REINSPECTION PHOTOS (Page 1 of 1)

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