



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.	AC2500863
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	10/02/2025
SINGAPORE 757705	Reference	CS/SMR24060271/Anh3e2
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SMW 9532Y
Insured Veh.	SMB 1574P
Claim No.	BUS/06/24/5029
Policy No.	
Accident Date	22/06/2024
Inspection Date	01/07/2024

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/SMR24060271/Anh3e2(N) Date: 10/02/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SMB 1574P	Veh. Inspected	SMW 9532Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/06/24/5029	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	26/06/2024
2. Vehicle Particulars & Condition				
	Make & Model	MERCEDES BENZ A200	c.c	1332
	Engine No.	HIDDEN	Year of Reg.	2020
	Chassis No.	W1K1771872J211696	Colour	WHITE
	Odometer	64689 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	235/35 R19	MICHELIN	6 mm
	L/H Front Tyre	235/35 R19	MICHELIN	6 mm
	R/H Rear Tyre	235/35 R19	MICHELIN	6 mm
	L/H Rear Tyre	235/35 R19	MICHELIN	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	22/06/2024	Inspection Date	01/07/2024
	Survey held at	AUTO UNITED SG PTE LTD 1 KAKI BUKIT AVENUE 6, #01-92, AUTOBAY@KAKI BUKIT, SINGAPORE 417883		
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:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMW 9532Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	TORN	1,341.00	1,341.00
1	FRONT BUMPER SIDE HOLDER	NOT NECESSARY	96.00	-
1	FRONT BUMPER SENSOR	NOT NECESSARY	289.00	-
1	HEADLAMP	NOT NECESSARY	3,301.00	-
1	FRONT FENDER	TO REPAIR SEE LABOUR	815.00	-
1	FRONT DOOR WING MIRROR	CUT	893.00	893.00
1	FRONT DOOR WING MIRROR COVER	TO REPAIR SEE LABOUR	101.00	-
1	FRONT DOOR WING MIRROR GLASS	NOT NECESSARY	373.00	-
1	FRONT DOOR WING MIRROR SIGNAL LAMP	CUT	239.00	239.00
1	FRONT LOWER ARM	NOT NECESSARY	825.00	-
1	FRONT KNUKLE ARM	DAMAGED	1,310.00	1,159.00
1	FRONT WHEEL HUB C/W BEARING	DAMAGED	635.00	540.00
1	FRONT SHOCK ABSORBER	NOT NECESSARY	790.00	-
	LESS 10% DISCOUNT		-1,100.80	-417.20
			9,907.20	3,754.80
1	FRONT WHEEL RIM (SN)	CUT	1,580.00	1,080.00
	LESS 10% DISCOUNT		-158.00	-
			1,422.00	1,080.00
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
1	SET FRONT BUMPER SIDE GARNISH (SN)	CUT	150.00	80.00
1	FRONT TYRE (SN)	NOT NECESSARY	280.00	-
			480.00	130.00
	<u>LABOUR</u>			
	PANEL BEATING, REMOVE AND REFIT PARTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER AND FRONT DOOR WING MIRROR COVER.		1,000.00	400.00
	SPRAY PAINTING TO AFFECTED AREA.		1,000.00	500.00

Report Ref No. CS/SMR24060271/Anh3e2(N)



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHECK.		50.00	30.00
	TO APPLY TUFF COAT.		150.00	30.00
	TO REMOVE FRONT UNDERCARRIAGE.		350.00	150.00
	TO PERFORM WHEEL ALIGNMENT.		150.00	80.00
	TO PERFORM DIAGNOSTIC TEST.	NOT NECESSARY	200.00	-
			2,900.00	1,190.00
GRAND TOTAL			14,709.20	6,154.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,900.00

Report Ref No. CS/SMR24060271/Anh3e2(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 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	24/06/2024 14:27 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2024 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT PANJANG RING RD TOWARDS SEGAR LRT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW9532Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPEED NATION
Company Reg No	353A
Email Address	-
Mobile Phone No	-
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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	1400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120228494-03

DRIVER

Name of Driver	JOHN TAN WEE KEONG
NRIC No	
Date Of Birth	
Occupation	Indoor

Driving Pass Date	24/08/2000
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	
Postcode	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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)	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

AT SET DATE AND TIME, I WAS WAITING AT THE JUNCTION ON A RED LIGHT TO HEAD STRAIGHT, A BUS WAS ABOUT TO MAKE A RIGHT TURN BUT IT TOOK UP ABIT OF MY LANE AND HIT MY VEHICLE AT MY FRONT RIGHT BUMPER, RIMS AND RIGHT SIDE MIRROR.

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	Will email to Motorvideo@income.com.sg

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1574P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Bus
Name of Driver	TANG KIM CHAU
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**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.

24/06/2024
1337HRS

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) Muhammad Sumardi Bin Mohd
Altandi
S995530

Sketch Plan

A: SMW9532Y
B: SMB1574P

BUKIT PANJANG RING
ROAD TOWARDS SEGAR
LRT

3.3.3

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



24/06/2024
1337HRS

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)
Muhammad Sumardi Bin
Mohd Affandi
S995530

PHOTOGRAPHS FOR VEHICLE NO. : SMW 9532Y





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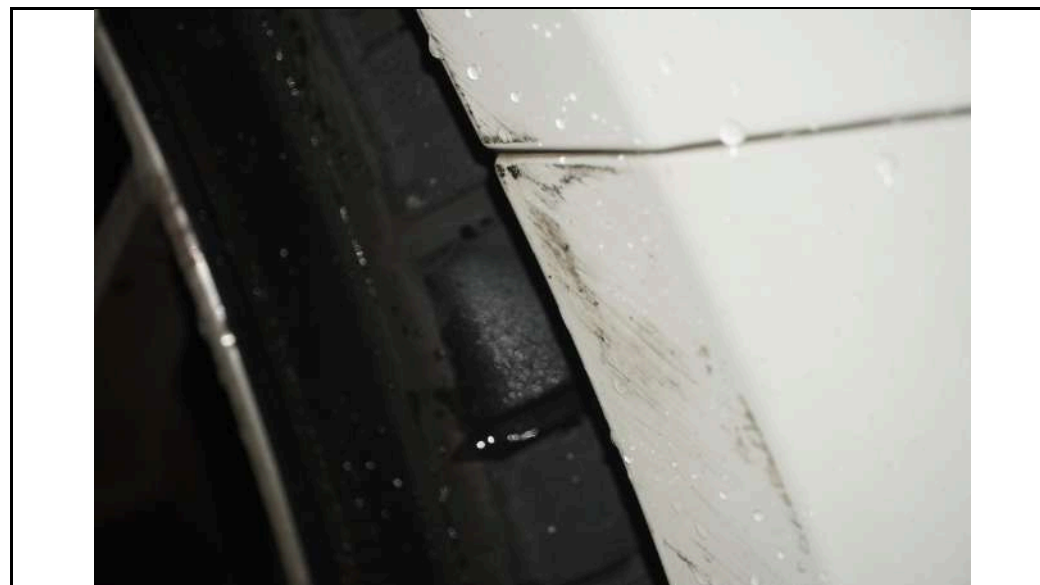
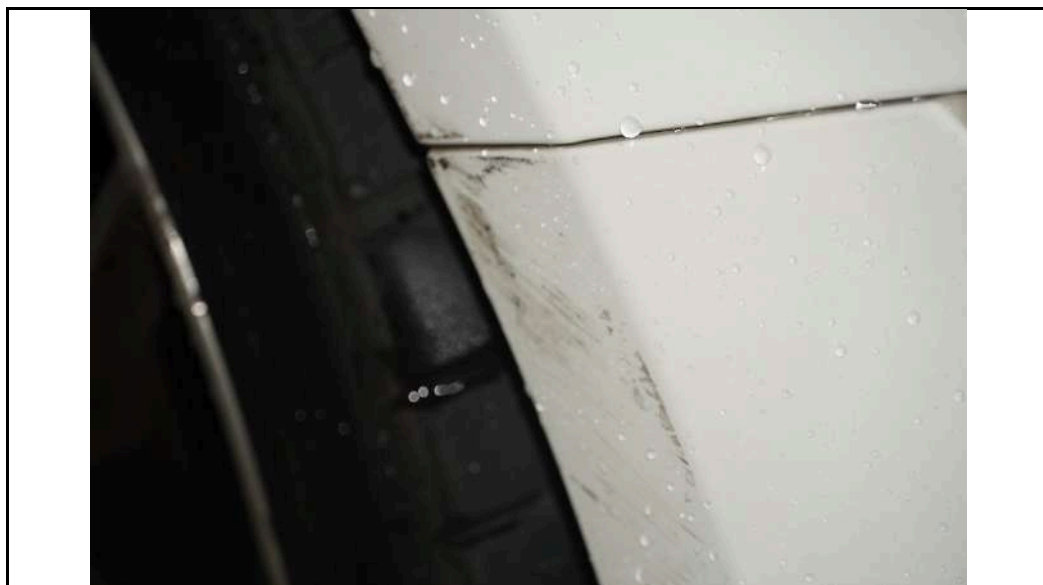
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INSPECTION PHOTOS (Page 2 of 8)

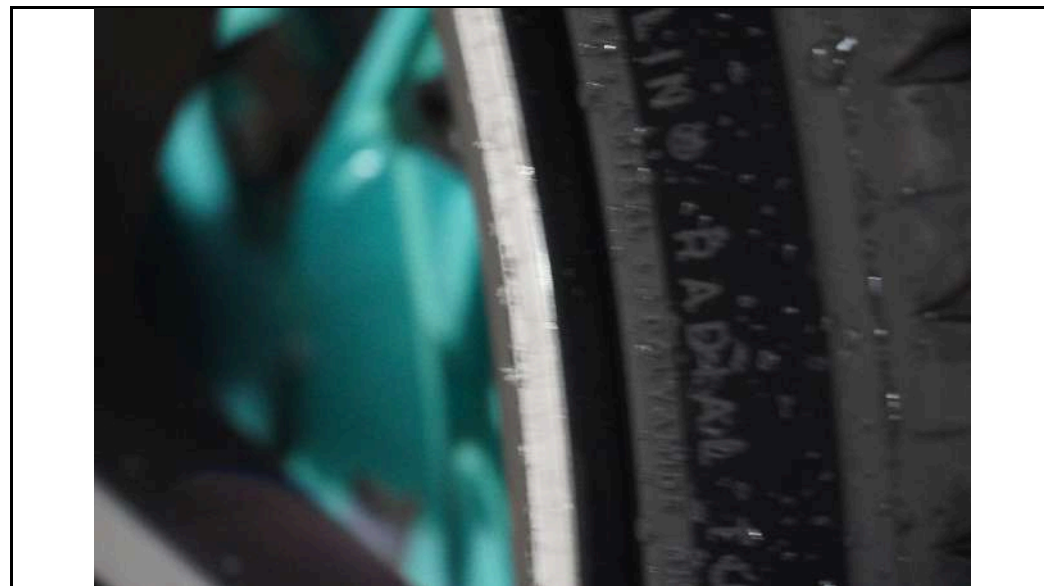
PHOTOGRAPHS FOR VEHICLE NO. : SMW 9532Y



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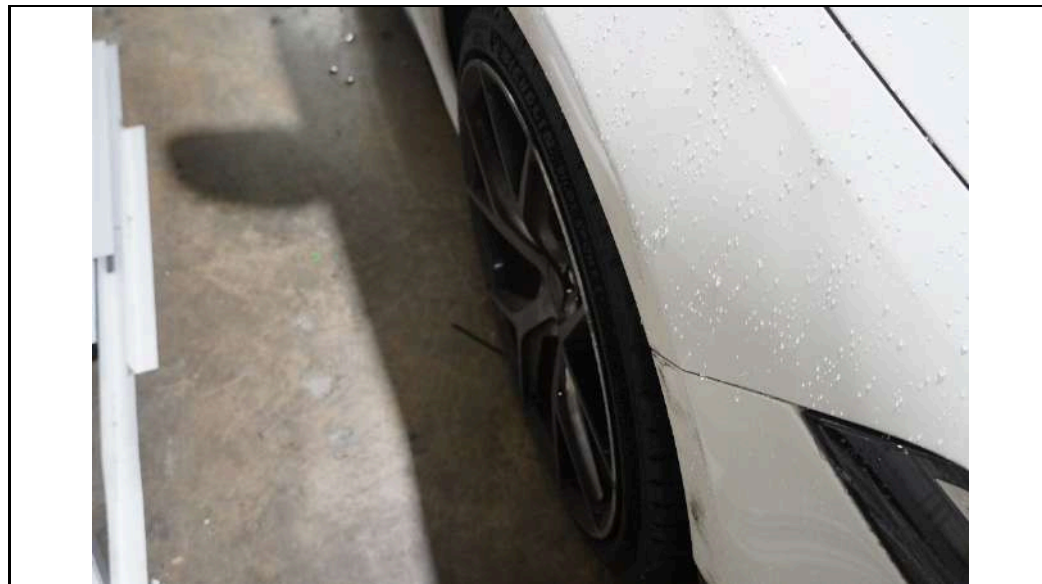
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