

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. AC2500204

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705

ATTN: HUA YEN

INV Date 10/01/2025

Reference CS/SMR24120220/Evh3m4

/NT\

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNJ 8784A

Insured Veh. SMB 89E

Claim No. BUS/11/24/5053

Policy No.

Accident Date 30/11/2024

Inspection Date 16/12/2024

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

SML



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

		Affiliated to Federation Internation	nale Des Experts En	Automok	pile
	STRIDES PREMIE	R AUTOMOTIVE SERVICES PL		Ref:	CS/SMR24120220/Evh3m4 (N)
	60 WOODLANDS I E4SINGAPORE 75			Date:	10/01/2025
	ATTN: HUA YEN			Code:	SMR
1.		Policy Particulars :	- THIRD PARTY	CLAIM	
	Insured Veh.	SMB 89E	Veh. Inspected		SNJ 8784A
	Policy No.		Coverage (\$)		0.00
	Claim No.	BUS/11/24/5053	Excess (\$)		0.00
	Assign From	HUA YEN	Assign Date		16/12/2024
2.		Vehicle Partic	ulars & Condition	on	
	Make & Model	TOYOTA SIENTA	c.c		1496
	Engine No.	HIDDEN	Year of Reg.		2017
	Chassis No.	NHP1707107938	Colour		WHITE
	Odometer	151335 KM	Steering		IN ORDER
	Brakes	IN ORDER	Modification		SPORTS RIM
	General	FAIR			
3.		Condition	ons of Tyres		
		Size	Make		Balance
	R/H Front Tyre	185/60R15	GITI		5 mm
	L/H Front Tyre	185/60R15	GITI		5 mm
	R/H Rear Tyre	185/60R15	GITI		5 mm
	L/H Rear Tyre	185/60R15	GITI		5 mm
4.		Description	n of Damages		
	THE VEHICLE SUS	STAINED DAMAGES AT THE N/S	BODY.		
	DAMAGES SEE DE	ETAILS.			
5.		General	Information		
	Accident Date	30/11/2024	Inspection Date)	16/12/2024
	Survey held at	T K LEE AUTOMOTIVE PTE LTE)		
		NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY SINGAPORE 417883			
5a.		Re	emarks		
		N WAS CONDUCTED ON A"WITI E TO YOUR INSTRUCTIONS, WI			
5b.		Estimate I	Days of Repair		
	ESTIMATED NORM	MAL PERIOD FOR REPAIR:		3 Worki	ng Days



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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SNJ 8784A

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT FENDER -LH	TO REPAIR SEE LABOUR	761.95	-
1	FRONT FENDER EMBLEM	NECESSARY	89.95	89.95
1	FRONT BUMPER	TO REPAIR SEE LABOUR	661.90	-
1	FRONT BUMPER SIDE PAD -LH	NOT NECESSARY	126.20	-
1	FRONT DOOR -LH	TO REPAIR SEE LABOUR	1,895.60	-
1	FRONT DOOR SIDE MIRROR ASSY -LH	BROKEN/CUT	1,210.65	1,210.65
	LESS 25% DISCOUNT		-1,186.56	-325.15
			3,559.69	975.45
	<u>LABOUR</u>			
	TO CHECK FRONT ELECTRICAL WIRING.		40.00	30.00
	TO PUTTY, SPRAY PAINT & POLISH AFFECTED PARTS.		900.00	600.00
	TO PANEL BEAT, CUT, WELD, REMOVE & REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER -LH, FRONT BUMPER AND FRONT DOOR -LH.		600.00	200.00
			1,540.00	830.00
	GRAND TOTAL		5,099.69	1,805.45

RECOMMENDED COST OF LUMP SUM REPAIRS		1,450.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/SMR24120220/Evh3m4(N)



Automotive Assessor

P

ANG BRYAN TANI

Automotive Assessor / Investigator

SS4824C3000D / SME MOTOR PTE LTD ENTRY DATE & TIME: 03/12/2024 17:06 (SGT) SUBMITTED BY: Wen Ying VERSION: 1 (03/12/2024 17:06 (SGT))

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 03/12/2024 17:06 (SGT) Reported by **Actual Driver** Date of Accident 30/11/2024 14:10 (SGT) Exact Location of Accident Jurong Town Hall Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SNJ8784A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG WENG CHEE NRIC No S70292537 Fmail Address SHARONTONG1@HOTMAIL.COM Mobile Phone No (Phone) +65-84222626 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Sienta 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 1500 Vehicle Fuel First Regisration Date Chassis no

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5135054326-01

DRIVER

Effective Date/Time of Ownership

Name of Driver MANAWIYER BTE RAWI NRIC No S1390071Z Date Of Birth 06/03/1959 Occupation Indoor Driving Pass Date 25/07/2011 Driving License Pass Class Driving License Validity Valid Driving experience 13 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-87485616 Alt. Phone Number Email Address SHARONTONG1@HOTMAIL.COM Address BLK 550 SEGAR ROAD #07-612 Address complement Postcode 671550 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS TRAVELLING ALONG JURONG TOWN HALL ROAD ON 30/11/2024 AT ABOUT 2.10PM, I WAS TRAVELLING STRAIGHT, AT ATTACHMENT(S)

THE END OF MERGING LANE, SUDDENLY THE BUS (VEHICLE B) FROM BEHIND SQUEEZE THRU AND COLLIDED ONTO THE LEFT PORTION OF MY VEHICLE. WE ALIGHTED, EXCHANGE PARTICULARS AND LEFT THE SCENE.

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB89E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH ENG CHOONG MICHAEL
Contact Number	(Phone) +65-97952944
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

. AMPORTANT 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.
- Information provided must be as <u>fruthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

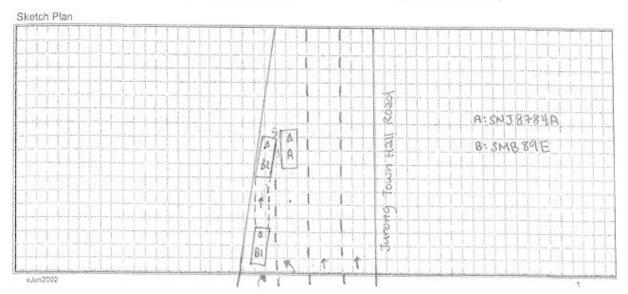
I understand, acknowledge, agree and consent that:

- (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)



	-
escribe Circumstance of the Accident	
I was travelling along Jurong fown hall road on 30/11/2024 a	-
about 2.10pm. I was travelling straight, at the end of merging	
lane, suddenly the bus wehicle B) from behind squeeze thru	***
Total Testopering of State By Total Doursel addresse INITY	
and collisted and a left and a left and a	-
and collided onto the left portron of my vehicle. We alignted,	
exchange particulars and left the scene.	
	-
	-
	_
	-

Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022



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

INSPECTION PHOTOS (Page 1 of 8)





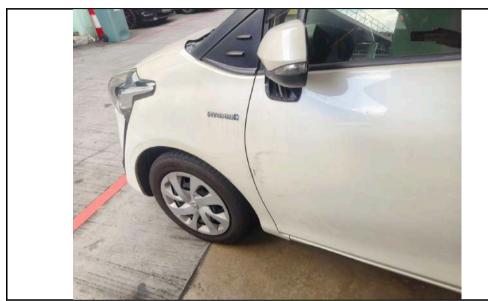






51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315 Reg. No: 199607198R GST Reg. No. 19-9607198-R

INSPECTION PHOTOS (Page 2 of 8)











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

INSPECTION PHOTOS (Page 3 of 8)











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

INSPECTION PHOTOS (Page 4 of 8)











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

INSPECTION PHOTOS (Page 5 of 8)











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

INSPECTION PHOTOS (Page 6 of 8)











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

INSPECTION PHOTOS (Page 7 of 8)











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

INSPECTION PHOTOS (Page 8 of 8)









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

REINSPECTION PHOTOS (Page 1 of 2)











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

REINSPECTION PHOTOS (Page 2 of 2)





