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 SINGAPORE 757705

INV No. : SAC2400138

INV Date : 25-07-2024

Reference CS/SMR24070126/Uqp3

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SJV 5826S

Insured Veh. SMB 177J

Claim No. BUS/07/24/7002

Policy No.

Accident Date 04/07/2024

Inspection Date 15/07/2024

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

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

Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705

Ref: CS/SMR24070126/Uqp3
Date: 05/07/2024
Code: SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 177J	**Veh. Inspected**	SJV 5826S
Policy No.	-	**Coverage**	0
Claim No.	BUS/07/24/7002	**Excess**	$0.00
Assign From	HUA YEN	**Assign Date**	05/07/2024

2. Vehicle Details

Make & Model	KIA CERATO FORTE (A)	**C.C**	1591
Engine No.	G4FC9H290458	**Year of Reg.**	29/01/2010
Chassis No.	KNAFW411MA5122015	**Colour**	BLUE
Odometer	217384 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	195/65R15	YOKOHAMA	7
L/H Front Tyre	195/65R15	YOKOHAMA	7
R/H Rear Tyre	195/65R15	YOKOHAMA	7
L/H Rear Tyre	195/65R15	YOKOHAMA	7

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	04/07/2024	**Inspection Date**	15/07/2024
Survey held at	PROGRESSIVE CAR CARE PTE LTD BLK 3022A UBI ROAD 1 #01-45/46, SINGAPORE 048716		

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 SJV 5826S

Nett				
Qty	**Description of Parts**	**Condition**	**Workshop Estimate ($)**	**Our Adjusted ($)**
1	REAR BUMPER (N)	CUT/TORN	$548.00	$548.00
2	REAR BUMPER SIDE RETAINER - LH / RH @$28.00 (N)	O/S CRACKED / N/S NOT NECESSARY	$56.00	$28.00
10	REAR BUMPER CLIPS @$4.90 (N)	NECESSARY	$49.00	$49.00
1	REAR BUMPER LOWER GARNISH (BLACK) (N)	TORN	$105.00	$105.00
1	REAR BUMPER FOAM (N)	NOT NECESSARY	$141.00	$0.00
1	REAR BUMPER REINFORCEMENT (N)	NOT NECESSARY	$305.00	$0.00
1	TAILLAMP - RH (N)	BROKEN	$198.00	$198.00
2	TAILLAMP CLIPS - RH @$8.00 (N)	NOT NECESSARY	$16.00	$0.00
1	REAR FENDER - RH (N)	DENTED/BENT	$985.00	$985.00
1	REAR FENDER COWLING - RH (N)	NOT NECESSARY	$23.00	$0.00
10	REAR FENDER COWLING CLIPS - RH @$4.90 (N)	NOT NECESSARY	$49.00	$0.00
1	REAR GLASS MOULDING (N)	NOT NECESSARY	$66.00	$0.00
1	REAR BOOT LAMP - RH (N)	NOT NECESSARY	$150.00	$0.00
	LESS 10.00%		($269.10)	($191.30)
			$2,421.90	$1,721.70

Special Nett				
Qty	**Description of Parts**	**Condition**	**Workshop Estimate ($)**	**Our Adjusted ($)**
1	REAR BUMPER SENSOR (4PC SET) (SN)	SERVICEABLE	$300.00	$0.00
1	REAR BUMPER STICKER (SN)	NECESSARY	$200.00	$120.00
1	SEALANT (SN)	NOT NECESSARY	$40.00	$0.00
1	SPONGE TAPE (SN)	NOT NECESSARY	$20.00	$0.00
			$560.00	$120.00

Labour				
	Description of Parts	**Condition**	**Workshop Estimate ($)**	**Our Adjusted ($)**
	TO KNOCK OUT DENTS, REMOVE, REPLACE ACCIDENT PORTIONS		$900.00	$600.00
	TO RESPRAY PAINT ON ACCIDENT PORTIONS		$650.00	$600.00
	TO CHECK WIRING		$30.00	$20.00
	TO REMOVE, REFIT GARNISH TO FACILITATE REPAIR		$150.00	$60.00
	TO TRANSFER REAR BUMPER SENSOR		$80.00	$30.00

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Labour				
	Description of Parts	**Condition**	**Workshop Estimate ($)**	**Our Adjusted ($)**
	TO TUFFKOTE		$60.00	$30.00
	TO REMOVE, REFIT REAR GLASS	NOT NECESSARY	$150.00	$0.00
			$2,020.00	$1,340.00

	GRAND TOTAL	**$5,001.90**	**$3,181.70**
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		**$2,500.00**

Report Ref No: CS/SMR24070126/Uqp3

CKS

MARCUS CHUA KANG SENG

Licensed Appraiser

SP1824740005 / PROGRESSIVE CAR CARE PTE LTD
ENTRY DATE & TIME: 04/07/2024 14:01 (SGT)
SUBMITTED BY: Liang Siew Chin
VERSION: 1 (04/07/2024 14:01 (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.
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	04/07/2024 14:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/07/2024 08:00 (SGT)
Exact Location of Accident	Woodlands Ave 7, Singapore
Additional Location Information	WOODLANDS AVENUE 7 SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV5826S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	UMAR BIN KASTAM
NRIC No	SXXXX535B
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	KIA / CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
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	1591

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01136666/01

DRIVER

Name of Driver	UMAR BIN KASTAM
NRIC No	SXXXX535B
Date Of Birth	
Occupation	Indoor

Driving Pass Date	28/05/1992
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
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	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	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB177J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	AMIR
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

Refer to Police Report.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.

4/7/2024

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)

2

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.

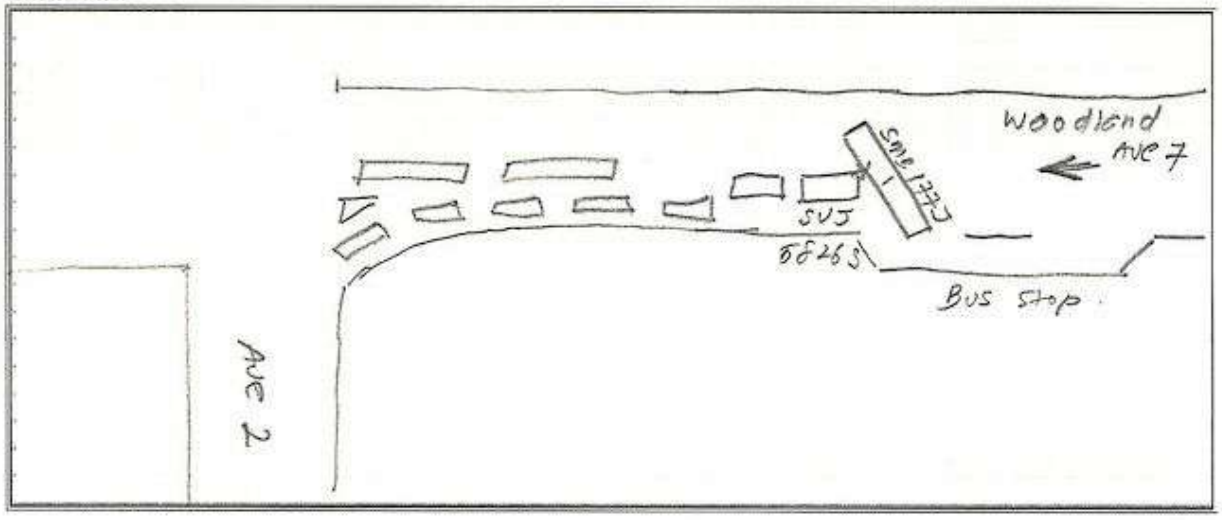
4/7/2024

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)

Sketch Plan



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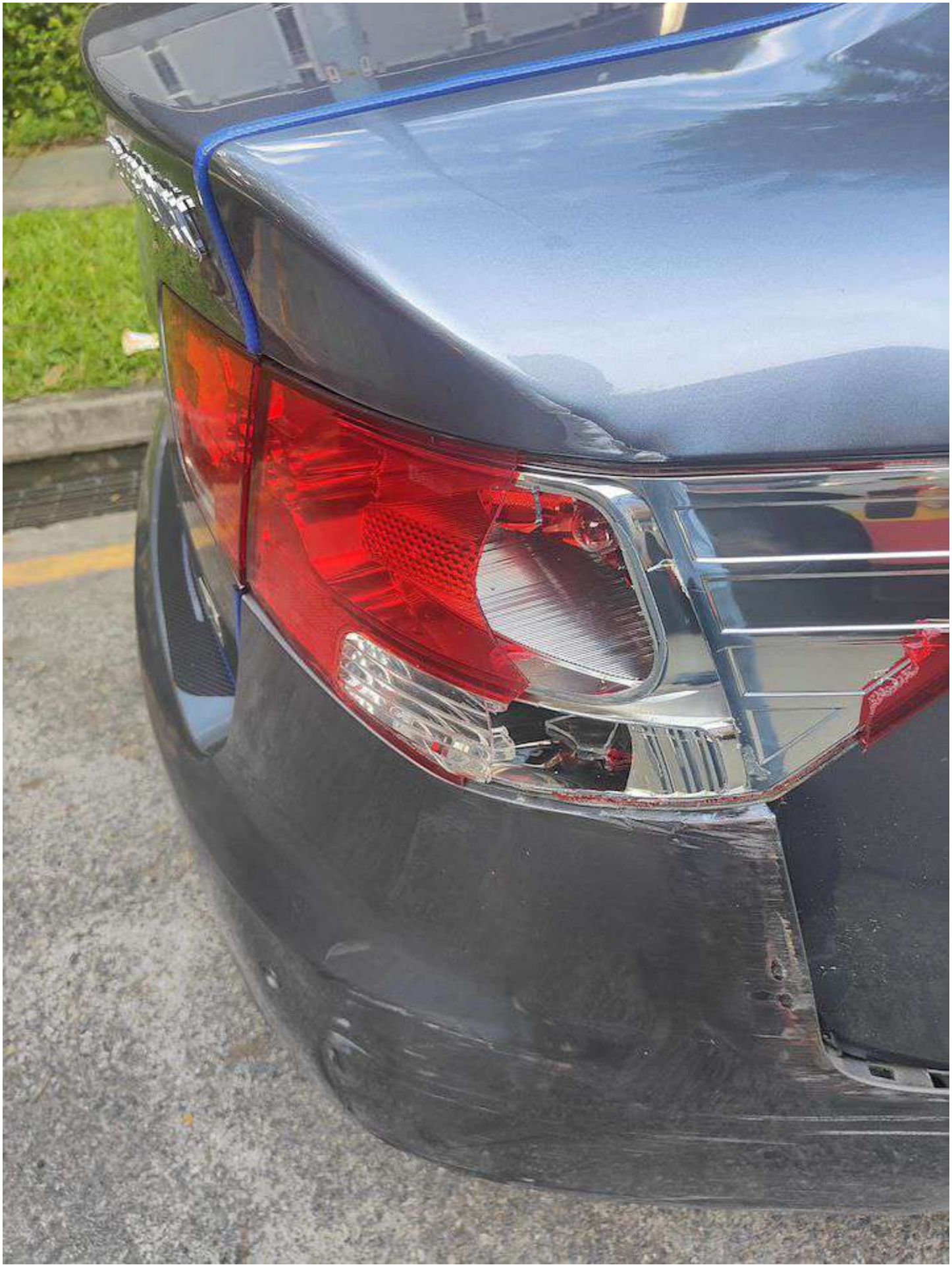

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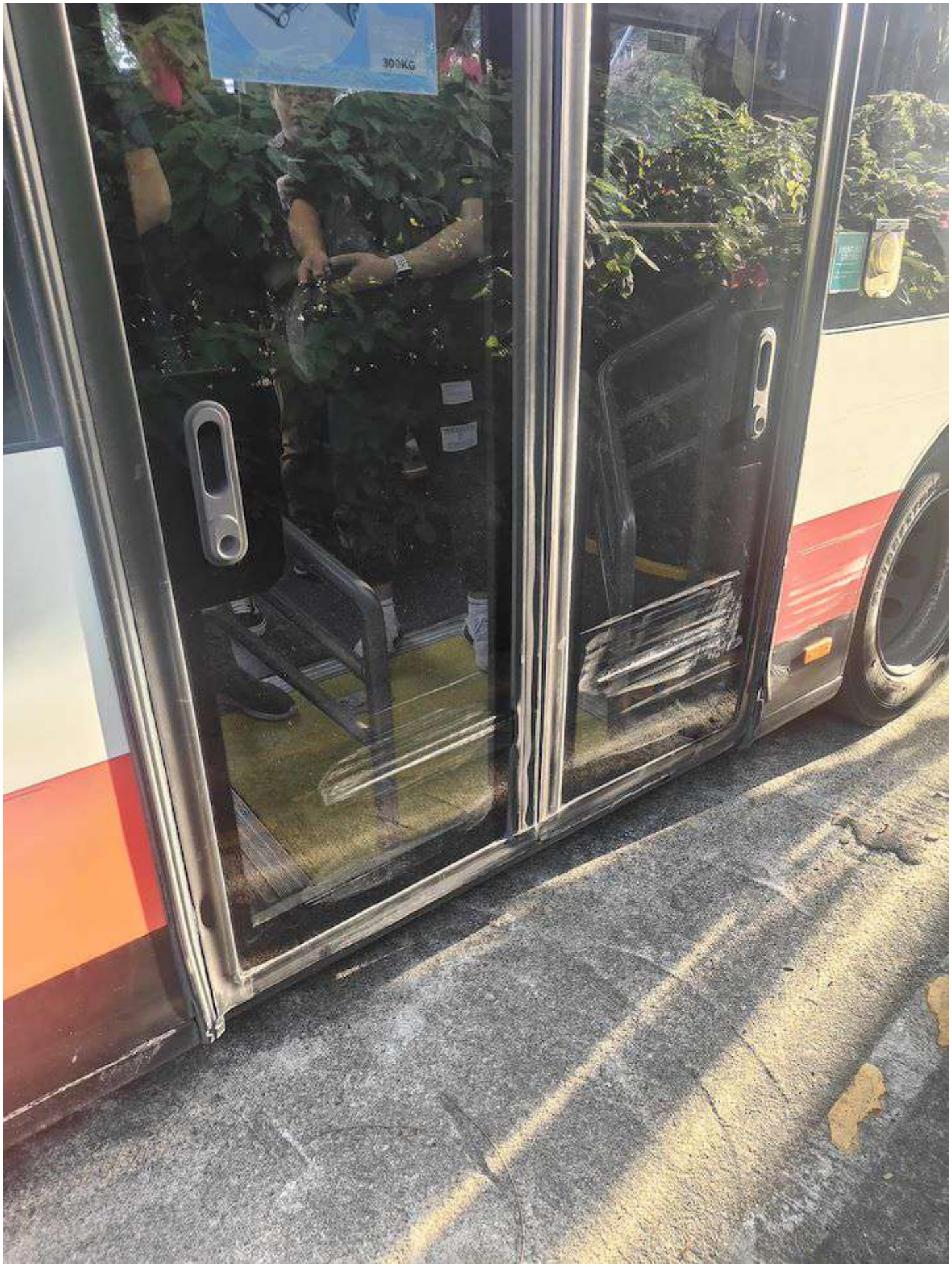

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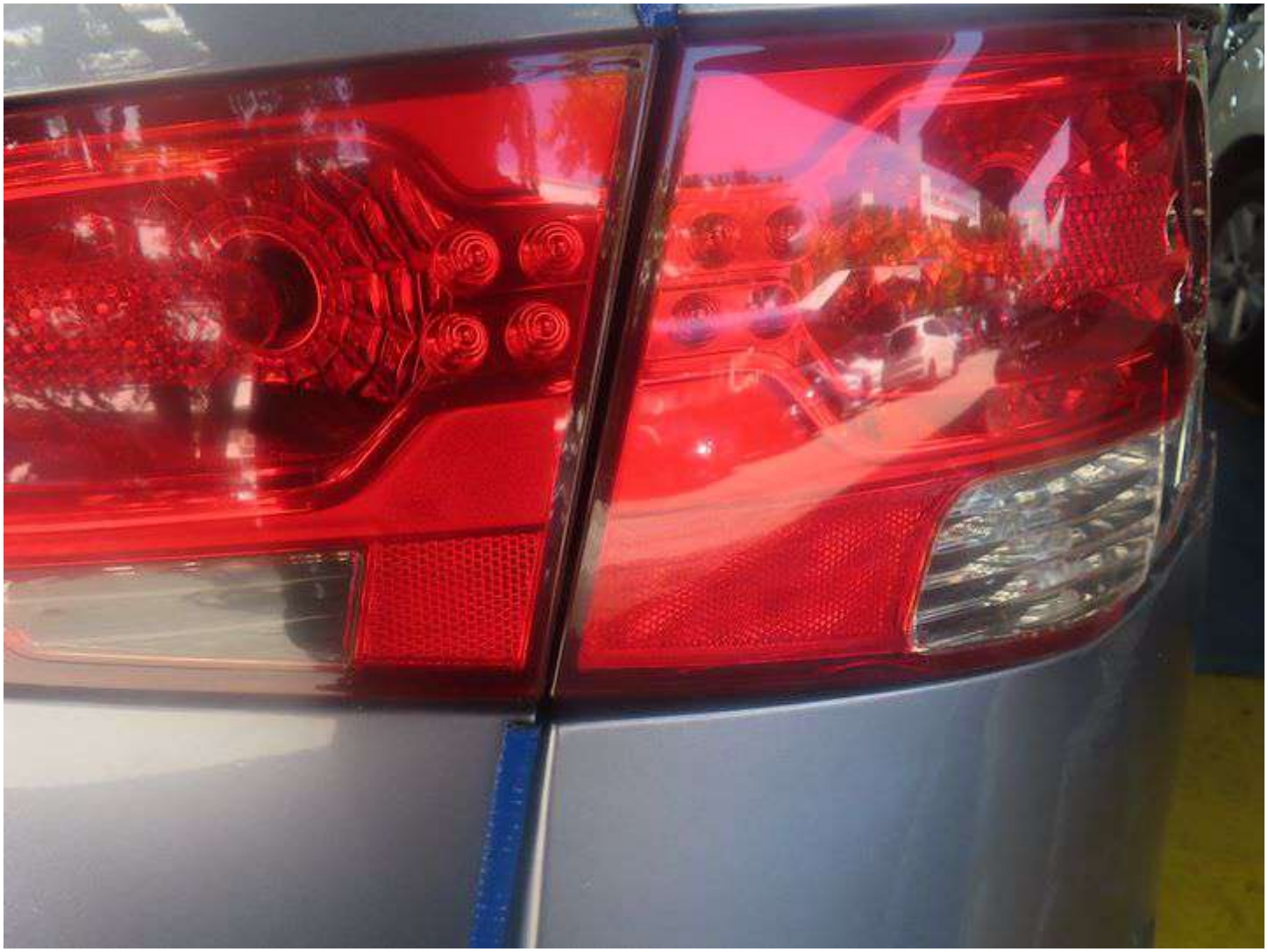

IMAGES #27


기아자동차(주)
KIA MOTORS CORPORATION
변속기 TRANSM
차축 AXLE
도장 PAINT
의장 TRIM
B
LC
WK
형식 승인 번호
APPD MODEL NO
DATE
KNAFW411MA5122015

IMAGES #28

IMAGES #29

IMAGES #30

IMAGES #31

IMAGES #32

SINGAPORE POLICE FORCE

T/20240704/7054

Report No. T/20240704/7054

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/07/2024 12:47		

Informant's Particulars

Name of Informant: Umar Bin Kastam			Address:
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office: Mobile.
Nationality: SINGAPORE CITIZEN			Email:
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver
Race: Javanese			Language: English
Occupation: Technical Development Ast Manager			Driving Licence Information: Class: 2A,3 Date of Expiry: 15/04/2027

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 04/07/2024 08:00	Type of Location: Straight Road
Location: Woodlands avenue 7				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
	SBS Bus	MERCEDES BENZ		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20240704/7054

Report No. T/20240704/7054

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2024 12:47
Officer In Charge Of Case: TP / AEIT / BOON YEN KIAN Contact No.: 65472079	Classification Of Case:

This report is lodged at Boon Teck NPP Kiosk
NP168

SINGAPORE POLICE FORCE

T/20240704/7054

Report No. T/20240704/7054

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	UMAR BIN KASTAM	ID No.	
Related Vehicle	(SBS Bus)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: 15/04/2027
Date Treatment	04/07/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was stopping on the 3rd lane of Woodlands Ave 7 road towards Woodlands Ave 2 due to traffic light on red and signal going to filter and turn left to Woodland Ave 2 after the bus lane. There are buses and cars in front of me stopping due to red light at the junction about 30m in front. The SBS bus no 911 with plate no SMB177J came out of the bus stop on my behind left and straight going to the 1st lane of the 4 lane road. While the bus move forward and turning left to straight his direction, the middle of the left bus hit my vehicle SJV5826S on the rear right and damage my right rear vehicle.

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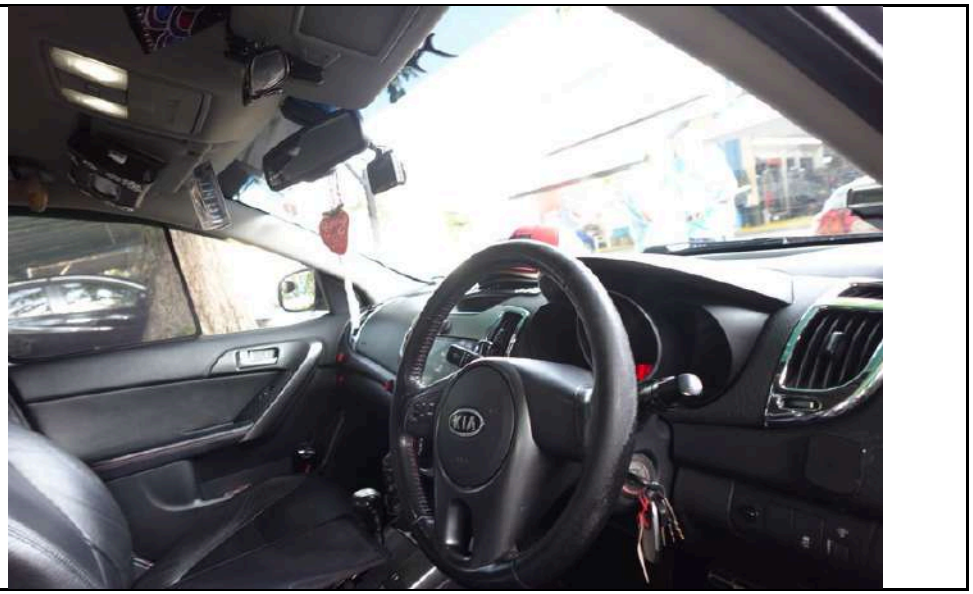

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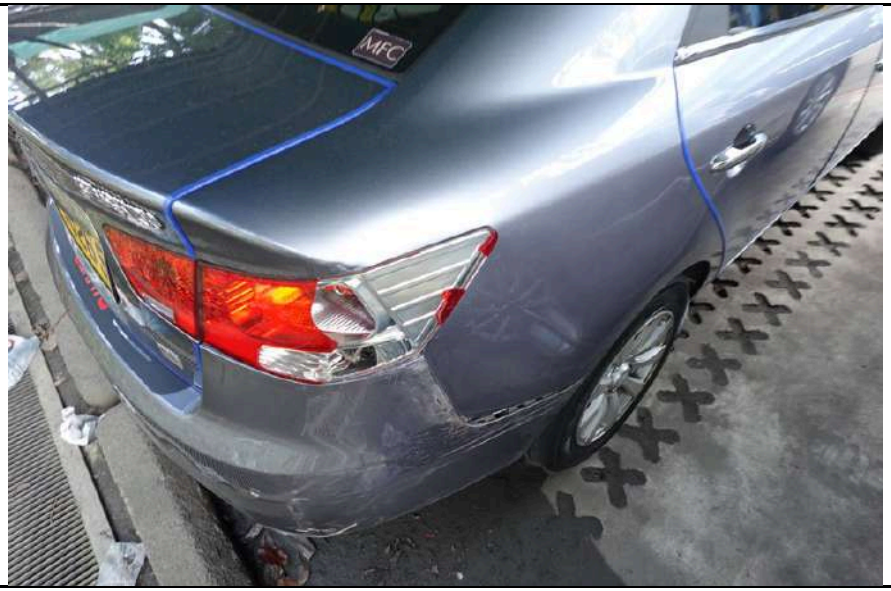

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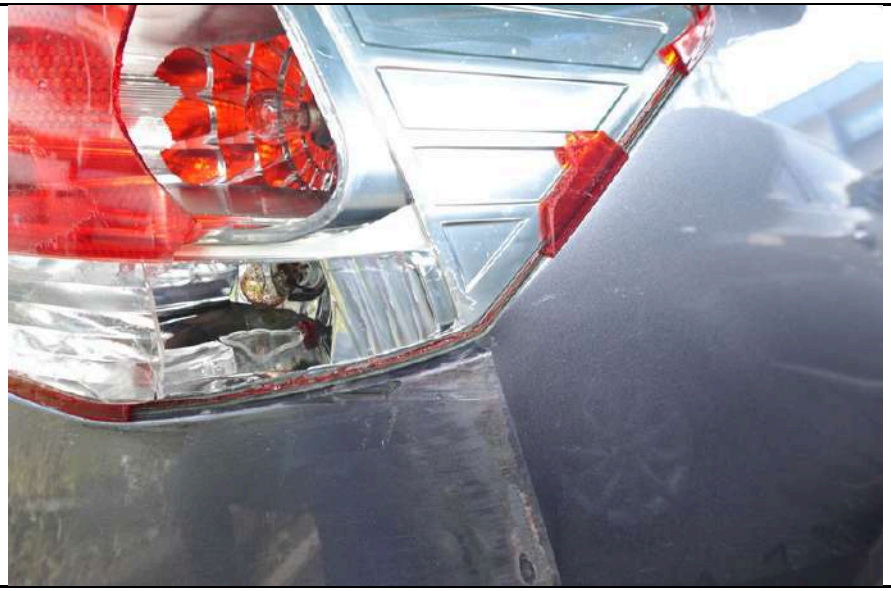

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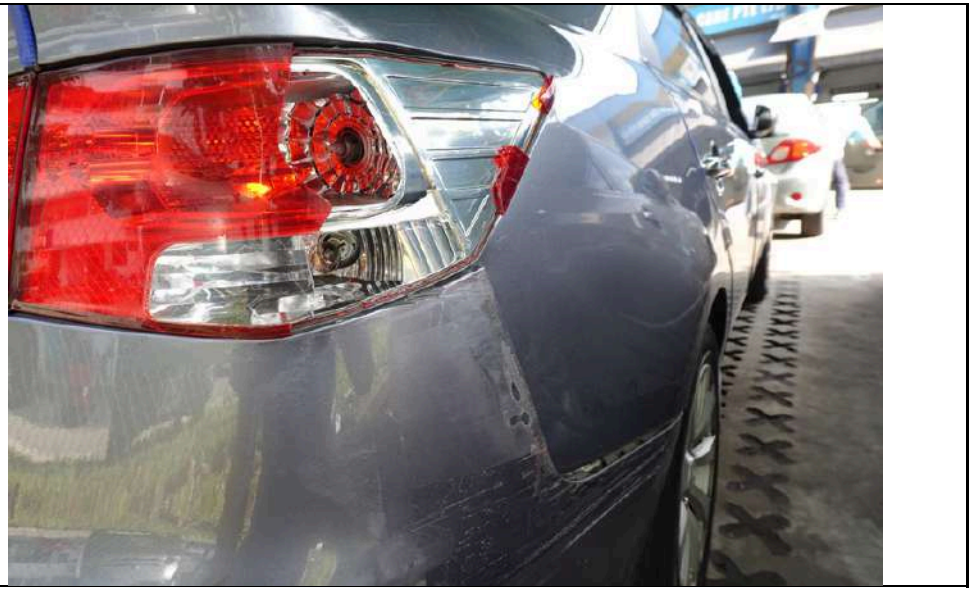

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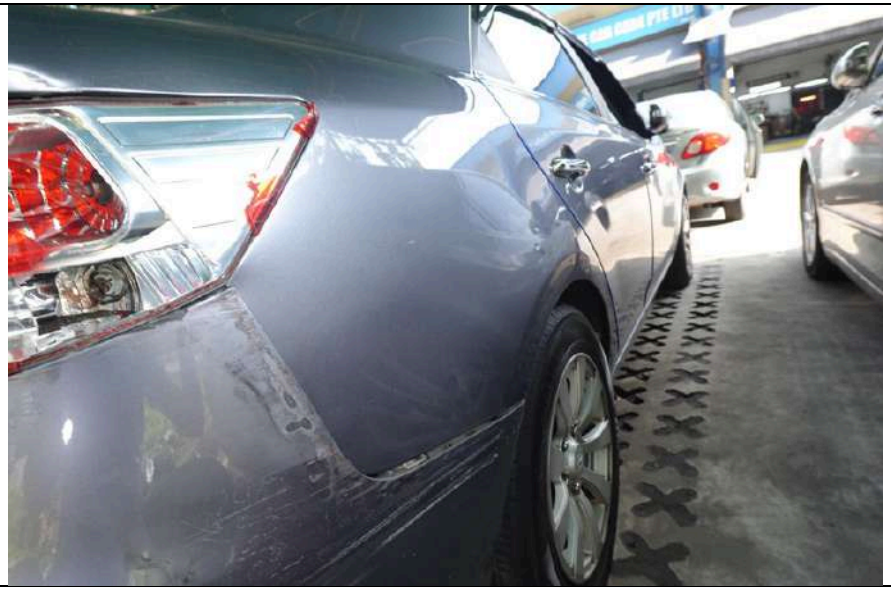

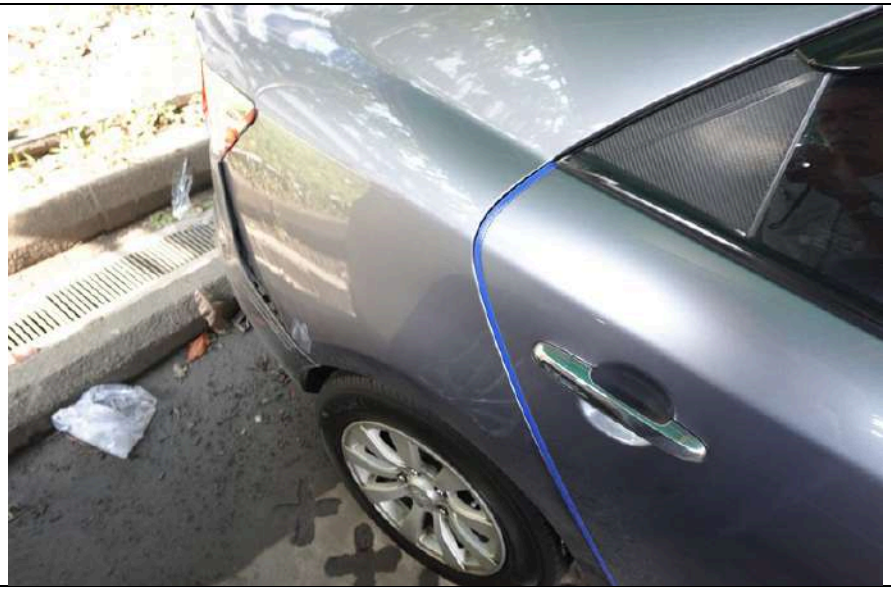

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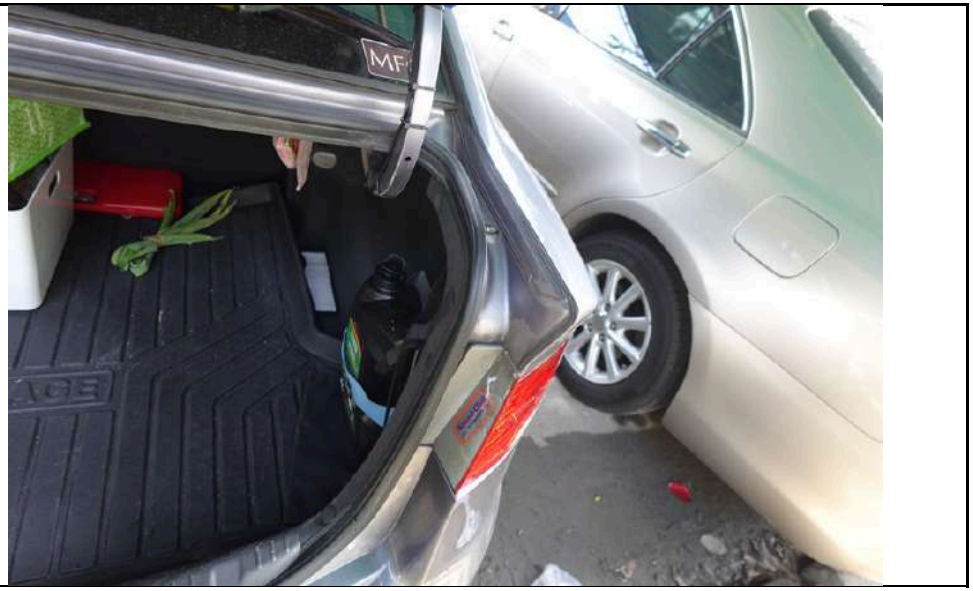
PHOTOGRAPHS FOR VEHICLE NO. : SJV 5826S



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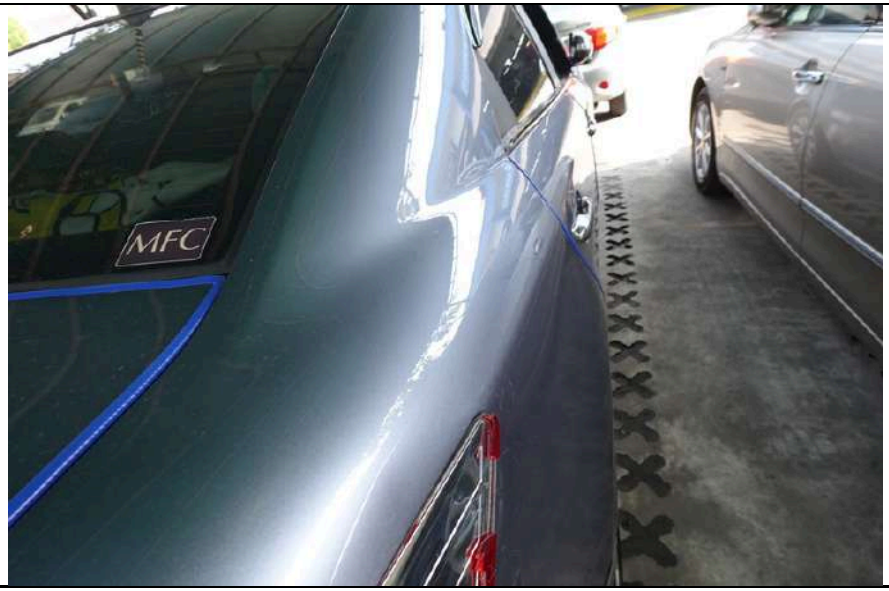

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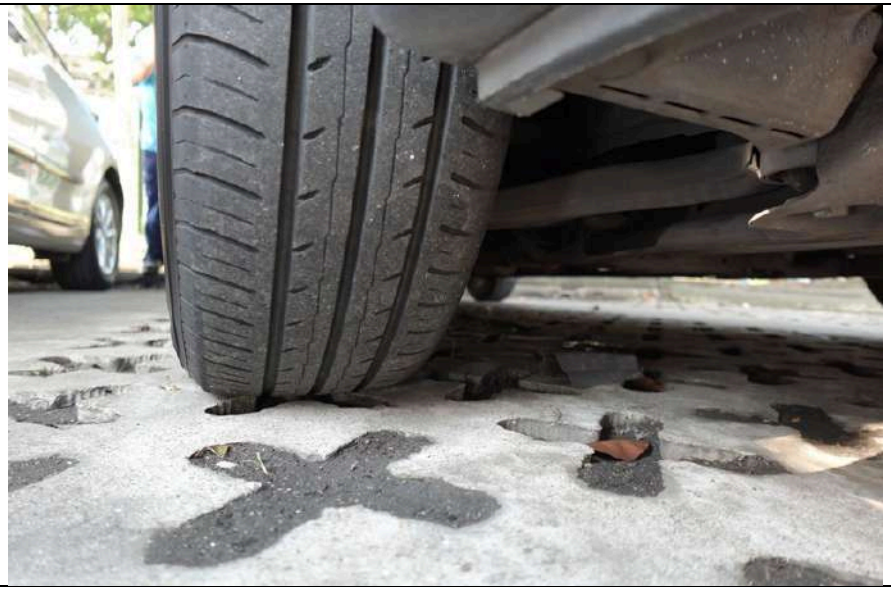

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