



## 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. : SAC2400088

INV Date : 17-07-2024

Reference CS/SMR24070136/Knp3e2

Code SMR

#### PROFESSIONAL SERVICE FEE

Vehicle No. SKR 4144S  
Insured Veh. SHC 4950X  
Claim No. TAX/06/24/2086  
Policy No.  
Accident Date 28/06/2024  
Inspection Date 08/07/2024

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**



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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24070136/Knp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	08/07/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 4950X	Veh. Inspected	SKR 4144S
Policy No.	-	Coverage	0
Claim No.	TAX/06/24/2086	Excess	\$0.00
Assign From	HUA YEN	Assign Date	08/07/2024

### 2. Vehicle Details

Make & Model	MERCEDES BENZ C180 (A)	C.C	1595
Engine No.	27491030211478	Year of Reg.	06/02/2015
Chassis No.	WDD2050402R007831	Colour	METALLIC BLACK
Odometer	151200 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: STANDARD ALLOY RIM		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	225/55R17	MICHELIN	8
L/H Front Tyre	225/55R17	MICHELIN	8
R/H Rear Tyre	225/55R17	MICHELIN	8
L/H Rear Tyre	225/55R17	MICHELIN	8

### 4. Description of Damages

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

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	28/06/2024	Inspection Date	08/07/2024
Survey held at	YEE AUTO PTE LTD 160 SIN MING DRIVE #02-17 SIN MING AUTOCITY SINGAPORE 575722		

### 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: 2 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SKR 4144S

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT BUMPER	TO REPAIR SEE LABOUR	\$2,145.00	\$0.00
1	FRONT BUMPER SIDE RETAINER - LH	SERVICEABLE	\$142.20	\$0.00
1	FRONT BUMPER SIDE RETAINER - RH	SERVICEABLE	\$142.20	\$0.00
1	SET FRONT BUMPER CLIPS	NOT NECESSARY	\$100.00	\$0.00
1	FOG LAMP GARNISH - RH	SERVICEABLE	\$398.50	\$0.00
1	HEADLAMP - RH	MTG CRACKED	\$5,685.70	\$3,617.00
1	FRONT FENDER - RH	TO REPAIR SEE LABOUR	\$1,182.60	\$0.00
1	FRONT FENDER INNER SHIELD	SERVICEABLE	\$265.70	\$0.00
1	FRONT BUMPER INNER SHIELD CLIP	NOT NECESSARY	\$80.00	\$0.00
	<b>LESS / 10.00% DISCOUNT</b>		\$0.00	(\$361.70)
			\$10,141.90	\$3,255.30

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT TYRE - RH (SN)	SERVICEABLE	\$400.00	\$0.00
1	FRONT WHEEL RIM - RH (SN)	SERVICEABLE	\$1,450.20	\$0.00
			\$1,850.20	\$0.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY. INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT FENDER - RH		\$1,000.00	\$200.00
	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION		\$1,000.00	\$400.00
	TO APPLY RUST-PROOFING ON REPAIRED, REPLACED PANEL	NOT NECESSARY	\$220.00	\$0.00
	WHEEL ALIGNMENT	NOT NECESSARY	\$260.00	\$0.00
	TO CHECK WIRING FUNCTIONS		\$150.00	\$15.00
			\$2,630.00	\$615.00

<b>GRAND TOTAL</b>			<b>\$14,622.10</b>	<b>\$3,870.30</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>\$3,050.00</b>

Report Ref No: CS/SMR24070136/Knp3e2



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## **KSC**

KENNETH KONG SENG CHEONG

## 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 .....	28/06/2024 14:37 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/06/2024 08:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	293 YISHUN STREET 22 OPEN CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKR4144S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOU KIM BEE
NRIC No .....	178H
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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 .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10500306R03

#### DRIVER

Name of Driver .....	LOU KIM BEE
NRIC No .....	
Date Of Birth .....	
Occupation .....	Indoor

Driving Pass Date .....	27/03/2013
Driving experience .....	11 YEARS AND 3 MONTHS
Gender .....	Female
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 - Major/Minor Rd
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN AND POLICE REPORT

#### 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 .....	VIDEO WITH OWNER WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC4950X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

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

## INJURED PERSONS DETAILS

### INJURED 1

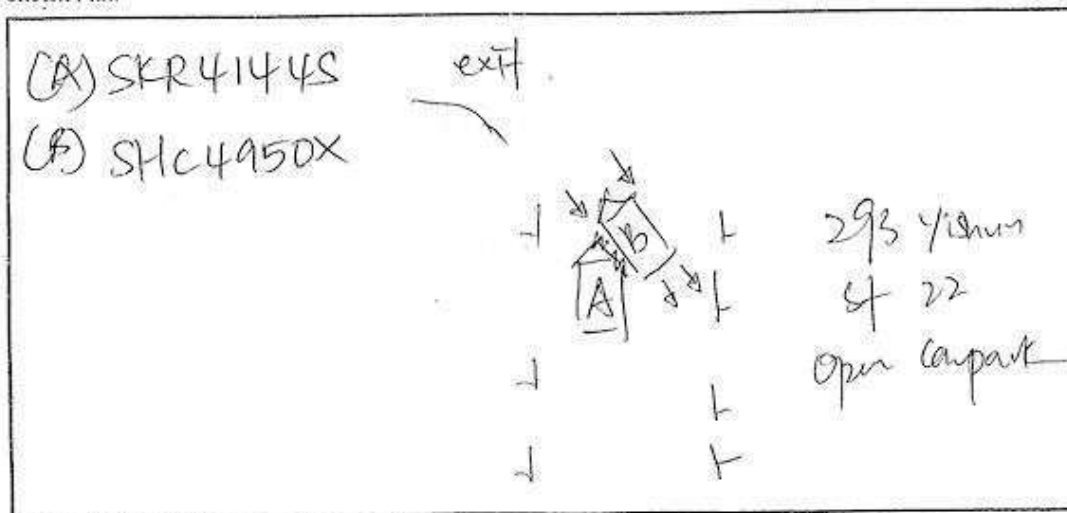
Name of injured person .....	LOU KIM BEE
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN, 5 DAYS MC
Injured person in which vehicle? .....	SKR4144S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


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 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 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. 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)  
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.

Sketch Plan



Policyholder's Signature / Date & Time  
  
 28/6/24  
 12:05pm

Driver's Signature (if driver is not the policyholder) / Date & Time  
  
 28/6/24  
 12:05pm

Witnessed by Reporting Centre Personnel  
  
 28/06/2024  
 AN LUN MOTOR COMPANY

Date of accident: 28/6/24 Time: 8:40am Location: 293 Yishun St 22 Qun  
 My Vehicle A: SKP 4144S Vehicle B: CHC 495DX Vehicle C: Car park

SKETCH PLAN

Describe Circumstances of the Accident

Refer to Police Report

Police Report NO: L/20240628/7031

\* TP claim at US Yee Auto

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

[Signature]  
 Policyholder's Signature / Date & Time  
28/6/24  
12:05pm

[Signature]  
 Driver's Signature (If driver is not the policyholder) / Date & Time  
28/6/24  
12:05pm

[Signature]  
 Witnessed by Reporting Centre Personnel  
28/06/2024  
 AH LIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



L/20240628/7031

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20240628/7031

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 28/06/2024 11:59		Vide Report No.		Station Diary No.	
Name Of Informant LOU KIM BEE		Address			
ID Type / ID No.		Contact No.			
NRIC NO		Home/Office:		Mobile:	
Nationality		Email Address			
Occupation		Sex Female	Age	Date of Birth	Race
Institution/School Name		Language English			
Date/Time Of Incident 28/06/2024 08:40		Location Of Incident			

**Brief details.**

On 28 June 2024 at 8:40am, I was driving my vehicle (A) SKR4144S along 293 Yishun Street 22 open carpark. I was on the road and prepare to exit the carpark. Before exit I stationery my vehicle and give way to the pedestrian. Suddenly the vehicle (B) SHC4950X in front of me reverse his car without checking and hit onto my vehicle front portion. After incident I feel unwell and went to see doctor, given 5 days MC.

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: 28/06/2024 11:59
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20240628/7031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20240628/7031

Subjects Involved			
Victim			
Person Name	LOU KIM BEE		
ID Type	NRIC NO	ID No	
Gender	Female	Language	English
Occupation	-	Mobile No	
Is Informant A Victim?	Yes		
Person Name	LOU KIM BEE (Informant)		

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: 28/06/2024 11:59
Officer In-Charge Of Case:	Classification Of Case:

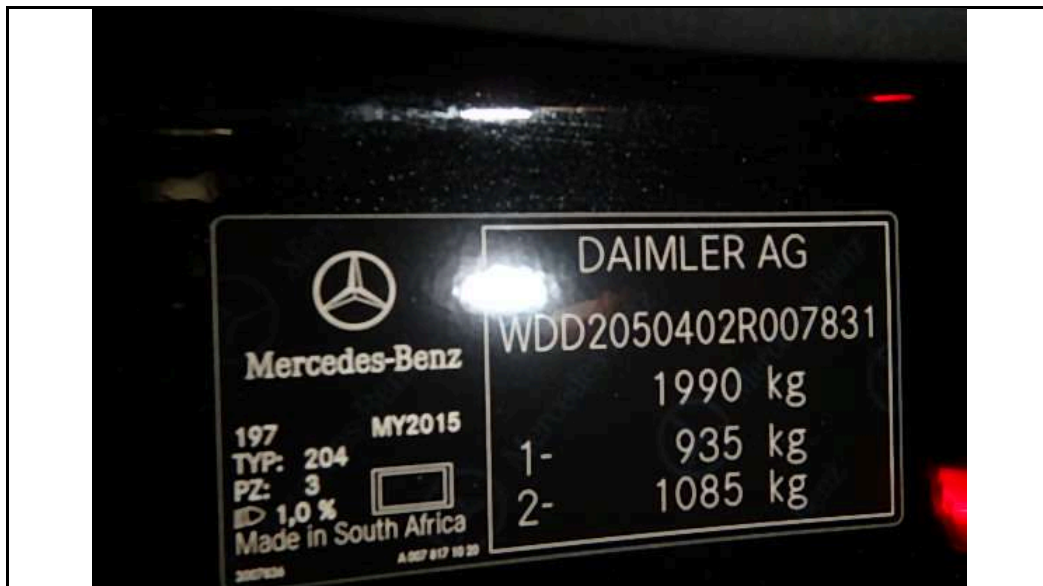
**PHOTOGRAPHS FOR VEHICLE NO. : SKR 4144S**



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**PHOTOGRAPHS FOR VEHICLE NO. : SKR 4144S**





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REINSPECTION PHOTOS (Page 1 of 2)

### PHOTOGRAPHS FOR VEHICLE NO. : SKR 4144S



**PHOTOGRAPHS FOR VEHICLE NO. : SKR 4144S**

