

**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. : SAC2400119

INV Date : 22-07-2024

Reference CS/SMR24070243/Uqp3

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. YP 2286Z

Insured Veh. SMB 1518C

Claim No. BUS/07/24/7009

Policy No.

Accident Date 11/07/2024

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**



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Affiliated to Federation Internationale Des Experts En Automobile					
MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.		Ref:	CS/SMR24070243/Uqp3e2		
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE		Date:	22/07/2024		
757705		Code:	SMR		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>					
	Insured Veh.	SMB 1518C	Veh. Inspected	YP 2286Z	
	Policy No.	-	Coverage	0	
	Claim No.	BUS/07/24/7009	Excess	\$0.00	
	Assign From	HUA YEN	Assign Date	15/07/2024	
<b>2. Vehicle Details</b>					
	Make & Model	MITSUBISHI CANTER FEB71 (M)		C.C	2998
	Engine No.	4P10C16952		Year of Reg.	22/04/2016
	Chassis No.	FEB71EA20142		Colour	BLACK
	Odometer	165352 KM		Steering	IN ORDER
	Brakes	IN ORDER		General	GOOD
	Modification(s)	RIMS: NIL			
<b>3. Conditions of Tyres</b>					
		Size	Make	Balance (mm)	
	R/H Front Tyre	215/75R17.5	AUSTONE	6	
	L/H Front Tyre	215/75R17.5	AUSTONE	6	
	R/H Rear Tyre	215/75R17.5 (D)	AUSTONE	6/6	
	L/H Rear Tyre	215/75R17.5 (D)	AUSTONE	6/6	
<b>4. Description of Damages</b>					
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.					
DAMAGES SEE DETAILS.					
<b>5. General Information</b>					
	Accident Date	11/07/2024		Inspection Date	15/07/2024
	Survey held at	LIU'S BROTHER AUTO ENGINEERING WORKSHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ KAKI BUKIT SINGAPORE 417883			
<b>5a. Remarks</b>					
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.					
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.					
<b>5b. Estimate Days of Repair</b>					
ESTIMATED NORMAL PERIOD FOR REPAIR: 4 Working Days					



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO YP 2286Z

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT RH DOOR	TO REPAIR SEE LABOUR	\$2,129.30	\$0.00
1	FRONT RH DOOR HINGE LOWER	SERVICEABLE	\$144.50	\$0.00
1	FRONT RH HEAD LAMP	CRACKED	\$856.40	\$856.40
1	FRONT SIDE LAMP O/S	BROKEN	\$187.50	\$187.50
1	FRONT RH SIGNAL LAMP	BROKEN	\$313.60	\$288.21
1	FRONT RH CORNER PANEL	CRACKED	\$603.50	\$603.50
1	FRONT RH SIDE MIRROR ARM	CRACKED	\$642.30	\$642.30
1	FRONT RH SIDE MIRROR	SERVICEABLE	\$341.20	\$0.00
1	FRONT RH MIRROR ARM COVER	SERVICEABLE	\$182.40	\$0.00
1	FRONT RH BUMPER	DISTORTED	\$1,229.00	\$1,229.00
1	FRONT RH BUMPER PROTECTOR	MISSING	\$441.70	\$369.81
	<b>LESS 0.00 / 25.00% DISCOUNT</b>		\$0.00	(\$1,044.18)
			\$7,071.40	\$3,132.54

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET FRONT RH HEAD LAMP CLIPS (SN)	NOT NECESSARY	\$30.00	\$0.00
1	SET FRONT RH SIGNAL LAMP CLIPS (SN)	NOT NECESSARY	\$20.00	\$0.00
1	SET FRONT RH CORNER PANEL CLIPS (SN)	NOT NECESSARY	\$65.00	\$0.00
1	SET FRONT RH BUMPER CLIPS (SN)	NOT NECESSARY	\$50.00	\$0.00
1	SET FRONT BUMPER PROTECTOR CLIP (SN)	NOT NECESSARY	\$40.00	\$0.00
			\$205.00	\$0.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION		\$50.00	\$20.00
	LABOR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETC. INCLUSIVE OF THE REPAIR OF FRONT RH DOOR		\$600.00	\$520.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED AREAS		\$600.00	\$580.00
	TO APPLY RUST PROOFING, RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA	NOT NECESSARY	\$50.00	\$0.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE, REPLACE AND TRANSFER DOOR PANEL, FITTING AND MECHANISMS	NOT NECESSARY	\$80.00	\$0.00
			\$1,380.00	\$1,120.00
GRAND TOTAL			\$8,656.40	\$4,252.54
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$3,400.00
Report Ref No: CS/SMR24070243/Uqp3				

## CKS

MARCUS CHUA KANG SENG

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 ..... 11/07/2024 16:06 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 11/07/2024 09:30 (SGT)  
Exact Location of Accident ..... Rochor Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP2286Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GOLDBELL LEASING PTE LTD  
Company Reg No ..... 1XXXXX196N  
Email Address .....  
Mobile Phone No .....  
Alternative Phone No .....

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
Variant ..... FEB71ER4SDEC (CBU)  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2998

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Policy Number / Cover Note Number ..... D24102460MFCV

### DRIVER

Name of Driver ..... MOHAMMAD JASMIN BIN MOHD JIWA  
NRIC No .....  
Date Of Birth .....  
Occupation ..... Outdoor

Driving Pass Date .....	11/03/2015
Driving experience .....	9 YEARS AND 4 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 .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 11/07/24 AT ABOUT 0930 HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (YP2286Z) ALONG ROCHOR ROAD ENROUTE FROM MARSILING TOWARDS BEATTY ROAD FOR WORK PURPOSES. AS I WAS I DRIVING IN THE THIRD LANE, VEHICLE B (SMB1518C) FROM THE SECOND LANE CHANGES INTO MY LANE. AS VEHICLE B CHANGES LANE, THE LEFT REAR GRAZED AGAINST THE RIGHT FRONT OF MY VEHICLE. NO ONE WAS INJURED DURING THE ACCIDENT

#### 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 .....	SMB1518C
Vehicle Manufacturer .....	Man
Vehicle Model .....	NL 320F (A22) 11L AUTO ABS TURBO
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus

Name of Driver .....	SONG CHENGUI
Contact Number .....	-
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 correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized 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 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.

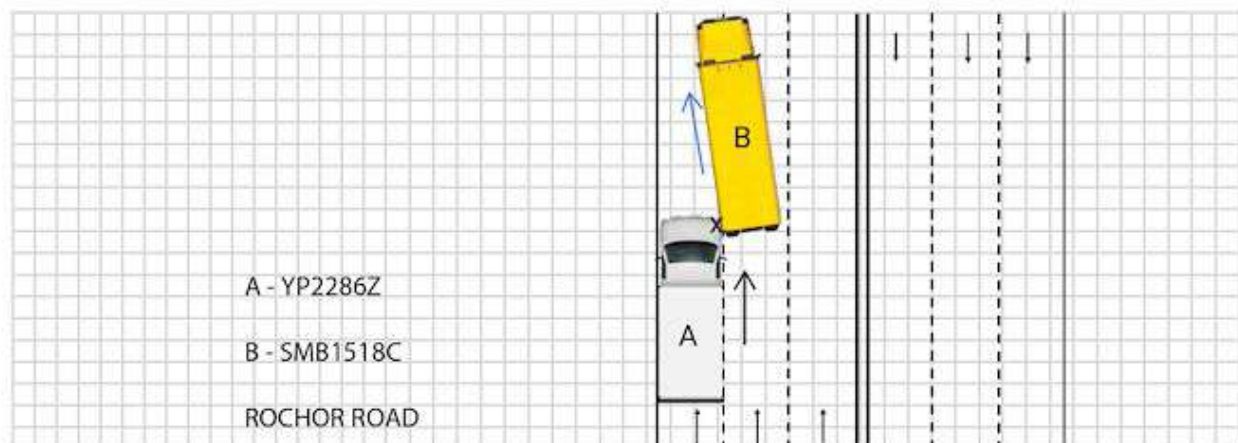
Policyholder's Signature / Date & Time

**Sketch Plan**

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

11-07-24/13:15 HRS

Witnessed by Reporting Centre Personnel





## Describe Circumstances of the Accident

ON 11/07/24 AT ABOUT 0930 HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (YP2286Z) ALONG ROCHOR ROAD ENROUTE FROM MARSILING TOWARDS BEATTY ROAD FOR WORK PURPOSES. AS I WAS I DRIVING IN THE THIRD LANE, VEHICLE B (SMB1518C) FROM THE SECOND LANE CHANGES INTO MY LANE. AS VEHICLE B CHANGES LANE, THE LEFT REAR GRAZED AGAINST THE RIGHT FRONT OF MY VEHICLE. NO ONE WAS INJURED DURING THE ACCIDENT

## Declaration

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

Policyholder's Signature / Date & Time

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

11-07-24/13:15 HRS

Witnessed by Reporting Centre Personnel



**PHOTOGRAPHS FOR VEHICLE NO. : YP 2286Z**





**PHOTOGRAPHS FOR VEHICLE NO. : YP 2286Z**



**PHOTOGRAPHS FOR VEHICLE NO. : YP 2286Z**

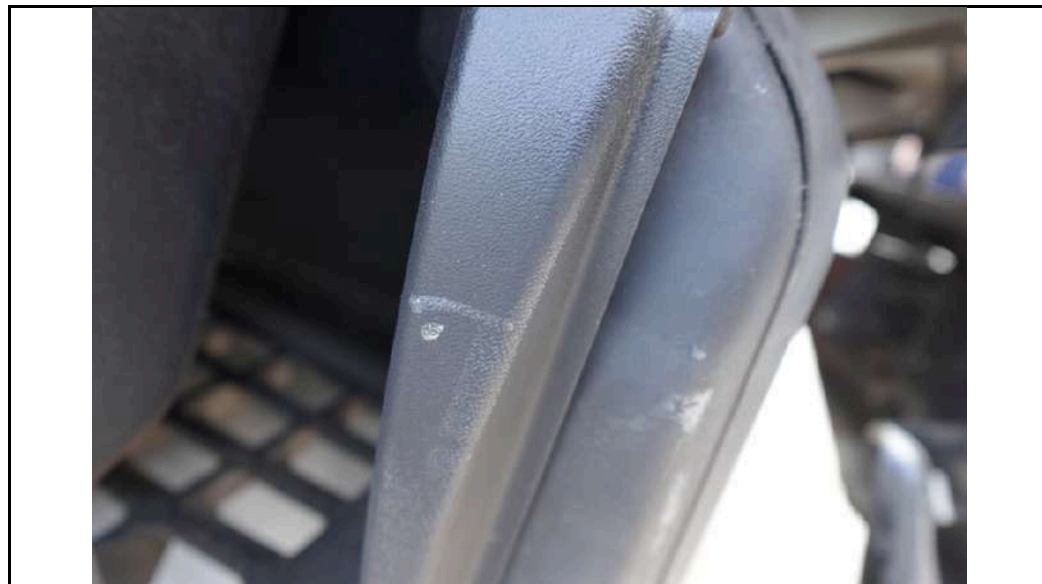




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