

**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. : SAC2400132

INV Date : 24-07-2024

Reference CS/SMR24060107/Rnh3e2

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SLC 5443P

Insured Veh. SHB 5822G

Claim No. TAX/06/24/2037

Policy No.

Accident Date 12/06/2024

Inspection Date 16/07/2024

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/SMR24060107/Rnh3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	24/07/2024
	Code:	SMR

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

Insured Veh.	SHB 5822G	Veh. Inspected	SLC 5443P
Policy No.	-	Coverage	0
Claim No.	TAX/06/24/2037	Excess	\$0.00
Assign From	HUA YEN	Assign Date	14/06/2024

### 2. Vehicle Details

Make & Model	MAZDA 3 SEDAN 1.5L SP	C.C	1496
Engine No.	P520360124	Year of Reg.	18/05/2016
Chassis No.	JM6BM42A8G0339060	Colour	RED
Odometer	102759 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	205/60 R16	GOODYEAR	6
L/H Front Tyre	205/60 R16	GOODYEAR	6
R/H Rear Tyre	205/60 R16	GOODYEAR	6
L/H Rear Tyre	205/60 R16	GOODYEAR	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	12/06/2024	Inspection Date	16/07/2024
Survey held at	MITSUBISHI HC CAPITAL ASIA PACIFIC - NO. 8 FOURTH YANG RD SINGAPORE 629705		

### 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: 3 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SLC 5443P

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER TOP	DEFORMED	\$1,120.00	\$1,120.00
1	REAR BUMPER LOWER GARNISH	NOT NECESSARY	\$1,232.00	\$0.00
1	REAR TOW COVER	MISSING	\$56.00	\$56.00
	<b>LESS 20.00% DISCOUNT</b>		(\$481.60)	(\$235.20)
			\$1,926.40	\$940.80
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET BUMPER CLIPS	NECESSARY	\$80.00	\$40.00
1	SET BUMPER UNDER COVER CLIPS	NOT NECESSARY	\$80.00	\$0.00
1	SET REAR PARKING SENSOR	NOT NECESSARY	\$580.00	\$0.00
			\$740.00	\$40.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	REMOVE,REPAIR AND REPLACE PARTS FOR THE EFFECTED AREAS		\$650.00	\$200.00
	SPRAY PAINTING ON THE EFFECTED AREAS WITH 2K PAINT		\$400.00	\$200.00
	CHECK WIRING AND ENSURE PROPER FUNCTIONING		\$80.00	\$0.00
	REMOVE AND REINSTALL BUMPER SENSORS		\$120.00	\$60.00
			\$1,250.00	\$460.00
<b>GRAND TOTAL</b>			<b>\$3,916.40</b>	<b>\$1,440.80</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>\$1,440.80</b>
Report Ref No: CS/SMR24060107/Rnh3e2				

**MRB**

MOHAMMED RASUL BIN MOHD YUNUS



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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 replying 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 .....	12/06/2024 17:05 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/06/2024 13:59 (SGT)
Exact Location of Accident .....	Sengkang W Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC5443P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ZHANG YING
Passport No/FIN .....	EXXXX5280
Email Address .....	christinezhang@sumitomo-chem.com.sg
Mobile Phone No .....	(Phone) +65-97739572
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 .....	0

#### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	J300567751QMY

#### DRIVER

Name of Driver .....	ZHANG JING
NRIC No .....	SXXXX622A
Date Of Birth .....	04/10/1977
Occupation .....	Indoor

Driving Pass Date .....	23/07/2008
Driving experience .....	15 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97739572
Alt. Phone Number .....	-
Email Address .....	christinezhang@sumitomo-chem.com.sg
Address .....	13 MOUNT SOPHIA #01-41
Address complement .....	-
Postcode .....	228471
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 - Head to Rear
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

#### REFER TO ATTACHED

#### 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 .....	SHB5822G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-83427255

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 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:

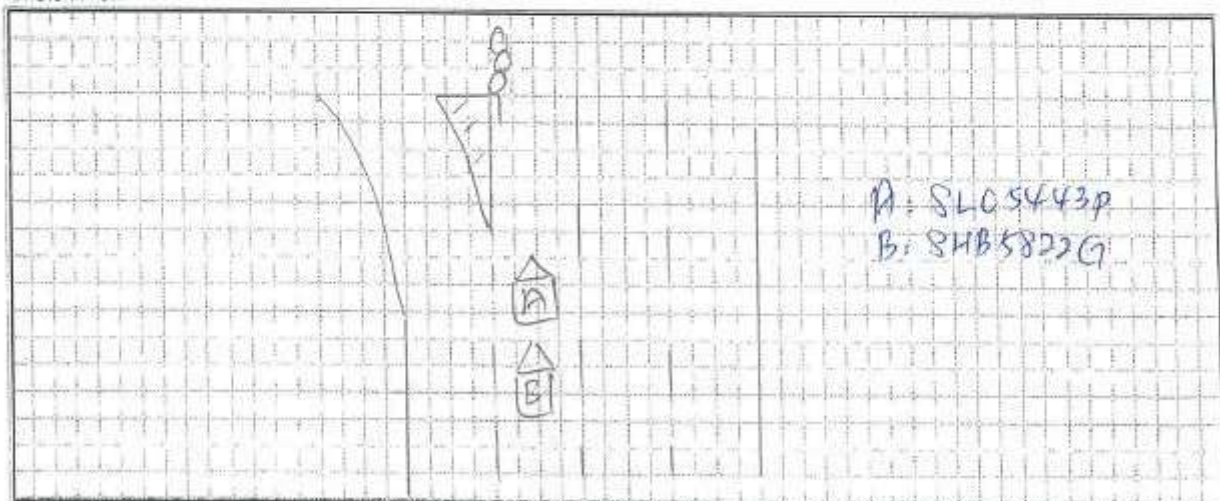
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
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)

**Sketch Plan**





Describe Circumstance of the Accident

I was travelling on the most left lane. Red lights ahead, I slow down and stop my vehicle. Out of sudden, I felt an impact from my rear. CAR B has collided onto my rear portion.

Declaration

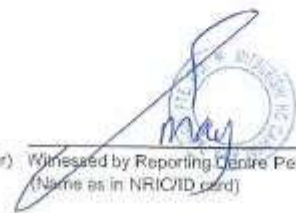
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



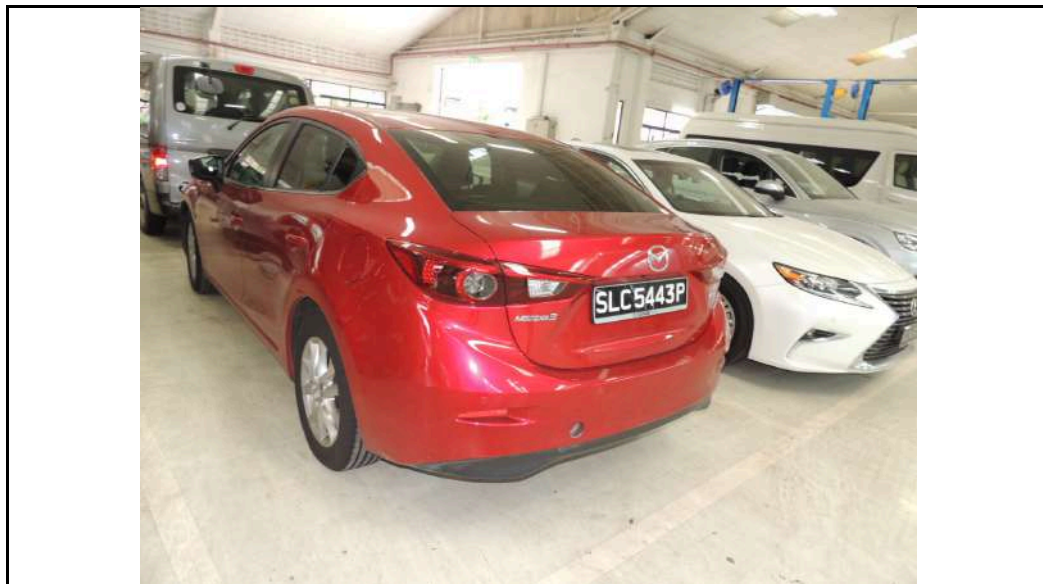
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**PHOTOGRAPHS FOR VEHICLE NO. : SLC 5443P**





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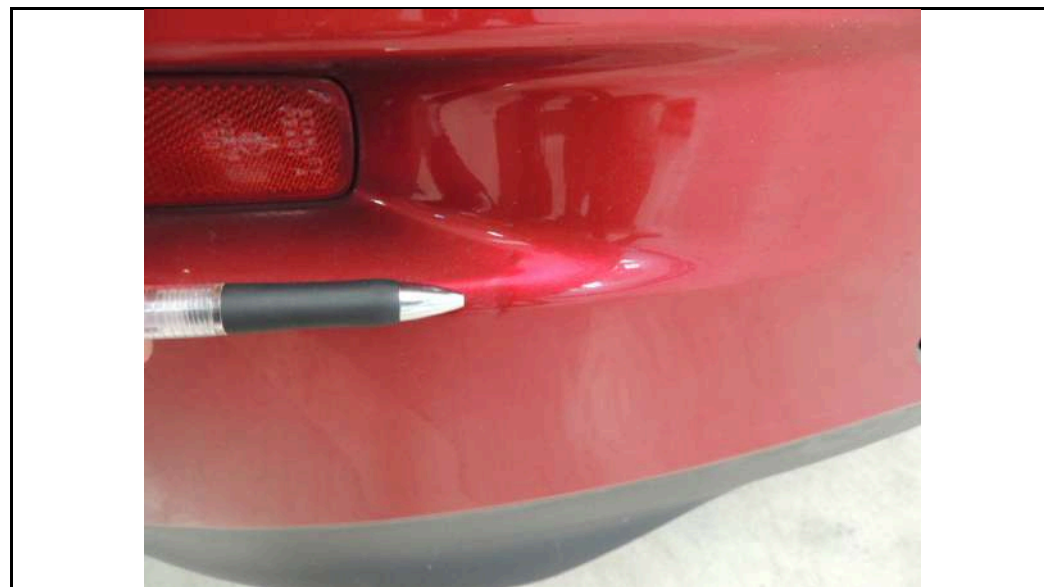


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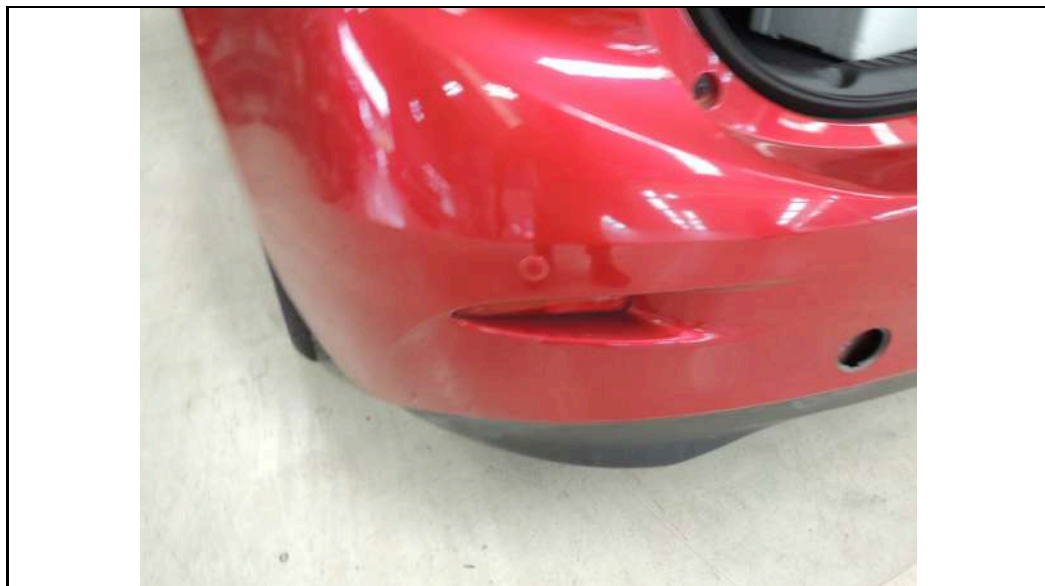


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**INSPECTION PHOTOS (Page 10 of 10)**

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