

**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. : SAC2401367

INV Date : 14-11-2024

Reference CS/SMR24080322/Enp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNL 1701A

Insured Veh. SHB 525Y

Claim No. TAX/08/24/2069

Policy No.

Accident Date 19/08/2024

Inspection Date 02/09/2024

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/SMR24080322/Enp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	14/11/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 525Y	Veh. Inspected	SNL 1701A
Policy No.	-	Coverage	0
Claim No.	TAX/08/24/2069	Excess	\$0.00
Assign From	HUA YEN	Assign Date	20/08/2024

2. Vehicle Details

Make & Model	TOYOTA NOAH HYBRID	C.C	1797
Engine No.	2ZR2U37057	Year of Reg.	13/06/2023
Chassis No.	ZWR900072235	Colour	BLACK
Odometer	90900 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	205/60 R16	MICHELIN	5
L/H Front Tyre	205/60 R16	MICHELIN	5
R/H Rear Tyre	205/60 R16	MICHELIN	5
L/H Rear Tyre	205/60 R16	MICHELIN	5

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	19/08/2024	Inspection Date	02/09/2024
Survey held at	REGNANT AUTOMOTIVE PTE LTD - 53 UBI AVENUE 1, #01-09, PAYA UBI INDUSTRIAL PARK, SINGAPORE 408934		

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 SNL 1701A

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	TAILGATE	TO REPAIR SEE LABOUR	\$3,263.00	\$0.00
1	TAILGATE WEATHERSTRIP	NOT NECESSARY	\$590.00	\$0.00
1	REAR EMBLEM "LOGO"	NOT NECESSARY	\$150.00	\$0.00
1	REAR EMBLEM "NOAH"	NOT NECESSARY	\$120.00	\$0.00
1	REAR EMBLEM "HYBRID SYNERGY DRIVE"	NECESSARY	\$140.00	\$140.00
1	REAR PANEL	TO REPAIR SEE LABOUR	\$1,400.00	\$0.00
1	REAR BUMPER	DEFORMED	\$890.00	\$797.00
1	REAR BUMPER SIDE RETAINER LH	NOT NECESSARY	\$65.00	\$0.00
1	REAR BUMPER SIDE RETAINER RH	NOT NECESSARY	\$65.00	\$0.00
1	REAR BUMPER BRACKET RH	NOT NECESSARY	\$50.00	\$0.00
1	REAR BUMPER BRACKET LH	NOT NECESSARY	\$50.00	\$0.00
1	REAR TOW COVER	NOT NECESSARY	\$50.00	\$0.00
1	REAR REFLECTOR RH	NOT NECESSARY	\$80.00	\$0.00
1	REAR REFLECTOR LH	NOT NECESSARY	\$80.00	\$0.00
	LESS 25.00% DISCOUNT		(\$1,748.25)	(\$234.25)
			\$5,244.75	\$702.75

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET REAR BUMPER CLIP (SN)	NECESSARY	\$100.00	\$30.00
1	SET REAR REVERSE SENSOR (SN)	MALFUNCTION	\$500.00	\$200.00
			\$600.00	\$230.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	CHECK REAR WIRING AND LIGHTING SYSTEM		\$150.00	\$30.00
	TRANSFER PARTS, ATTACHMENT FROM OLD TO NEW	NOT NECESSARY	\$300.00	\$0.00
	REMOVE AND RENEW REAR REVERSE SENSOR		\$120.00	\$30.00
	REMOVE , REFIT REAR LINING, TRIM AND GARNISH	NOT NECESSARY	\$200.00	\$0.00
	DIAGNOIS CHECK AND CLEAR FAULT CODE	NOT NECESSARY	\$200.00	\$0.00
	PANEL BEATING ON AFFECTED AREAS AND RENEW PART. INCLUSIVE OF THE REPAIR OF TAILGATE AND REAR PANEL		\$800.00	\$400.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	SPRAY PAINTING ON AFFECTED AREAS		\$800.00	\$400.00
			\$2,570.00	\$860.00
GRAND TOTAL			\$8,414.75	\$1,792.75
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$1,450.00
Report Ref No: CS/SMR24080322/Enp3e2				

CTY

STEVE CHEN TSUE YEE

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	20/08/2024 11:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/08/2024 09:40 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	OPPOSITE KING CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL1701A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FARRAH DIANA BINTE ISMAIL
NRIC No	S8136726D
Email Address	nana_non26@hotmail.com
Mobile Phone No	(Phone) +65-92362614
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1797
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZD02942

DRIVER

Name of Driver	FARRAH DIANA BINTE ISMAIL
NRIC No	S8136726D
Date Of Birth	26/11/1981
Occupation	Outdoor
Driving Pass Date	13/08/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS
Gender	Female
Mobile Number	(Phone) +65-92362614
Alt. Phone Number	-
Email Address	nana_non26@hotmail.com
Address	BLK 340 WOODLANNDS AVENUE 1 #02-579
Address complement	-
Postcode	730340
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 - 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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SHB525Y
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	FARRAH DIANA BINTE ISMAIL
Gender	Female
Phone No	(Phone) +65-92362614
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNL1701A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver.

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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes")
- 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
- 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.

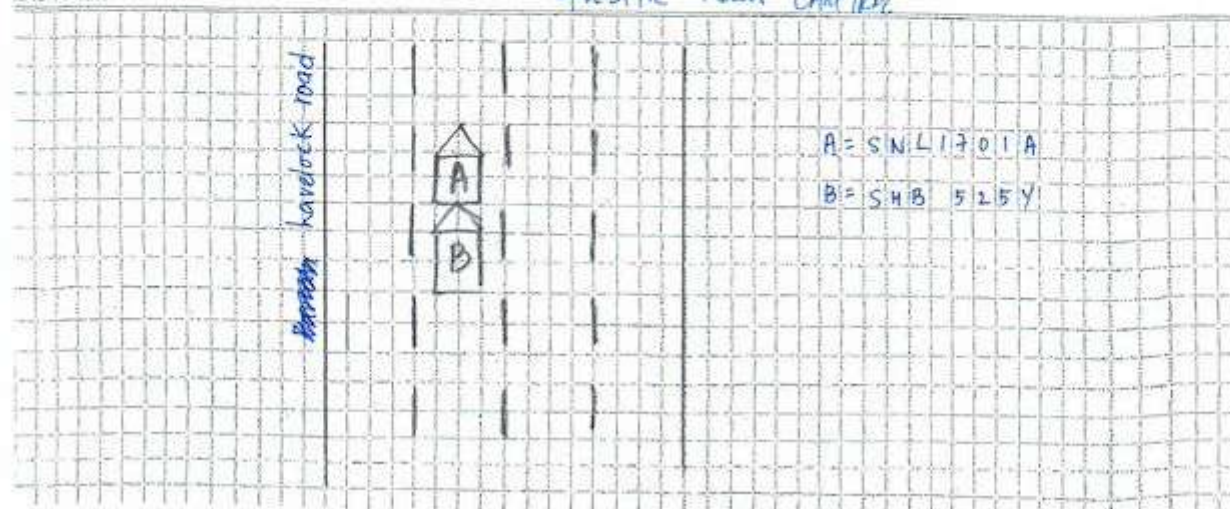
Policyholder's Signature / Date & Time

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

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

Sketch Plan

OPPOSITE Kallit CHARIT



Describe Circumstance of the Accident

On the stated date and time, I was travelling along havelock road opposite king
and stop
centre. The vehicle in front of me slow down, i followed suit. Suddenly, I felt an
huge impact from my rear portion of my vehicle. Vehicle B (SHB 525Y) had hit
onto my rear portion of my vehicle.

Declaration

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

Policyholder's Signature / Date & Time

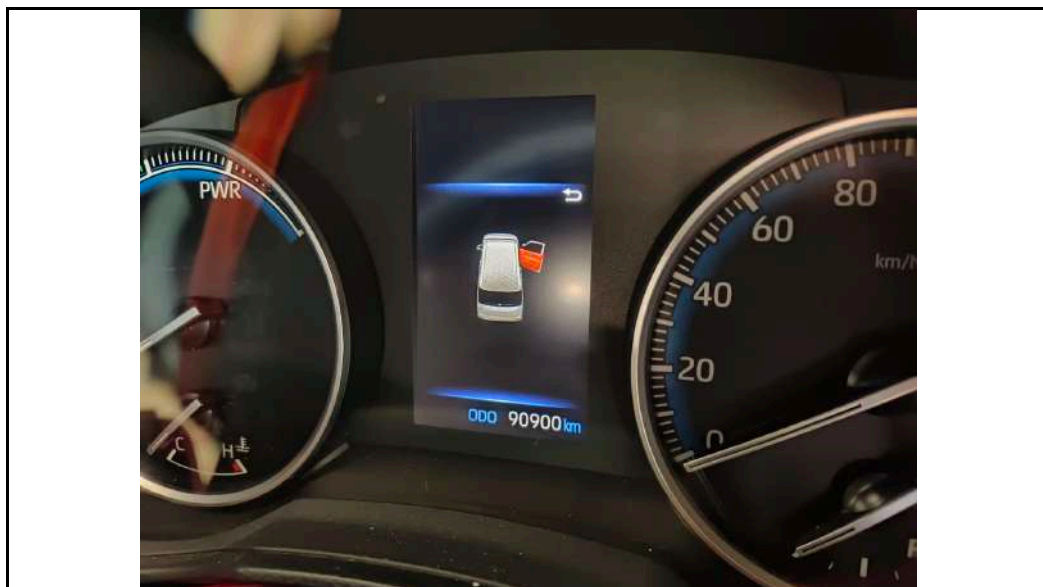
Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

PHOTOGRAPHS FOR VEHICLE NO. : SNL 1701A



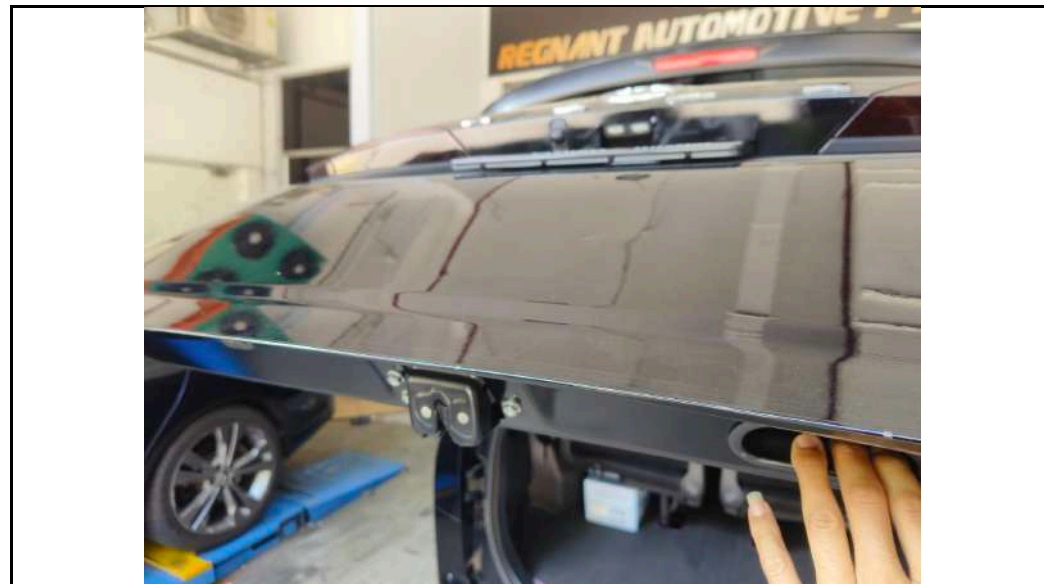
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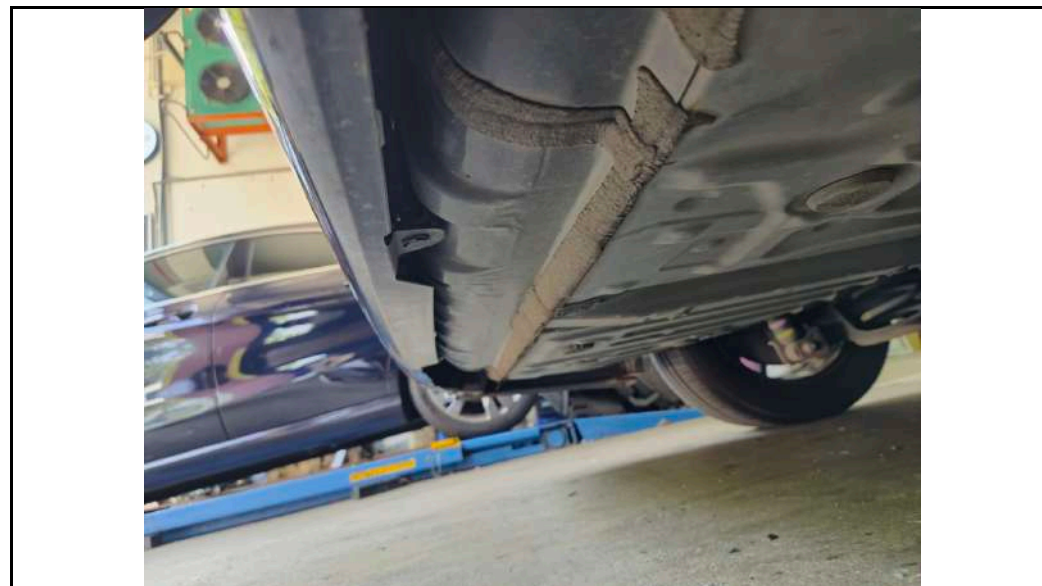
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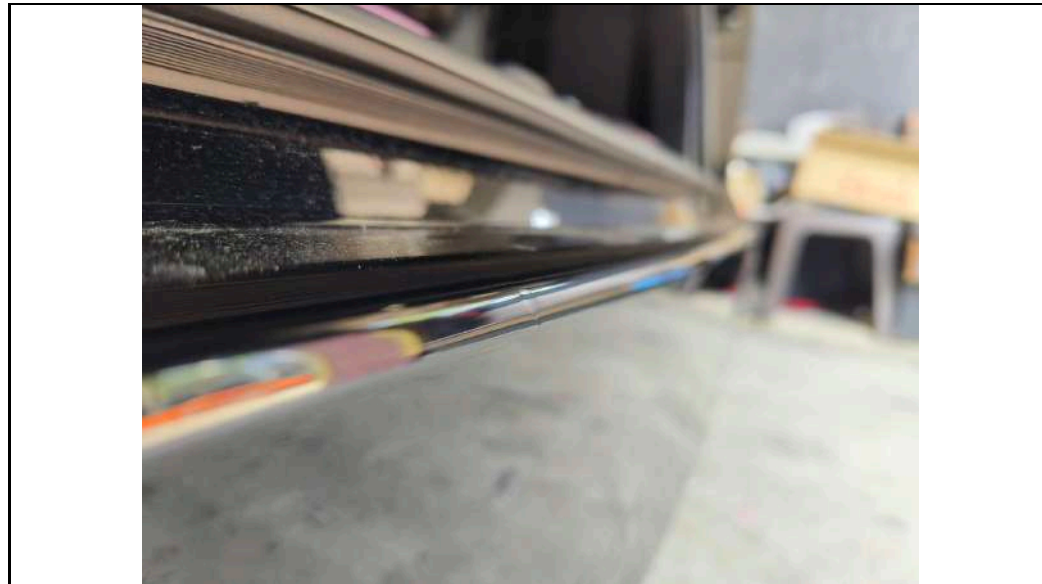
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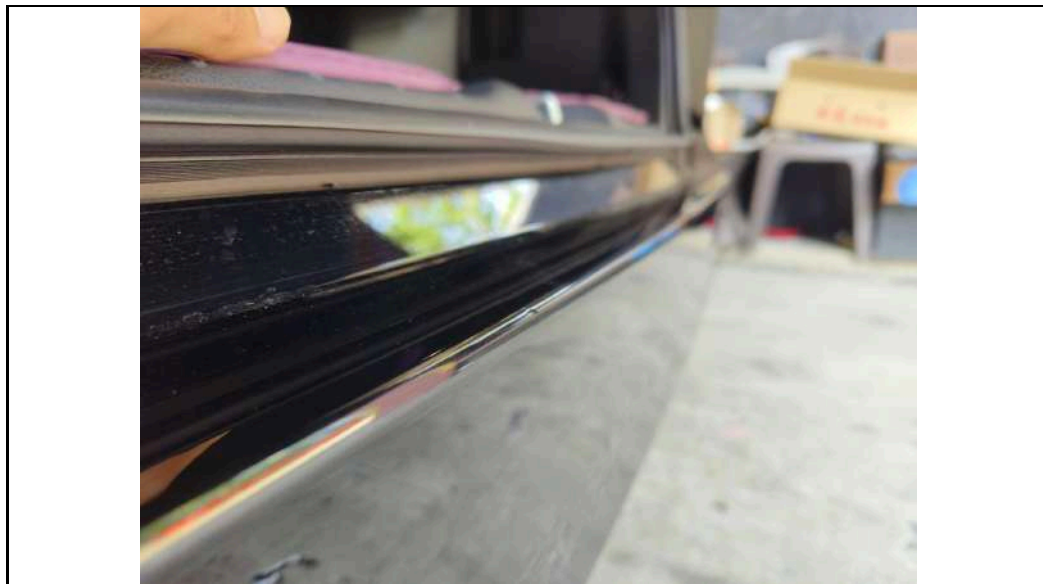
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INSPECTION PHOTOS (Page 10 of 10)

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