



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. : SAC2401150

INV Date : 25-10-2024

Reference CS/SMR24080338/Uvp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNF 9629E
Insured Veh. SHB 1235C
Claim No. TAX/08/24/2046
Policy No.
Accident Date 15/08/2024
Inspection Date 28/08/2024

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/SMR24080338/Uvp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	25/10/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 1235C	Veh. Inspected	SNF 9629E
Policy No.	-	Coverage	0
Claim No.	TAX/08/24/2046	Excess	\$0.00
Assign From	HUA YEN	Assign Date	20/08/2024

2. Vehicle Details

Make & Model	M.G. ZS EV	C.C	-
Engine No.	HIDDEN	Year of Reg.	30/06/2022
Chassis No.	LSJW74093MZ168968	Colour	BLUE
Odometer	50895 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	215/50R17	YOKOHAMA	8
L/H Front Tyre	215/50R17	YOKOHAMA	8
R/H Rear Tyre	215/50R17	YOKOHAMA	8
L/H Rear Tyre	215/50R17	YOKOHAMA	8

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	15/08/2024	Inspection Date	28/08/2024
Survey held at	AUTO EUROKARS PTE LTD 5 UBI CLOSE, SINGAPORE 408605		

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 SNF 9629E

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER UPPER (SN)	TO REPAIR SEE LABOUR	\$974.00	\$0.00
6	NUT-RR BPR FASCIA (SN)	NECESSARY	\$6.00	\$6.00
2	NUT-RR BPR FASCIA (SN)	NECESSARY	\$4.00	\$4.00
1	BRACKET-RR PARK DIST CONT SEN LH (SN)	NOT NECESSARY	\$27.00	\$0.00
1	BRACKET-RR PARK DIST SEN CENTER (SN)	NOT NECESSARY	\$27.00	\$0.00
1	BRACKET-RR PARK DIST CONT SEN RH (SN)	NOT NECESSARY	\$27.00	\$0.00
1	REAR BUMPER LOWER (SN)	CUT	\$593.00	\$593.00
1	COVER-RR TOW HOOK OPG (SN)	NOT NECESSARY	\$14.00	\$0.00
1	SPOILER-RR BPR LWR (SN)	CUT	\$394.00	\$394.00
2	RIVET-RR BPR FASCIA (SN)	NECESSARY	\$8.00	\$8.00
6	NUT-RR BPR FASCIA (SN)	NECESSARY	\$6.00	\$6.00
1	SUNDRIES (SN)	NECESSARY	\$50.00	\$20.00
1	FOG LAMP CHROME LH (SN) (ADDITIONAL)	CRACKED	\$97.00	\$97.00
10	CLIP-RR WHL MLDG (SN) (ADDITIONAL)	NECESSARY	\$200.00	\$200.00
1	REAR NUMBER PLATE (SN) (ADDITIONAL)	SCRATCHED	\$70.00	\$70.00
			\$2,497.00	\$1,398.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE & REPLACE REAR BUMPER AND ALL ACCIDENT AFFECTED AREA. INCLUSIVE OF THE REPAIR OF REAR BUMPER UPPER		\$1,584.00	\$792.00
	TO RESPRAY REAR BUMPER		\$1,512.00	\$756.00
	TO TRANSFER REVERSE SENSORS	NOT NECESSARY	\$330.00	\$0.00
	TO APPLY THREEBOND ULTRA BODY COATING		\$150.00	\$150.00
	TO ISOLATE THE EV BATTERY DURING THE REPAIRS INCLUDING CHARGING OF THE BATTERY	NOT NECESSARY	\$250.00	\$0.00
	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING		\$250.00	\$120.00
	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS		\$300.00	\$180.00
	TO CARRY-OUT BODY CAVITY PRESERVATION. (INCLUDING NEW PARTS AND CAOUTHCHOU)	NOT NECESSARY	\$250.00	\$0.00
			\$4,626.00	\$1,998.00



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GRAND TOTAL		\$7,123.00	\$3,396.00
	RECOMMENDED COST OF REPAIRS		\$3,396.00
Report Ref No: CS/SMR24080338/Uvp3e2			

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 reposibility whatsoever, in contact or tort, is accepted to any third party who may reply 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.

Name & Address:

FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01 CITY HOUSE
 SINGAPORE 068877
 motor_claims@first-insurance.com.sg

Vehicle No:

SNF9629E

Date:

19-Sep-24

Brand & Model:

MG ZS EV UK

Franchise:

MG

Chassis/VIN No:

LSJW74093MZ168968

Contact Person (Eurokars):

WONG

Mileage:

44742

Contact No (Eurokars):

6331 0680

Email/Fax No:
Contact No:
Type of Claim:

THIRD PARTY

Policy No:
PARTS / MATERIAL CHARGES

MARK = Survey Marking [Key "A" if item is approved]

NO	DESCRIPTION	PART NO.	QTY	MARK	REVISED	PRICE
1	FOG LAMP CHROME LH	10014696	1		one	\$ 97.00
2	CLIP-RR WHL MLDG	10659985	10		neu	\$ 200.00

Sub-Total (Parts Price) \$ - \$ 297.00

LABOUR / SERVICES CHARGES

NO	DESCRIPTION	REVISED	PRICE
1	TO SUPPLY REAR NUMBER PLATE	scr	\$ 70.00

Survey Date & Time:
Repair Days:

Sub-Total (Labour Price) \$ - \$ 70.00

Surveyor Remarks:

Parts Price	\$	-	\$	297.00
Labour Price	\$	-	\$	70.00
Total (Supp 1)	\$	-	\$	367.00

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	16/08/2024 19:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/08/2024 06:41 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION LOYANG AVE & PASIR RIS DR 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF9629E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANDREW ANG SWEE TEXK
NRIC No	SXXXX134G
Email Address	andrew5ang@gmail.com
Mobile Phone No	(Phone) +65-93265248
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MG
Model	EV
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	ANDREW ANG SWEE TEXK
NRIC No	SXXXX134G
Date Of Birth	10/12/1960
Occupation	Indoor
Driving Pass Date	31/07/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93265248
Alt. Phone Number	-
Email Address	andrew5ang@gmail.com
Address	322C Anchorvale Drive
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 - 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 SKETCH PLAN

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	SHB1235C
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)	-

SKETCH PLAN

IMPORTANT NOTICE

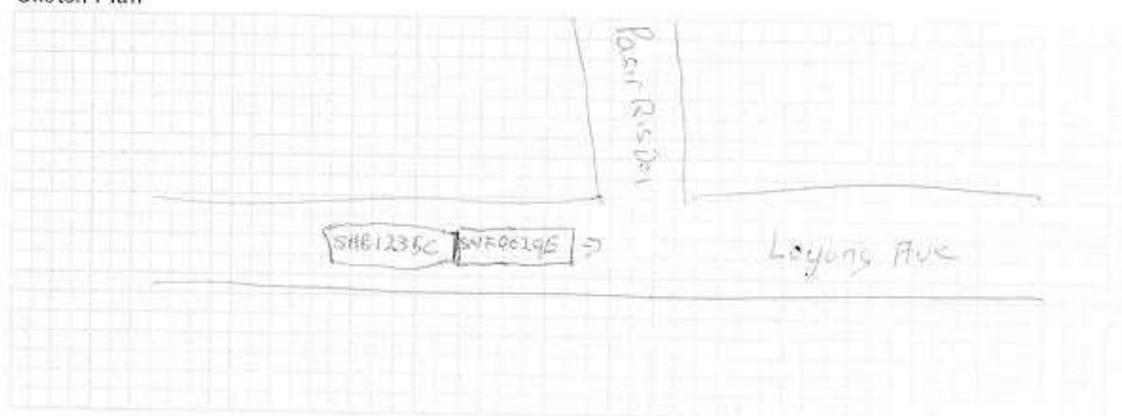
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.

[Signature] 15/8/24 1058
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I stop my car at the traffic light at the Junction of
 Leyland Ave and Blair Rd. Suddenly the car hit the rear
 of my car.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 15/12/24 1038
 Policyholder's Signature / Date &
 Time

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

[Signature]
 Witnessed by Reporting Centre
 Personnel

PHOTOGRAPHS FOR VEHICLE NO. : SNF 9629E



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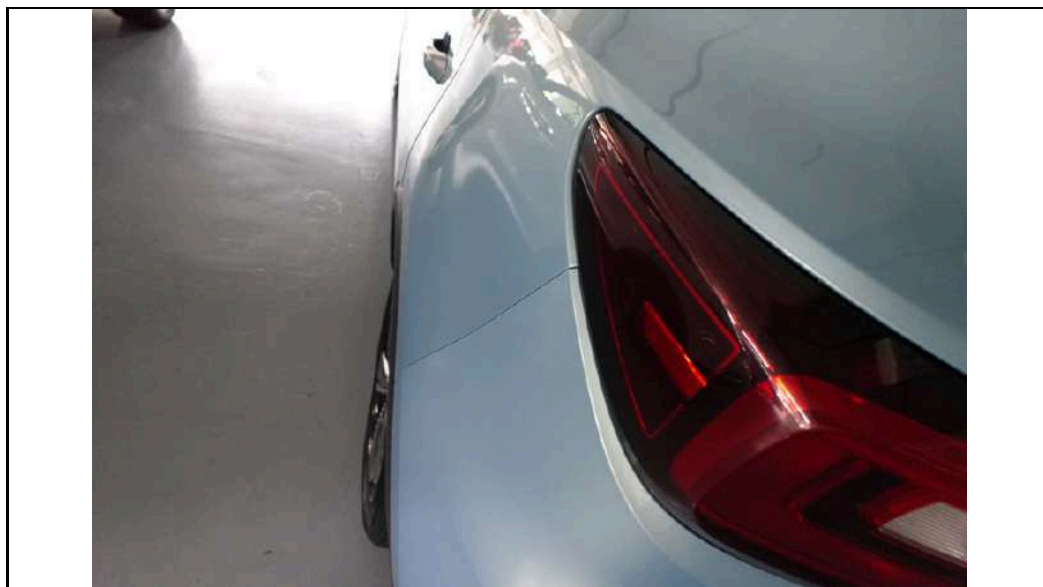
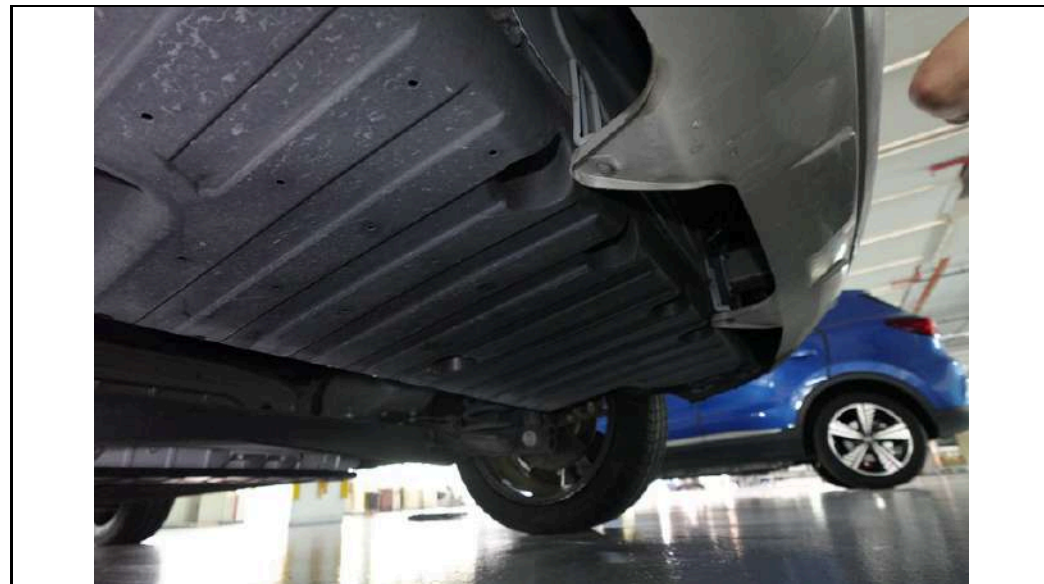
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INSPECTION PHOTOS (Page 11 of 11)

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REINSPECTION PHOTOS (Page 2 of 2)

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