

**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. : SAC2400524

INV Date : 05-09-2024

Reference CS/SMR24080427/Knp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SHC 5891B
Insured Veh. SHB 5233G
Claim No. TAX/08/24/2014
Policy No.
Accident Date 05/08/2024
Inspection Date 26/08/2024

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

SML



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Affiliated to Federation Internationale Des Experts En Automobile			
MS STRIDES PREMIER AUTOMOTIVE SERVICES PL. 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		Ref: Date: Code:	CS/SMR24080427/Knp3m4 05/09/2024 SMR
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 5233G	Veh. Inspected	SHC 5891B
Policy No.	-	Coverage	0
Claim No.	TAX/08/24/2014	Excess	\$0.00
Assign From	HUA YEN	Assign Date	23/08/2024
2. Vehicle Details			
Make & Model	TOYOTA PRIUS 5DR HATCHBACK (AUTO)	C.C	1798
Engine No.	2ZR2H17764	Year of Reg.	30/11/2021
Chassis No.	JTDKB3FU603092678	Colour	METALLIC PEARL WHITE / RED
Odometer	225132 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	195/65R15	WANLI	8
L/H Front Tyre	195/65R15	WANLI	8
R/H Rear Tyre	195/65R15	SAILUN	7
L/H Rear Tyre	195/65R15	SAILUN	7
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	05/08/2024	Inspection Date	26/08/2024
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD - NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
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 SHC 5891B

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	COVER, REAR BUMPER	BUCKLED	\$612.68	\$612.68
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	BENT	\$419.90	\$419.90
1	COVER, REAR BUMPER, LOWER	DENTED	\$27.93	\$27.93
1	GUARD, REAR BUMPER, CENTER	BENT	\$472.19	\$472.19
1	RETAINER, REAR BUMPER SIDE, LH	SERVICEABLE	\$167.48	\$0.00
1	RETAINER, REAR BUMPER SIDE, RH	SERVICEABLE	\$167.48	\$0.00
1	REFLECTOR ASSY, REFLEX, LH	SERVICEABLE	\$49.25	\$0.00
1	REFLECTOR ASSY, REFLEX, RH	SERVICEABLE	\$49.25	\$0.00
1	COVER, FLOOR UNDER, NO.1 LH	SERVICEABLE	\$220.50	\$0.00
1	COVER, FLOOR UNDER, NO.2 RH	SERVICEABLE	\$304.92	\$0.00
1	COVER, REAR FLOOR CTR	MTG CRACKED	\$290.43	\$290.43
1	COVER, DECK TRIM, REAR	SERVICEABLE	\$159.39	\$0.00
1	PANEL SUB-ASSY, BODY LOWER BACK	TO REPAIR SEE LABOUR	\$824.46	\$0.00
1	PANEL SUB-ASSY, BACK DOOR	TO REPAIR SEE LABOUR	\$1,443.86	\$0.00
1	WEATHERSTRIP, BACK DOOR	SERVICEABLE	\$469.25	\$0.00
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	SERVICEABLE	\$1,156.89	\$0.00
1	STAY ASSY, BACK DOOR, LH	SERVICEABLE	\$305.66	\$0.00
1	STAY ASSY, BACK DOOR, RH	SERVICEABLE	\$305.66	\$0.00
1	HINGE ASSY, BACK DOOR, LH	TO REPAIR SEE LABOUR	\$77.18	\$0.00
1	HINGE ASSY, BACK DOOR, RH	TO REPAIR SEE LABOUR	\$77.18	\$0.00
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	NOT NECESSARY	\$68.88	\$0.00
1	PLATE, BACK DOOR NAME, NO.1	NOT NECESSARY	\$68.88	\$0.00
1	ORNAMENT SUB-ASSY, BACK DOOR	NOT NECESSARY	\$90.30	\$0.00
	LESS 25.00% DISCOUNT		(\$1,957.40)	(\$455.78)
			\$5,872.20	\$1,367.35

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET PARKING AID (SN)	SCRATCHED	\$700.00	\$220.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	\$95.00	\$60.00
2	WINDSCREEN SEALANT (SN)	NOT NECESSARY	\$150.00	\$0.00



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Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	\$200.00	\$0.00
1	WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	\$130.00	\$0.00
1	REAR TAILGATE STICKER "TRANS-CAB" (SN)	NOT NECESSARY	\$80.00	\$0.00
1	REAR TAILGATE STICKER "6555-3333" (SN)	NOT NECESSARY	\$80.00	\$0.00
1	REAR BUMPER PROTECTOR (SN)	NO SUCH PARTS	\$180.00	\$0.00
2	SEAM SEALANT (SN)	NOT NECESSARY	\$250.00	\$0.00
1	SET REAR BUMPER RETAINER CLIP (SN)	NOT NECESSARY	\$85.00	\$0.00
1	END PANEL TRIM CLIP (SN)	NOT NECESSARY	\$65.00	\$0.00
			\$2,015.00	\$280.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIT REAR BIG AND SMALL W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR	NOT NECESSARY	\$300.00	\$0.00
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR	NOT NECESSARY	\$380.00	\$0.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF PANEL SUB-ASSY, BODY LOWER BACK, PANEL SUB-ASSY, BACK DOOR, HINGE ASSY, BACK DOOR, LH AND HINGE ASSY, BACK DOOR, RH		\$1,600.00	\$200.00
	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST	NOT NECESSARY	\$380.00	\$0.00
	TO TRANSFER OF TAILGATE FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	NOT NECESSARY	\$180.00	\$0.00
	TO RUST-PROOFING AND APPLY UNDERCOAT OF THE AFFECTED AREAS	NOT NECESSARY	\$250.00	\$0.00
	PUTY AND SPRAY PAINTING OF THE AFFECTED PORTION		\$1,600.00	\$220.00
	TO REINSTALL REAR BUMPER PARKING SENSOR		\$170.00	\$50.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED	NOT NECESSARY	\$170.00	\$0.00
			\$5,030.00	\$470.00

GRAND TOTAL			\$12,917.20	\$2,117.35
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	RECOMMENDED COST OF REPAIRS			\$2,117.35
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Report Ref No: CS/SMR24080427/Knp3m4				
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KSC

KENNETH KONG SENG CHEONG

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	06/08/2024 12:02 (SGT)
Reported by	Actual Driver
Date of Accident	05/08/2024 23:30 (SGT)
Exact Location of Accident	Lavender St., Singapore
Additional Location Information	TOWARDS REPUBLIC AVENUE, JUNCTION OF KALLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5891B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE. LTD.
Company Reg No	200303878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-65552222
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Taxi
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	JTDKB3FU603092678
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140725663-01

DRIVER

Name of Driver	GOH LEANG SOON
NRIC No	S1646062A
Date Of Birth	13/11/1964
Occupation	Outdoor
Driving Pass Date	10/08/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-82634322
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	806 TAMPINES AVENUE 4
Address complement	#05-107
Postcode	520806
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 - 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

I STOPPED AT THE JUNCTION DUE TO RED TRAFFIC LIGHT, SUBSEQUENTLY VEHICLE B COLLIDED INTO MY REAR.

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	SHB4233G
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-91766811
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

(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.

MUHAMMAD ZAKI BIN SUPIAN
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

A: SHC5891B
B: SHB5233G

2 of 2

Describe Circumstance of the Accident

Declaration

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

Policyholder's Signature / Date & Time

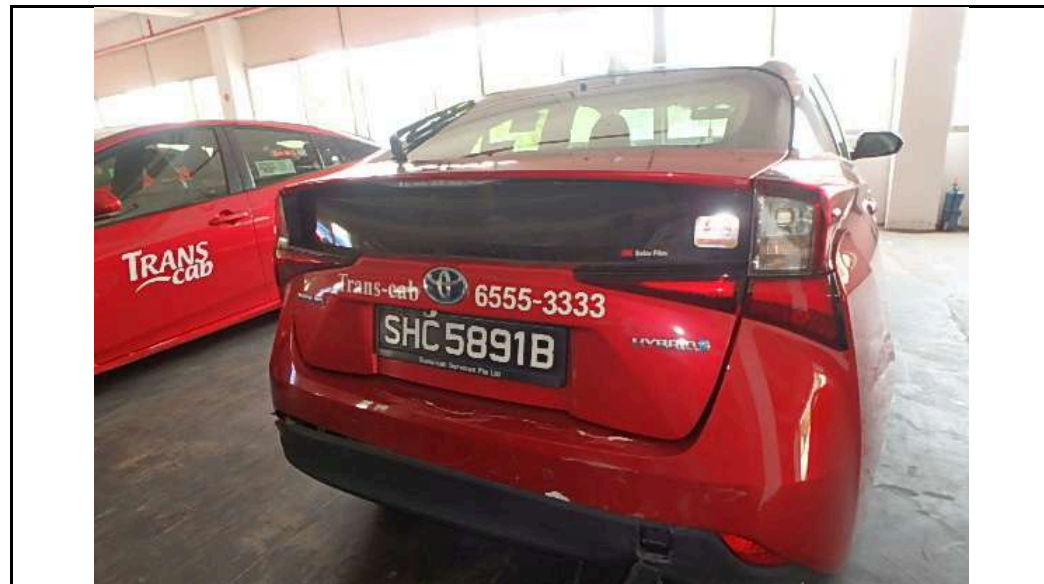
Driver's Signature (if driver is not the policyholder) / Date & Time

06082024/1130HRS

Muhammad Zaki bin Supian

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

PHOTOGRAPHS FOR VEHICLE NO. : SHC 5891B



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