

**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. : SAC2400766

INV Date : 30-09-2024

Reference CS/SMR24080429/Rqp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SGS 6667D
Insured Veh. SMB 1418H
Claim No. BUS/08/24/5052
Policy No.
Accident Date 22/08/2024
Inspection Date 29/08/2024

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.	Ref:	CS/SMR24080429/Rqp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE	Date:	30/09/2024
757705	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 1418H	Veh. Inspected	SGS 6667D
Policy No.	-	Coverage	0
Claim No.	BUS/08/24/5052	Excess	\$0.00
Assign From	HUA YEN	Assign Date	26/08/2024

2. Vehicle Details

Make & Model	MAZDA CX-3 SKYACTIV-G 2.0	C.C	1998
Engine No.	PE30983623	Year of Reg.	25/11/2016
Chassis No.	JM6DK2W7AH0127516	Colour	WHITE
Odometer	97916 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	225/45R19	GOODYEAR	6
L/H Front Tyre	225/45R19	GOODYEAR	6
R/H Rear Tyre	225/45R19	GOODYEAR	6
L/H Rear Tyre	225/45R19	GOODYEAR	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	22/08/2024	Inspection Date	29/08/2024
Survey held at	WAH HONG MOTORS & CREDIT PTE LTD - 38 TOH GUAN ROAD EAST #01-57 ENTERPRISE HUB SINGAPORE 608581		

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: 4 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SGS 6667D

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	BOOT LID	BENT	\$1,194.00	\$1,089.90
1	BOOT LID LOCK	NOT NECESSARY	\$232.00	\$0.00
1	BOOT LID OPEN SWITCH	NOT NECESSARY	\$118.00	\$0.00
1	BOOT LID WEATHERSTRIP	NOT NECESSARY	\$193.00	\$0.00
1	BOOT LID LOGO	NECESSARY	\$66.00	\$66.00
1	BOOT LID EMBLEM "CX-3"	NECESSARY	\$68.00	\$68.00
1	BOOT LID EMBLEM "SKYACTIV TECHNOLOGY"	NECESSARY	\$68.00	\$68.00
2	TAIL LAMP RH/LH@2*\$1661	NOT NECESSARY	\$3,322.00	\$0.00
1	REAR BUMPER	DEFORMED	\$1,194.00	\$1,089.00
2	REAR BUMPER SIDE RETAINER RH/LH@2*\$27	NOT NECESSARY	\$54.00	\$0.00
1	REAR BUMPER LOWER GARNISH	NOT NECESSARY	\$49.00	\$0.00
2	REAR BUMPER LOWER GARNISH SENSOR RH/LH@2*\$160	SHORTED (1PC ONLY)	\$320.00	\$136.00
2	REAR REFLECTOR RH/LH@2*\$175	NOT NECESSARY	\$350.00	\$0.00
1	END PANEL TOP GARNISH	NOT NECESSARY	\$106.00	\$0.00
1	REAR REINFORCEMENT	BENT	\$398.00	\$363.00
1	END PANEL	NOT NECESSARY	\$557.00	\$0.00
1	BOOT LID LOCK ANTENNA	NOT NECESSARY	\$120.00	\$0.00
	LESS 20.00% DISCOUNT		(\$1,681.80)	(\$575.98)
			\$6,727.20	\$2,303.92

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	BOOT LID CAMERA (SN)	CRACKED	\$728.80	\$400.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	\$60.00	\$40.00
1	REAR BUMPER CLIP (SN)	NECESSARY	\$35.00	\$35.00
1	REAR BUMPER LOWER GARNISH CLIP (SN)	NOT NECESSARY	\$30.00	\$0.00
1	END PANEL SEALANT (SN)	NOT NECESSARY	\$60.00	\$0.00
1	CAR PLATE WITH HOLDER (SN)	NOT NECESSARY	\$35.00	\$0.00
			\$948.80	\$475.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACE THE DAMAGED PARTS AND COMPONENTS	NOT NECESSARY	\$1,000.00	\$400.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED & REPAIRED		\$1,000.00	\$400.00
	TO REMOVE AND REFIX WIRING SYSTEM AT ACCIDENT DAMAGED AREA AND CHECK FOR ALL ELECTRICAL		\$90.00	\$0.00
	TO REMOVE AND REPLACE REAR REVERSE SENSOR		\$100.00	\$40.00
	TO REMOVE AND REFIT REAR WINDSCREEN		\$120.00	\$120.00
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS		\$60.00	\$40.00
			\$2,370.00	\$1,000.00
GRAND TOTAL			\$10,046.00	\$3,778.92
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$3,000.00
Report Ref No: CS/SMR24080429/Rqp3m4				

MRB

MOHAMMED RASUL BIN MOHD YUNUS

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	23/08/2024 14:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/08/2024 13:30 (SGT)
Exact Location of Accident	Near Blk 42, Singapore
Additional Location Information	ALONG COMMONWEALTH AVE TOWARDS TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS6667D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KO SOI CHEN (GAO XIANCHENG)
NRIC No	SXXXX868I
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-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	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003182651-01

DRIVER

Name of Driver	KO SOI CHEN (GAO XIANCHENG)
NRIC No	SXXXX868I
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	08/07/1992
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	32 YEARS AND 1 MONTH
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
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)	2
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	-

PASSENGER 1

Name	KOR SOI WEI
Gender	Female

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 22/08/2024 @ 1330HRS, I WAS DRIVING MY VEHICLE A ON LANE 2 ALONG COMMONWEALTH AVE TOWARDS TOA PAYOH (MARGARET DRIVE). A VEHICLE IN FRONT OF MY VEHICLE A SUDDENLY STOPPED AND I WAS ABLE TO STOP ON TIME. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE A. I ALIGHTED TO CHECK AND FOUND OUT THAT VEHICLE B DID NOT STOP ON TIME AND THE FRONT PORTION OF VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE A. I THEN SAW THE VEHICLE IN FRONT OF MY VEHICLE A SWERVED TO THE LEFT INTO MAGARET DRIVE. I TOOK SOME SCENE PHOTOS AND WE BOTH THEN DROVE TO THE SIDE TO AVOID BLOCKING OTHER ROAD USERS TO EXCHANGE PARTICULARS FOR INSURANCE CLAIM.

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 SMB1418H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver ZHAO HUANFA
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 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.

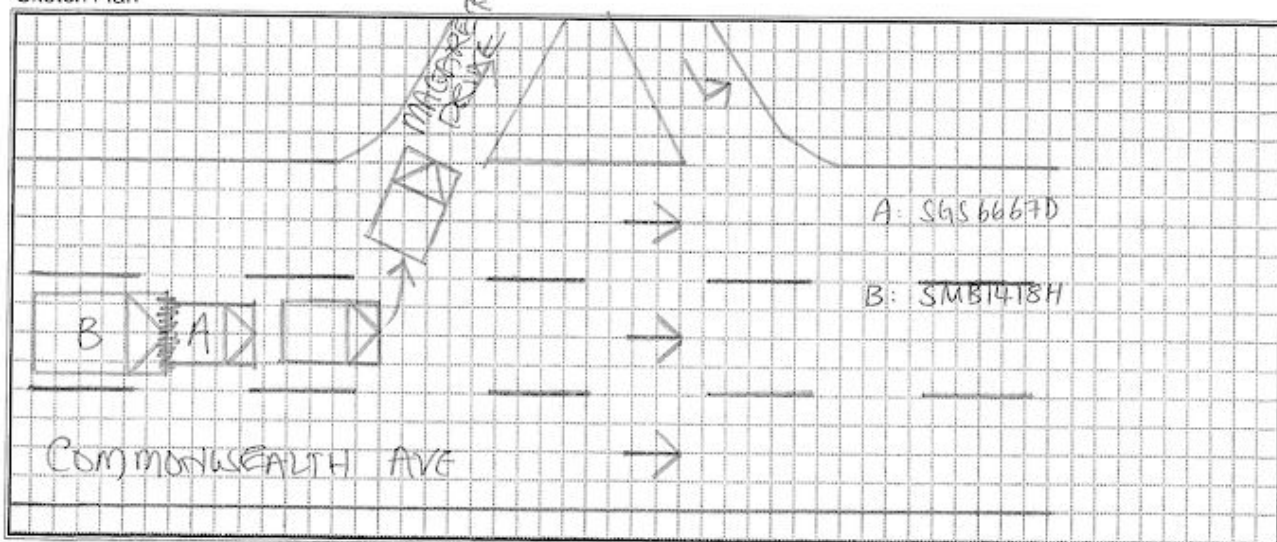
[Signature]

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

ALONG COMMONWEALTH AVE TOWARDS DAYOH

Describe Circumstance of the Accident

ON 22/08/2024 @ 1330HRS, I WAS DRIVING MY VEHICLE A ON LANE 2 ALONG COMMONWEALTH AVE TOWARDS TOA PAYOH (MARGARET DRIVE). A VEHICLE IN FRONT OF MY VEHICLE A SUDDENLY STOPPED AND I WAS ABLE TO STOP ON TIME. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE A. I ALIGHTED TO CHECK AND FOUND OUT THAT VEHICLE B DID NOT STOP ON TIME AND THE FRONT PORTION OF VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE A. I THEN SAW THE VEHICLE IN FRONT OF MY VEHICLE A SWERVED TO THE LEFT INTO MAGARET DRIVE. I TOOK SOME SCENE PHOTOS AND WE BOTH THEN DROVE TO THE SIDE TO AVOID BLOCKING OTHER ROAD USERS TO EXCHANGE PARTICULARS FOR INSURANCE CLAIM.

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



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

PHOTOGRAPHS FOR VEHICLE NO. : SGS 6667D



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PHOTOGRAPHS FOR VEHICLE NO. : SGS 6667D



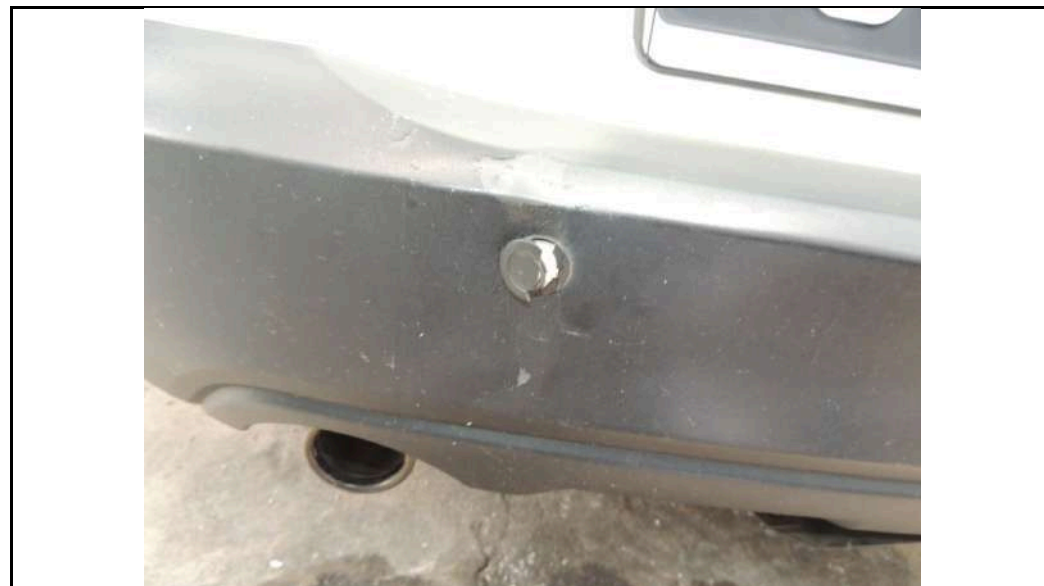
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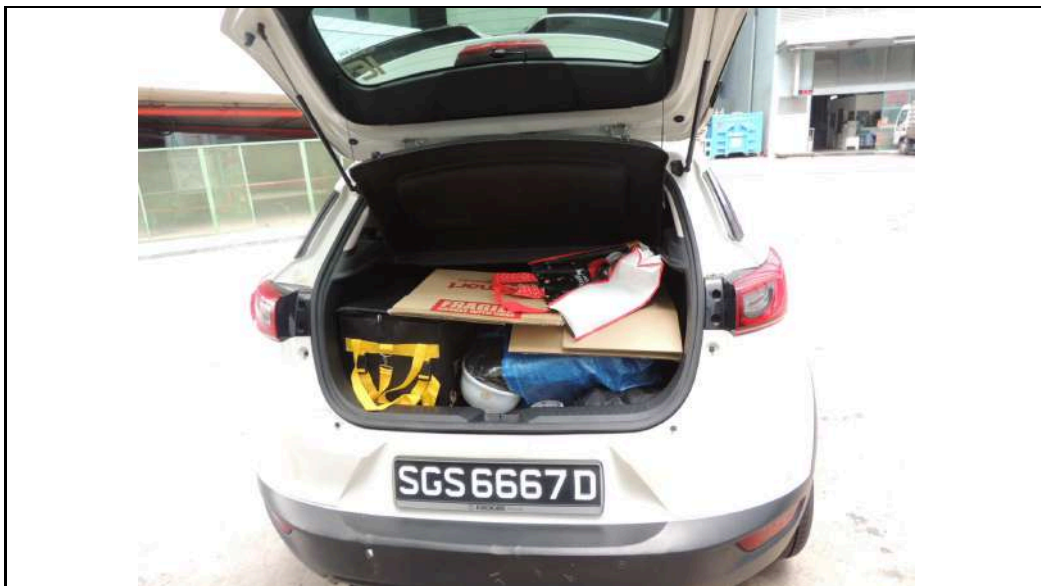
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