

**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. : SAC2401196

INV Date : 30-10-2024

Reference CS/SMR24090033/Knp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNR 6803A

Insured Veh. SHB 5597G

Claim No. TAX/08/24/2086

Policy No.

Accident Date 23/08/2024

Inspection Date 04/09/2024

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/SMR24090033/Knp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	30/10/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 5597G	Veh. Inspected	SNR 6803A
Policy No.	-	Coverage	0
Claim No.	TAX/08/24/2086	Excess	\$0.00
Assign From	HUA YEN	Assign Date	02/09/2024

2. Vehicle Details

Make & Model	HYUNDAI KONA (A)	C.C	1580
Engine No.	G4LLRU428907	Year of Reg.	28/06/2024
Chassis No.	KMHXB811VRU071106	Colour	METALLIC PEARL WHITE
Odometer	20447 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	205/65R16	KUMHO	8
L/H Front Tyre	205/65R16	KUMHO	8
R/H Rear Tyre	205/65R16	KUMHO	8
L/H Rear Tyre	205/65R16	KUMHO	8

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	23/08/2024	Inspection Date	04/09/2024
Survey held at	LIM TAN MOTOR PTE LTD - BLK 176 SIN MING DRIVE #03-09 SIN MING AUTOCARE SINGAPORE 575721		

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 SNR 6803A

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT BUMPER	TO REPAIR SEE LABOUR	\$726.00	\$0.00
1	FRONT BUMPER LOWER	CUT	\$1,100.00	\$1,100.00
1	FRONT BUMPER SENSOR	SERVICEABLE	\$225.00	\$0.00
1	RIGHT HEAD LAMP	CUT	\$2,216.00	\$2,216.00
	LESS 20.00% DISCOUNT		(\$853.40)	(\$663.20)
			\$3,413.60	\$2,652.80

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO PUTTY AND SPRAY PAINT		\$300.00	\$200.00
	TO CHECK FRONT WIRING & FOCUS HEADLIGHT		\$30.00	\$20.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF FRONT BUMPER		\$380.00	\$200.00
			\$710.00	\$420.00

GRAND TOTAL			\$4,123.60	\$3,072.80
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	RECOMMENDED COST OF REPAIRS			\$3,072.80
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Report Ref No: CS/SMR24090033/Knp3e2

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 repositibility whatsoever, in contact 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	30/08/2024 15:56 (SGT)
Reported by	Actual Driver
Date of Accident	23/08/2024 21:30 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR6803A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS PTE LTD
Company Reg No	2XXXXX961K
Email Address	
Mobile Phone No	
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	SX2 KONA 1.6 GDI HEV
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 hire
Transmission	Auto
CC	1580
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	23-MAA00605-R00

DRIVER

Name of Driver	LIM GEK CHUAN RAYMOND (LIN YIQUAN RAYMOND)
NRIC No	SXXXX405E
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	01/02/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	-
Alt. Phone Number	-
Email Address	
Address	
Address complement	-
Postcode	
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 - Change/cross lane
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)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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 23/08/2024 AT ABOUT 2130HRS I WAS DRIVING VEHICLE A(SNR6803A) ALONG ORCHARD ROAD WHERE I WAS GOING TO DROP OFF MY PASSENGER AT UPPER EAST COAST ROAD. WHILE TRAVELLING STRAIGHT ON ORCHARD ROAD, VEHICLE B(SHB5597G) FROM MY RIGHT SUDDENLY CUT INTO MY LANE AND SCRATCH THE FRONT RIGHT HEADLIGHT AND BUMPER AREA. NO ONE WAS INJURED.

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 SHB5597G
Vehicle Manufacturer Toyota
Vehicle Model PRIUS HYBRID 1.8 CVT
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 correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

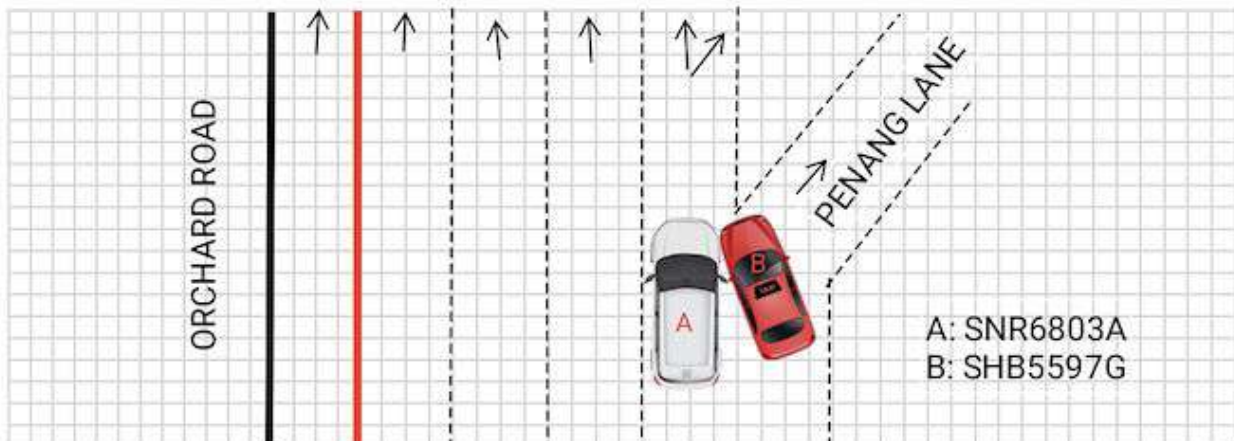
Sketch Plan

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

30/08/2024
1400hrs



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 23/08/2024 AT ABOUT 2130HRS I WAS DRIVING VEHICLE A(SNR6803A) ALONG ORCHARD ROAD WHERE I WAS GOING TO DROP OFF MY PASSENGER AT UPPER EAST COAST ROAD. WHILE TRAVELLING STRAIGHT ON ORCHARD ROAD, VEHICLE B(SHB5597G) FROM MY RIGHT SUDDENLY CUT INTO MY LANE AND SCRATCH THE FRONT RIGHT HEADLIGHT AND BUMPER AREA. NO ONE WAS INJURED.

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

30/08/2024
1400hrs

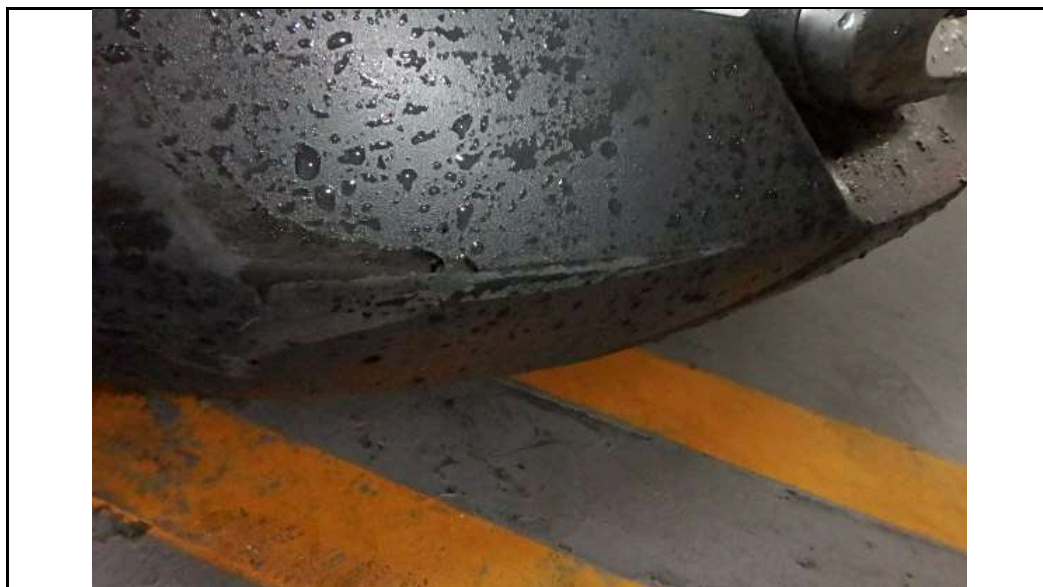


Witnessed by Reporting Centre Personnel

PHOTOGRAPHS FOR VEHICLE NO. : SNR 6803A



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