# LKK

## 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.: SAC2401131

INV Date: 24-10-2024

Reference CS/SMR24090041/Unp3e2

Code SMR

**PROFESSIONAL SERVICE FEE** 

Vehicle No. SKR 5293M Insured Veh. SHF 190H

Claim No. TAX/08/24/2104

Policy No.

Accident Date 30/08/2024 Inspection Date 11/09/2024

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	



5b.

## LKK Auto Consultants Pte Ltd

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_				
	Affiliated to Federation Internationale Des Experts En Automobile			
MS	STRIDES PREMIER	R AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24090041/Unp3e2
	60 WOODLANDS II 757705	NDUSTRIAL PARK E4 SINGAPORE	Date:	24/10/2024
			Code:	SMR
1.	1. Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SHF 190H	Veh. Inspected	SKR 5293M
	Policy No.	-	Coverage	0
	Claim No.	TAX/08/24/2104	Excess	\$0.00
	Assign From	HUA YEN	Assign Date	03/09/2024
2.		Vehicle	Details	
	Make & Model	MAZDA 3 (A)	C.C	1496
	Engine No.	P520255332	Year of Reg.	12/02/2015
	Chassis No.	JM6BM42A8F0167230	Colour	GREY
	Odometer	259215 KM	Steering	IN ORDER
	Brakes	IN ORDER	General	GOOD
	Modification(s)	RIMS: SPORTS RIM		
3.		Condition	s of Tyres	
		Size	Make	Balance (mm)
	R/H Front Tyre	205/55R16	FIRENZA	6
	L/H Front Tyre	205/55R16	FIRENZA	6
	R/H Rear Tyre	205/55R16	FIRENZA	6
	L/H Rear Tyre	205/55R16	FIRENZA	6
4.		Description	of Damages	
	VEHICLE SUSTAIN LISION.	IED DAMAGES AT THE N/S REAR PO	RTION. THE UNDE	RCARRIAGE AFFECTED DUE TO
DAM	MAGES SEE DETAIL	S.		
5.		General Ir	nformation	
	Accident Date	30/08/2024	Inspection Date	11/09/2024
	Survey held at	PRECISE AUTO SERVICE NO.1 KAKI BUKIT AVE 6 #02-34/36 SINGAPORE 417883		
5a.		Rem	narks	

**Estimate Days of Repair** 

A) THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

ESTIMATED NORMAL PERIOD FOR REPAIR: 3 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SKR 5293M

	REPLACEMENT OF PARTS			
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	CUT/TORN	\$1,074.80	\$1,074.80
1	REAR BUMPER SIDE RETAINER LH	CRACKED	\$53.50	\$53.50
10	REAR BUMPER CLIPS @\$5.00	NECESSARY	\$50.00	\$50.00
1	REAR BUMPER SPLASH SHIELD LH	TORN	\$82.40	\$82.40
1	REAR FENDER	TO REPAIR SEE LABOUR	\$1,174.20	\$0.00
14	REAR WINDSCREEN CLIPS @\$4.00	NOT NECESSARY	\$56.00	\$0.00
1	REAR WINDSCREEN GLASS MOULDING	NOT NECESSARY	\$110.40	\$0.00
1	REAR KNUCKLE ARM - LH	NOT NECESSARY	\$654.00	\$0.00
1	REAR WHEEL BEARING HUP LH	DAMAGED	\$415.00	\$415.00
1	REAR CONTROL ARM	NOT NECESSARY	\$186.00	\$0.00
1	REAR UPPER ARM	NOT NECESSARY	\$435.80	\$0.00
1	REAR ABSORBER	NOT NECESSARY	\$354.00	\$0.00
	LESS 20.00% DISCOUNT		(\$929.22)	(\$335.14)
	\$3,716.88			\$1,340.56

	Special Nett			
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SPORT RIM ASSY (SN)	CUT/WARPED	\$881.60	\$550.00
1	REAR WINDSCREEN GLASS SEALANT (SN)	NOT NECESSARY	\$60.00	\$0.00
		\$941.60	\$550.00	

Labour			
Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
TO CHECK & ADJUST COMPUTER WHEEL ALIGNMENT		\$120.00	\$60.00
TO REMOVE & REFIX REAR WINDSCREEN GLASS	NOT NECESSARY	\$180.00	\$0.00
TO REMOVE & REFIX REVERSE SENSOR		\$120.00	\$30.00
TO RESPRAY AFFECTED AREAS	NOT NECESSARY	\$550.00	\$0.00
TO REMOVE & REFIX REAR LH WHEEL BEARING HUP, CONTROL ARM & UPPER ARM		\$380.00	\$100.00
TO RENEW DAMAGED PARTS, STRAIGHTEN & REPAIR AND ALIGNED ALL PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER		\$550.00	\$280.00
TO REMOVE & REFIX REAR LH SPORT RIM & CONTACT WHEEL BALANCING	NOT NECESSARY	\$120.00	\$0.00



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Labour			
Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
TO PUTTY & SPRAY PAINTING		\$500.00	\$400.00
		\$2,520.00	\$870.00
GRAND TOTAL	GRAND TOTAL		
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$2,200.00
Report Ref No: CS/SMR24090041/Unp3e2			

## **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.

## **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 31/08/2024 12:00 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 30/08/2024 22:30 (SGT) Exact Location of Accident Jervois Rd, Singapore Additional Location Information **EXIT TO RIVER VALLEY** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Mazda

Vehicle Registration Number SKR5293M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PRECISE CAR RENTAL PTE LTD Company Reg No 201818221G Email Address CARLEASING@PRECISEAUTO.SG Mobile Phone No (Phone) +65-94897930 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model 3 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1496 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

#### INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd Policy Number / Cover Note Number M0022809

DRIVER

Name of Driver	LI JIYONG
NRIC No	S9018905J
Date Of Birth	02/06/1990
Occupation	Outdoor
Driving Pass Date	31/08/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-91529274
Alt. Phone Number	<u>-</u>
Email Address	CARLEASING@PRECISEAUTO.SG
Address	BLK 438 ANG MO KIO AVE 10 #04-1343
Address complement	-
Postcode	560438
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?	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?	
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
ON 30/08/2024 AT 2230HRS, I WAS DRIVING MY RENTED CAF	R (SKR5293M) ALONG JERVOIS ROAD IN THE LEFT LANE. UPON I WAS ENTERING TO THE SLIP ROAD, SUDDENLY, LEFLT AN

ON 30/08/2024 AT 2230HRS, I WAS DRIVING MY RENTED CAR (SKR5293M) ALONG JERVOIS ROAD IN THE LEFT LANE. UPON REACHING THE JUNCTION BETWEEN RIVER VALLEY ROAD, I WAS ENTERING TO THE SLIP ROAD. SUDDENLY, I FELT AN IMPACT FROM BEHIND AND I REALISED THAT A TAXI (SHF190H) DASHED OUT FROM THE EXIT OF SHELL PETROL KIOSK WITHOUT CHECKING AND GIVE WAY TO THE ONCOMING TRAFFIC AND THEN COLLIDED ONTO REAR PORTION OF MY RENTED CAR. BOTH DRIVERS HAD EXCHANGED PARTICULARS AFTER THE ACCIDENT COLLISION. I FELT DISCOMFORT AFTER THE ACCIDENT IMPACT SO I WILL GO TO SEE DOCTOR LATER. HENCE, I HERET TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SHF190H) INSURANCE FOR MY ACCIDENT DAMAGES

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	SHF190H
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	VEHICLE B
No. Of Passenger (Including Driver)	

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Gender	LI JIYONG Male
Phone No	-
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SKR5293M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

affectly the details of the accident to speed up the claims process.

dist be completed by the Policyholder and/or the Actual Driver.

on provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow droc companies to tepudiate policy liability.

Jie 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.

## 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;

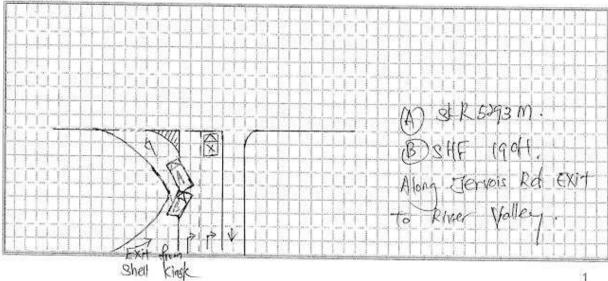
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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

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

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

#### Sketch Plan



Describe Circumstance of the Accident	
On 30 08/24 @ 2230 hrs, I was driving my named Jervois Road in the left lane, upon reaching River Vollay Road, i was emering to the thing left and i realized the dashed out from the exit of shell Retal Floork give any to the ancoming tredition and then callided my related cor. I both drivers had accommon accident collision.	the junction between or road. Suddenly in the for the second (SHIF 1904)  without check &
I was felt disconfirst after the accident impact doctor later.	
Henre I here to ladge this upont to cloth again	
	WILLIAM

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be trade within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.

Policyholder's Signatute / Date & Time

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

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

2

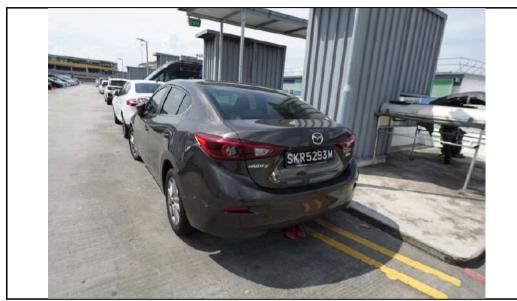


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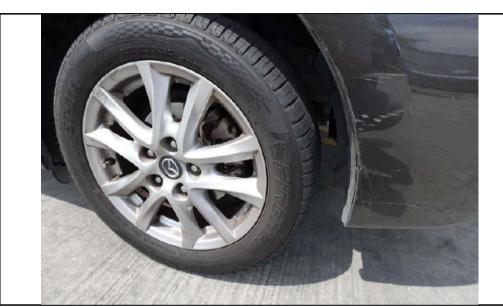




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## **REINSPECTION PHOTOS (Page 2 of 2)**



