

**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. : SAC2400682

INV Date : 23-09-2024

Reference CS/SMR24090049/Dvp3

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SKS 8008X
Insured Veh. SHB 959D
Claim No. TAX/09/24/2003
Policy No.
Accident Date 02/09/2024
Inspection Date 06/09/2024

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

SML



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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24090049/Dvp3
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	23/09/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 959D	Veh. Inspected	SKS 8008X
Policy No.	-	Coverage	0
Claim No.	TAX/09/24/2003	Excess	\$0.00
Assign From	HUA YEN	Assign Date	03/09/2024

2. Vehicle Details

Make & Model	AUDI Q7	C.C	1984
Engine No.	CYR092913	Year of Reg.	12/09/2019
Chassis No.	WAUZZZ4M2KD034982	Colour	GREY
Odometer	82852 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	255/55R19	GOODYEAR	5
L/H Front Tyre	255/55R19	GOODYEAR	5
R/H Rear Tyre	255/55R19	GOODYEAR	5
L/H Rear Tyre	255/55R19	GOODYEAR	5

4. Description of Damages

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

DAMAGES SEE DETAILS.

5. General Information

Accident Date	02/09/2024	Inspection Date	06/09/2024
Survey held at	OUTCARS AUTO – 5035 ANG MO KIO INDUSTRIAL PARK 2 #01-371 SINGAPORE 569538		

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 SKS 8008X

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	HEAD LAMP LH	NOT NECESSARY	\$12,596.40	\$0.00
1	HEAD LAMP LOWER BRACKET LH	NOT NECESSARY	\$356.40	\$0.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	\$2,193.00	\$0.00
1	FRONT BUMPER SIDE RETAINER LH	NOT NECESSARY	\$187.80	\$0.00
1	FRONT FENDER LH	TO REPAIR SEE LABOUR	\$1,759.80	\$0.00
1	FRONT FENDER INNER SHIELD LH	NOT NECESSARY	\$397.20	\$0.00
1	FRONT ARC GARNISH LH	DISTORTED	\$1,429.00	\$622.00
	LESS 10.00% DISCOUNT		(\$1,891.96)	(\$62.20)
			\$17,027.64	\$559.80

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET FRONT FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	\$50.00	\$0.00
1	SET FRONT BUMPER CLIPS (SN)	NOT NECESSARY	\$40.00	\$0.00
			\$90.00	\$0.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE & PANEL BEAT ALL DAMAGED ABOVE PARTS & PANELS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT FENDER LH		\$1,000.00	\$300.00
	TO RESPRAY NEW PAINTWORK FOR ALL DAMAGED AREAS		\$1,000.00	\$480.00
	TO APPLY TUFF COAT ON ALL AFFECTED AREAS	NOT NECESSARY	\$80.00	\$0.00
	TO RNR FRONT BUMPER SENSOR TO FACILITATE REPAIRS	NOT NECESSARY	\$200.00	\$0.00
	TO CHECK & RE-FIX ALL ELECTRICAL WIRINGS	NOT NECESSARY	\$200.00	\$0.00
	TO COMPUTERIZE DIAGNOSE FAULT CODES & CONTROL UNITS. RESET ALL MEMORIES TO FACTORY DEFAULT SETTINGS	NOT NECESSARY	\$400.00	\$0.00
			\$2,880.00	\$780.00

GRAND TOTAL			\$19,997.64	\$1,339.80
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	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$1,050.00
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Report Ref No: CS/SMR24090049/Dvp3



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ABT

ANG BRYAN TANI

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	02/09/2024 15:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/09/2024 09:28 (SGT)
Exact Location of Accident	Selegie Rd, Singapore
Additional Location Information	X-JUNCTION OF SELEGIE RD & ROCHOR CANAL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8008X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH MINGJIE
NRIC No	SXXXX481I
Email Address	DEXTER.KOH@GMAIL.COM
Mobile Phone No	(Phone) +65-94558312
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7 2.0 TFSI QU (252 BHP) PSR
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	1984
Vehicle Fuel	Petrol
First Registration Date	12/09/2019
Chassis no	WAUZZZ4M2KD034982
Effective Date/Time of Ownership	09/06/2023 09:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number.	MT/01237868

DRIVER

Name of Driver	KOH MINGJIE
NRIC No	SXXXX481I
Date Of Birth	12/10/1983
Occupation	Indoor
Driving Pass Date	05/01/2006
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94558312
Alt. Phone Number	-
Email Address	DEXTER.KOH@GMAIL.COM
Address	BLK 27 ROBIN ROAD 13-01 SINGAPORE 258204
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 - Cross Junction
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	WINNIE KWA
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SHB959D
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

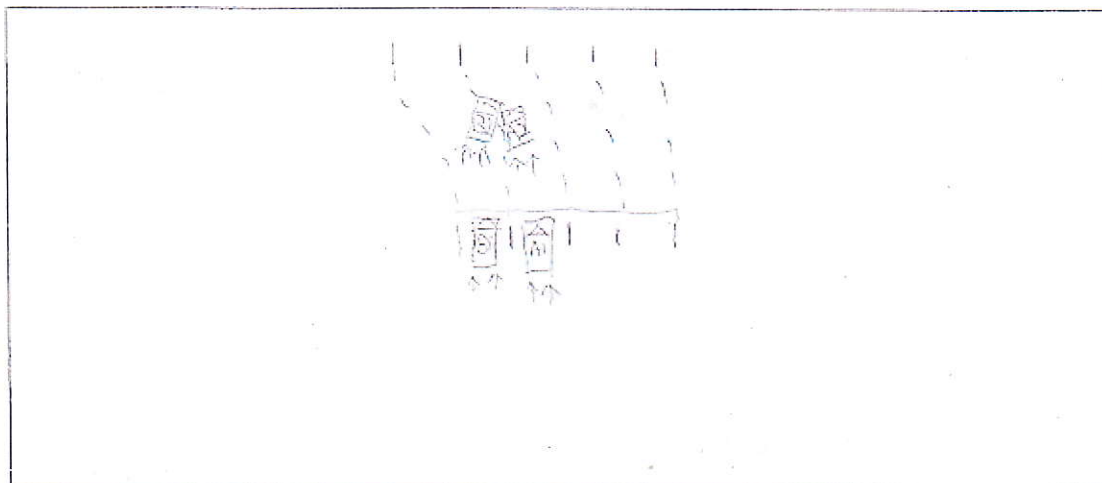
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 purposes of:
(i) processing, handling and/or dealing with my claims, including the settlement of the claims and any necessary investment actions 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/postal 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/also 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

Actual Driver's Signature of driver is not the Policyholder / Date & Time

Witnessed by Reporting Centre's Clerk
(Name with NR-CID card)

Sketch Plan



Describe Circumstance of the Accident

Date of Accident : 02/09/2024 Time 09:28 hrs Location : X-Tune at Selgie Rd & Bochar Canal Rd

My Vehicle A : SKE8S6S8008X Vehicle B : SHB 9591D Vehicle C : _____

On the stated date & time, I was travelling along the above stated location. Suddenly vehicle B (SHB 9591D) swerved into my lane & collided onto the front left portion of my vehicle causing damages. I have video footage to support my statement.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my file's accident Report to

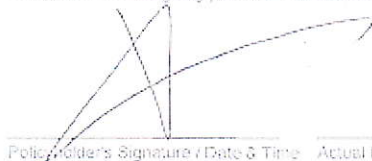
My Workshop : Outcars Auto

Workshop Email Address : outcarsauto@gmail.com

☐ Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claims under your own policy. Kindly check with your own insurer for more information.

Declaration

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



Policyholder's Signature / Date & Time

Actual 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. : SKS 8008X





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INSPECTION PHOTOS (Page 2 of 5)

PHOTOGRAPHS FOR VEHICLE NO. : SKS 8008X



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REINSPECTION PHOTOS (Page 3 of 3)

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