

**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. : SAC2400797

INV Date : 02-10-2024

Reference CS/SMR24090069/Rvp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNR 5609B
Insured Veh. SMB 5056S
Claim No. BUS/09/24/5004
Policy No.
Accident Date 01/09/2024
Inspection Date 09/09/2024

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/SMR24090069/Rvp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	03/10/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 5056S	Veh. Inspected	SNR 5609B
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/5004	Excess	\$0.00
Assign From	HUA YEN	Assign Date	04/09/2024

2. Vehicle Details

Make & Model	HYUNDAI AVANTE 1.6S	C.C	1580
Engine No.	G4LEPU382654	Year of Reg.	25/06/2024
Chassis No.	KMHLN41JVRU112784	Colour	GREY
Odometer	19690 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	205/55 R16	KUMHO	6
L/H Front Tyre	205/55 R16	KUMHO	6
R/H Rear Tyre	205/55 R16	KUMHO	6
L/H Rear Tyre	205/55 R16	KUMHO	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	01/09/2024	Inspection Date	09/09/2024
Survey held at	PEGASUS ENGINEERING & TRADING PTE LTD - 74 KIAN TECK ROAD SINGAPORE 628800		

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: 8 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SNR 5609B

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT BUMPER	SCRATCHED	\$850.00	\$850.00
1	FRONT BUMPER SIDE RETAINER (LHS)	NOT NECESSARY	\$68.00	\$0.00
10	FRONT BUMPER CLIPS @\$4.00	NECESSARY	\$40.00	\$40.00
1	FRONT BUMPER "H" LOGO	NOT NECESSARY	\$74.00	\$0.00
1	FRONT BUMPER FOGLAMP COVER (LHS)	NOT NECESSARY	\$58.00	\$0.00
1	FRONT BUMPER FOGLAMP (LHS)	NOT NECESSARY	\$220.00	\$0.00
1	FRONT BUMPER SIDE MOULDING PIECE (LHS) (BLACK COLOUR)	SCRATCHED	\$35.00	\$35.00
1	FRONT BUMPER SIDE MOULDING (LHS) (MATT COLOUR)	SCRATCHED	\$242.00	\$242.00
1	FRONT BUMPER SIDE AIR DUCT (LHS)	NOT NECESSARY	\$40.00	\$0.00
1	FRONT FENDER (LHS)	BENT	\$1,397.00	\$1,397.00
1	FRONT FENDER SPLASH SHIELD (LHS)	NOT NECESSARY	\$127.00	\$0.00
10	FRONT FENDER SPLASH SHIELD CLIPS @\$4.00	NOT NECESSARY	\$40.00	\$0.00
1	FRONT SPORT RIM (LHS)	SCRATCHED	\$1,237.00	\$1,237.00
1	FRONT HEADLAMP (LHS)	SCRATCHED	\$3,140.00	\$3,140.00
1	FRONT DOOR (LHS) (NPA)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
1	REAR DOOR (LHS) (NPA)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
1	REAR FENDER (LHS)	BENT	\$1,865.00	\$1,865.00
10	REAR FENDER INNER TRIM BOARD CLIPS @\$5.00	NECESSARY	\$50.00	\$50.00
1	REAR BUMPER	TO REPAIR SEE LABOUR	\$674.00	\$0.00
1	REAR BUMPER SIDE RETAINER (LHS)	NOT NECESSARY	\$58.00	\$0.00
10	REAR BUMPER CLIPS @\$4.00	NOT NECESSARY	\$40.00	\$0.00
1	REAR SPORT RIM (LHS)	TO REPAIR SEE LABOUR	\$1,237.00	\$0.00
1	REAR WINDSCREEN GLASS MOULDING (NPA)	NOT NECESSARY	\$0.00	\$0.00
	LESS 20.00% DISCOUNT		(\$2,298.40)	(\$1,771.20)
			\$9,193.60	\$7,084.80
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR WINDSCREEN GLASS SEALANT (SN)	NOT NECESSARY	\$80.00	\$0.00
			\$80.00	\$0.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE & REFOCUS FRONT HEADLAMP		\$120.00	\$30.00
	TO REMOVE & REPLACE RHS FRONT & REAR SPORT RIM & TRANSFER TYRE AND CONDUCT WHEEL BALANCING		\$150.00	\$100.00
	TO CONDUCT WHEEL ALIGNMENT		\$150.00	\$60.00
	TO APPLY RUSTPROOFING / TUFFCOATING TREATMENT FOR THE REPLACED PARTS		\$120.00	\$60.00
	TO KNOCKING & PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT DOOR (LHS), REAR DOOR (LHS), REAR BUMPER AND REAR SPORT RIM (LHS)		\$1,500.00	\$1,000.00
	TO PUTTY & SPRAY PAINT ON THE AFFECTED AREAS		\$1,600.00	\$1,200.00
			\$3,640.00	\$2,450.00
GRAND TOTAL			\$12,913.60	\$9,534.80
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$7,600.00
Report Ref No: CS/SMR24090069/Rvp3e2				

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 repositibility 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 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 10:30 (SGT)
Reported by	Actual Driver
Date of Accident	01/09/2024 00:20 (SGT)
Exact Location of Accident	Choa Chu Kang Dr, Singapore
Additional Location Information	KJE (BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR5609B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	CN7 AVANTE 1.6 GDI HEV S
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 - Reporting only
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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000447_03

DRIVER

Name of Driver	YOM LIAN FAH
NRIC No	SXXXX536H
Date Of Birth	-
Occupation	Outdoor
Driving Pass Date	28/08/1981
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	43 YEARS AND 1 MONTH
Gender	Female
Mobile Number	-
Alt. Phone Number	-
Email Address	gr.sa.accident@grab.com
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	Side Swipe
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

ON THE 01/09/24 AT ABOUT 0020HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SNR5609B) ALONG CHOA CHU KANG DR X KJE (BKE) ENROUTE FROM 687D CHOA CHU KANG DR TOWARDS SUNSET WAY TO GOING BACK HOME AFTER WORK. WHILE DRIVING ALONG CHOA CHU KANG DR X KJE (BKE) , VEHICLE B (SMB5056S) REAR PORTION HAD SLIGHTLY GRAZED ONTO VEHICLE A. VEHICLE A HAD SLIGHTLY GRAZED ONTO FRONT LEFT SIDE BUMPER, FRONT LEFT SIDE RIM, SIDE MIRROR , REAR LEFT RIM, AND PANEL . NOBODY WAS INJURED DURING THE ACCIDENT.

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	SMB5056S
Vehicle Manufacturer	Alexander Dennis
Vehicle Model	ENVIRO500
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	KAMALRULZAMAN
Passport No/FIN	GXXXX362T
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Shared using Xodo PDF Reader and Editor

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 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. 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 based outside of Singapore, for one or more of the above Purposes.

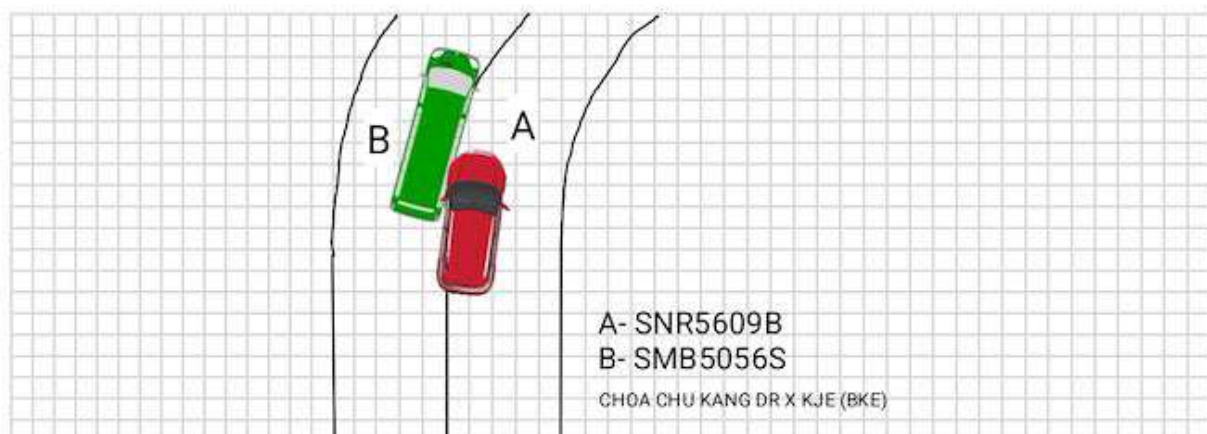
Policyholder's Signature / Date & Time

Sketch Plan

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

010924-1230HRS

Witnessed by Reporting Centre Personnel



Shared using Xodo PDF Reader and Editor

Describe Circumstances of the Accident

ON THE 01/09/24 AT ABOUT 0020HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SNR5609B) ALONG CHOA CHU KANG DR X KJE (BKE) ENROUTE FROM 687D CHOA CHU KANG DR TOWARDS SUNSET WAY TO GOING BACK HOME AFTER WORK. WHILE DRIVING ALONG CHOA CHU KANG DR X KJE (BKE) , VEHICLE B (SMB5056S) REAR PORTION HAD SLIGHTLY GRAZED ONTO VEHICLE A. VEHICLE A HAD SLIGHTLY GRAZED ONTO FRONT LEFT SIDE BUMPER, FRONT LEFT SIDE RIM, SIDE MIRROR , REAR LEFT RIM, AND PANEL . NOBODY WAS INJURED DURING 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

010924-1230HRS

Witnessed by Reporting Centre Personnel

PHOTOGRAPHS FOR VEHICLE NO. : SNR 5609B



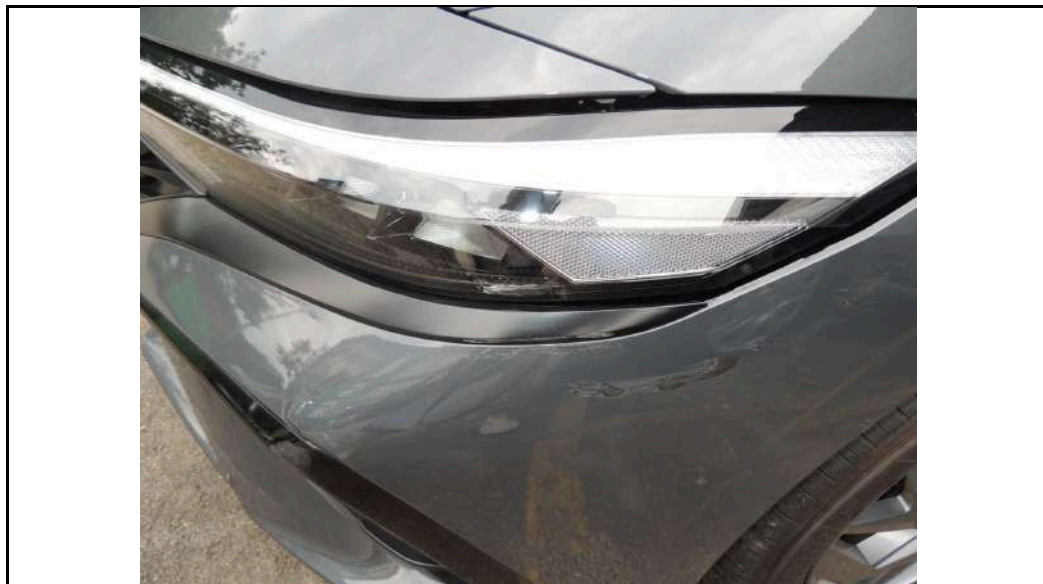
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INSPECTION PHOTOS (Page 10 of 16)

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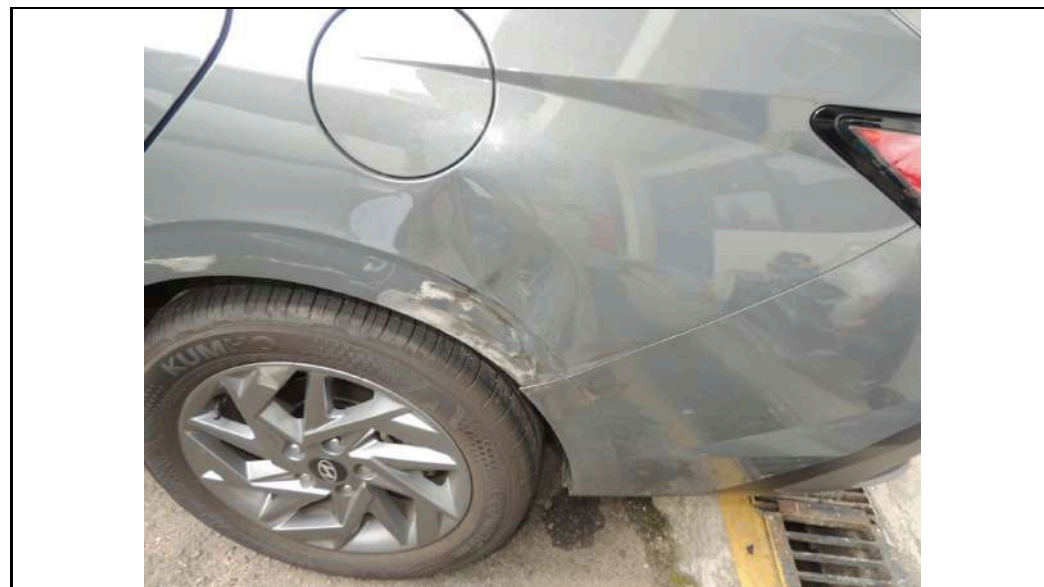
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INSPECTION PHOTOS (Page 11 of 16)

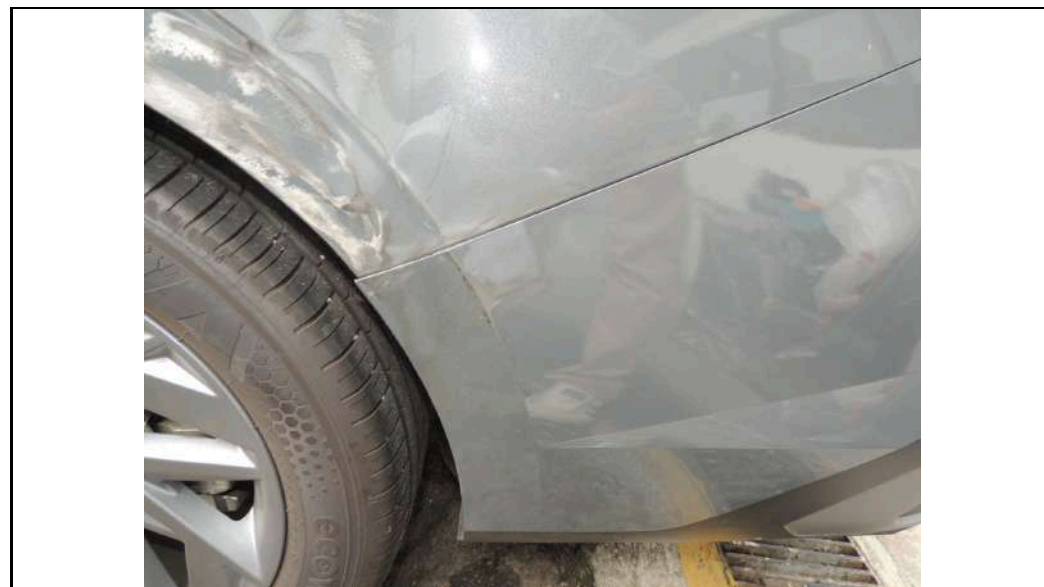
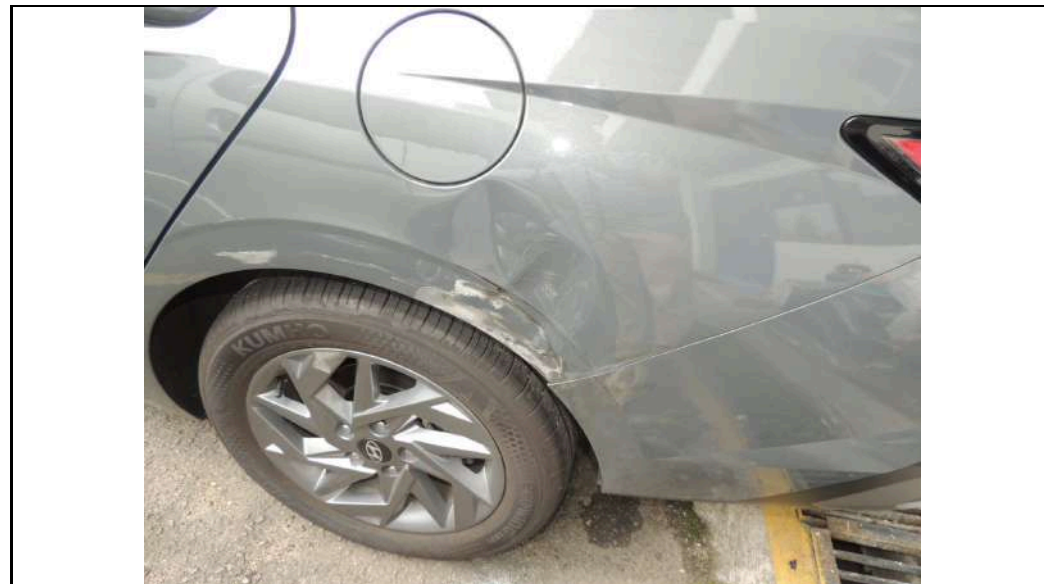
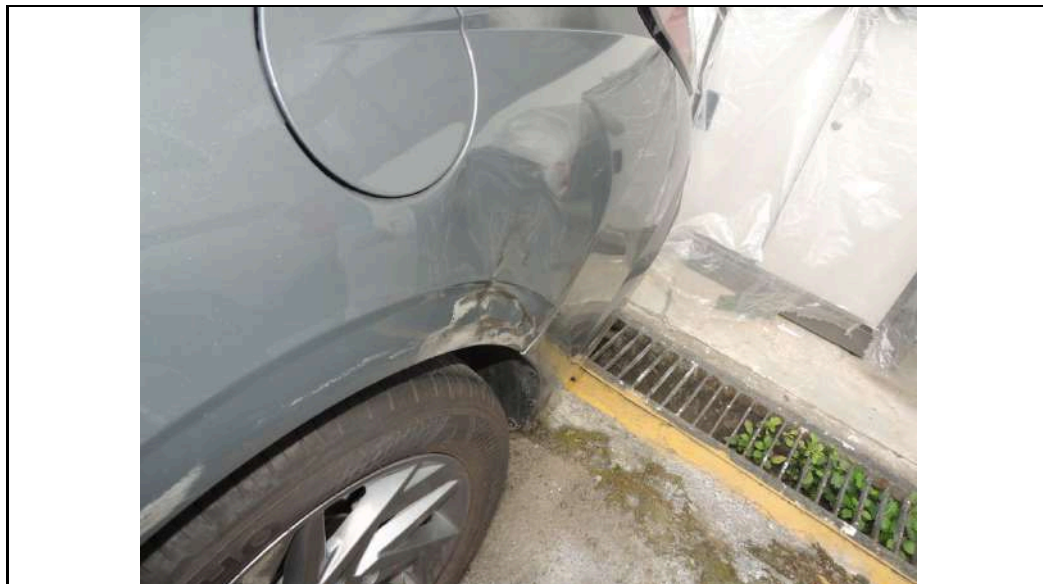
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REINSPECTION PHOTOS (Page 2 of 2)

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