



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. : SAC2400579

INV Date : 11-09-2024

Reference CS/SMR24060165/Rnh3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. YM 7103B

Insured Veh. SHF 68D

Claim No. TAX/06/24/2035

Policy No.

Accident Date 13/06/2024

Inspection Date 20/06/2024

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'**

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SML



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Affiliated to Federation Internationale Des Experts En Automobile				
MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.		Ref:	CS/SMR24060165/Rnh3m4	
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE		Date:	11/09/2024	
757705		Code:	SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHF 68D	Veh. Inspected	YM 7103B	
Policy No.	-	Coverage	0	
Claim No.	TAX/06/24/2035	Excess	\$0.00	
Assign From	HUA YEN	Assign Date	20/06/2024	
2. Vehicle Details				
Make & Model	NISSAN PKC37BNHNP	C.C	7684	
Engine No.	J08EUB10466	Year of Reg.	18/09/2007	
Chassis No.	PKC37BN00173	Colour	WHITE	
Odometer	22695 KM	Steering	IN ORDER	
Brakes	IN ORDER	General	FAIR	
Modification(s)	RIMS: NIL			
3. Conditions of Tyres				
	Size	Make	Balance (mm)	
R/H Front Tyre	295/80R22.5	ROYALBLACK	8	
L/H Front Tyre	295/80R22.5	ROYALBLACK	8	
R/H Rear Tyre	295/80R22.5 (D)	ROYALBLACK	8/8	
L/H Rear Tyre	295/80R22.5 (D)	ROYALBLACK	8/8	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/06/2024	Inspection Date	20/06/2024	
Survey held at	BIG-FOOT ENGINEERING PTE LTD 8 JOO KOON ROAD, SINGAPORE 628972			
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 YM 7103B

Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR DOOR FRAME (N)	NOT NECESSARY	\$5,600.00	\$0.00
1	REAR DOOR PILLAR STOPPER RH (N)	BENT	\$560.00	\$560.00
1	REAR TAIL LAMP ASSY RH (N)	CRACKED	\$400.00	\$400.00
1	REAR SIDE REFLECTOR REFLEX, RH (N)	NOT NECESSARY	\$60.00	\$0.00
1	REAR MUD GUARD RH (N)	DEFORMED	\$600.00	\$600.00
1	REAR MUD GUARD BRACKET RH (N)	BENT	\$180.00	\$180.00
1	REAR MUD FLAP RH (N)	TORN	\$45.00	\$45.00
1	REAR HYDRALIC ASSY RH (N)	NOT NECESSARY	\$3,800.00	\$0.00
4	REAR WOODEN BOARD, HORIZON @\$600.00 (N)	NOT NECESSARY	\$2,400.00	\$0.00
1	TYRE, RH (N)	CUT	\$750.00	\$750.00
1	COMPANY STICKER (N)	NECESSARY	\$2,000.00	\$2,000.00
1	REAR SIDE ALUMINIUM PANEL, RH (N)	BENT	\$600.00	\$600.00
1	REAR BUMPER (N)	TO REPAIR SEE LABOUR	\$1,200.00	\$0.00
2	RED WHITE REFLECTIVE STICKER @\$30.00 (N)	NECESSARY	\$60.00	\$60.00
	LESS 0.00 / 10.00% DISCOUNT		\$0.00	(\$519.50)
			\$18,255.00	\$4,675.50

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO STRAIGHTEN AND PANEL BEAT ON ACCIDENT REAR AREA. INCLUSIVE OF THE REPAIR OF REAR BUMPER		\$3,800.00	\$600.00
	TO PUTTY, RE-SPRAY PAINTING AND POLISH ON ACCIDENT REAR AREA		\$2,200.00	\$400.00
	TO SPRAY RUST PROOFING ON AFFECTED AREA		\$180.00	\$60.00
			\$6,180.00	\$1,060.00

GRAND TOTAL			\$24,435.00	\$5,735.50
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$4,600.00
Report Ref No: CS/SMR24060165/Rnh3m4				



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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 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	13/06/2024 19:32 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2024 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BKE TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7103B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIG-FOOT LOGISTIC PTE LTD
Company Reg No	1XXXXX061H
Email Address	Sanjay.ram@bigfoot.com.sg
Mobile Phone No	(Phone) +65-97307902
Alternative Phone No	(Office) +65-63505050

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	PKC37BNHNP
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	Allied World Assurance Company, Ltd
Policy Number / Cover Note Number	BVFCB0013872302

DRIVER

Name of Driver	XU ZHONGXIAO
Work Permit No	GXXXX708U
Date Of Birth	-
Occupation	Outdoor

Driving Pass Date	06/08/2019
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	8 JOO KOON ROAD
Address complement	-
Postcode	628972
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

I was traveling along BKE towards woodlands it was a 4 lane traffic and my vehicle was positioned in the 4th lane suddenly third party vehicle which was on the 3rd lane made a lane change to the 4th and collided onto my vehicle right rear area. No injuries involved. I was using my vehicle for work purpose during the time of 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	SHF68D
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi

Name of Driver	SU JUNDA
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

WITNESS DETAILS

WITNESS 1

Name	-
Phone	
Email	-

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 Authorised 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident

I was traveling along BKE towards woodlands it was a 4 lane traffic and my vehicle was positioned in the 4th lane suddenly third party vehicle which was on the 3rd lane made a lane change to the 4th and collided onto my vehicle right rear area. No injuries involved. I was using my vehicle for work purpose during the time of accident.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

XU Zhen

Driver's Signature (If driver is not the policyholder) / Date
& Time 13 June 2024

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM Ver. 30042021

Vehicle A: YM 7103B
Vehicle B: SHF68D

Policyholder's Signature
Date & Time:

Xu 2/10/15

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

PHOTOGRAPHS FOR VEHICLE NO. : YM 7103B



PHOTOGRAPHS FOR VEHICLE NO. : YM 7103B



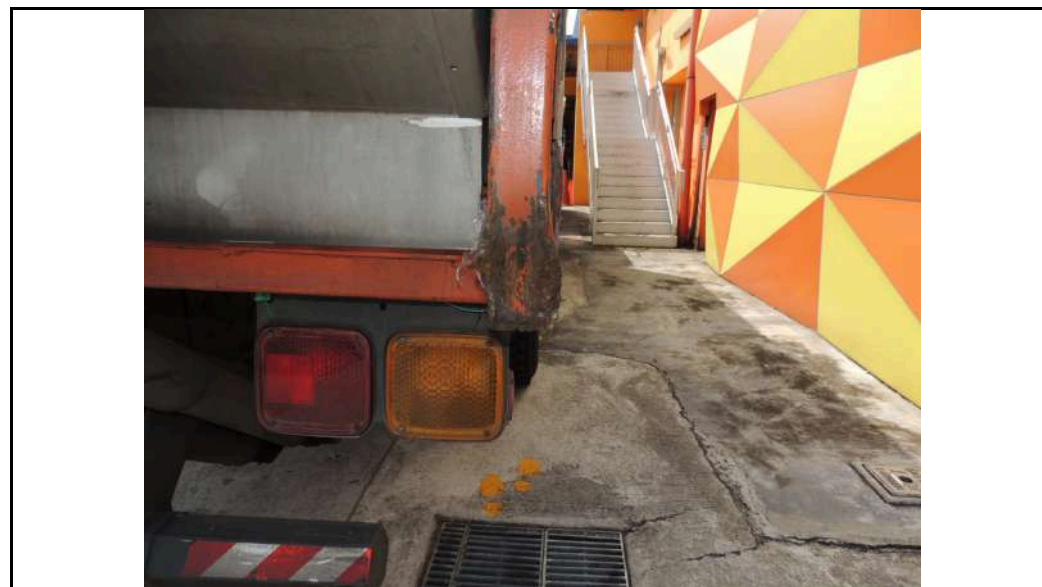
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