

**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. : SAC2401102

INV Date : 23-10-2024

Reference CS/SMR24090325/Rnp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNQ 6673M
Insured Veh. SMB 3607R
Claim No. BUS/09/24/5010
Policy No.
Accident Date 06/09/2024
Inspection Date 20/09/2024

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/SMR24090325/Rnp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	23/10/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 3607R	Veh. Inspected	SNQ 6673M
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/5010	Excess	\$0.00
Assign From	GRACE	Assign Date	18/09/2024

2. Vehicle Details

Make & Model	BYD ATTO 3 EXTENDED RANGE	C.C	-
Engine No.	HIDDEN	Year of Reg.	30/04/2024
Chassis No.	LGXCE4CB9R2046269	Colour	GREY
Odometer	11981 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	235/50 R18	CONTINENTAL	6
L/H Front Tyre	235/50 R18	CONTINENTAL	6
R/H Rear Tyre	235/50 R18	CONTINENTAL	6
L/H Rear Tyre	235/50 R18	CONTINENTAL	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	06/09/2024	Inspection Date	20/09/2024
Survey held at	VANTAGE AUTOMOTIVE LIMITED 305 ALEXANDRA ROAD, #02-01, VANTAGE AUTOMOTIVE CENTRE, SINGAPORE 159942		

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 SNQ 6673M

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SUNDRIES (SN)	NECESSARY	\$100.00	\$20.00
1	WINDSCREEN ASSY - REAR (SN)	NECESSARY	\$1,080.00	\$1,080.00
1	MIDDLE TAIL LAMP (SN)	CRACKED	\$1,311.30	\$1,311.30
1	LEFT REAR REFLEX REFLECTOR (SN)	SERVICEABLE	\$18.90	\$0.00
1	LEFT LICENSE PLATE LAMP (SN)	SERVICEABLE	\$40.50	\$0.00
1	FOG LAMP, REAR (SN)	SERVICEABLE	\$118.80	\$0.00
1	BACK DOOR BYD LOGO ASSY (SN)	NECESSARY	\$81.00	\$81.00
1	BYD ATTO3 MARKER ASSEMBLY (SN)	NECESSARY	\$46.80	\$46.80
1	EV LOGO (SN)	NOT NECESSARY	\$9.00	\$0.00
1	BACK DOOR LOWER GUARD ASSY (SN)	SERVICEABLE	\$330.30	\$0.00
1	RR LICENSE PLATE TRIM PANEL ASSY (SN)	DEFORMED	\$108.00	\$108.00
1	REAR BUMPER WIRE (SN)	SERVICEABLE	\$225.00	\$0.00
2	SMALL PROBE (PIANO BLACK) (SN)	SERVICEABLE	\$81.00	\$0.00
1	PANORAMIC & REAR VIEW IMAGE MODULE (SN)	SERVICEABLE	\$373.50	\$0.00
1	REAR PANEL ASSEMBLY (SN)	SERVICEABLE	\$990.00	\$0.00
1	IMPACT BEAM, REAR (SN)	SERVICEABLE	\$585.00	\$0.00
1	BACK DOOR ASSEMBLY (SN)	BUCKLED	\$3,132.00	\$3,132.00
1	TRIM COVER INNER LH - REAR BUMPER (SN)	DEFORMED	\$64.80	\$64.80
1	TRIM COVER INNER RH - REAR BUMPER (SN)	SERVICEABLE	\$64.80	\$0.00
1	TRIM OF REAR BUMPER (SN)	TO REPAIR SEE LABOUR	\$156.60	\$0.00
1	TRIM - LOWER SURROUND REAR BUMPER (SN)	SERVICEABLE	\$130.50	\$0.00
1	BUMPER BODY ASSY, REAR (SN)	CUT	\$1,197.00	\$1,197.00
1	RR LICENSE PLATE BASE ASSY (SN)	NOT NECESSARY	\$54.00	\$0.00
1	REAR NUMBER PLATE WITH FRAME (SN)	SCRATCHED	\$70.00	\$70.00
			\$10,368.80	\$7,110.90

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	REMOVE AND REPLACE REAR TAILGATE AND REAR BUMPER. INCLUSIVE OF THE REPAIR OF TRIM OF REAR BUMPER		\$1,500.00	\$1,200.00
	REMOVE AND REPLACE REAR GLASS WITH WATER LEAK TEST		\$600.00	\$300.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	SUPPLY AND INSTALL 3M SOLAR FILM FOR REAR GLASS	NOT NECESSARY	\$350.00	\$350.00
	PANEL BEAT REAR END PANEL WITH PAINT.		\$1,200.00	\$0.00
	SPRAY PAINT REAR TAILGATE AND REAR BUMPER		\$1,200.00	\$1,200.00
	TO CONDUCT BODY CAVITY PRESERVATION		\$120.00	\$60.00
	TO CONDUCT ECU RE PROGRAMMING AND CLEAR OF ANY FAULT CODES TO ENSURE PROPER FUNCTION		\$600.00	\$450.00
			\$5,570.00	\$3,560.00
GRAND TOTAL			\$15,938.80	\$10,670.90
	RECOMMENDED COST OF REPAIRS			\$10,670.90
Report Ref No: CS/SMR24090325/Rnp3e2				

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 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 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. 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	06/09/2024 10:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/09/2024 07:15 (SGT)
Exact Location of Accident	12 Choa Chu Kang Grove, Singapore 688208
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ6673M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Kong Hai Lang
NRIC No	SXXXX355Z
Email Address	hlk8208@gmail.com
Mobile Phone No	(Phone) +65-91060231
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	ATTO 3
Variant	EV
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	0
Vehicle Fuel	Electric
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	Kong Hai Lang
NRIC No	SXXXX355Z
Date Of Birth	16/09/1974
Occupation	Indoor
Driving Pass Date	22/03/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91060231
Alt. Phone Number	-
Email Address	hik8208@gmail.com
Address	14 Choa Chu Kang Grove, #03-35
Address complement	-
Postcode	688209
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 - 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?	Yes
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	CHILD
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT

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	SMB3607R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	CHONG PIAN FONG
NRIC No	SXXXX314A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMB3607R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes


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 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 lodgment 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:

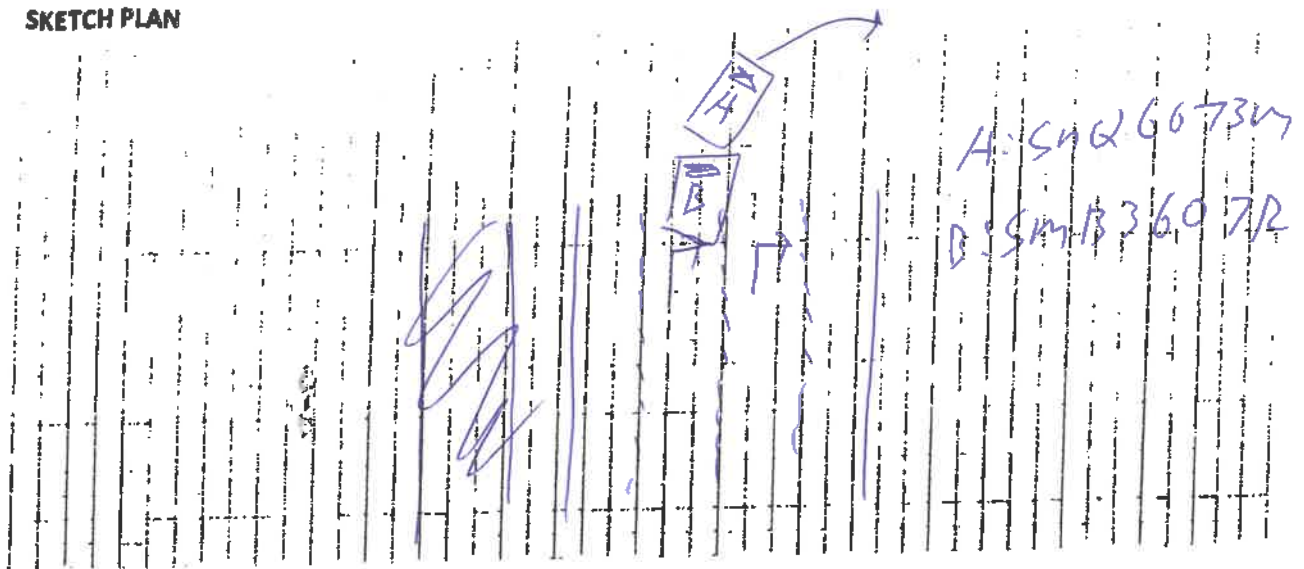
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 06/09/24 around 7.24am, a fragile accident took place at the Choa Chu Kong T junction hit by SMRT bus. ~~there~~ camera video front and back was provide.

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: 06/09/24

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



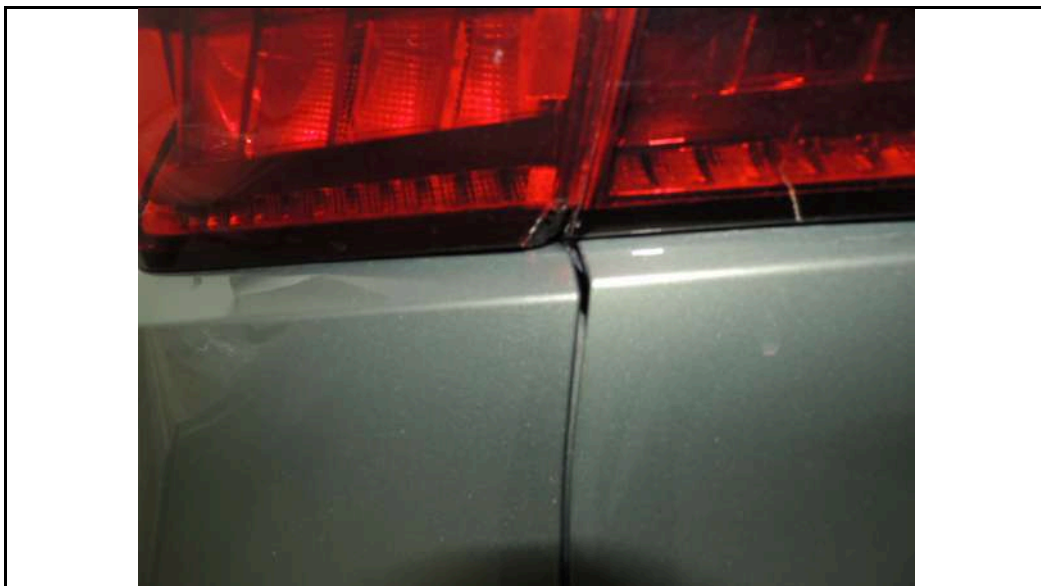
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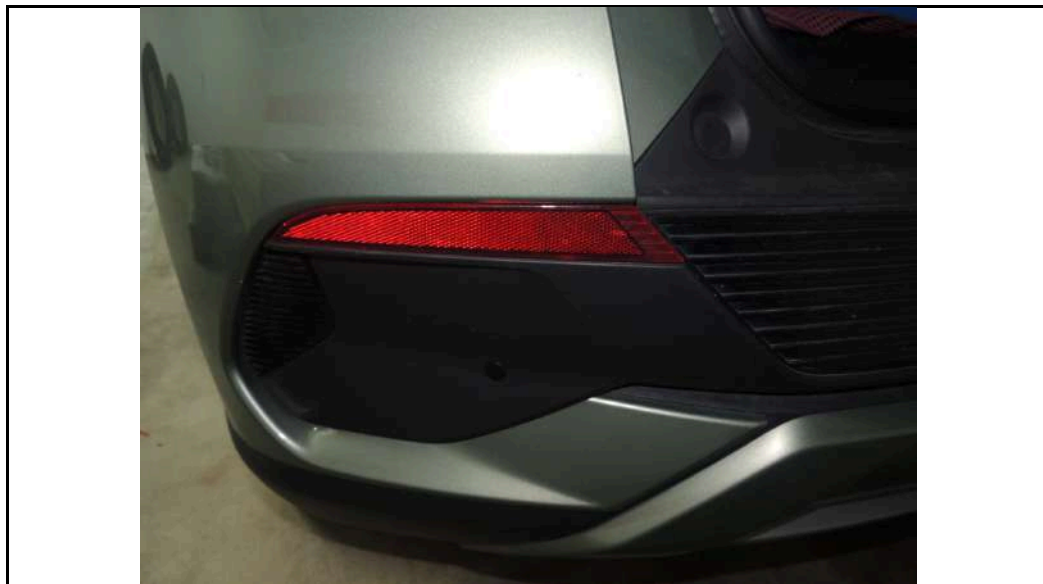
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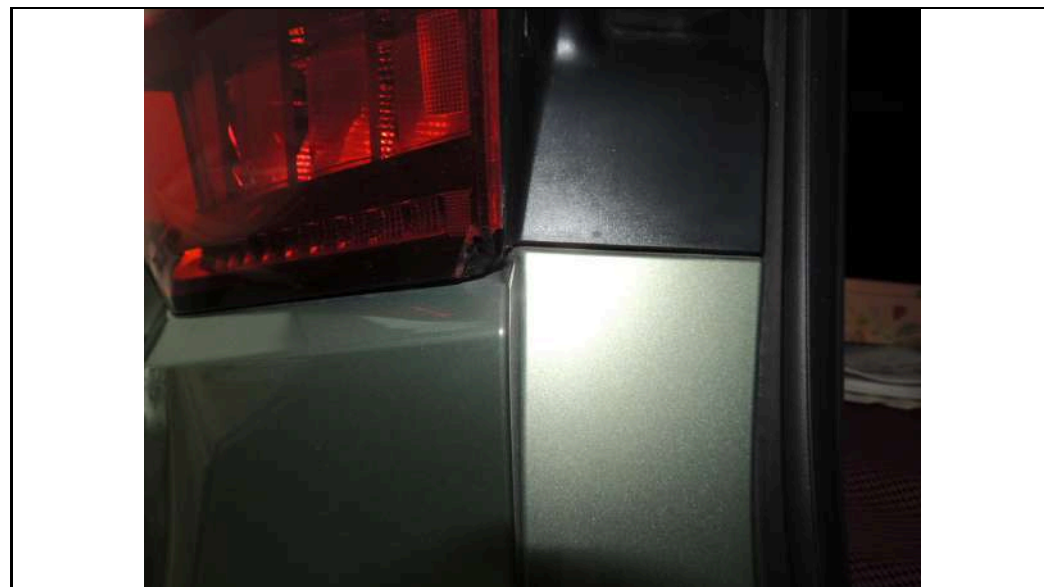
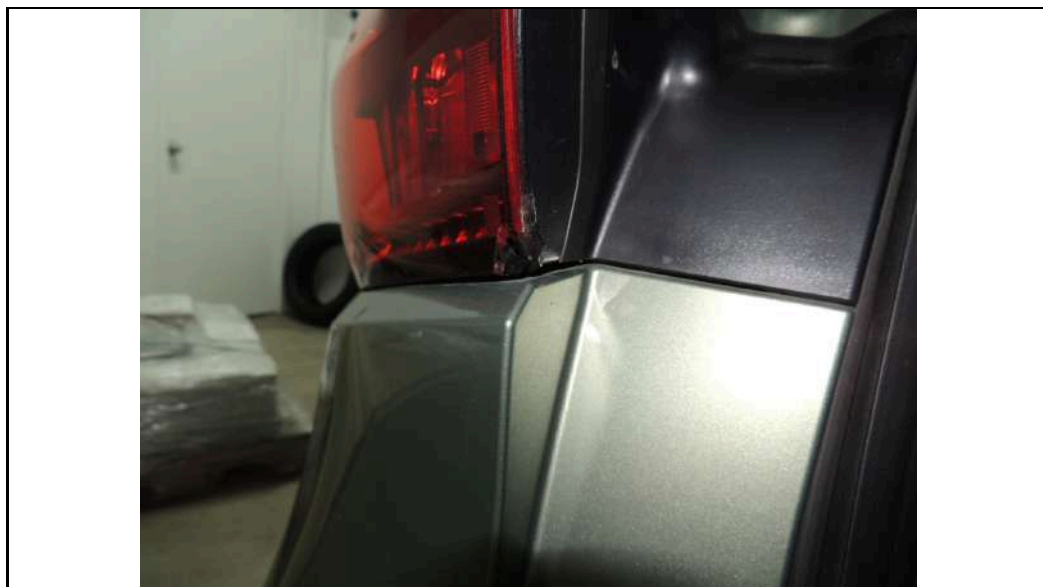
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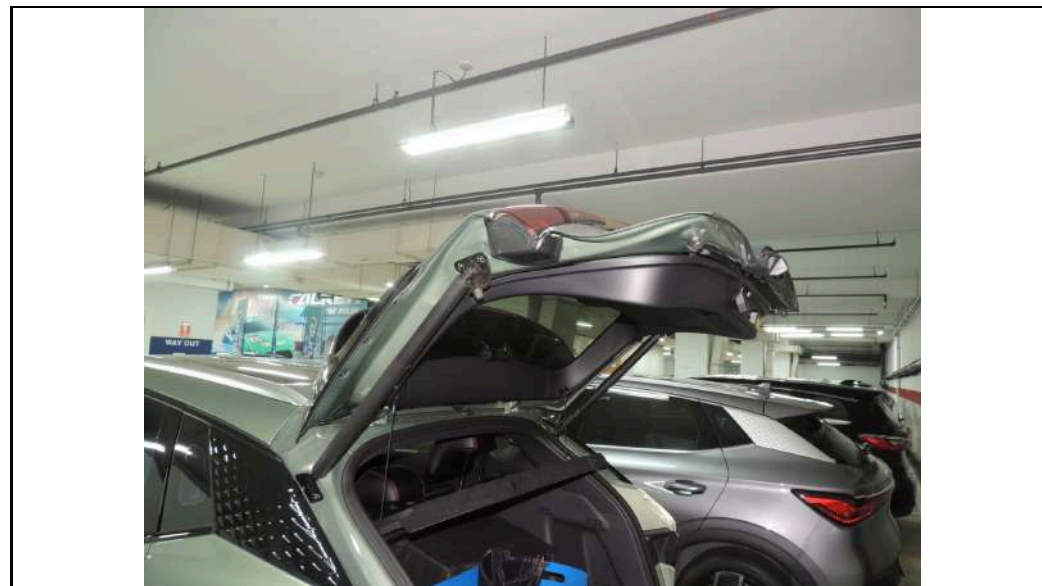
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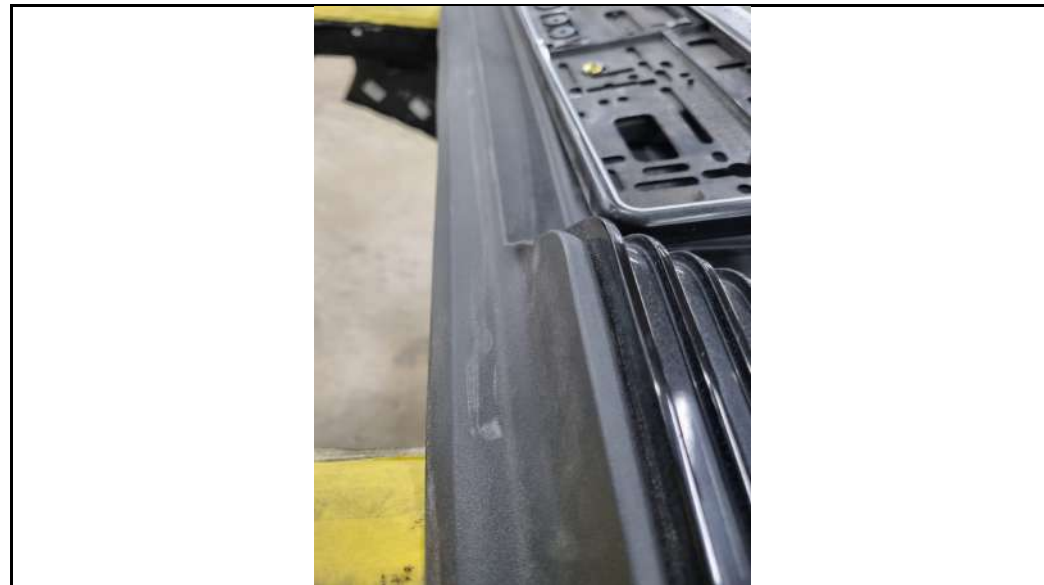


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REINSPECTION PHOTOS (Page 1 of 3)

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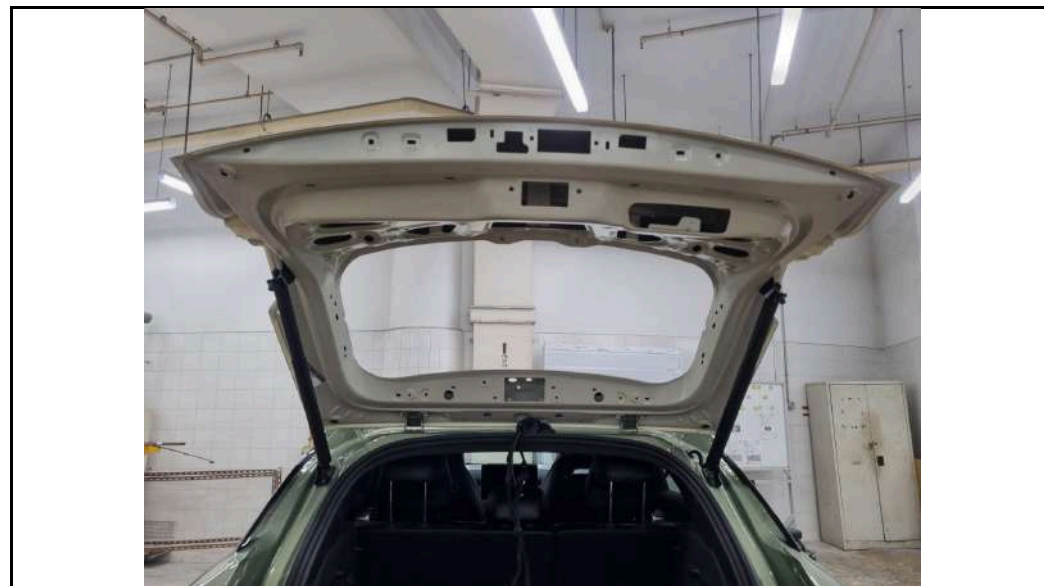
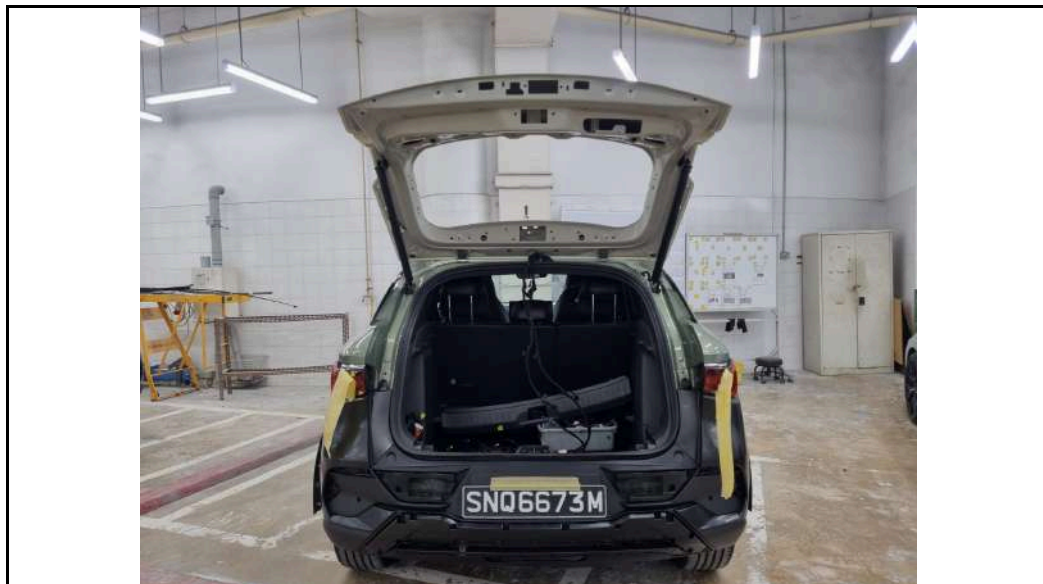
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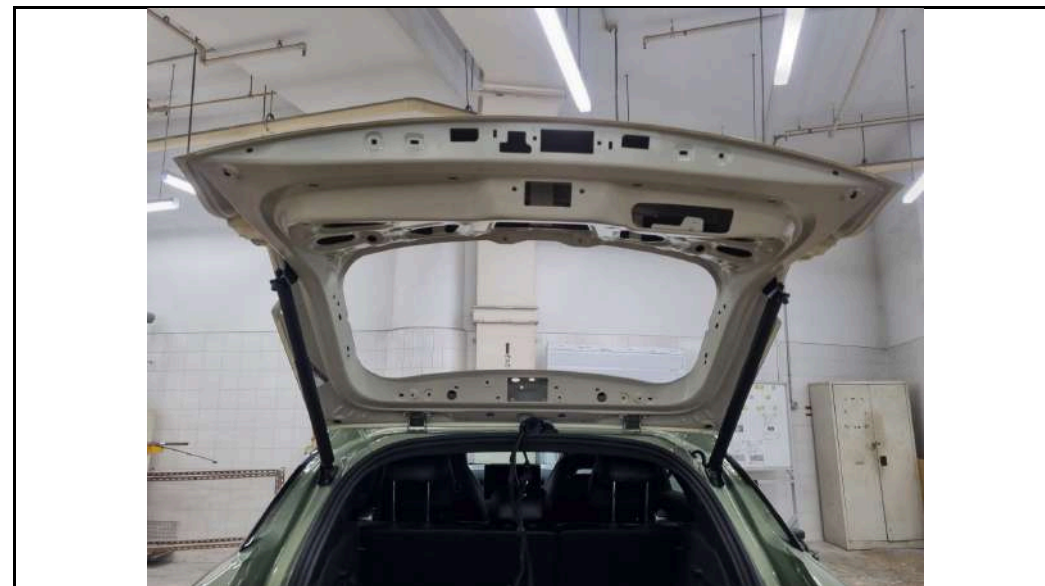
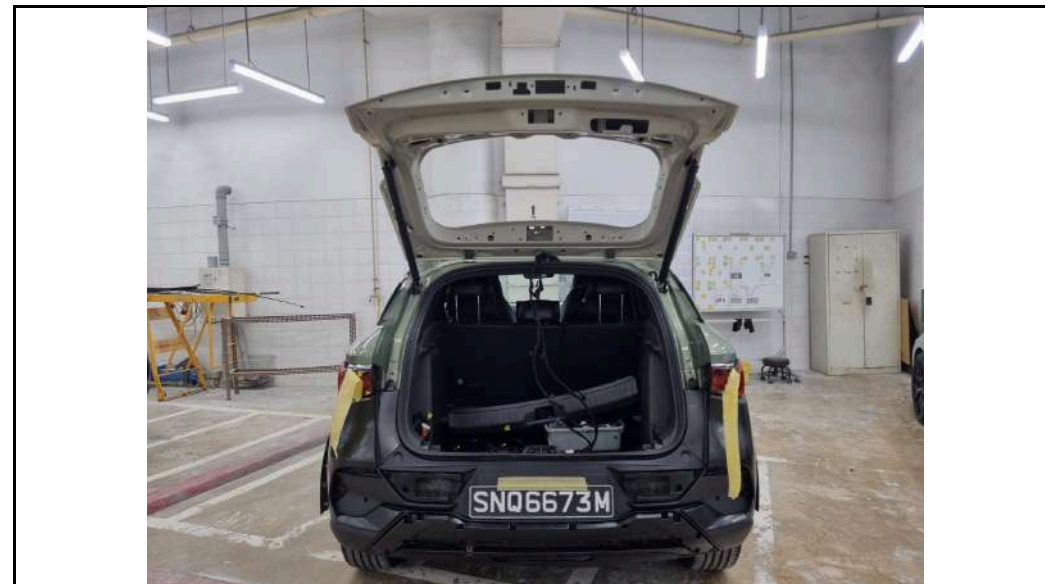
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