



## 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	INV No.	AC2501478
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	13/03/2025
SINGAPORE 757705	Reference	CS/SMR24090327/Rqp3e2
ATTN: HUA YEN	Code	SMR

### PROFESSIONAL SERVICE FEE

Vehicle No.	SMD 8456R
Insured Veh.	SHB 1810S
Claim No.	TAX/09/24/2029
Policy No.	
Accident Date	12/09/2024
Inspection Date	25/09/2024

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>128.00</b>
<b>GST (9%)</b>	<b>11.52</b>
<b>Grand Total</b>	<b>139.52</b>

We shall be glad if you could forward the payment at your early 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				
STRIDES PREMIER AUTOMOTIVE SERVICES PL 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24090327/Rqp3e2(N) Date: 13/03/2025 Code: SMR	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.	SHB 1810S	Veh. Inspected	SMD 8456R
	Policy No.		Coverage (\$)	0.00
	Claim No.	TAX/09/24/2029	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	17/09/2024
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	HONDA VEZEL 1.5X CVT	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	RU11116042	Colour	BLUE
	Odometer	195593 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	YOKOHAMA	6 mm
	L/H Front Tyre	215/60 R16	YOKOHAMA	6 mm
	R/H Rear Tyre	215/60 R16	YOKOHAMA	6 mm
	L/H Rear Tyre	215/60 R16	YOKOHAMA	6 mm
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
	Accident Date	12/09/2024	Inspection Date	25/09/2024
	Survey held at	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD 209 PANDAN GARDENS SINGAPORE 609339		
<b>5a. Remarks</b>				
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		7 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMD 8456R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REVERSE SENSOR (SN)	NOT WORKING	350.00	160.00
1	SUNDRIES (SN)	NECESSARY	80.00	20.00
1	TAIL GATE (SN)	BENT	1,093.40	1,093.40
1	TAIL GATE LOCK (SN)	NOT NECESSARY	115.10	-
1	TAIL GATE STRIKER (SN)	NOT NECESSARY	40.00	-
1	TAIL GATE WEATHER STRIP (SN)	NOT NECESSARY	107.80	-
1	TAIL GATE HONDA LOGO (SN)	NOT NECESSARY	32.30	-
1	TAIL GATE VEZEL EMBLEM (SN)	NECESSARY	31.10	31.10
1	REAR WINDSCREEN (SN)	NOT NECESSARY	879.00	-
1	REAR WINDSCREEN SEAL TOP (SN)	NECESSARY	45.00	45.00
1	REAR WINDSCREEN SEAL LHS (SN)	NECESSARY	45.00	45.00
1	REAR WINDSCREEN SEAL RHS (SN)	NECESSARY	45.00	45.00
1	REAR WINDSCREEN SEAL BOTTOM (SN)	NECESSARY	45.00	45.00
1	REAR WINDSCREEN FASTENER (SN)	NECESSARY	46.00	46.00
1	REAR BUMPER (SN)	DEFORMED	401.40	401.40
1	REAR BUMPER RHS COVER (SN)	CUT	121.50	121.50
1	REAR BUMPER RHS REFLECTOR (SN)	NOT NECESSARY	107.60	-
1	REAR BUMPER RHS BRACKET (SN)	NOT NECESSARY	32.10	-
			3,617.30	2,053.40
	<b><u>LABOUR</u></b>			
	TO REPLACE BOOT LID, REAR BUMPER AND REAR END PANEL REPAIR ACCIDENT AFFECTED AREA.		2,250.00	625.00
	PAINT WORK REAR BUMPER, TAIL GATE, REAR END PANEL.		1,600.00	300.00
	ANTI-RUST PROOFING.		180.00	50.00
	TO APPLY BODY SEALANT ON AFFECTED AREA.		180.00	50.00
	TO REPLACE REAR WINDSCREEN.		280.00	160.00
	TO PERFORM WATER LEAK AFTER WINDSCREEN REPLACEMENT.		100.00	50.00
	TO CHECK WIRING & CHASSIS ELECTRICAL SYSTEM.		100.00	50.00
	TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM.		280.00	160.00

Report Ref No. CS/SMR24090327/Rqp3e2(N)



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPAIR REAR END PANEL. (ADDITIONAL)		250.00	250.00
	PAINT WORK RR END PANEL. (ADDITIONAL)		200.00	200.00
	REPAIR RR FLOOR PANEL AND PULLING. (ADDITIONAL)		375.00	375.00
	PAINT WORK RR FLOOR PANEL. (ADDITIONAL)		250.00	250.00
			6,045.00	2,520.00
<b>GRAND TOTAL</b>			<b>9,662.30</b>	<b>4,573.40</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>4,573.40</b>

Report Ref No. CS/SMR24090327/Rqp3e2(N)

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ANG BRYAN TANI

Automotive Assessor / Investigator

**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.



**Diplomat Parts Pte. Ltd.**

Company Reg No. 196400304H  
GST Reg No. MR-8500111-X

## ESTIMATE

Invoice Name & Address		Owner Name & Vehicle Info	
Cycle & Carriage Leasing Pte Ltd		Reg No/Reg Date	SMD8456R / 01/07/2016
239 ALEXANDRA ROAD		Date In/Mileage	27/09/2024/ 195594
Singapore 159930		Chassis No	RU11116042
159930		Engine No	L15B4036046
Contact No	Mobile: 91185739	Make/Model	VEZEL 1.5X CVT

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CTP00060	Cash	08/03/2025/ 17:26	TLL	1210/ Lim Teng Keat	33594

Description of Goods / Services		Qty	Unit Price	Disc%	Amount
E	PNT88000 ADDITIONAL REPAIR REAR END PANEL				✓ 250.00
E	PNT98000 ADDITIONAL PAINT WORK RR END PANEL				✓ 200.00
E	PNT88000 ADDITIONAL REPAIR RR FLOOR PANEL AND PULLING				✓ 375.00
E	PNT98000 ADDITIONAL PAINT WORK RR FLOOR PANEL				✓ 250.00

# Estimate

Confirm & accepted by

Authorized signatory and company stamp

	Nett	1,075.00
9% GST on	1075.00	96.75
Total Payable		1,171.75

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

DPS Auto Services

209 Pandan Gardens, Singapore 609339 Tel: (65) 64792792

## 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 .....	13/09/2024 10:32 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/09/2024 09:20 (SGT)
Exact Location of Accident .....	Eunos Link, Singapore
Additional Location Information .....	TURNING LEFT TO EUNOS LINK FROM AIRPORT ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD8456R
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CYCLE & CARRIAGE LEASING PTE LTD
Company Reg No .....	2XXXXX307R
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 .....	1496
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MCF24B00000800

#### DRIVER

Name of Driver .....	WANG JUNLIANG
Passport No/FIN .....	GXXXX187Q
Date Of Birth .....	
Occupation .....	Indoor
Driving Pass Date .....	04/03/2021
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	3 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	
Alt. Phone Number .....	-
Email Address .....	
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 .....	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? .....	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

#### REFER TO ATTACHMENT

#### 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 .....	SHB1810S
Vehicle Manufacturer .....	MG




Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Green
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

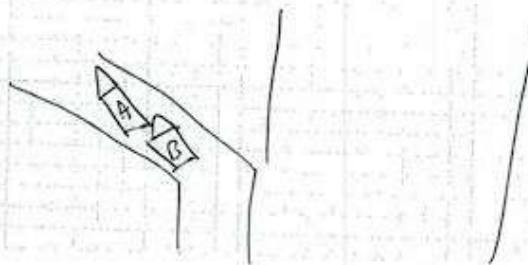
## IMPORTANT NOTICE

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 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' 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

Sketch Plan



Describe Circumstances of the Accident

This morning around 9-20 am. 12/9/24, when I was making a left turn from Airport Road to Euros Link, I stopped before turning and checking for oncoming vehicles, the taxi behind hit the back of my car.

Declaration

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

Witnessed by Reporting Centre Personnel



**PHOTOGRAPHS FOR VEHICLE NO. : SMD 8456R**



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Singapore 408933

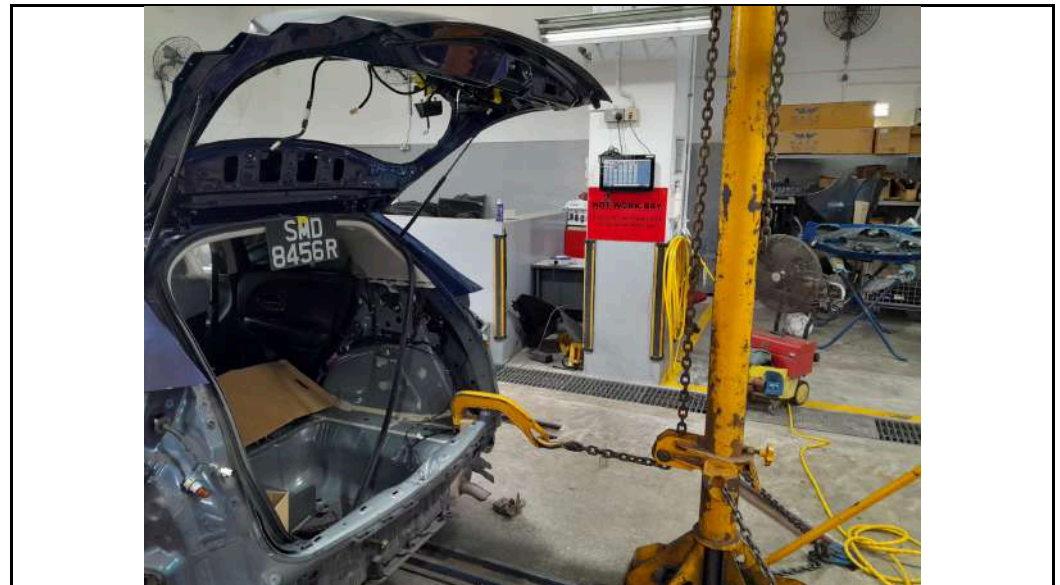
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REINSPECTION PHOTOS (Page 1 of 2)

### PHOTOGRAPHS FOR VEHICLE NO. : SMD 8456R





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