



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.	AC2501175
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	28/02/2025
SINGAPORE 757705	Reference	CS/SMR24090365/Rnp3m4
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SLW 3701C
Insured Veh.	SHF 377L
Claim No.	TAX/09/24/2025
Policy No.	
Accident Date	10/09/2024
Inspection Date	23/09/2024

Description	Total
Survey Inspection	180.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	180.00
GST (9%)	16.20
Grand Total	196.20

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'**

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SML



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Affiliated to Federation Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL			Ref:	CS/SMR24090365/Rnp3m4 (N)
60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705			Date:	28/02/2025
ATTN: HUA YEN			Code:	SMR
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHF 377L	Veh. Inspected	SLW 3701C
	Policy No.		Coverage (\$)	0.00
	Claim No.	TAX/09/24/2025	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	19/09/2024
2. Vehicle Particulars & Condition				
	Make & Model	HONDA ODYSSEY 2.4 EX-S CVT	c.c	2356
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	JHMRC1880JC201010	Colour	MAROON
	Odometer	114183 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	215/55 R17	MICHELIN	6 mm
	L/H Front Tyre	215/55 R17	MICHELIN	6 mm
	R/H Rear Tyre	215/55 R17	MICHELIN	6 mm
	L/H Rear Tyre	215/55 R17	MICHELIN	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	10/09/2024	Inspection Date	23/09/2024
	Survey held at	CHARN'S CUSTOMCRAFT BLK 1010 BUKIT MERAH LANE 3 #01-105 SINGAPORE 159724		
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. SLW 3701C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	SCRATCHED		
	REAR WHEEL RIM RHS (LOCAL REPAIR) (SN)		850.00	100.00
	LESS 20% DISCOUNT		-170.00	-
			680.00	100.00
	<u>LABOUR</u>			
	ALIGNMENT.		70.00	70.00
	REMOVE NECESSARY PARTS, JACKING, PANEL BEATING, REPAIR AND STRAIGHTEN REAR BUMPER, REAR FENDER RHS AND REAR DOOR RHS.		300.00	300.00
	PUTTY AND RESPRAY REAR BUMPER, REAR FENDER RHS AND REAR DOOR RHS.		800.00	600.00
			1,170.00	970.00
GRAND TOTAL			1,850.00	1,070.00
RECOMMENDED COST OF REPAIRS				1,070.00

Report Ref No. CS/SMR24090365/Rnp3m4(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.

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	10/09/2024 18:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/09/2024 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SOUTH BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3701C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO LAM HWA
NRIC No	SXXXX387H
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2400
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPC2024-00000496

DRIVER

Name of Driver	HO LAM HWA
NRIC No	SXXXX387H
Date Of Birth	
Occupation	Indoor
Driving Pass Date	23/06/1975
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	49 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	-
Alt. Phone Number	-
Email Address	
Address	
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	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

REFER TO SKETCH PLAN

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	SHF377L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MAZRIN BIN HUSSEIN
NRIC No	SXXXX240E
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

VEHICLE NO:

SHR 377H

DATE OF ACCIDENT:

16/10/2024

1.20 pm

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 the policy liability on the part of 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 shall be collectively referred to as the "Insurer", 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

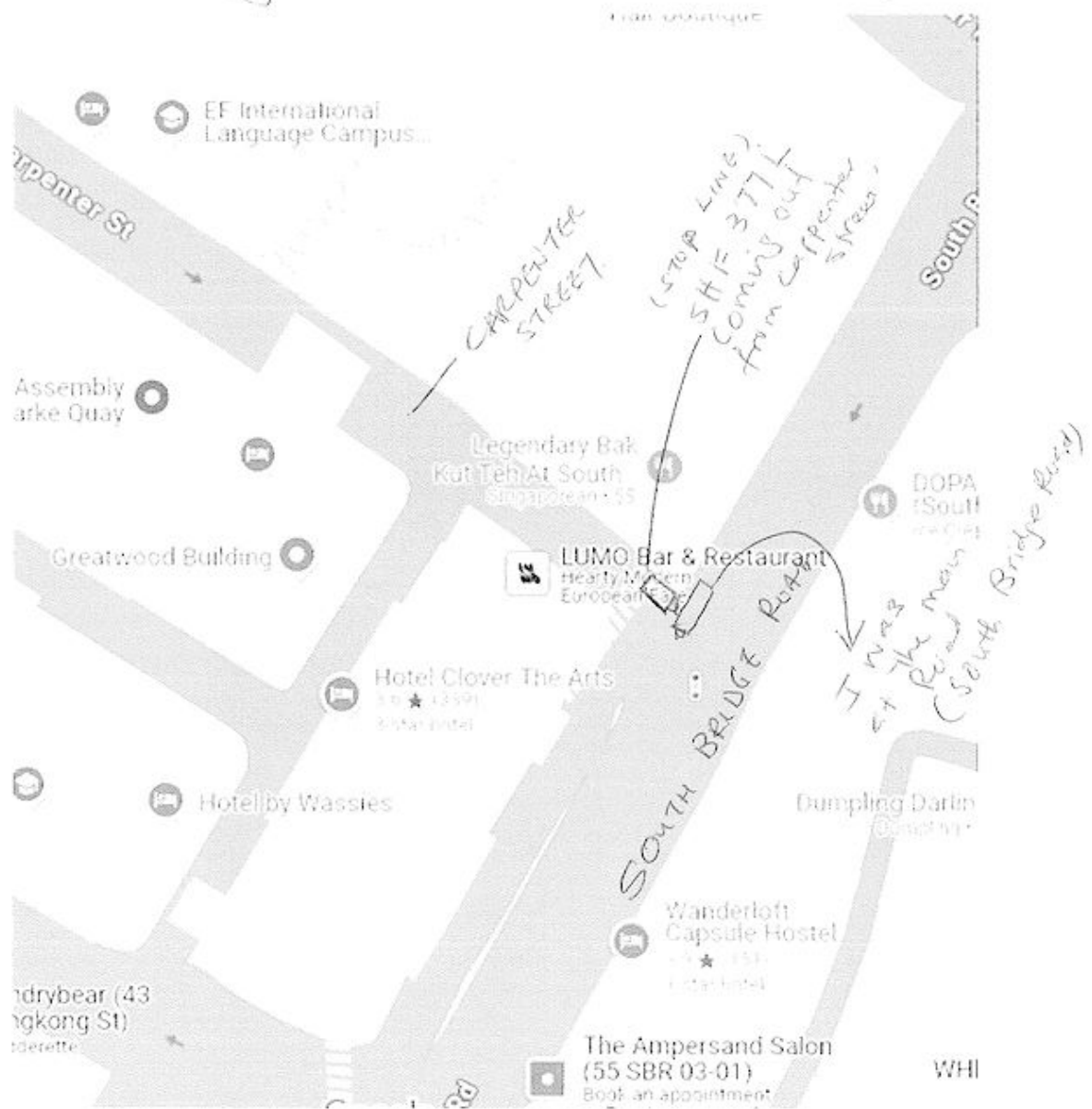

Witnessed by Reporting Centre Personnel (Name as in NRIC/ ID card)
CHARN'S CUSTOMCRAFT

Sketch Plan (DRAWING- SCENE OF ACCIDENT)

Refer to attach
(Sketch Plans)

DOA 10/9/2024

SLW 3701C & SHF 377L
(Along SOUTH BRIDGE ROAD)



SLW 3701C

VEHICLE NO: SLW 3701C

DATE OF ACCIDENT: 10/9/2024

1.50.

Describe Circumstances of the Accident

WAS DRIVING ALONG SOUTH BRIDGE ROAD
VEHICLE NO: SHP 377L WAS DRIVING ALONG
CARPENTER CAME OUT WITHOUT STOPPING
'STOP LINE SIGN' AND COLLIDED ONTO FRONT
VEHICLE RIGHT HAND SUB C

[Handwritten signature]

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration

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

NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS
TIMEFRAME FOR YOU TO SUBMIT AN OWN
DAMAGE CLAIM UNDER YOUR POLICY. KINDLY
REFER TO YOUR POLICY FOR MORE INFORMATION.

[Handwritten signature]
Policyholder's Signature / Date & Time

[Handwritten signature]
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

[Handwritten signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ ID card)
CHARN'S CUSTOMCRAFT

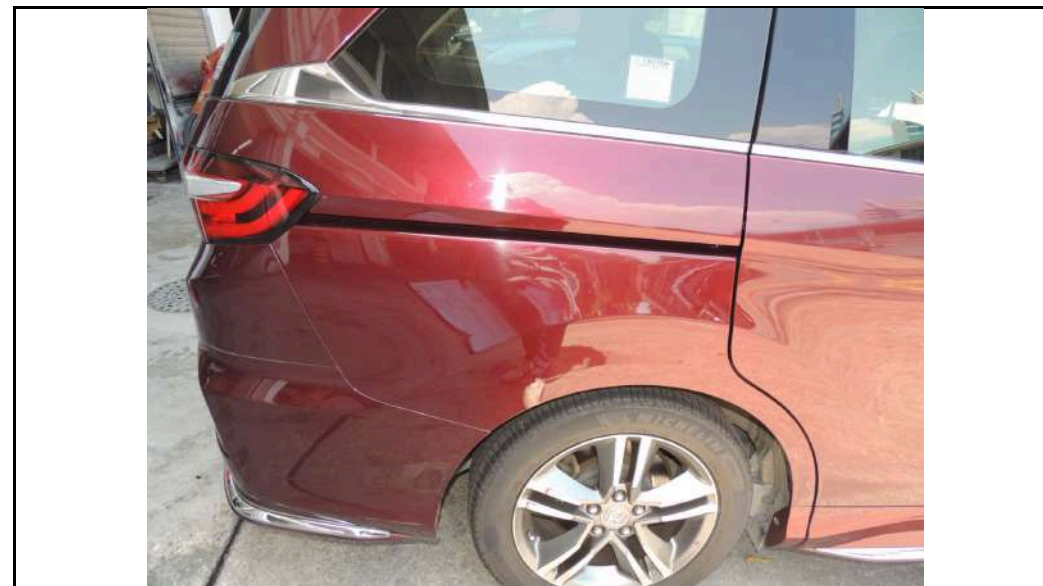
PHOTOGRAPHS FOR VEHICLE NO. : SLW 3701C



PHOTOGRAPHS FOR VEHICLE NO. : SLW 3701C



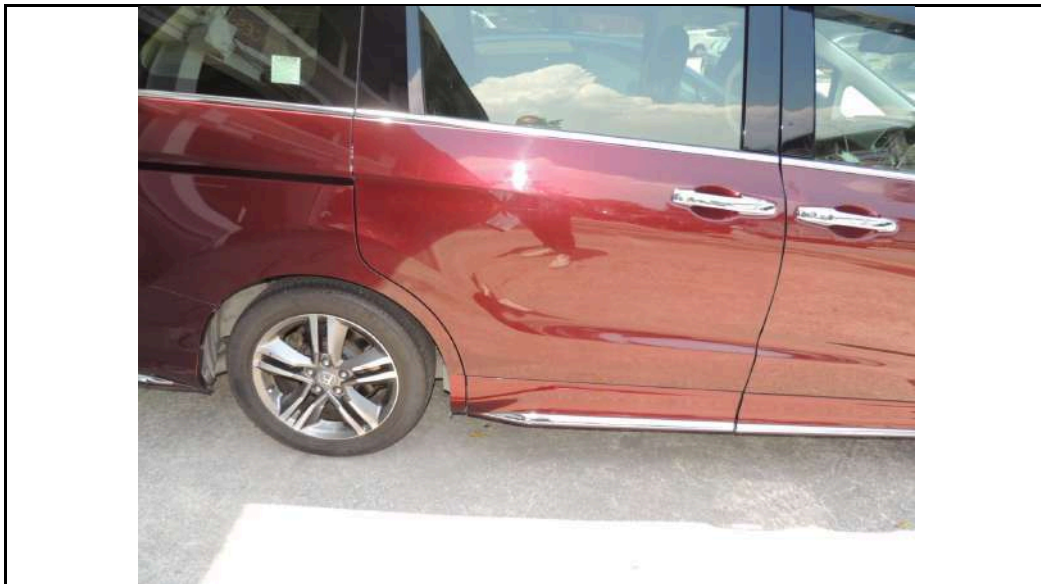
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INSPECTION PHOTOS (Page 9 of 9)

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REINSPECTION PHOTOS (Page 2 of 2)

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