

**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. : SAC2400826

INV Date : 04-10-2024

Reference CS/SMR24090387/Enp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SLE 7342Z

Insured Veh. SHF 372A

Claim No. TAX/09/24/2059

Policy No.

Accident Date 19/09/2024

Inspection Date 25/09/2024

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/SMR24090387/Enp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	04/10/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHF 372A	Veh. Inspected	SLE 7342Z
Policy No.	-	Coverage	0
Claim No.	TAX/09/24/2059	Excess	\$0.00
Assign From	HUA YEN	Assign Date	23/09/2024

2. Vehicle Details

Make & Model	VOLKSWAGEN JETTA	C.C	1390
Engine No.	CAXF83922	Year of Reg.	29/07/2016
Chassis No.	WVWZZZ16ZGM017896	Colour	WHITE
Odometer	133498 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	225/40Z R18	DUNLOP	5
L/H Front Tyre	225/40Z R18	DUNLOP	5
R/H Rear Tyre	225/40Z R18	DUNLOP	5
L/H Rear Tyre	225/40Z R18	DUNLOP	5

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	19/09/2024	Inspection Date	25/09/2024
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		

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 SLE 7342Z

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	BROKEN	\$1,450.00	\$1,366.35
1	REAR BUMPER RETAINER	BROKEN	\$158.00	\$158.00
1	REAR FENDER RH	TO REPAIR SEE LABOUR	\$1,758.05	\$0.00
1	REAR FENDER INNER SHIELD RH	NOT NECESSARY	\$179.75	\$0.00
1	REAR LOWER ARM RH	NOT NECESSARY	\$470.20	\$0.00
1	REAR KNUCKLE ARM RH	BENT	\$818.15	\$689.00
1	REAR KNUCKLE ARM BEARING RH	NECESSARY	\$452.30	\$323.00
1	REAR SHOCK ABSORBER RHJ	NOT NECESSARY	\$309.25	\$0.00
	LESS 10.00% DISCOUNT		(\$559.57)	(\$253.64)
			\$5,036.13	\$2,282.71

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET REAR BUMPER CLIP (SN)	NECESSARY	\$30.00	\$30.00
1	REAR RIM RH (SN)	CUT	\$750.00	\$500.00
			\$780.00	\$530.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	CHECK WIRING AND LIGHTNING SYSTEM		\$150.00	\$30.00
	REMOVE & REPLACE REAR BUMPER SENSOR		\$150.00	\$30.00
	COMPUTERIZE AND CHECK WHEEL ALIGNMENT		\$200.00	\$80.00
	REMOVE AND REPLACE REAR UNDERCARRIAGE		\$200.00	\$100.00
	PANEL BEATING ON AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF REAR FENDER RH		\$800.00	\$200.00
	SPRAY PAINTING ON AFFECTED AREAS		\$800.00	\$400.00
	APPLY ANTI RUST ON AFFECTED AREAS		\$150.00	\$30.00
			\$2,450.00	\$870.00

GRAND TOTAL			\$8,266.13	\$3,682.71
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$2,950.00

Report Ref No: CS/SMR24090387/Enp3e2



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CTY

STEVE CHEN TSUE YEE

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	20/09/2024 17:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/09/2024 10:10 (SGT)
Exact Location of Accident	Near 3 Temasek Blvd, Singapore 038983
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7342Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH TZEN YONG KENNETH
NRIC No	S8306048D
Email Address	KENNETH.LOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91921744
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
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 hire
Transmission	Auto
CC	1390
Vehicle Fuel	Petrol
First Registration Date	29/07/2016
Chassis no	WVWZZZ16ZGM017896
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2009012837

DRIVER

Name of Driver	LOH TZEN YONG KENNETH
NRIC No	S8306048D
Date Of Birth	24/02/1983
Occupation	Outdoor
Driving Pass Date	04/09/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-91921744
Alt. Phone Number	-
Email Address	KENNETH.LOH@HOTMAIL.COM
Address	APT BLK 453B FERNVALE ROAD #08-517 S 792453
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	NAGUL PATCHREEYA
Gender	Female

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF372A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE WUI KIAT
NRIC No	S1347242D
Contact Number	(Phone) +65-98532664
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	LOH TZEN YONG KENNETH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT 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:

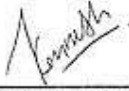
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

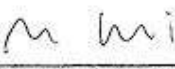
(collectively the "Purposes")

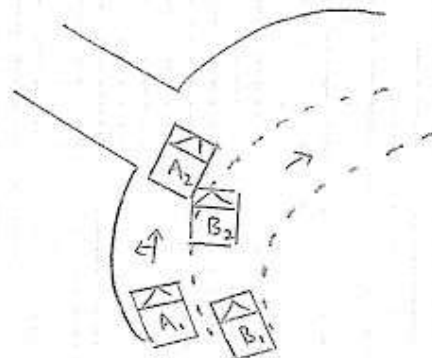
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

A: SLE73422

B: SHF372A


*** Describe Circumstances of the Accident**

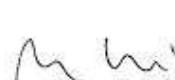
I was travelling along the round about of Temasek Blvd
 Suntec City on the most left lane, vehicle B
 which is on the middle lane suddenly swerve towards
 my lane and collided into my vehicle rear right portion.
 I wish to state that vehicle B was trying to
 turn left and exit towards Temasek Blvd, whereby
 his lane can only go straight.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time

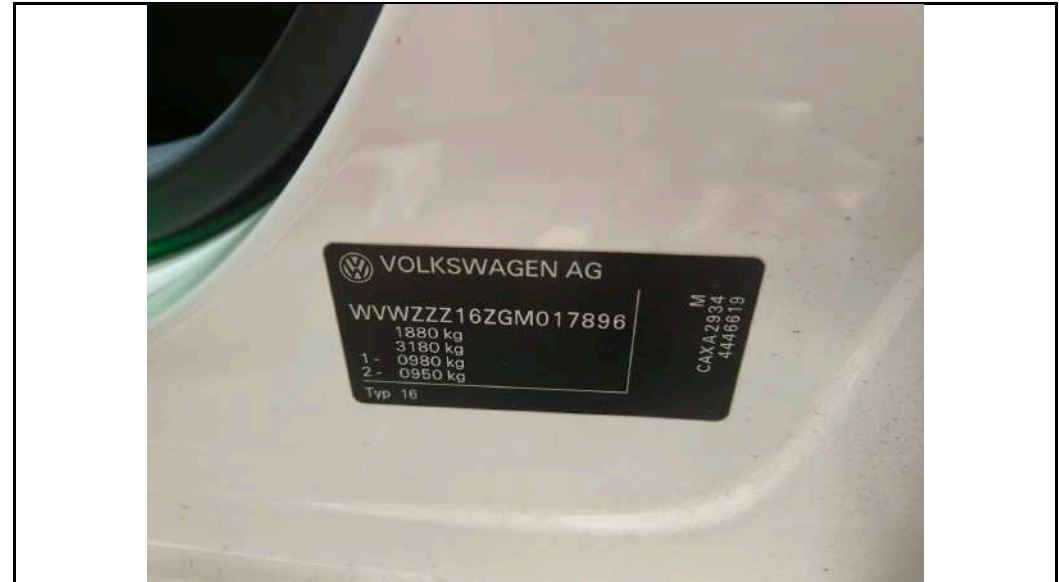

 Driver's Signature (if driver is not the policyholder) / Date
 & Time


 Witnessed by Reporting Centre
 Personnel

PHOTOGRAPHS FOR VEHICLE NO. : SLE 7342Z



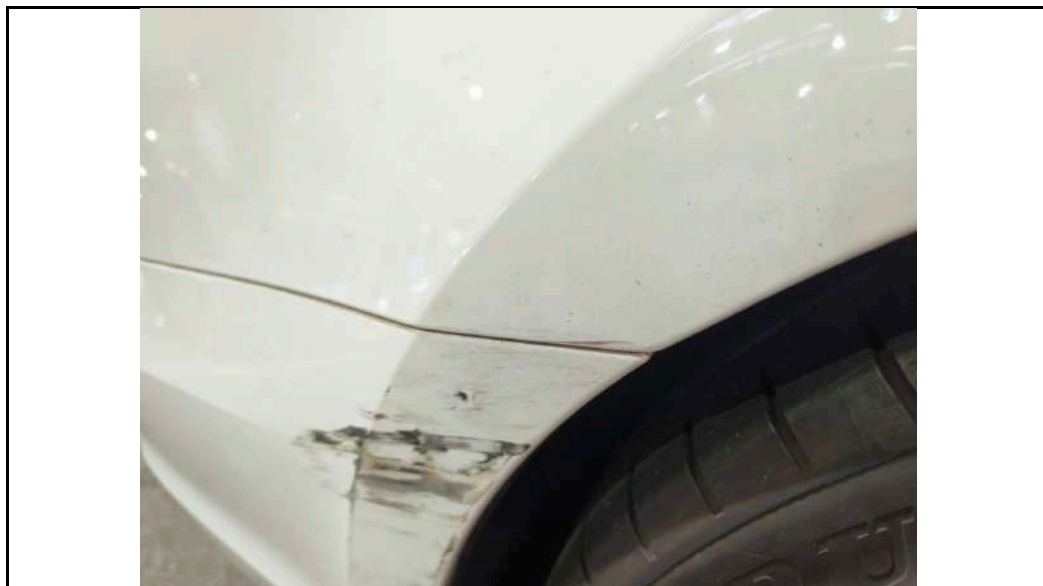
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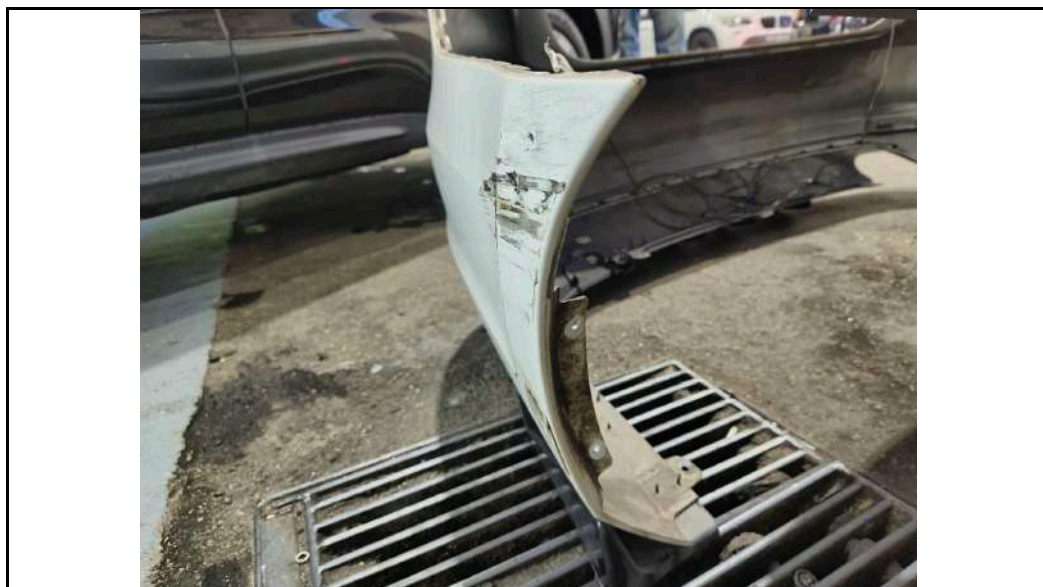
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REINSPECTION PHOTOS (Page 8 of 8)

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