



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. : SAC2401066

INV Date : 18-10-2024

Reference CS/SMR24100015/Rnp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SLQ 5703R
Insured Veh. SMB 1481Z
Claim No. BUS/09/24/5059
Policy No.
Accident Date 26/09/2024
Inspection Date 01/10/2024

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/SMR24100015/Rnp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE	Date:	01/10/2024
757705	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 1481Z	Veh. Inspected	SLQ 5703R
Policy No.	-	Coverage	0
Claim No.	BUS/09/24/5059	Excess	\$0.00
Assign From	HUA YEN	Assign Date	01/10/2024

2. Vehicle Details

Make & Model	HONDA VEZEL 1.5 HYBRID	C.C	1496
Engine No.	LEB5926113	Year of Reg.	14/07/2017
Chassis No.	RU31226100	Colour	GREY
Odometer	279796 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: NIL		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	215/60 R16	RYDANZ	6
L/H Front Tyre	215/60 R16	RYDANZ	6
R/H Rear Tyre	215/60 R16	RYDANZ	6
L/H Rear Tyre	215/60 R16	RYDANZ	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/09/2024	Inspection Date	01/10/2024
Survey held at	LION CITY RENTALS PTE LTD - 4 JALAN BESUT SINGAPORE 619557		

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 SLQ 5703R

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	HEADLAMP LH (NON-LED)	NOT NECESSARY	\$897.56	\$0.00
1	HEAD LAMP UPPER BRACKET LH	NOT NECESSARY	\$89.00	\$0.00
1	HEADLAMP LOWER BRACKET LH	NOT NECESSARY	\$55.00	\$0.00
1	FRONT BUMPER	DEFORMED	\$798.00	\$765.00
1	FRONT BUMPER SIDE RETAINER LH	NOT NECESSARY	\$68.00	\$0.00
1	FRONT FENDER LH	TO REPAIR SEE LABOUR	\$830.00	\$0.00
1	FRONT FENDER 'HYBRID' EMBLEM	NECESSARY	\$86.00	\$58.90
1	FRONT FENDER INNER SHIELD LH	NOT NECESSARY	\$228.60	\$0.00
1	FRONT WHEEL ARCH GARNISH LH	SCRATCHED	\$298.20	\$250.00
1	FRONT KNUCKLE ARM LH	NOT NECESSARY	\$689.00	\$0.00
1	FRONT KNUCKLE BEARING LH	NOT NECESSARY	\$107.50	\$0.00
1	FRONT SHOCK ABSORBER LH	NOT NECESSARY	\$384.50	\$0.00
1	FRONT STABILIZER LINK LH	NOT NECESSARY	\$210.00	\$0.00
	LESS 20.00% DISCOUNT		(\$948.27)	(\$214.78)
			\$3,793.09	\$859.12

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	\$50.00	\$30.00
1	SET FRONT FENDER INNER LINER CLIPS (SN)	NOT NECESSARY	\$40.00	\$0.00
1	SET FRONT WHEEL ARCH GARNISH CLIPS (SN)	NECESSARY	\$40.00	\$30.00
1	WHEEL CAP (SN)	MISSING	\$90.00	\$90.00
1	WHEEL RIM (SN)	BENT	\$320.00	\$250.00
1	WHEEL TYRE 215/60R16 (SN) (70%)	CUT	\$280.00	\$196.00
			\$820.00	\$596.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER LH		\$600.00	\$400.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND AFFECTED AREA		\$600.00	\$400.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE AND RE-FIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTION	NOT NECESSARY	\$80.00	\$0.00
	WHEEL ALIGNMENT		\$120.00	\$60.00
	DISMANTLE AND REPLACE FRONT LHS UNDER-CARRIAGE COMPONENTS		\$180.00	\$100.00
	TO PROVIDE ANTI-RUST TREATMENT ON AFFECTED AREAS	NOT NECESSARY	\$80.00	\$0.00
			\$1,660.00	\$960.00
GRAND TOTAL			\$6,273.09	\$2,415.12
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$1,900.00
Report Ref No: CS/SMR24100015/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 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	27/09/2024 16:52 (SGT)
Reported by	Actual Driver
Date of Accident	26/09/2024 22:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER BT TIMAH TURN RIGHT TO CASHEW ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5703R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LION CITY RENTALS PTE. LTD.
Company Reg No	2XXXXX621K
Email Address	LCRARC@LIONCITYRENTALS.COM.SG
Mobile Phone No	(Phone) +65-62525525
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0002571_01

DRIVER

Name of Driver	LUIS GOH LI SHENG
NRIC No	SXXXX619G
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	26/09/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS
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 - 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)	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	UNKNOWN
Gender	Male

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	SMB1481Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

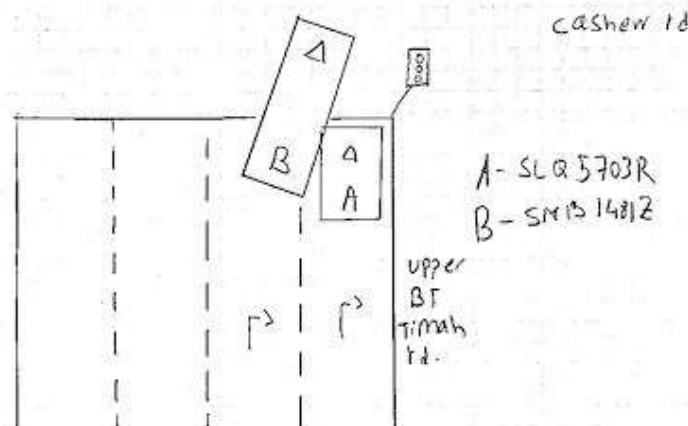


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On stated day & time, I was driving Along
upper bt Timah Turn right to cashew rd. All of
a sudden while Approaching the junction Before
Turning into cashew rd, vehicle B (SIMB14812) cross my lane
& collided with my front left tyre. No one was
Injured.

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. : SLQ 5703R



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PHOTOGRAPHS FOR VEHICLE NO. : SLQ 5703R



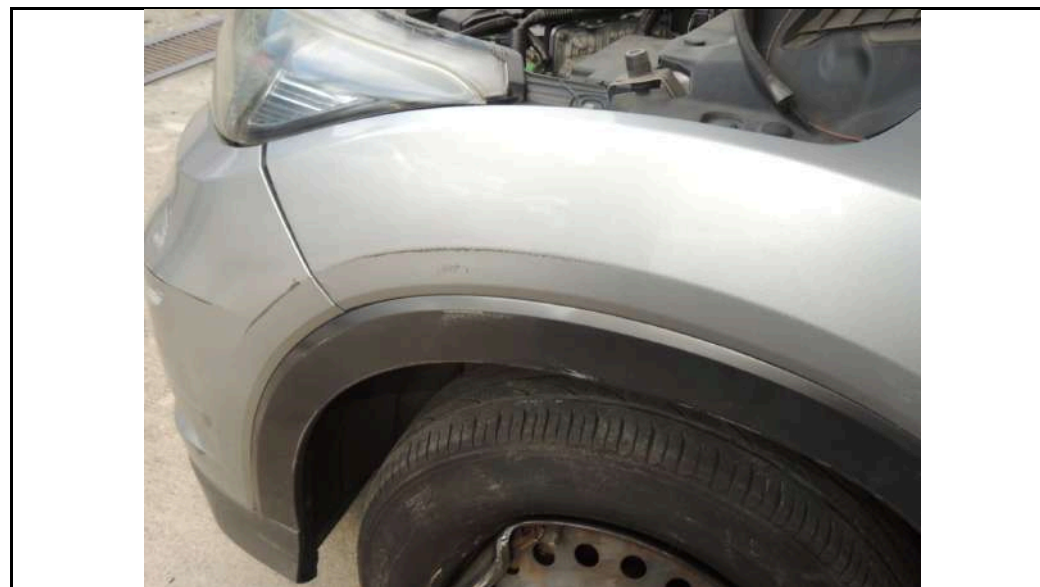
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