

**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. : SAC2401549

INV Date : 25-11-2024

Reference CS/SMR24100071/Rvp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SDM 9878J
Insured Veh. SHB 5951S
Claim No. TAX/09/24/2064
Policy No.
Accident Date 20/09/2024
Inspection Date 07/10/2024

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/SMR24100071/Rvp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	25/11/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 5951S	Veh. Inspected	SDM 9878J
Policy No.	-	Coverage	0
Claim No.	TAX/09/24/2064	Excess	\$0.00
Assign From	HUA YEN	Assign Date	03/10/2024

2. Vehicle Details

Make & Model	BYD ATTO 3 EXTENDED RANGE	C.C	-
Engine No.	HIDDEN	Year of Reg.	18/07/2024
Chassis No.	LGXCE4CB5R2064283	Colour	GREY
Odometer	3632 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	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 FRONT O/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	20/09/2024	Inspection Date	07/10/2024
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 SDM 9878J

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	TOTALLY ENCLOSED BAFFLE ASSEMBLY	CRACKED	\$365.00	\$365.00
1	TRIM - RH FRT FENDER / WHEEL ARCH	SCRATCHED	\$200.00	\$200.00
1	ANTI-COLLISION BEAM ASSY.,FRONT	SERVICEABLE	\$895.00	\$0.00
1	FRONT-END MODULE ASSY	CRACKED	\$620.00	\$620.00
1	BONNET	BENT	\$3,071.00	\$3,071.00
1	BUMPER BODY FRONT	CRACKED	\$980.00	\$980.00
1	RIGHT DECORATIVE COVER, FRONT BUMPER	CRACKED	\$123.00	\$123.00
1	FRONT BUMPER GRILLE TRIM	SCRATCHED	\$60.00	\$60.00
1	UPPER LOGO TRIM OF FRONT BUMPER	NECESSARY	\$301.00	\$301.00
1	UPPER MTG BRACKET, BUMPER, FRONT	CRACKED	\$185.00	\$185.00
1	FRONT BUMPER LOWER BODY	DEFORMED	\$570.00	\$570.00
1	MIDDLE TRIM FRT BUMPER	CRACKED	\$60.00	\$60.00
1	LOWER TRIM FRONT BUMPER	DEFORMED	\$166.00	\$166.00
1	FRT BUMPER LEFT AIR INLET II	SERVICEABLE	\$118.00	\$0.00
1	FRT BUMPER RIGHT AIR INLET I	SERVICEABLE	\$60.00	\$0.00
1	PLUG CAP, TOWING HOOK, FRONT	MISSING	\$10.00	\$10.00
1	FENDER - RH FRONT	NOT NECESSARY	\$734.00	\$0.00
1	RIGHT COMB HEADLAMP ASSY	CRACKED	\$2,890.00	\$2,890.00
2	SMALL PROBE (STANDARD BLACK)	SHORTED (1PC ONLY)	\$90.00	\$45.00
1	LOWER SURROUND TRIM FRT BUMPER (ADDITIONAL)	CRACKED	\$86.00	\$86.00
1	FRT RIGHT MUDGUARD (ADDITIONAL)	CRACKED	\$242.00	\$242.00
1	FRONT BUMPER WIRE (ADDITIONAL)	CUT	\$250.00	\$250.00
1	FRT MIDDLE LAMP (ADDITIONAL)	CRACKED	\$318.00	\$318.00
	LESS 10.00% DISCOUNT		(\$1,239.40)	(\$1,054.20)
			\$11,154.60	\$9,487.80
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT NUMBER PLATE WITH FRAME (SN)	CRACKED	\$70.00	\$70.00
1	SUNDRIES (SN)	NECESSARY	\$100.00	\$20.00
			\$170.00	\$90.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	REMOVE AND REPLACE FRONT BUMPER, BONNET, FR FENDER		\$2,100.00	\$1,200.00
	REMOVE AND REFIT LIGHT COMPONENTS		\$300.00	\$150.00
	REMOVE/REFIT/REPLACE FRT SENSORS		\$150.00	\$80.00
	SPRAY PAINT FRT BUMPER, BONNET, FR FENDER		\$2,100.00	\$1,200.00
	TO CONDUCT ECU RE PROGRAMMING AND CLEAR OF FAULT CODES TO ENSURE PROPER FUNCTION		\$600.00	\$450.00
			\$5,250.00	\$3,080.00
GRAND TOTAL			\$16,574.60	\$12,657.80
	RECOMMENDED COST OF REPAIRS			\$12,657.80
Report Ref No: CS/SMR24100071/Rvp3e2				

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 reposibility 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.

Vantage Automotive Limited

Business Registration No. 53055563L GST Registration No. M2-0000551-1

305 Alexandra Road Singapore 159942

Tel: 64777409 Fax: 64777398



Car Reg No. : SDM9878J

RO No. : BY 313223

DATE: 15/10/24

NO.	Supplementary / Check Items Parts	Part Number	Qty	U / Price	Disc %	TOTAL
1	LOWER SURROUND TRIM FRT BUMPER <i>cm</i>	13164987-00	1	\$86.00	10%	\$77.40
2	FRT RIGHT MUDGUARD <i>cm</i>	13222127-00	1	\$242.00	10%	\$217.80
3	FRONT BUMPER WIRE <i>cut</i>	13390107-00	1	\$250.00	10%	\$225.00
4	FRT MIDDLE LAMP <i>cm</i>	13407726-00	1	\$318.00	10%	\$286.20
Parts Total:						\$806.40

NO.	Supplementary Labour Charges	Price
Total Labour:		\$0.00
Total Parts & Labour:		\$806.40
GST @ 9%:		\$72.58
Grand Total:		\$878.98

Raised By Technician	Approved By CSA DANIAL	Acknowledge By Parts Assistant	BO Parts: Yes / No ETA: _____
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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 13:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/09/2024 09:50 (SGT)
Exact Location of Accident	Near Calvary Ably Of God Ch, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM9878J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ho Khuan Tho Lucy
NRIC No	SXXXX385I
Email Address	
Mobile Phone No	
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	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	Ho Khuan Tho Lucy
NRIC No	SXXXX385I
Date Of Birth	
Occupation	Indoor
Driving Pass Date	19/05/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 4 MONTHS
Gender	Female
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	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)	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

PLEASE REFER TO ACCIDENT STATEMENT

ATTACHMENT(S)

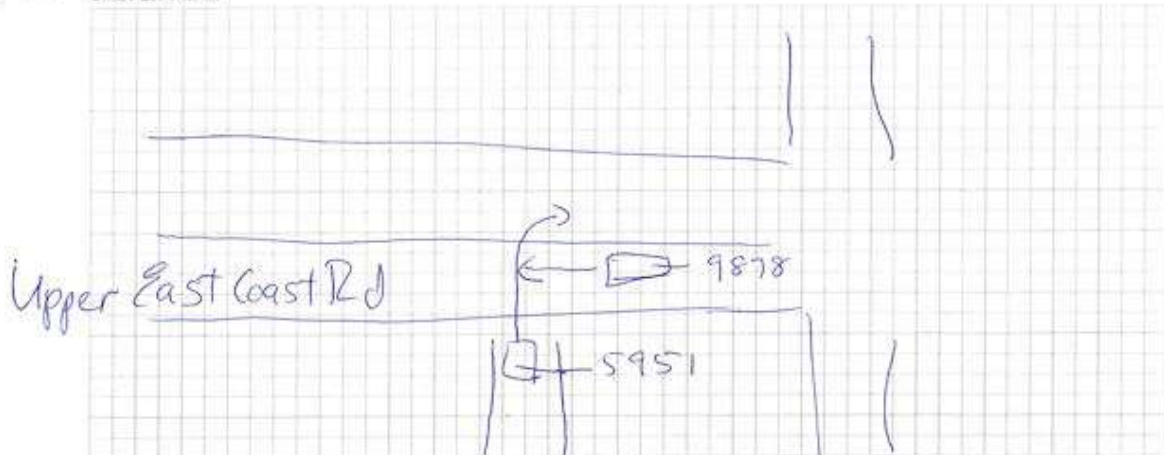
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5951S
Vehicle Manufacturer	Toyota

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Taxi
Name of Driver	WONG VOON TECK
NRIC No	SXXXX145B
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along ^{Upper} East Coast Road.

Suddenly taxi no SHB 5951S dashed out of the side road* and into my lane. I applied brake but was too late. I banged into the rear end on the right side of the taxi. I have video evidence to show how the accident happened.

* Nallur Road

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:

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


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.: _____

ACCIDENT REPORT FORM (A)

1

PHOTOGRAPHS FOR VEHICLE NO. : SDM 9878J



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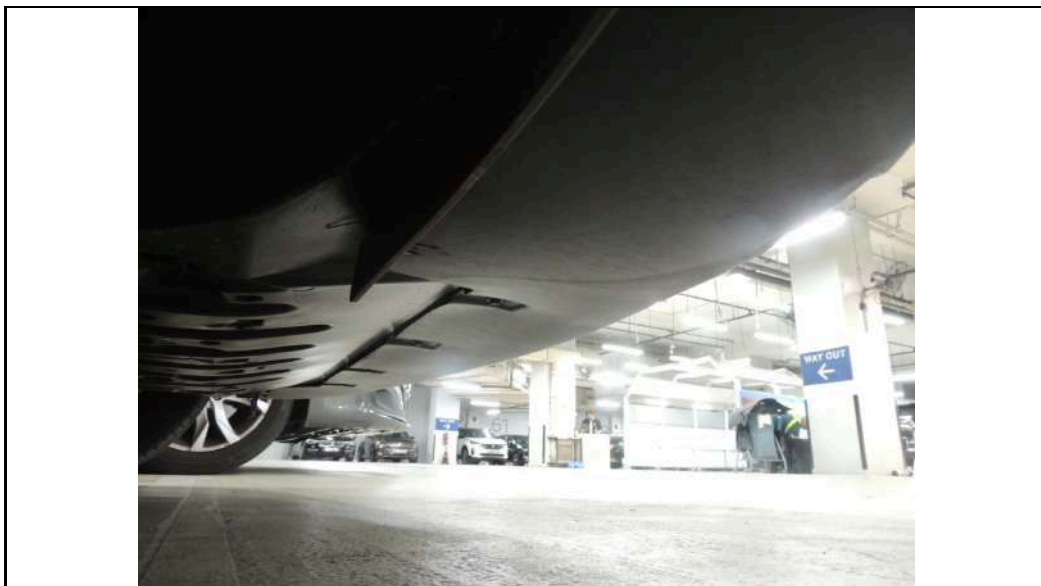
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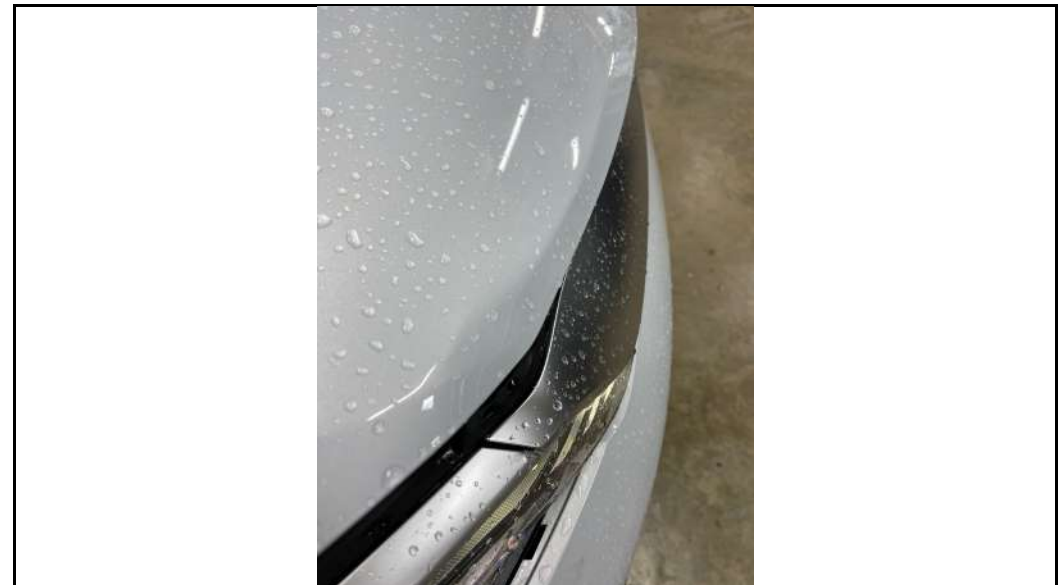
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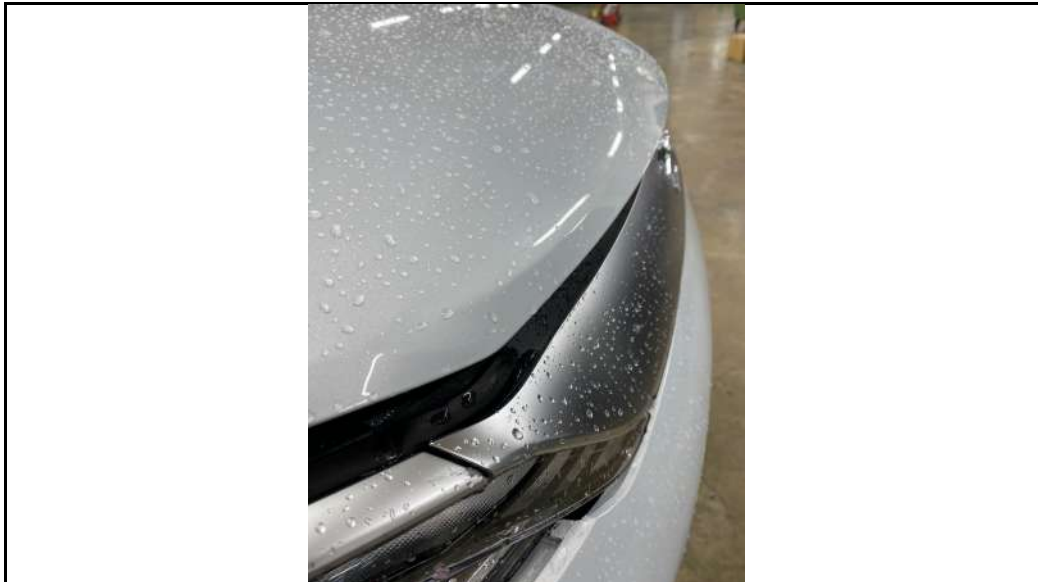
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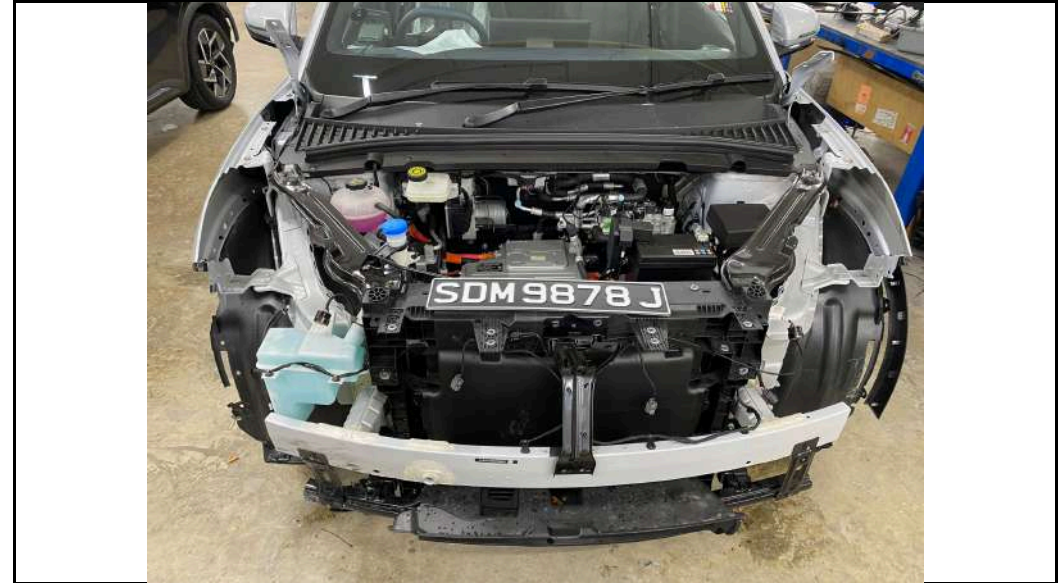
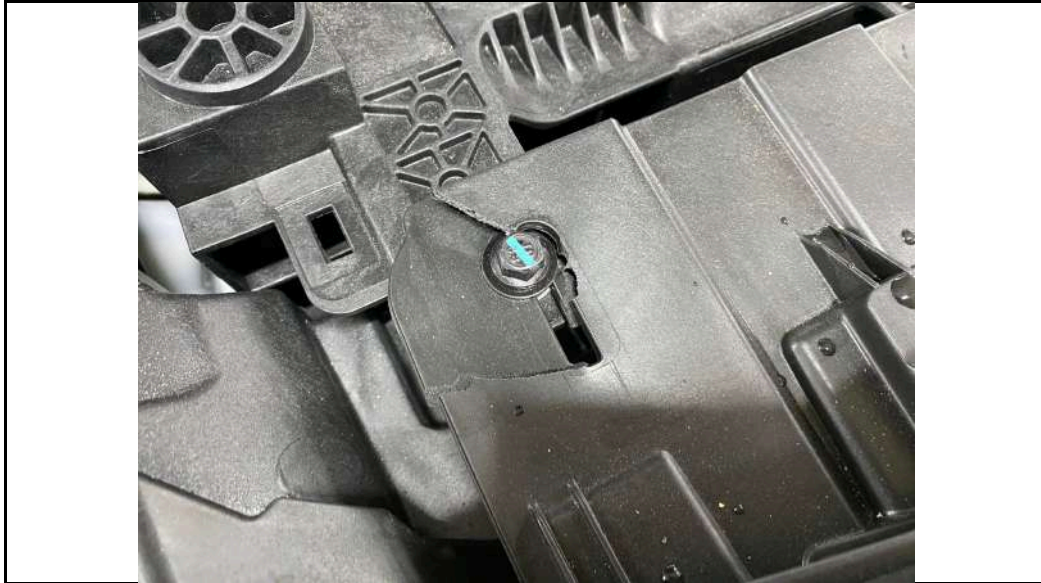
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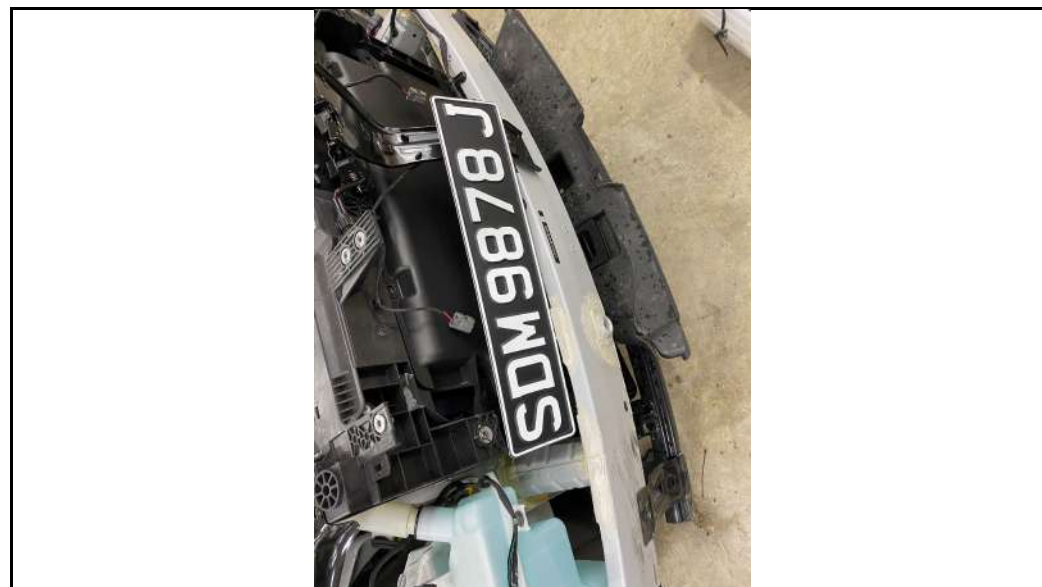
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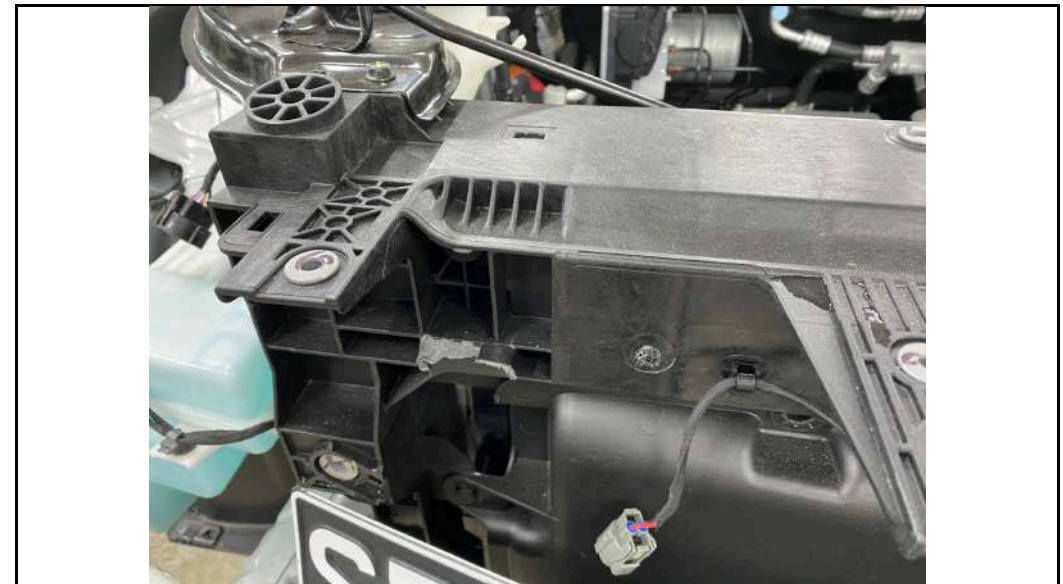
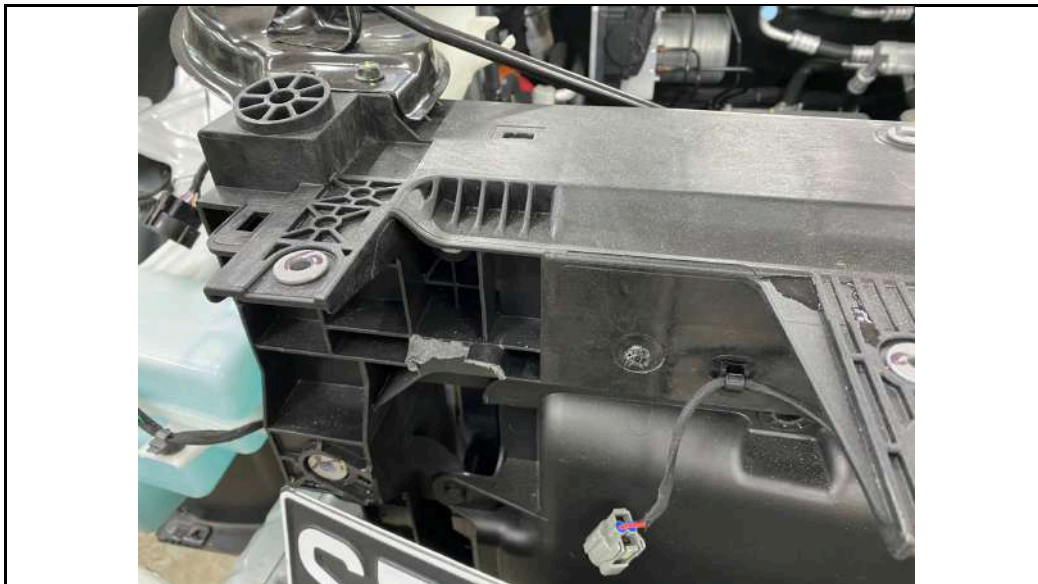
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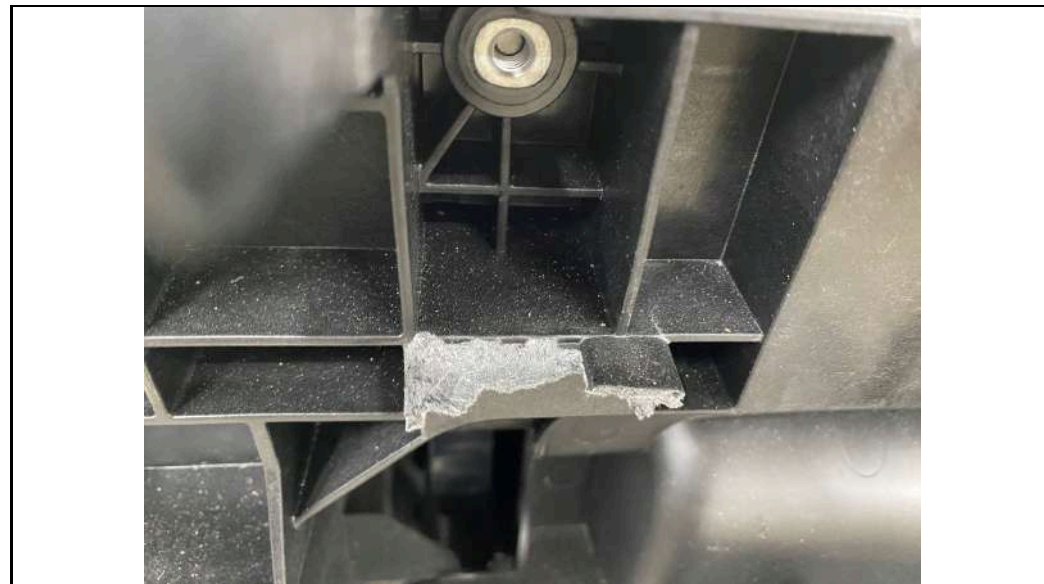
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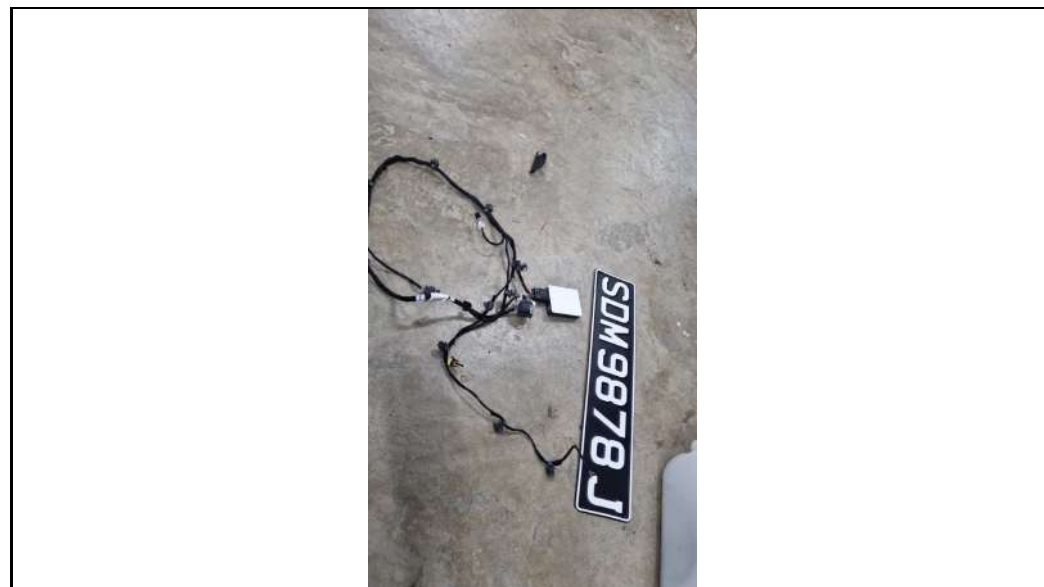
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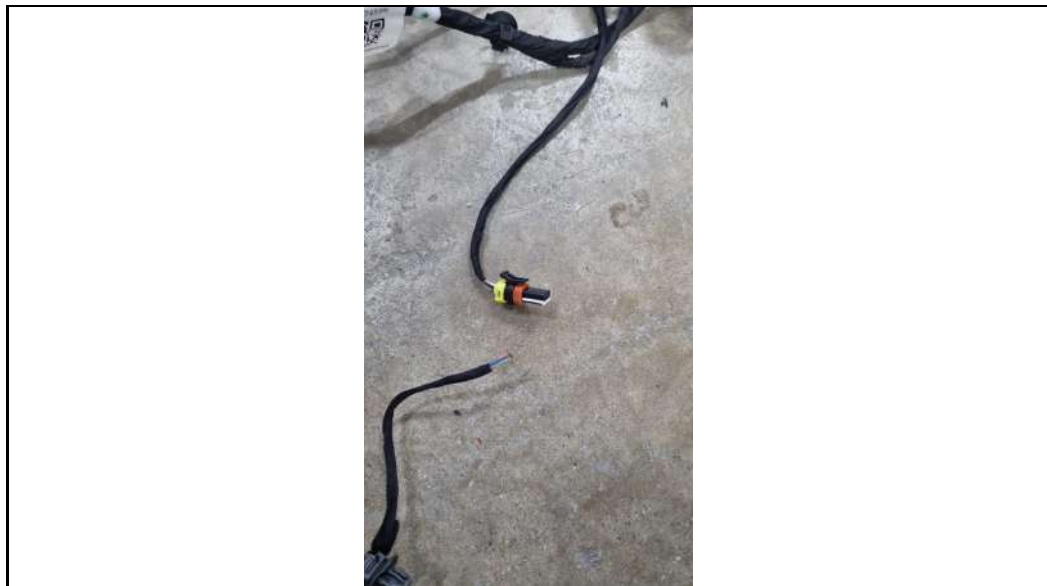
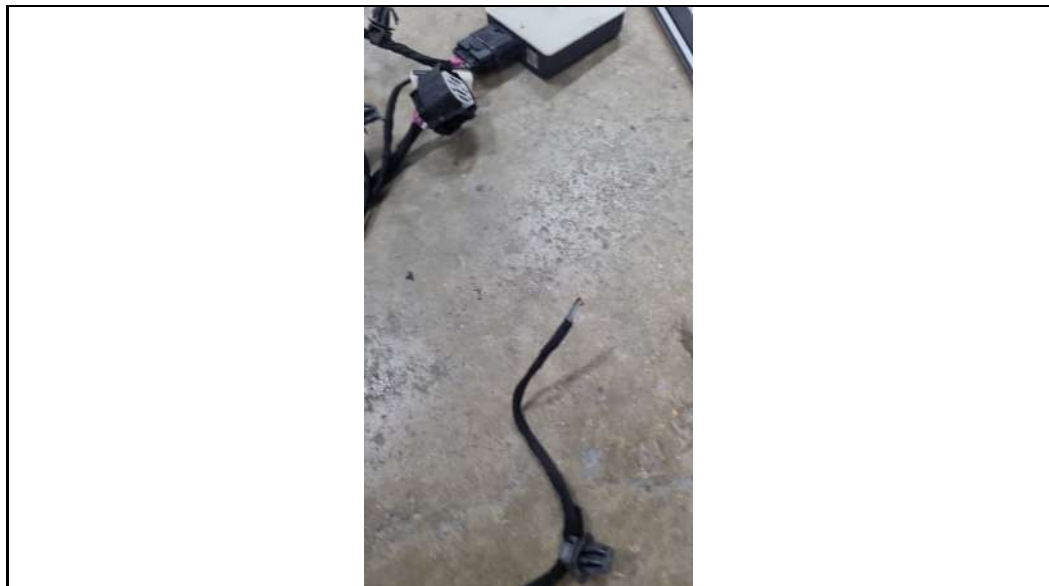
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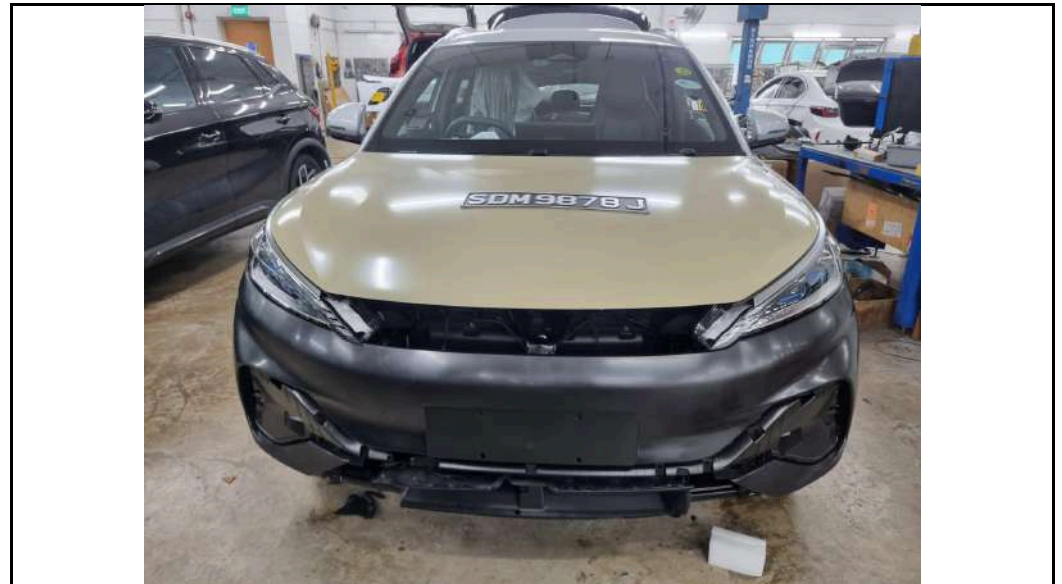
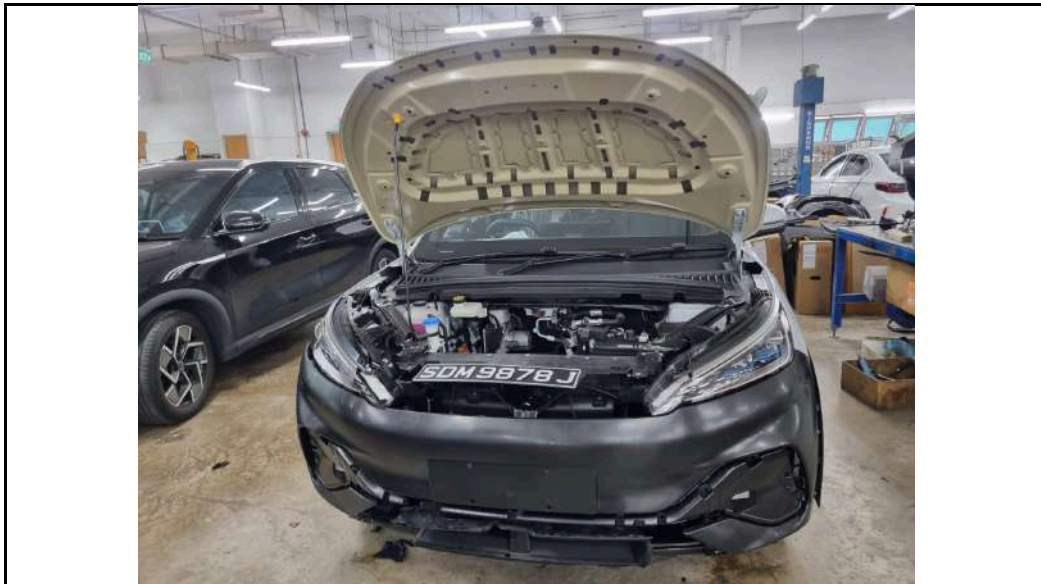
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REINSPECTION PHOTOS (Page 2 of 2)

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