

**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. : SAC2401413

INV Date : 18-11-2024

Reference CS/SMR24100103/Rqp3e2

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SNB 7355D

Insured Veh. SHB 5333B

Claim No. TAX/09/24/2104

Policy No.

Accident Date 30/09/2024

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/SMR24100103/Rqp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	18/11/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 5333B	Veh. Inspected	SNB 7355D
Policy No.	-	Coverage	0
Claim No.	TAX/09/24/2104	Excess	\$0.00
Assign From	HUA YEN	Assign Date	03/10/2024

### 2. Vehicle Details

Make & Model	SKODA KODIAQ AMBITION 1.5 TSI (A)	C.C	1498
Engine No.	DPC791860	Year of Reg.	10/09/2021
Chassis No.	TMBKB7NS7M8065277	Colour	WHITE
Odometer	31744 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	235/55 R18	PIRELLI	7
L/H Front Tyre	235/55 R18	PIRELLI	7
R/H Rear Tyre	235/55 R18	PIRELLI	7
L/H Rear Tyre	235/55 R18	PIRELLI	7

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	30/09/2024	Inspection Date	07/10/2024
Survey held at	VOLKSWAGEN GROUP SINGAPORE PTE LTD 247 ALEXANDRA ROAD SINGAPORE 159934		

### 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: 8 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SNB 7355D

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	LETTERING "SKODA" NAME PLATE - SKODA (SN)	NOT NECESSARY	\$85.90	\$0.00
1	LETTERING NAME PLATE - KODIAQ (SN)	NOT NECESSARY	\$89.73	\$0.00
1	BUMP STRIP RERA BUMPER UPPER GRILLE (SN)	CRACKED	\$267.66	\$267.66
2	DOUBLE COLLARED STUD (SN)	SERVICEABLE	\$21.62	\$0.00
1	COVER FOR REAR BUMPER (UPPER) (SN)	DEFORMED	\$2,208.70	\$2,208.70
1	COVER FOR REAR BUMPER (LOWER) (SN)	DEFORMED	\$473.78	\$473.78
1	COVER FOR TOWING (SN)	NOT NECESSARY	\$30.84	\$0.00
1	SENSOR BRACKET (SN)	NECESSARY	\$34.40	\$34.40
1	SENSOR BRACKET (SN)	NECESSARY	\$34.40	\$34.40
1	SENSOR BRACKET (SN)	NECESSARY	\$29.48	\$29.48
1	SENSOR BRACKET (SN)	NECESSARY	\$29.48	\$29.48
1	SENSOR BRACKET (SN)	NECESSARY	\$29.48	\$29.48
1	SENSOR BRACKET (SN)	NECESSARY	\$29.48	\$29.48
1	SENSOR PRIMED (SN)	SERVICEABLE	\$206.04	\$0.00
1	SEAL RING SATIN BLACK (SN)	NECESSARY	\$6.58	\$6.58
1	2K-PLASTIC ADHESIVE (SN)	NECESSARY	\$94.98	\$94.98
1	BONDING AGENT FOR PLASTIC (SN)	NECESSARY	\$78.24	\$78.24
1	FOAM REINF (SN)	BENT	\$133.81	\$133.81
1	RETAINING BUMPER CTR BRACKET (SN)	CRACKED	\$92.64	\$92.64
1	GUIDE PIEC LHR BUMPER BRACKET (UPPER) (SN)	NOT NECESSARY	\$59.88	\$0.00
1	GUIDE PIEC RHR BUMPER BRACKET (UPPER) (SN)	SERVICEABLE	\$59.88	\$0.00
1	GUIDE PIEC LHR BUMPER BRACKET (SIDE) (SN)	NECESSARY	\$58.00	\$58.00
1	GUIDE PIEC RHR BUMPER BRACKET (SIDE) (SN)	SERVICEABLE	\$58.00	\$0.00
6	EXPANDING NUT (SN)	NECESSARY	\$13.68	\$13.68
1	REFLECTOR RH (SN)	NOT NECESSARY	\$58.77	\$0.00
1	RH RHR WHEEL ARCH TRIM (SN)	SERVICEABLE	\$183.60	\$0.00
1	GROMMET (SN)	NECESSARY	\$16.08	\$16.08
1	WHEELHOUSE RHR FENDER LINER (SN)	SERVICEABLE	\$269.19	\$0.00
1	END PLATE (SN) (ADDITIONAL)	CRACKED	\$210.15	\$210.15



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Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
5	THREADED BOLT (SN) (ADDITIONAL)	NECESSARY	\$12.30	\$12.30
1	ZINC SPRAY (SN) (ADDITIONAL)	NECESSARY	\$80.20	\$0.00
1	2K-BODY ADHESIVE (SN) (ADDITIONAL)	NECESSARY	\$576.06	\$576.06
1	SEALANT CAN BE SPRAYED (SN) (ADDITIONAL)	NECESSARY	\$77.65	\$77.65
1	UNDERBODY (SN) (ADDITIONAL)	CRACKED	\$84.81	\$84.81
1	ZINC SPRAY (SN) (ADDITIONAL)	NECESSARY	\$80.27	\$80.27
			\$5,875.76	\$4,672.11
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	B&P CHECK SHORT CURCUIT / HARNESS REPAIR		\$280.00	\$280.00
	B&P DIAGNOSIS AND PROGRAMMING		\$480.00	\$480.00
	LABOUR		\$3,360.00	\$3,360.00
	SPRAY PAINT		\$3,200.00	\$1,600.00
	R&R REAR LUGGAGE TRIM		\$420.00	\$420.00
			\$7,740.00	\$6,140.00
GRAND TOTAL			\$13,615.76	\$10,812.11
RECOMMENDED COST OF REPAIRS				\$10,812.11
Report Ref No: CS/SMR24100103/Rqp3e2				

**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.



**MODEL** **KODIAQ 1.5**

	LABOUR DESCRIPTION	Qty	Unit	Amount
1	LABOUR	4.00	\$ 840.00	\$ 3,360.00
2	SPARY PAINTING	2	\$ 800.00	\$ 1,600.00
3	R&R REAR LUGGAGE TRIM	0.5	\$ 800.00	\$ 400.00
	Total			\$5,360.00

420

No.	Item No.	Description	Qty	Unit Pricing	Discount	Amount
1	565813309	End Plate <i>Cm</i>	1	\$ 210.15		\$ 210.15
2	N 91064102	Threaded Bolt <i>N</i>	5	\$ 2.46		\$ 12.30
3	D 007500A2	Zinc Spray <i>n</i>	1	\$ 80.20	x nn	\$ 80.20
4	D 180003M3	2k-Body Adhesive <i>N</i>	1	\$ 576.06		\$ 576.06
5	D 476KD1M3	Sealant Can Be Sprayed <i>n</i>	1	\$ 77.65		\$ 77.65
6	565825205B	Underbody <i>Cm</i>	1	\$ 84.81		\$ 84.81
7	D 007500A3	Zinc Spray <i>n</i>	1	\$ 80.27		\$ 80.27
			TOTAL:			\$1,121.44

80.27

**\$6,481.44**

Mr Rasul

## 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 .....	30/09/2024 15:55 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/09/2024 10:15 (SGT)
Exact Location of Accident .....	Bukit Timah Rd, Singapore
Additional Location Information .....	JUNCTION OF EVANS ROAD.
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB7355D
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO HWEE HONG, STANLEY
NRIC No .....	445G
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Skoda
Model .....	Kodiaq
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 .....	1400
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5139980283

#### DRIVER

Name of Driver .....	QUEK LIZHEN (GUO LIZHEN)
NRIC No .....	
Date Of Birth .....	
Occupation .....	Indoor
Driving Pass Date .....	18/08/2020
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	4 YEARS AND 1 MONTH
Gender .....	Female
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 .....	Spouse
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) .....	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 .....	THIRD CHILD
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

I WAS IN QUEUE, ON THE LEFT MOST LANE, SUBSEQUENTLY VEHICLE B COLLIDED INTO MY REAR.

#### 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 .....	SHB5333B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	CHUA ENG HUAT
NRIC No .....	
Contact Number .....	
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

2 of 2

Describe Circumstance of the Accident

Declaration

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

*Signature*

30092024/1600HRS

Policyholder's Signature / Date & Time

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

*Signature*

Muhammad Zaki bin Supian

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**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 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 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 (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.

*Signature*

30092024/1600HRS

Policyholder's Signature / Date & Time

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

*Signature*

MUHAMMAD ZAKI BIN SUPIAN

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

A: SNB7355D  
B: SHB5333B

**PHOTOGRAPHS FOR VEHICLE NO. : SNB 7355D**



**PHOTOGRAPHS FOR VEHICLE NO. : SNB 7355D**



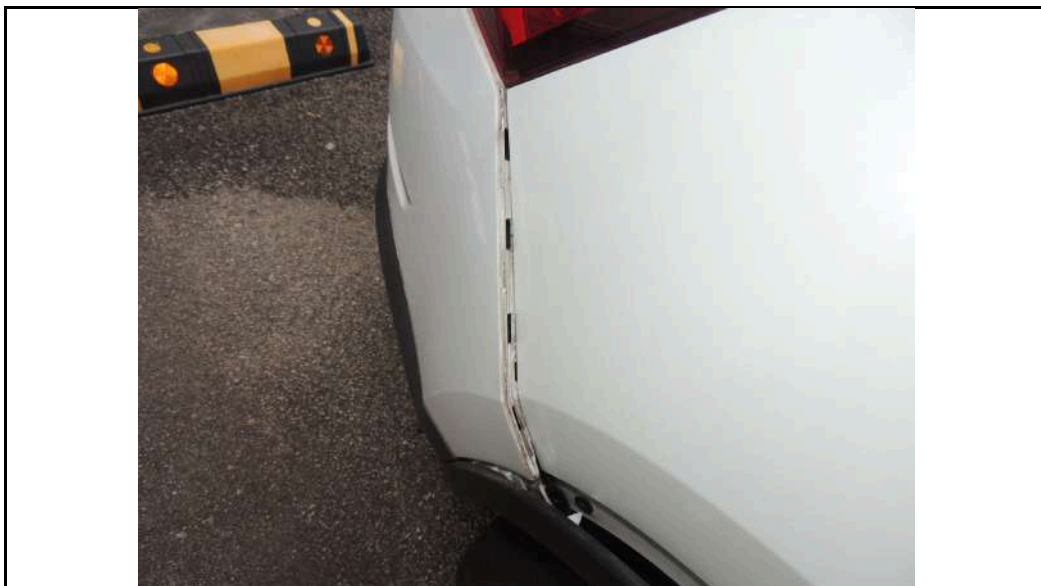


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INSPECTION PHOTOS (Page 3 of 11)

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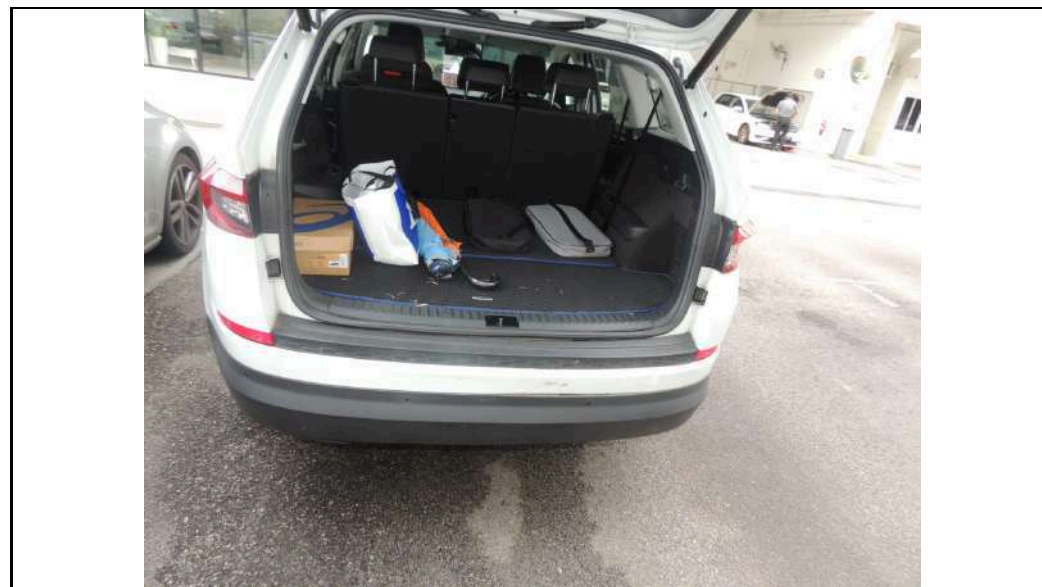
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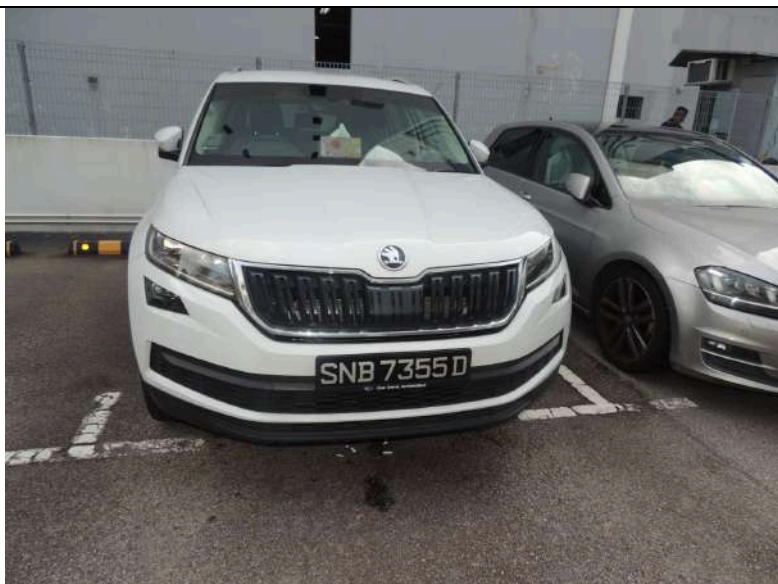


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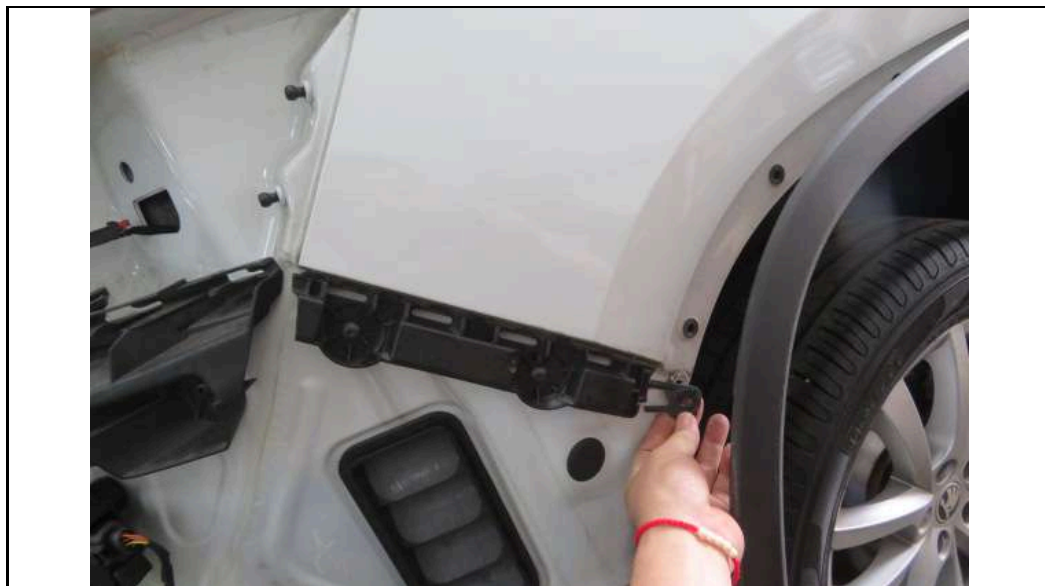
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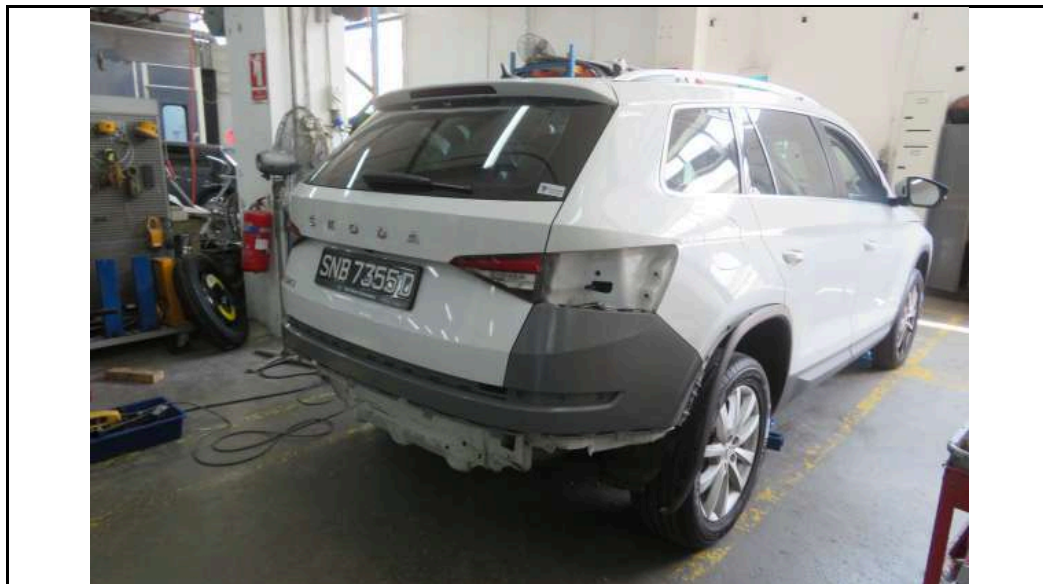
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