

**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. : SAC2401887

INV Date : 17-12-2024

Reference CS/SMR24120077/Tvh3m4

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SHC 288B  
Insured Veh. SHD 6351G  
Claim No. TAX/12/24/2010  
Policy No.  
Accident Date 04/12/2024  
Inspection Date 05/12/2024

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**

**SML**

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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24120077/Tvh3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	17/12/2024
	Code:	SMR

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

Insured Veh.	SHD 6351G	Veh. Inspected	SHC 288B
Policy No.	-	Coverage	0
Claim No.	TAX/12/24/2010	Excess	\$0.00
Assign From	HUA YEN	Assign Date	05/12/2024

### 2. Vehicle Details

Make & Model	HYUNDAI AE IONIQ	C.C	1580
Engine No.	G4LEKU362972	Year of Reg.	09/10/2019
Chassis No.	KMHC851CVLU178681	Colour	YELLOW
Odometer	355471 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	195/65R15	TRIANGLE	6
L/H Front Tyre	195/65R15	TRIANGLE	6
R/H Rear Tyre	195/65R15	TRIANGLE	6
L/H Rear Tyre	195/65R15	TRIANGLE	6

### 4. Description of Damages

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

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	04/12/2024	Inspection Date	05/12/2024
Survey held at	DING AUTOMOTIVE PTE LTD - 31 CORPORATION ROAD, SINGAPORE 649806		

### 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: 2 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SHC 288B

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT BUMPER	DEFORMED	\$430.90	\$430.90
1	FRONT BUMPER CENTER MOULDING	CUT	\$284.90	\$284.90
1	FRONT BUMPER DAYLIGHT COVER LH	CUT	\$93.00	\$93.00
	<b>LESS 20.00% DISCOUNT</b>		(\$161.76)	(\$161.76)
			\$647.04	\$647.04
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SUNDRIES (SN)	NOT NECESSARY	\$50.00	\$0.00
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	\$45.00	\$30.00
			\$95.00	\$30.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	STRAIGHT AND PANEL BEAT ACCIDENT AREA	NOT NECESSARY	\$400.00	\$200.00
	DIAGNOSTIC(CLEAR FAULT CODE) & CHECK WIRING & LIGHTING SYSTEM		\$180.00	\$0.00
	RESPRAY FRONT BUMPER		\$250.00	\$200.00
	RESPRAY FRONT BUMPER CENTER MOULDING		\$200.00	\$50.00
	RESPRAY FRONT BUMPER DAYLIGHT COVER LH		\$150.00	\$50.00
			\$1,180.00	\$500.00
<b>GRAND TOTAL</b>			<b>\$1,922.04</b>	<b>\$1,177.04</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>\$900.00</b>
Report Ref No: CS/SMR24120077/Tvh3m4				

**MTH**

MOHAMAD TAUFIKH

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.

## 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 .....	05/12/2024 09:42 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	04/12/2024 09:15 (SGT)
Exact Location of Accident .....	Beach Rd, Singapore
Additional Location Information .....	JW MARRIOT HOTEL
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC288B
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CITYCAB PTE LTD
Company Reg No .....	1XXXXX839G
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Ae ioniq
Variant .....	HEV FL 1.6 DCT
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 .....	Taxi
Transmission .....	Auto
CC .....	1580
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	KMHC851CVLU178681
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-24101860MFCT

#### DRIVER

Name of Driver .....	WONG SIEW MENG
NRIC No .....	SXXXX938E
Date Of Birth .....	
Occupation .....	Outdoor
Driving Pass Date .....	22/08/1983
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	41 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	
Alt. Phone Number .....	
Email Address .....	
Address .....	
Address complement .....	
Postcode .....	
Is the driver the policyholder? .....	
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 .....	Collided into Parked Vehicle
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

ON 041224 AT AROUND 0915HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SHC288B) ALONG JW MARRIOT HOTEL. I WAS EN-ROUTE FROM CHANGI AIRPORT TERMINAL 1 HEADED TOWARDS JW MARRIOT HOTEL TO DROP OFF PASSENGER FOR WORK PURPOSES. SUDDENLY, WHILE I WAS STATIONARY AT THE DROP OFF POINT OF JW MARRIOT HOTEL, THERE WAS AN IMPACT FROM THE FRONTAL LEFT OF VEHICLE A. VEHICLE B BEARING REGISTRATION NUMBER (SHD6315G) REVERSED AND COLLIDED REAR RIGHT ONTO FRONTAL LEFT OF VEHICLE A. DAMAGES WERE FOUND ON THE FRONTAL LEFT PORTION OF VEHICLE A AND REAR RIGHT PORTION OF VEHICLE B. NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FILE IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD6351G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	PRIUS 5DR HATCHBACK (AUTO)
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	REAR RIGHT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 center 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.

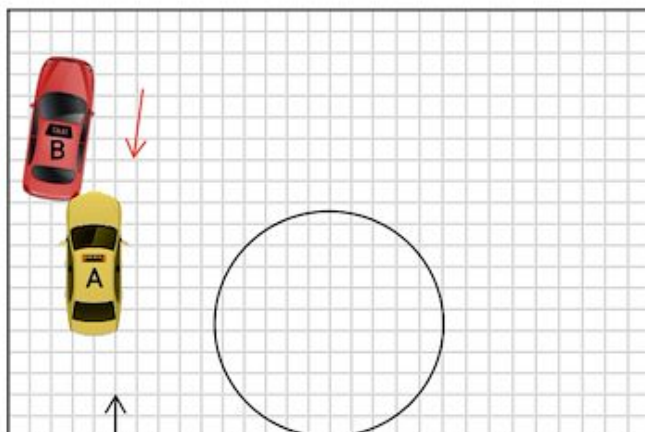
Policyholder's Signature / Date & Time

**Sketch Plan**

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

04/12/2024 - 1730HRS

Witnessed by Reporting Centre Personnel



A - SHC288B

B - SHD6351G

JW MARRIOT HOTEL (DROP OFF POINT)

## Describe Circumstances of the Accident

ON 041224 AT AROUND 0915HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SHC288B) ALONG JW MARRIOT HOTEL. I WAS EN-ROUTE FROM CHANGI AIRPORT TERMINAL 1 HEADED TOWARDS JW MARRIOT HOTEL TO DROP OFF PASSENGER FOR WORK PURPOSES. SUDDENLY, WHILE I WAS STATIONARY AT THE DROP OFF POINT OF JW MARRIOT HOTEL, THERE WAS AN IMPACT FROM THE FRONTAL LEFT OF VEHICLE A. VEHICLE B BEARING REGISTRATION NUMBER (SHD6315G) REVERSED AND COLLIDED REAR RIGHT ONTO FRONTAL LEFT OF VEHICLE A. DAMAGES WERE FOUND ON THE FRONTAL LEFT PORTION OF VEHICLE A AND REAR RIGHT PORTION OF VEHICLE B. NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

## 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



Witnessed by Reporting Centre Personnel





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INSPECTION PHOTOS (Page 1 of 8)

### PHOTOGRAPHS FOR VEHICLE NO. : SHC 288B



**PHOTOGRAPHS FOR VEHICLE NO. : SHC 288B**





**PHOTOGRAPHS FOR VEHICLE NO. : SHC 288B**

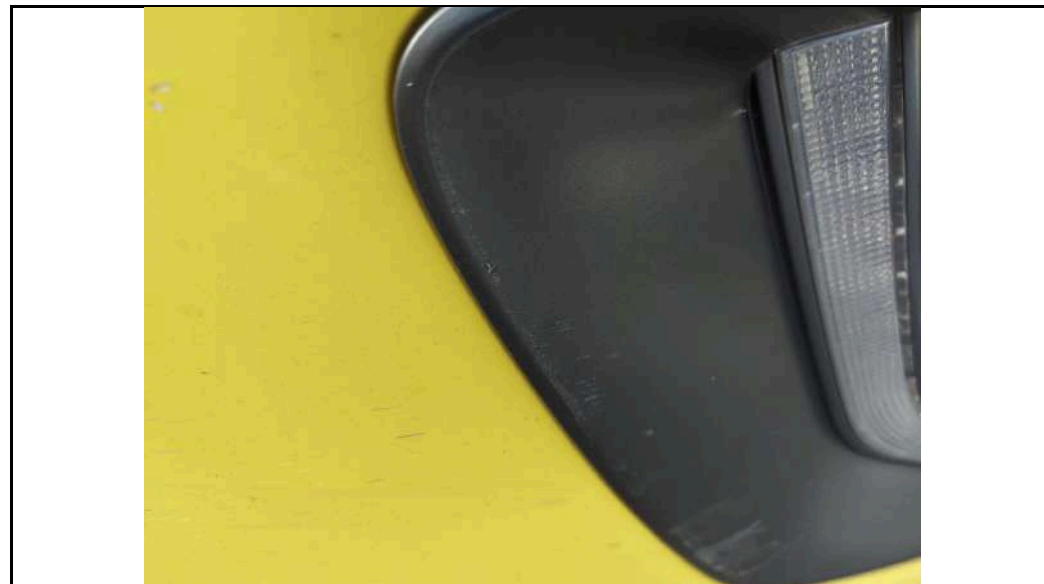


**PHOTOGRAPHS FOR VEHICLE NO. : SHC 288B**





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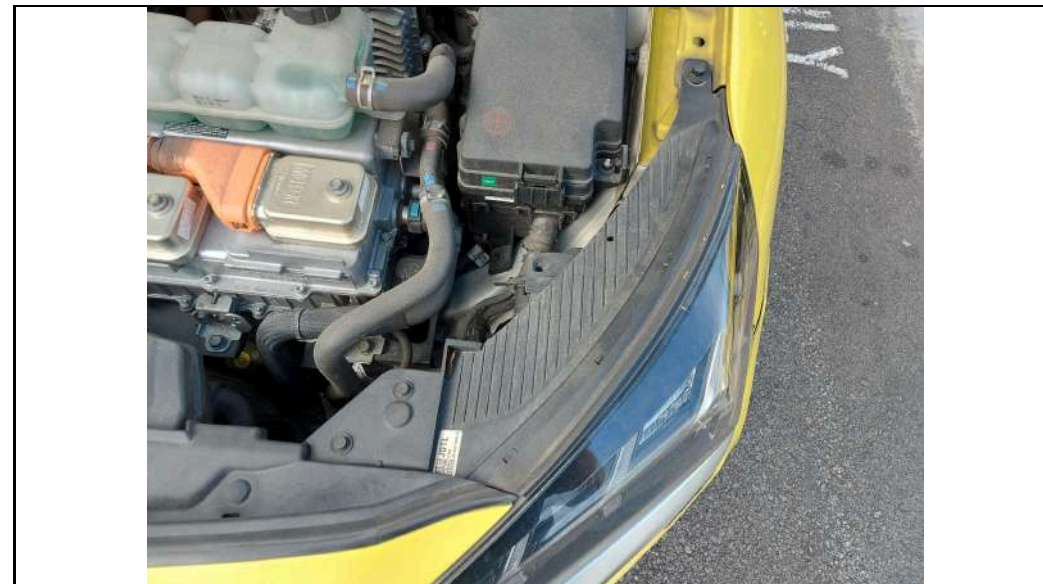
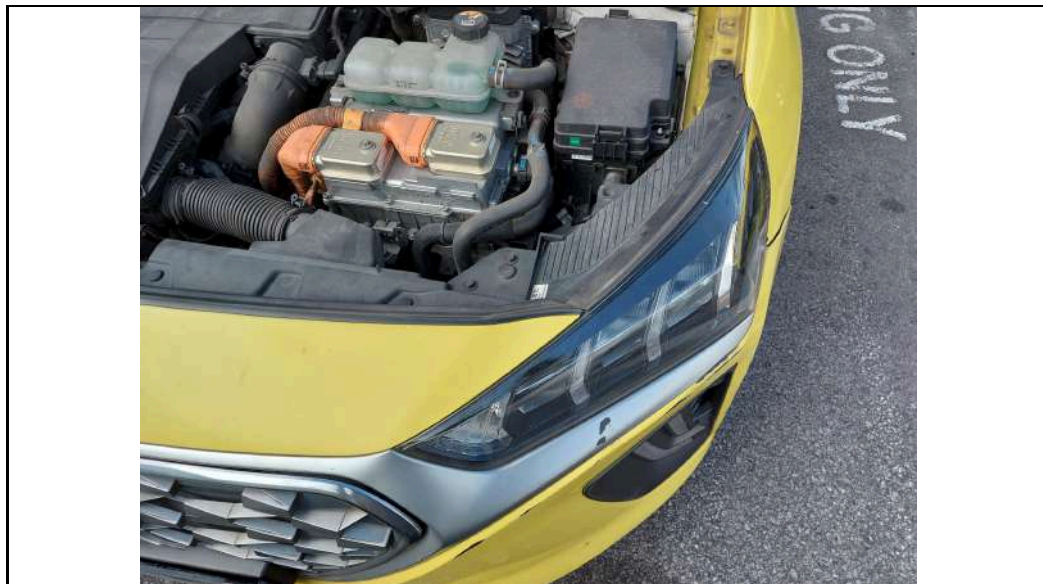




**PHOTOGRAPHS FOR VEHICLE NO. : SHC 288B**



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