

**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. : SAC2401203

INV Date : 30-10-2024

Reference CS/SMR24100377/Uqp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNS 1225X

Insured Veh. SHB 391R

Claim No. TAX/10/24/2037

Policy No.

Accident Date 13/10/2024

Inspection Date 23/10/2024

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/SMR24100377/Uqp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	30/10/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 391R	Veh. Inspected	SNS 1225X
Policy No.	-	Coverage	0
Claim No.	TAX/10/24/2037	Excess	\$0.00
Assign From	HUA YEN	Assign Date	22/10/2024

2. Vehicle Details

Make & Model	BYD ATTO 3	C.C	-
Engine No.	-	Year of Reg.	23/07/2024
Chassis No.	LGXCE4CB6R2065667	Colour	BLACK
Odometer	4295 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	235/50R18	CONTINENTAL	9
L/H Front Tyre	235/50R18	CONTINENTAL	9
R/H Rear Tyre	235/50R18	CONTINENTAL	9
L/H Rear Tyre	235/50R18	CONTINENTAL	9

4. Description of Damages

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

DAMAGES SEE DETAILS.

5. General Information

Accident Date	13/10/2024	Inspection Date	23/10/2024
Survey held at	AUTOBACS CAR CARE (S) PTE LTD 8 KAKI BUKIT AVENUE 4 #08-40/45/46 PREMIER @ KAKI BUKIT SINGAPORE 415875		

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: 3 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SNS 1225X

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR TAILGATE (DENTED)	NOT CONSISTENT WITH THE IMPACT	\$8,230.00	\$0.00
1	REAR TAILGATE CHROME MOULDING (CRACKED)	NOT CONSISTENT WITH THE IMPACT	\$1,100.00	\$0.00
1	R/R OUTER TAILLAMP	NOT NECESSARY	\$1,800.00	\$0.00
1	R/R INNER TAILLAMP (CRACKED)	NOT CONSISTENT WITH THE IMPACT	\$1,300.00	\$0.00
1	REAR BUMPER	CUT	\$3,100.00	\$1,330.00
1	REAR BUMPER LOWER	GRAZED	\$280.00	\$280.00
1	REAR FENDER OUTER PROTECTOR O/S	GRAZED	\$230.00	\$230.00
	LESS 0.00 / 10.00% DISCOUNT		\$0.00	(\$184.00)
			\$16,040.00	\$1,656.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE REAR TAILGATE AND REAR BUMPER OUT TO FACILITATE REPLACEMENT OF DAMAGED PART		\$500.00	\$300.00
	TO REMOVE AND INSTALL REAR TAILGATE GLASS	NOT NECESSARY	\$200.00	\$0.00
	TO REMOVE REAR WIPER MOTOR ASSY AND LOCK ASSY OUT TO FACILITATE REPAIRS OF THE VEHICLE	NOT NECESSARY	\$100.00	\$0.00
	TO RESPRAY REAR BUMPER		\$600.00	\$300.00
			\$1,400.00	\$600.00

GRAND TOTAL	\$17,440.00	\$2,256.00
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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$1,800.00
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Report Ref No: CS/SMR24100377/Uqp3e2

CKS

MARCUS CHUA KANG SENG

Licensed Appraiser

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	21/10/2024 09:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/10/2024 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Expo Singapore, Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNS1225X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Naveen Kumar Khairha
NRIC No	SXXXX818A
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	ATTO 3
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	0
Vehicle Fuel	-
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	M0062570

DRIVER

Name of Driver	Naveen Kumar Khairha
NRIC No	SXXXX818A
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	07/01/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB391R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 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.



Policyholder's Signature / Date & Time

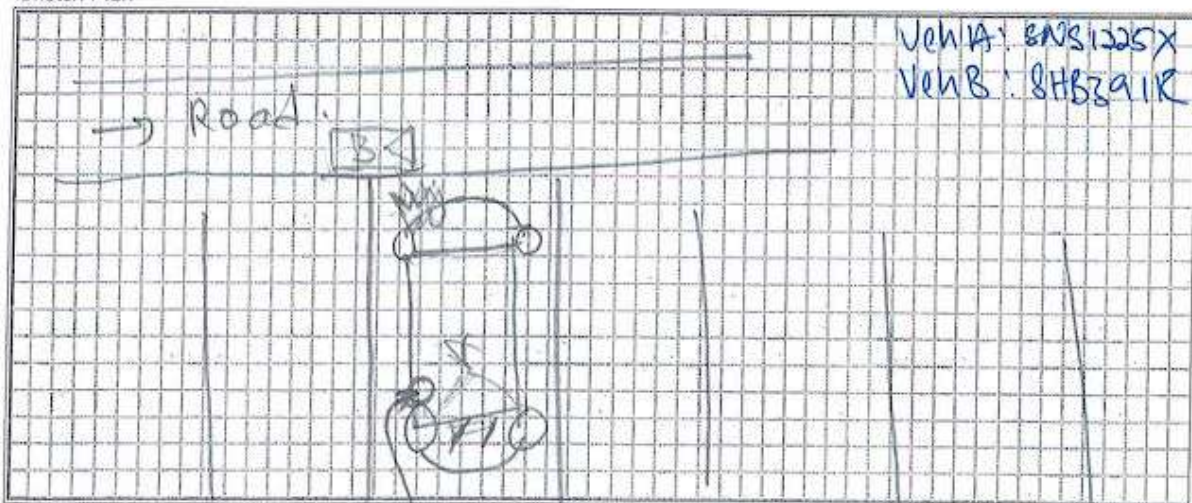
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



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



Sketch Plan



vJun2022

Describe Circumstance of the Accident

My car BYD ATTO3 was parked at Expo
Geyser A connected with Shell Recharge station.
I was inside the Expo so when I return
I saw car was hit from behind and I found
a note on windscreen that Vehicle Number
SHB 391K hit my car. This is a Stride Premier
cab. I called Ma Strides Premier Company
and they called me and confirm
that driver also report the hit.

Declaration

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

Policyholder's Signature / Date & Time

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

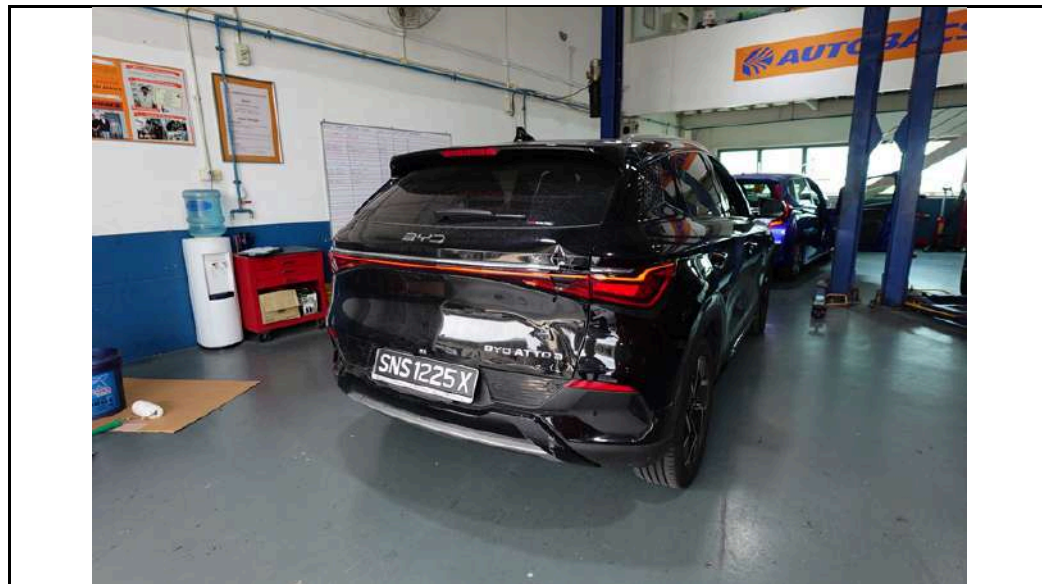
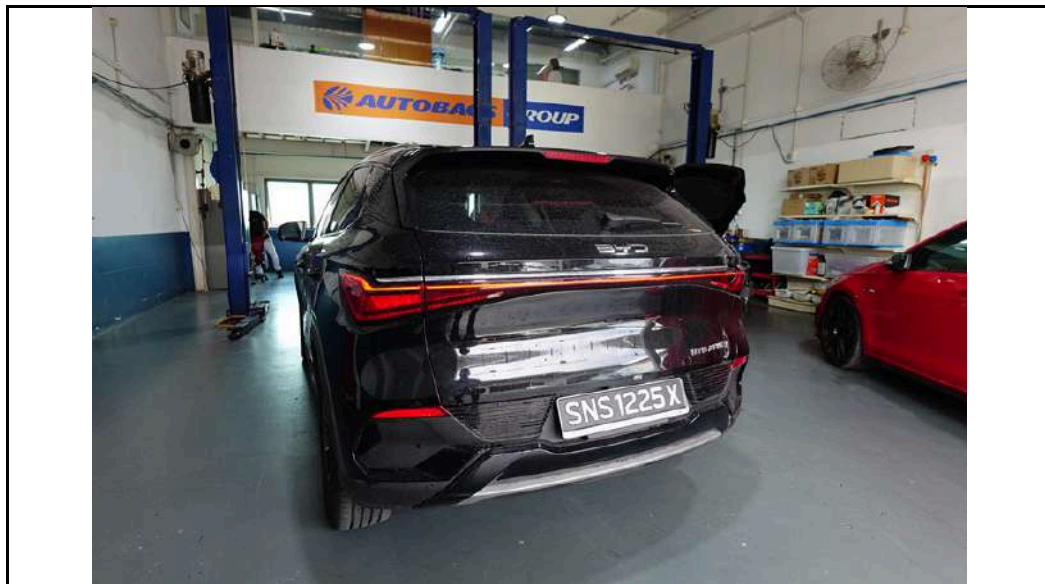
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



PHOTOGRAPHS FOR VEHICLE NO. : SNS 1225X



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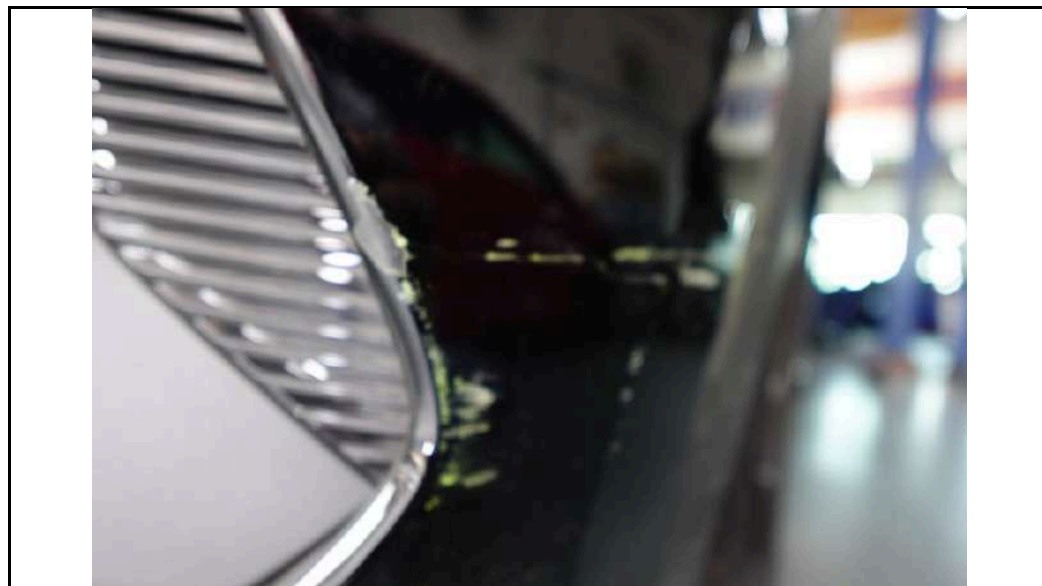
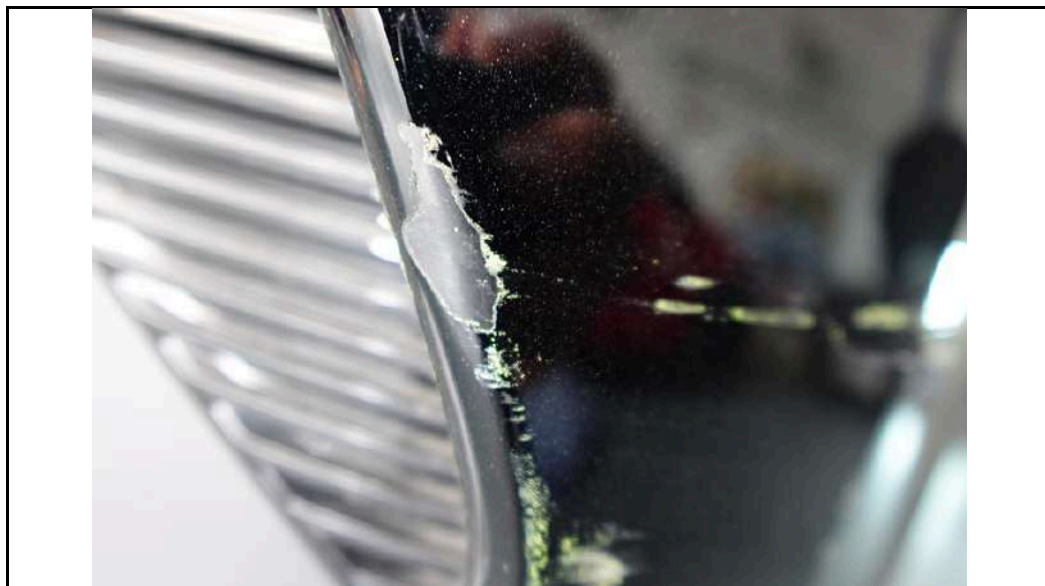
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INSPECTION PHOTOS (Page 13 of 13)

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