



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. : SAC2400105

INV Date : 18-07-2024

Reference CS/SMR24060231/Kqh3

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SMU 6176Y
Insured Veh. SHB 223T
Claim No. TAX/06/24/2046
Policy No.
Accident Date 16/06/2024
Inspection Date 25/06/2024

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/SMR24060231/Kqh3
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	25/06/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 223T	Veh. Inspected	SMU 6176Y
Policy No.	-	Coverage	0
Claim No.	TAX/06/24/2046	Excess	\$0.00
Assign From	HUA YEN	Assign Date	25/06/2024

2. Vehicle Details

Make & Model	VOLVO XC40 T4 (A)	C.C	1969
Engine No.	B4204T473496089	Year of Reg.	21/08/2020
Chassis No.	YV1XZACADL2283554	Colour	METALLIC RED
Odometer	63958 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: STANDARD ALLOY RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	235/55R18	PIRELLI	9
L/H Front Tyre	235/55R18	PIRELLI	9
R/H Rear Tyre	235/55R18	PIRELLI	9
L/H Rear Tyre	235/55R18	PIRELLI	9

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	16/06/2024	Inspection Date	25/06/2024
Survey held at	OPTIMA WERKZ PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A #01-05 AMK AUTOPOINT SINGAPORE 568047		

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 SMU 6176Y

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	RR BOOT	BENT	\$2,700.00	\$2,512.00
1	RR BOOTLID EMBLEM (VOLVO)	NECESSARY	\$146.00	\$146.00
1	RR BOOTLID EMBLEM (XC 40)	NECESSARY	\$146.00	\$146.00
1	RR BOOTLID EMBLEM (T4)	NECESSARY	\$137.00	\$137.00
1	RR BUMPER - COMPLETE	BUCKLED/DENTED	\$1,995.00	\$1,995.00
1	RR ULTRASONIC SENSOR	MISSING	\$349.00	\$349.00
1	RR BUMPER REINFORCEMENT	BENT	\$1,440.00	\$1,280.00
1	RR BOOTLID SWITCH OPENING HANDLE (ADDITIONAL)	DENTED	\$780.00	\$682.00
1	RR LH BUMPER TOP MOLDING COVER (ADDITIONAL)	MTG CRACKED	\$420.00	\$420.00
	LESS 10.00% DISCOUNT		(\$811.30)	(\$766.70)
			\$7,301.70	\$6,900.30

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	RR BUMPER CLIPS (SN)	NECESSARY	\$50.00	\$50.00
1	RR W/SCREEN SEALANT (SN)	NECESSARY	\$100.00	\$40.00
			\$150.00	\$90.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE, REPLACE, REPAIR, READJUST & REFIX RR AFFECTED AREAS		\$800.00	\$550.00
	TO PERFORM WIRING CHECKS ON ELECTRICAL SYSTEMS		\$30.00	\$20.00
	TO REMOVE, PUTTY, REPAIR, SAND AND RESPRAY AFFECTED AREAS		\$660.00	\$660.00
	TO REMOVE, REPLACE & REFIX BUMPER SENSORS		\$30.00	\$30.00
	TO REMOVE, REPLACE & REINSTALL BOOTLID INNER MECHANISM		\$30.00	\$30.00
	TO REMOVE, REFIX & REPLACE RR WINDSCREEN		\$120.00	\$120.00
	TO PERFORM ADAS CHECKS, CALIBRATION & PROGRAMMING		\$200.00	\$80.00
	TO RESPRAY RR LH BUMPER TOP MOLDING COVER. (ADDITIONAL)		\$150.00	\$120.00
			\$2,020.00	\$1,610.00

GRAND TOTAL			\$9,471.70	\$8,600.30
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	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$6,900.00
Report Ref No: CS/SMR24060231/Kqh3			

KSC

KENNETH KONG SENG CHEONG

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	18/06/2024 10:36 (SGT)
Reported by	Owner
Date of Accident	16/06/2024 14:33 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE EXPRESSWAY, SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6176Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY HUI YONG (ZHENG HUIRONG)
NRIC No	SXXXX481Z
Email Address	
Mobile Phone No	
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc40
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	1969

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V09826/VPC2/R01

DRIVER

Name of Driver	KOK YEW TECK
NRIC No	SXXXX325I
Date Of Birth	
Occupation	Indoor

Driving Pass Date	06/06/2018
Driving experience	6 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	Friend
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)	4
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	WU HAI WEN
Gender	Female

PASSENGER 2

Name	SEAH KIM WENG
Gender	Male

PASSENGER 3

Name	TAY HUI YONG
Gender	Female

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
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Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB223T
Vehicle Manufacturer	MG
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	DARRYL LIM
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.
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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.
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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

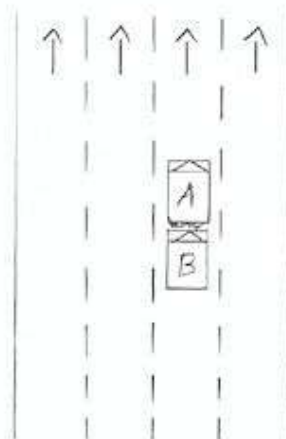


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



TPE EXPRESSWAY

(A) → SMU6176Y

(B) → SHB 223T

Declaration

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Date: 3/7/2024
Vehicle No: SMU6176Y
Model: VOLVO XC40
Chassis: YV1ZACADL2283554
Reg.Year: 2020

Third Party Insurer: MS FIRST CAPITAL
Third Party Veh No: SHB223T
Date of Accident: 45459

SUPPLEMENTARY

NO.	DESCRIPTION	QTY	UNIT S\$	AMOUNT S\$
1	RR BOOTLID SWITCH OPENING HANDLE <i>682</i>			<i>Net</i> \$780.00
2	RR LH BUMPER TOP MOLDING COVER		<i>my cm</i>	<i>Net</i> \$420.00
SUB TOTAL				\$1,200.00
LESS 10%				-\$120.00
PARTS TOTAL				\$1,080.00

NO.	SPECIAL NETT	QTY	UNIT S\$	AMOUNT S\$
S/N TOTAL				\$0.00

SUPPLEMENTARY

LABOUR CHARGES:

TO RESPRAY RR LH BUMPER TOP MOLDING COVER

Net \$150.00 *1201*

LABOUR TOTAL \$150.00

VIC / TING AN TOTAL \$1,230.00

SMP: PARTS: 1080
Labour: 150
7072: 1230

Head office

8 Kung Chong Road Singapore 109143

Tel: (+65) 6472 1212 | Fax: (+65) 6472 2112

Branch

9A Serangoon North Ave 5 Singapore 554500

Tel: (+65) 6484 9919 | Fax: (+65) 6481 1993

Branch (Motor Insurance Claims)

81C 10 Ang Mo Kio Ind. Park 2A #01-05 Singapore 569047

Tel: (+65) 6481 1522 | Fax: (+65) 6481 1011



PHOTOGRAPHS FOR VEHICLE NO. : SMU 6176Y



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INSPECTION PHOTOS (Page 5 of 5)

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