



## 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	INV No.	AC2500556
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	21/01/2025
SINGAPORE 757705	Reference	CS/SMR24100481/Avp3e2
ATTN: HUA YEN	Code	SMR

### PROFESSIONAL SERVICE FEE

Vehicle No.	SNJ 2079S
Insured Veh.	SG 5707A
Claim No.	BUS/10/24/5052
Policy No.	
Accident Date	23/10/2024
Inspection Date	25/10/2024

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>128.00</b>
<b>GST (9%)</b>	<b>11.52</b>
<b>Grand Total</b>	<b>139.52</b>

We shall be glad if you could forward the payment at your early 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				
STRIDES PREMIER AUTOMOTIVE SERVICES PL 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24100481/Avp3e2(N) Date: 21/01/2025 Code: SMR	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.	SG 5707A	Veh. Inspected	SNJ 2079S
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/10/24/5052	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	25/10/2024
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	TOYOTA ALPHARD	c.c	2493
	Engine No.	HIDDEN	Year of Reg.	2022
	Chassis No.	AYH300151184	Colour	WHITE
	Odometer	59627 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	225/60 R17	LAUFENN	6 mm
	L/H Front Tyre	225/60 R17	LAUFENN	6 mm
	R/H Rear Tyre	225/60 R17	LAUFENN	6 mm
	L/H Rear Tyre	225/60 R17	LAUFENN	6 mm
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
	Accident Date	23/10/2024	Inspection Date	25/10/2024
	Survey held at	HD PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, SINGAPORE 415875		
<b>5a. Remarks</b>				
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>				
	ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SNJ 2079S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	DEFORMED	2,402.40	895.00
1	FRONT BUMPER FOG LAMP LH	NOT NECESSARY	516.10	-
1	FRONT BUMPER FOG LAMP HOUSING LH	NOT NECESSARY	81.20	-
1	FRONT BUMPER SIDE CHROME LH	NOT NECESSARY	231.20	-
1	FRONT BUMPER TOWING COVER LH	NOT NECESSARY	28.60	-
2	FRONT BUMPER SIDE RETAINER @\$103.40	NOT NECESSARY	206.80	-
1	FRONT BUMPER SPONGE	NOT NECESSARY	99.30	-
2	FRONT BUMPER SENSOR HOLDER @\$32.20	NOT NECESSARY	64.40	-
1	HEADLAMP (LED) LH	CRACKED	11,325.30	10,500.00
1	FRONT SUPPORT PANEL	NOT NECESSARY	1,561.20	-
1	FRONT SUPPORT PANEL TOP GARNISH	NOT NECESSARY	248.50	-
1	WASHER TANK	NOT NECESSARY	487.60	-
1	FRONT FENDER LH	DENTED	1,312.50	985.00
1	FRONT FENDER COWLING LH	DEFORMED	259.30	259.30
1	FRONT FENDER SUPPORT BRACKET LH	NOT NECESSARY	85.20	-
1	FRONT STEERING RACK & PINION	NOT NECESSARY	1,955.30	-
1	FRONT KNUCKLE ARM LH	NOT NECESSARY	734.80	-
1	FRONT LOWER ARM LH	NOT NECESSARY	815.30	-
1	FRONT STABILIZER BAR LINKAGE LH	NOT NECESSARY	165.20	-
1	FRONT SHOCK ABSORBER LH	NOT NECESSARY	519.10	-
1	FRONT WHEEL HUP C/W BEARING LH	NOT NECESSARY	670.30	-
1	SIDE MIRROR LH	DAMAGED	1,690.00	1,455.00
	LESS 25% DISCOUNT		-6,364.90	-3,523.58
			19,094.70	10,570.72
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	80.00	30.00
1	SET FRONT GRILLE CLIP (SN)	NOT NECESSARY	80.00	-
1	SET FRONT SUPPORT PANEL TOP GARNISH CLIP (SN)	NOT NECESSARY	60.00	-
1	SET FRONT FENDER INNER GARNISH CLIP RH (SN)	NOT NECESSARY	80.00	-
1	SET FRONT FENDER COWLING CLIPS (SN)	NECESSARY	80.00	30.00

Report Ref No. CS/SMR24100481/Avp3e2(N)



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT WHEEL TYRE LH (SN)	NOT NECESSARY	680.00	-
1	SET FRONT WHEEL SPORT RIM (SN)	NOT NECESSARY	2,800.00	-
1	BRAKE OIL (SN)	NOT NECESSARY	40.00	-
			3,900.00	60.00
	<b>LABOUR</b>			
	PANEL BEATING, REMOVING AND REPLACING PARTS.		1,200.00	500.00
	SPRAY PAINTING TO AFFECTED AREA.		1,000.00	400.00
	TUFF COAT.	NOT NECESSARY	250.00	-
	WIRING CHECK.		250.00	30.00
	REFOCUS HEADLAMP BEAM.	NOT NECESSARY	80.00	-
	REMOVE AND REFIX AND RESET FRONT SENSOR.		80.00	50.00
	REMOVE, REFIX AND RESET FRONT RADAR SENSOR.	NOT NECESSARY	800.00	-
	REMOVE AND REFIX FRONT UNDERCARRIAGE.	NOT NECESSARY	850.00	-
	FOUR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	REMOVE AND REFIX POWER STEERING RACK AND PINION.	NOT NECESSARY	380.00	-
	RESET ABS LIGHT.	NOT NECESSARY	200.00	-
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT / CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	NOT NECESSARY	280.00	-
			5,490.00	980.00
<b>GRAND TOTAL</b>			<b>28,484.70</b>	<b>11,610.72</b>

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>9,250.00</b>
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Report Ref No. CS/SMR24100481/Avp3e2(N)

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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 responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying 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 .....	24/10/2024 11:45 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	23/10/2024 08:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Commonwealth Ave
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNJ2079S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Wang Guohua
Passport No/FIN .....	GXXXX122N
Email Address .....	EDMONDLJZ@ICLOUD.COM
Mobile Phone No .....	(Phone) +65-97407003
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Alphard
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2995
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number .....	M0038734

#### DRIVER

Name of Driver .....	Lim Jian Zhi Edmond
NRIC No .....	SXXXX249Z
Date Of Birth .....	02/02/1995
Occupation .....	Outdoor
Driving Pass Date .....	13/10/2016
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	8 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97407003
Alt. Phone Number .....	-
Email Address .....	EDMONDLJZ@ICLOUD.COM
Address .....	981D Buangkok Crescent #08-03
Address complement .....	-
Postcode .....	537981
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Wet

#### 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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number .....	SG5707A
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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**

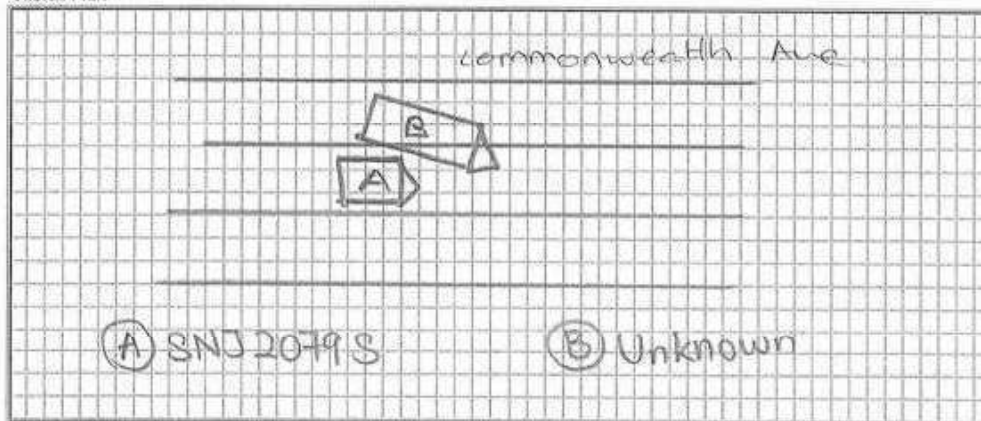
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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

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

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

Sketch Plan





Describe Circumstance of the Accident

I was driving straight within my lane along Commonwealth Ave. Veh B was on lane 3, when Veh B try to filter into my lane, I slow down and stop. Veh B during the course of filtering hit onto my left front portion.

Declaration

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

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

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



## PHOTOGRAPHS FOR VEHICLE NO. : SNJ 2079S





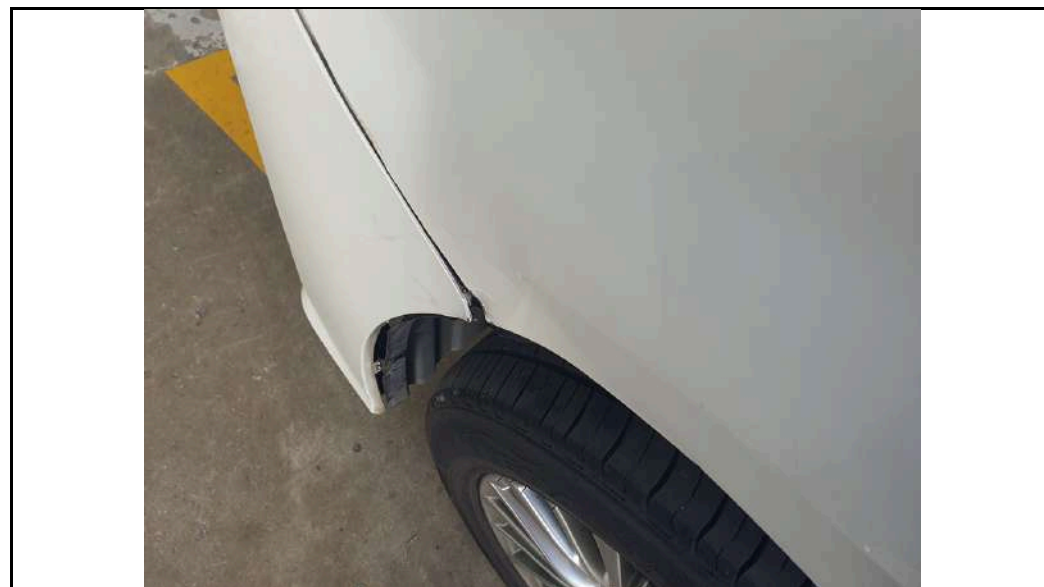


## LKK Auto Consultants Pte Ltd

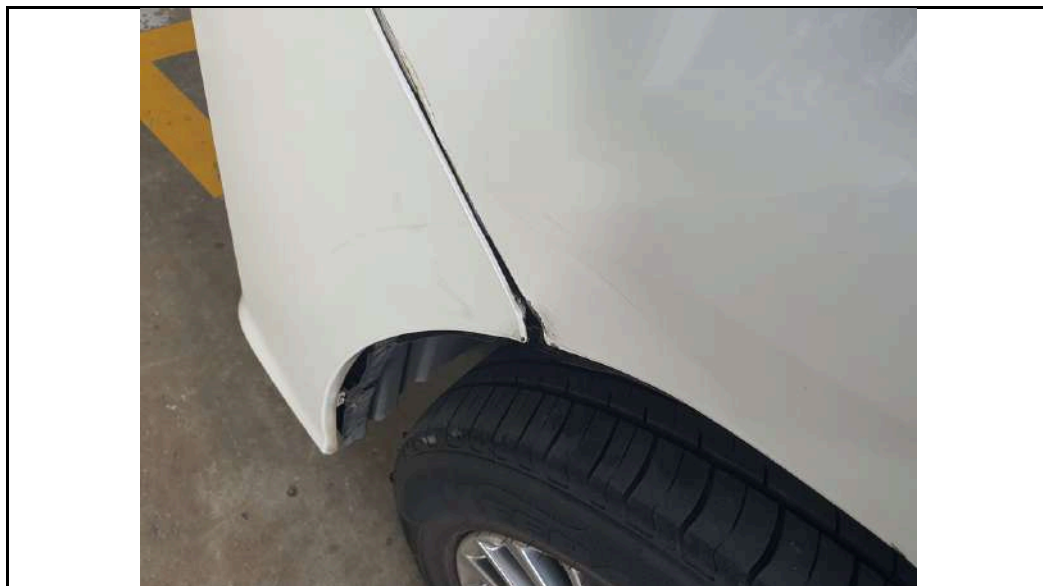
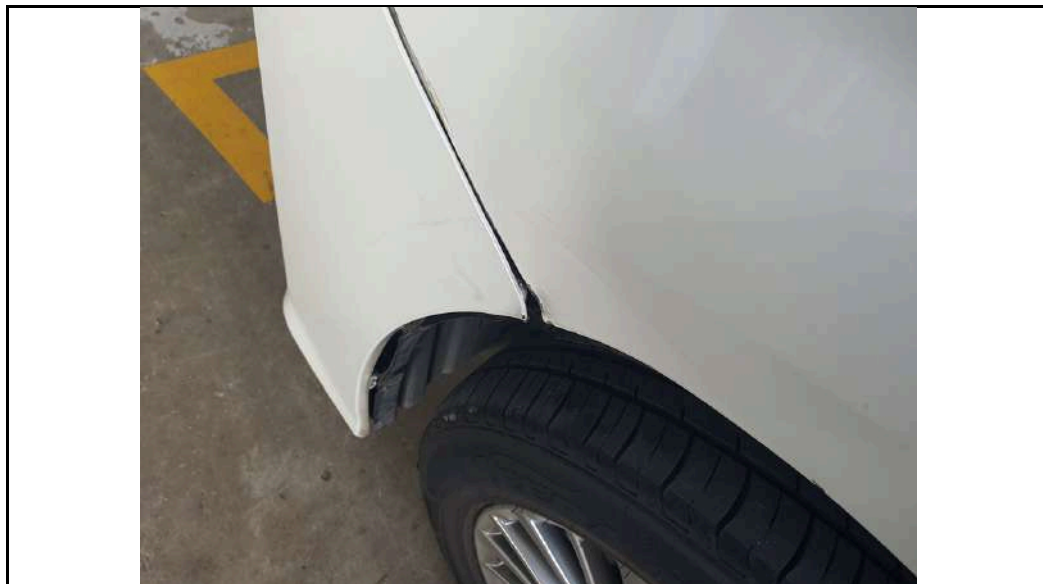
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INSPECTION PHOTOS (Page 2 of 6)

### PHOTOGRAPHS FOR VEHICLE NO. : SNJ 2079S

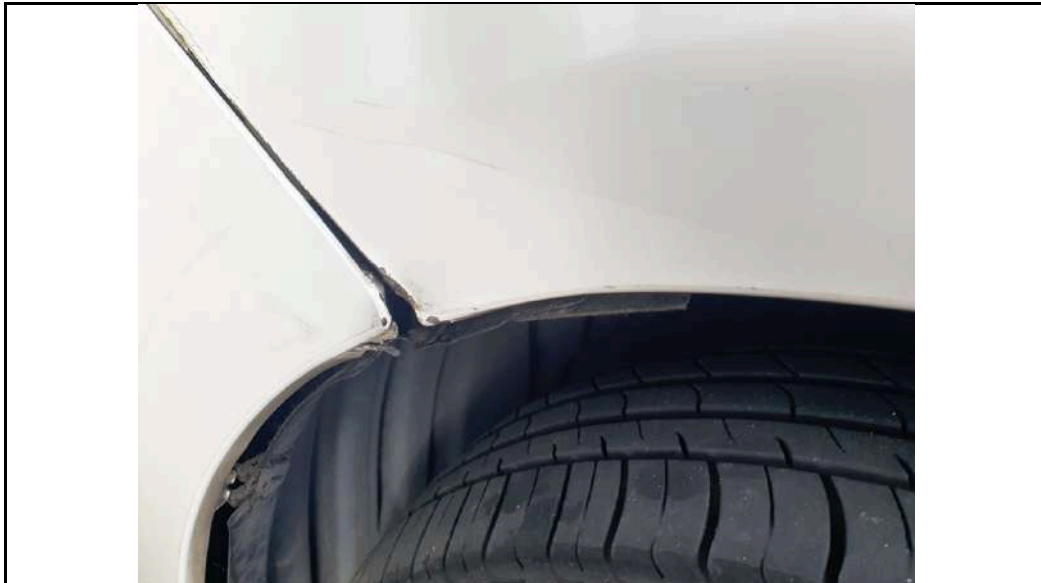


**PHOTOGRAPHS FOR VEHICLE NO. : SNJ 2079S**





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