

**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. : SAC2401519

INV Date : 22-11-2024

Reference CS/SMR24100489/Rvp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SGQ 3818R
Insured Veh. SG 5827L
Claim No. BUS/10/24/7021
Policy No.
Accident Date 17/10/2024
Inspection Date 12/11/2024

| 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/SMR24100489/Rvp3e2 |
| 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE | Date: | 22/11/2024 |
| 757705 | Code: | SMR |

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SG 5827L | Veh. Inspected | SGQ 3818R |
| Policy No. | - | Coverage | 0 |
| Claim No. | BUS/10/24/7021 | Excess | \$0.00 |
| Assign From | HUA YEN | Assign Date | 28/10/2024 |

2. Vehicle Details

| | | | |
|-----------------|----------------------|--------------|------------|
| Make & Model | HONDA HRV 1.5 LX CVT | C.C | 1497 |
| Engine No. | L15Z71000182 | Year of Reg. | 19/06/2015 |
| Chassis No. | MRHRU1830FP000153 | Colour | GREY |
| Odometer | 293263 KM | Steering | IN ORDER |
| Brakes | IN ORDER | General | FAIR |
| Modification(s) | RIMS: SPORTS RIM | | |

3. Conditions of Tyres

| | Size | Make | Balance (mm) |
|----------------|------------|---------|--------------|
| R/H Front Tyre | 225/50 R17 | HANKOOK | 6 |
| L/H Front Tyre | 225/50 R17 | HANKOOK | 6 |
| R/H Rear Tyre | 225/50 R17 | HANKOOK | 6 |
| L/H Rear Tyre | 225/50 R17 | HANKOOK | 6 |

4. Description of Damages

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

DAMAGES SEE DETAILS.

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 17/10/2024 | Inspection Date | 12/11/2024 |
| Survey held at | WAH HONG MOTORS & CREDIT PTE LTD 38 TOH GUAN ROAD EAST #01-57 ENTERPRISE HUB SINGAPORE 608581 | | |

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: 5 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SGQ 3818R

| REPLACEMENT OF PARTS | | | | |
|----------------------|---------------------------------|----------------------|------------------------|-------------------|
| Qty | Description of Parts | Condition | Workshop Estimate (\$) | Our Adjusted (\$) |
| 1 | REAR WINDSCREEN MOULDING | NECESSARY | \$160.00 | \$144.00 |
| 1 | TAIL LAMP RH | CRACKED | \$525.00 | \$419.42 |
| 1 | BOOT LID LAMP RH | CRACKED | \$295.00 | \$256.40 |
| 1 | BOOT LID | BENT | \$1,050.00 | \$1,050.00 |
| 1 | BOOT LID TOP GARNISH | CRACKED | \$190.00 | \$190.00 |
| 1 | BOOT LID LOGO BADGE | NECESSARY | \$16.00 | \$16.00 |
| 1 | BOOT LID EMBLEM "HR-V" | NECESSARY | \$17.00 | \$17.00 |
| 1 | BOOT LID EMBLEM "I-VTEC" | NECESSARY | \$18.00 | \$18.00 |
| 2 | BOOT LID HINGE RH / LH @\$45.00 | NOT NECESSARY | \$90.00 | \$0.00 |
| 1 | BOOT LID WEATHERSTRIP | DEFORMED | \$108.00 | \$80.77 |
| 1 | BOOT LID STOPPER RH | NECESSARY | \$11.00 | \$11.00 |
| 1 | BOOT LID COVER RH | NOT NECESSARY | \$14.00 | \$0.00 |
| 1 | BOOT LID TRIM BOARD | SERVICEABLE | \$149.00 | \$0.00 |
| 1 | BOOT LID TRIM BOARD HANDLE | NOT NECESSARY | \$19.00 | \$0.00 |
| 1 | REAR SIDE BUMPER RH | CUT | \$94.00 | \$94.00 |
| 1 | REAR SIDE BUMPER RETAINER RH | NOT NECESSARY | \$19.00 | \$0.00 |
| 1 | REAR BUMPER | DEFORMED | \$3,464.00 | \$508.50 |
| 1 | REAR BUMPER STOPPER RH | CRACKED | \$13.00 | \$13.00 |
| 1 | REAR REFLECTOR RH | NOT NECESSARY | \$190.00 | \$0.00 |
| 1 | END PANEL TOP GARNISH | NOT NECESSARY | \$67.00 | \$0.00 |
| 1 | END PANEL | TO REPAIR SEE LABOUR | \$408.00 | \$0.00 |
| 1 | REAR FENDER RH (NPA) | TO REPAIR SEE LABOUR | \$0.00 | \$0.00 |
| | LESS 20.00% DISCOUNT | | (\$1,383.40) | (\$563.62) |
| | | | \$5,533.60 | \$2,254.47 |
| Special Nett | | | | |
| Qty | Description of Parts | Condition | Workshop Estimate (\$) | Our Adjusted (\$) |
| 1 | REAR WINDSCREEN SEALANT (SN) | NECESSARY | \$60.00 | \$40.00 |
| 1 | END PANEL SEALANT (SN) | NOT NECESSARY | \$60.00 | \$0.00 |
| 1 | REAR CARPLATE WITH HOLDER (SN) | NOT NECESSARY | \$35.00 | \$0.00 |
| | | | \$155.00 | \$40.00 |



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| Labour | | | | |
|--------------------------------------|--|---------------|------------------------|-------------------|
| | Description of Parts | Condition | Workshop Estimate (\$) | Our Adjusted (\$) |
| | TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACE THE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF END PANEL AND REAR FENDER RH | NOT NECESSARY | \$1,200.00 | \$600.00 |
| | TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED & REPAIRED | | \$1,000.00 | \$500.00 |
| | TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS | | \$90.00 | \$40.00 |
| | TO REMOVE AND REFIX WIRING SYSTEM AT ACCIDENT DAMAGED AREA AND CHECK FOR ALL ELECTRICAL PROPER FUNCTION | | \$90.00 | \$40.00 |
| | TO REMOVE AND REFIT REAR SEAT COMPARTMENT FITTING, TRIMMINGS, GARNISH AND ETC | | \$100.00 | \$0.00 |
| | TO CARRIED OUT REPAIR AND REFIT / REPLACE OF REAR WINDSCREEN | | \$100.00 | \$100.00 |
| | TO REMOVE AND REPLACE REAR PARKING SENSOR | | \$100.00 | \$50.00 |
| | | | \$2,680.00 | \$1,330.00 |
| GRAND TOTAL | | | \$8,368.60 | \$3,624.47 |
| | RECOMMENDED COST OF REPAIRS | | | \$3,624.47 |
| Report Ref No: CS/SMR24100489/Rvp3e2 | | | | |

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 reply 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 | 18/10/2024 10:32 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 17/10/2024 21:06 (SGT) |
| Exact Location of Accident | Near 8PP4+MF Singapore |
| Additional Location Information | ALONG JURONG WEST STREET 64 TOWARDS BOON LAY WAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SGQ3818R |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------|
| Is company? | No |
| Name Of Registered Owner | WONG KWOK KEONG |
| NRIC No | SXXXX930A |
| Email Address | ----- |
| Mobile Phone No | ----- |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Hr-v |
| 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 | 1498 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|--------------------|
| Name of Insurance Company | Singapore Life Ltd |
| Policy Number / Cover Note Number | 11463501 |

DRIVER

| | |
|--|----------------------|
| Name of Driver | WONG KWOK KEONG |
| NRIC No | SXXXX930A |
| Date Of Birth | - |
| Occupation | Outdoor |
| Driving Pass Date | 23/09/1995 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 29 YEARS AND 1 MONTH |
| 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 | 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 | LOH BEE LI |
| 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 SUMMARY AND SKETCH PLAN

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|---------|
| Vehicle Registration Number | SG5827L |
| 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.

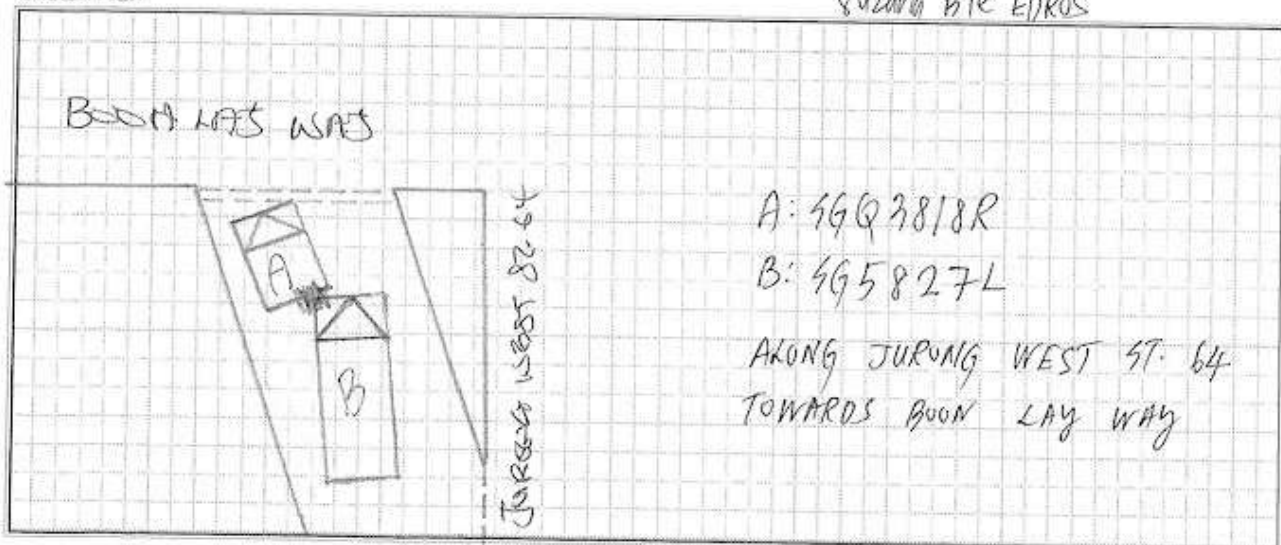
Policyholder's Signature / Date & Time

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

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

SUZANA BTE EDRUS

Sketch Plan



Describe Circumstance of the Accident

ON 17TH OCTOBER 2024 AT ABOUT 2106HRS I WAS DRIVING MY VEHICLE A (SGQ3818R) ALONG JURONG WEST STREET 64 TOWARDS BOON LAY WAY (SLIP ROAD) AS MY VEHICLE A (SGQ3818R) WAS STATIONARY AND GIVING WAY TO ONCOMING TRAFFIC, I FELT A HARD IMPACT FROM MY REAR PORTION OF MY VEHICLE A (SGQ3818R), I ALIGHTED AND CHECKED AND I FOUND OUT THAT VEHICLE B (SG5827L) FRONT PORTION LEFT SIDE HAD COLLIDED WITH MY REAR RIGHT SIDE OF MY VEHICLE A. WE THEN EXCHANGED OUR PARTICULARS FOR INSURANCE CLAIMS. NOBODY WAS INJURED.



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
 (Name as in NRIC/ID card)
 SUDANO BTE EDROS

PHOTOGRAPHS FOR VEHICLE NO. : SGQ 3818R



PHOTOGRAPHS FOR VEHICLE NO. : SGQ 3818R



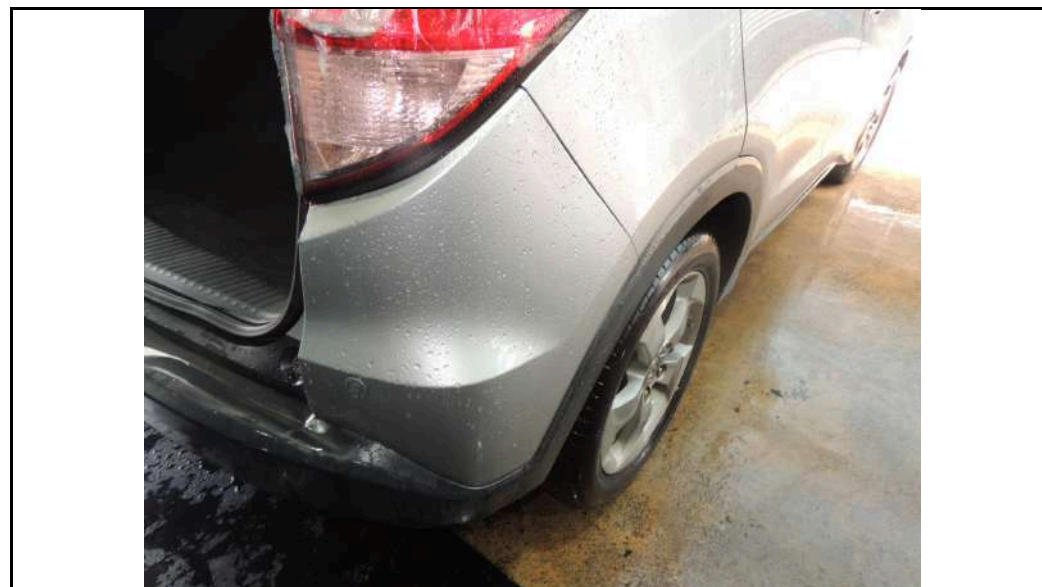
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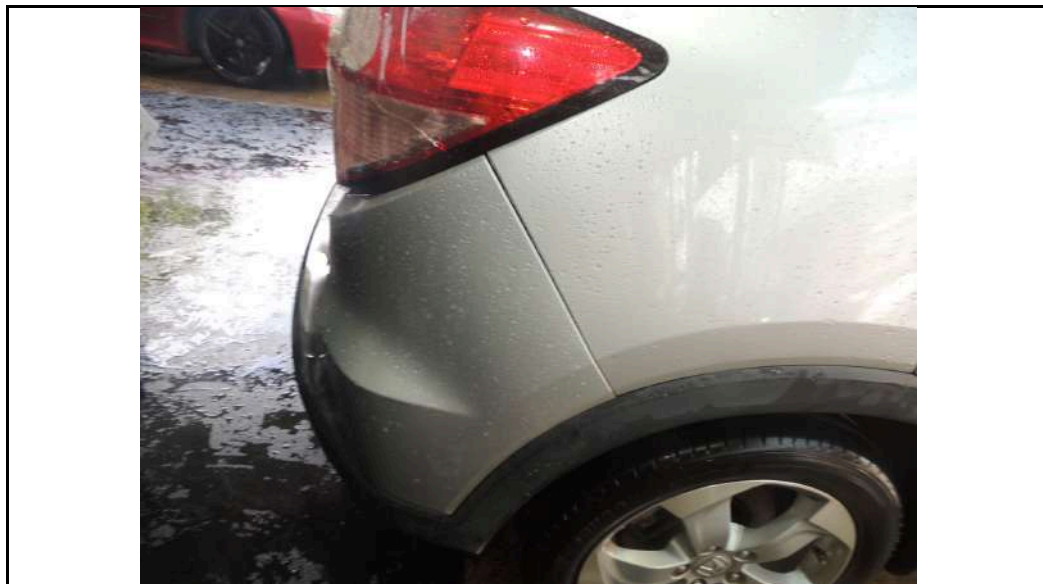
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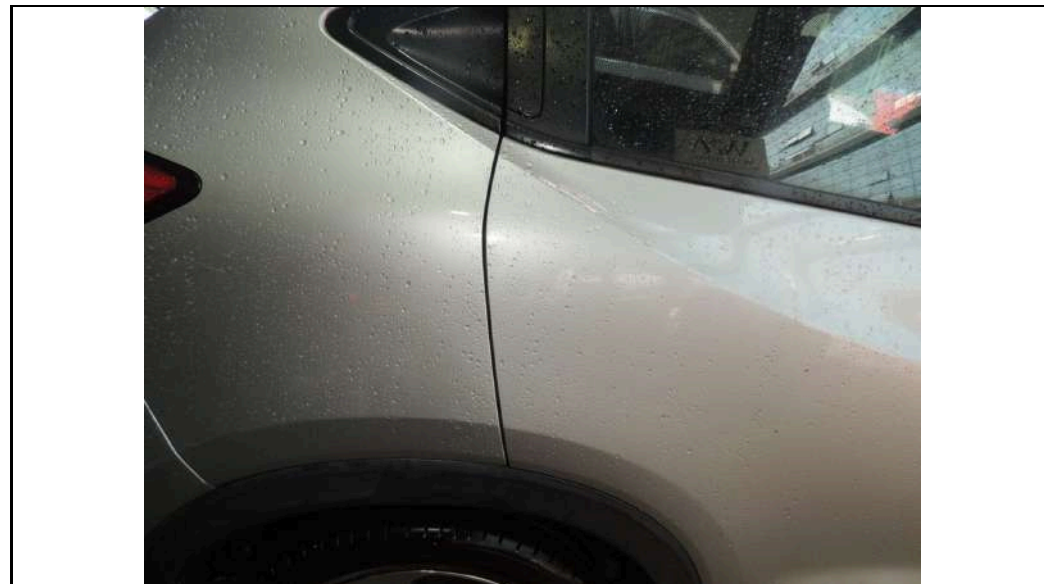
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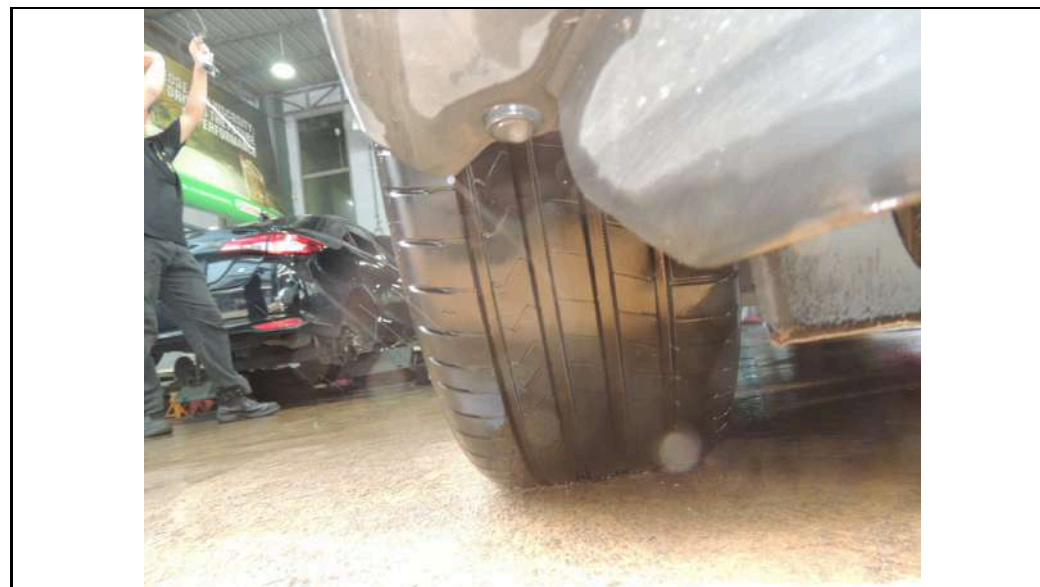
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