



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.	AC2501607
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	18/03/2025
SINGAPORE 757705	Reference	CS/SMR24060241/Anh3e2
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SMP 5051G
Insured Veh.	SMB 1345J
Claim No.	BUS/06/24/5032
Policy No.	
Accident Date	23/06/2024
Inspection Date	25/06/2024

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

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'

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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/SMR24060241/Anh3e2(N) Date: 18/03/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SMB 1345J	Veh. Inspected	SMP 5051G
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/06/24/5032	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	25/06/2024
2. Vehicle Particulars & Condition				
	Make & Model	VOLKSWAGEN PASSAT	c.c	1798
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	WWWZZZ3CZHE028672	Colour	BRONZE
	Odometer	93384 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	215/55 R17	BRIDGESTONE	6 mm
	L/H Front Tyre	215/55 R17	BRIDGESTONE	6 mm
	R/H Rear Tyre	215/55 R17	BRIDGESTONE	6 mm
	L/H Rear Tyre	215/55 R17	BRIDGESTONE	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	23/06/2024	Inspection Date	25/06/2024
	Survey held at	ADVANCE AUTO GARAGE 23 KAKI BUKIT AVENUE 4, #04-01 VICOM KAKI BUKIT INSPECTION CENTER, SINGAPORE 415933.		
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:		6 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMP 5051G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,874.00	1,874.00
2	REAR BUMPER SIDE HOLDER @\$142.00	CRACKED	284.00	284.00
1	REAR BUMPER REINFORCEMENT	DENTED	986.00	986.00
1	REAR BUMPER TOW COVER	NOT NECESSARY	45.00	-
1	REAR BUMPER CENTRE GUIDE	DEFORMED	180.00	180.00
2	REAR BUMPER SIDE CHROME MOULDING @\$192.00	NECESSARY	384.00	384.00
4	REAR BUMPER REFLECTOR @\$86.00	CRACKED	344.00	344.00
1	REAR BUMPER SIDE UNDERCOVER	NOT NECESSARY	74.00	-
4	REAR BUMPER SENSOR @\$220.00	DAMAGED (2PCS ONLY)	880.00	440.00
1	REAR BUMPER SENSOR WIRE HARNESS	NOT NECESSARY	398.00	-
1	REAR BUMPER LOWER GARNISH	DEFORMED	502.00	502.00
2	REAR NUMBER PLATE LAMP @\$112.00	NOT NECESSARY	224.00	-
1	REAR END PANEL	DENTED	1,160.00	1,160.00
1	REAR END PANEL TOP GARNISH	DEFORMED	315.00	315.00
1	REAR END PANEL ANTENNA SENSOR	CRACKED	189.00	189.00
2	TAILLAMP @\$950.00	CRACKED	1,900.00	1,900.00
1	BOOTLID	DENTED	3,453.00	3,453.00
1	BOOTLID LOCK	DAMAGED	325.00	325.00
1	BOOTLID WEATHERSTRIPE	CUT	298.00	298.00
2	BOOTLID REFLECTOR @\$550.00	NOT NECESSARY	1,100.00	-
1	BOOTLID LOGO	NOT NECESSARY	1,167.00	-
1	BOOTLID INNER TRIM COVER	NOT NECESSARY	390.00	-
1	330 TSI EMBLEM	NECESSARY	104.00	104.00
1	PASSAT WORDING	NECESSARY	98.00	98.00
	LESS 10% DISCOUNT		-1,667.40	-1,283.60
			15,006.60	11,552.40
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
1	REAR NUMBER PLATE (SN)	BENT	30.00	30.00
1	REAR NUMBER PLATE HOLDER (SN)	DEFORMED	30.00	30.00

Report Ref No. CS/SMR24060241/Anh3e2(N)



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET BOOTLID INNER TRIM COVER CLIPS (SN)	NOT NECESSARY	30.00	-
1	SET REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	20.00	20.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	60.00	60.00
			220.00	190.00
	LABOUR			
	PANEL BEATING, REMOVE AND REFIT PARTS.		1,200.00	700.00
	SPRAY PAINTING TO AFFECTED AREA.		1,000.00	700.00
	WIRING CHECK.		50.00	30.00
	TO APPLY TUFF COAT.		150.00	60.00
	TO REMOVE REVERSE SENSOR.		100.00	50.00
	TO REMOVE AND REFIT UPHOLSTERY.		150.00	60.00
	TO TRANSFER BOOTLID FITTINGS.		150.00	60.00
	TO PERFORM DIAGNOSTIC TEST.	NOT NECESSARY	250.00	-
			3,050.00	1,660.00
GRAND TOTAL			18,276.60	13,402.40

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			10,700.00
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Report Ref No. CS/SMR24060241/Anh3e2(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.

VEHICLE NO: SMP5051G	MAKE & MODEL: Volkswagen	Passat	ACTO / MANUAL
DATE OF ACCIDENT	23.06.2024	CC	1,800
TIME OF ACCIDENT	08.25	AM	PM
LOCATION OF ACCIDENT	Jurong Town Hall Road.		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE		
NAME OF OWNER	Loh Ah Tee		
EMAIL	EMAILRACHELLOH@GMAIL.COM	Office	MOBILE 96614907
NRIC	S1560995H		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY	YES / <u>NO</u>		
INSURANCE CO.	India		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	D23MPL0000937		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO.		
NRIC	S1560995H		
DATE OF BIRTH	26.06.1962		
ANY PASSENGER	YES / NO: 1		
NAME OF PASSENGER	Chua Kim Kiok		
GENDER OF PASSENGER	MALE / <u>FEMALE</u>		
OCCUPATION	Outdoor / <u>Indoor</u>		
DATE OF DRIVING PASS	24.10.1979		
GENDER	<u>Male</u> / Female		
CONTACT NO.	Mobile. 96614907		Office.
EMAIL			
ADDRESS	Blk 826 Jurong West St 81 # 02-434 S1640826)		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.		INSURER.
RELATIONSHIP	Employee / If No. <u>owner</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other.		
ROAD SURFACE	<u>Dry</u> / Wet / Other.		
ANY INJURIES	No / If yes, Who? Chua Kim Kiok (F) / Loh Ah Tee (m)		
CONVEYED BY AMBULANCE	<u>NO</u> / If yes, Who?		
POLICE REPORT	<u>NO</u> / If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?		
VEHICLE B NO.	SMB1347J	Any Passenger.	unknown.
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger.		
VEHICLE D NO.	Any Passenger.		
VEHICLE E NO.	Any Passenger.		
VEHICLE F NO.	Any Passenger.		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
Who is Reporting	Driver / Owner / <u>Both</u>		
Original Language Used	English / <u>Mandarin</u> / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authorised 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. 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

(A) - SMP5051G (B) - SMB1345J	A B ↑ ↑	Jurong Town Hall Road
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Describe Circumstances of the Accident

On the 23/05/2024 @ about 8.25a.m, along Jurong Town Hall Road towards West Coast Road. I was travelling on Lane 2 of the above mentioned road before the junction of Jurong East St. 11 and when the traffic light turned red, I slowed down and stopped my Vehicle (A). After a while, I suddenly felt a huge impact from the rear and ~~the impact pushed my vehicle~~ when I alighted, I realized it was Vehicle (B) who hit into the rear portion of my Vehicle (A), causing damages to my Vehicle. I have one other passenger in my Vehicle.

Declaration

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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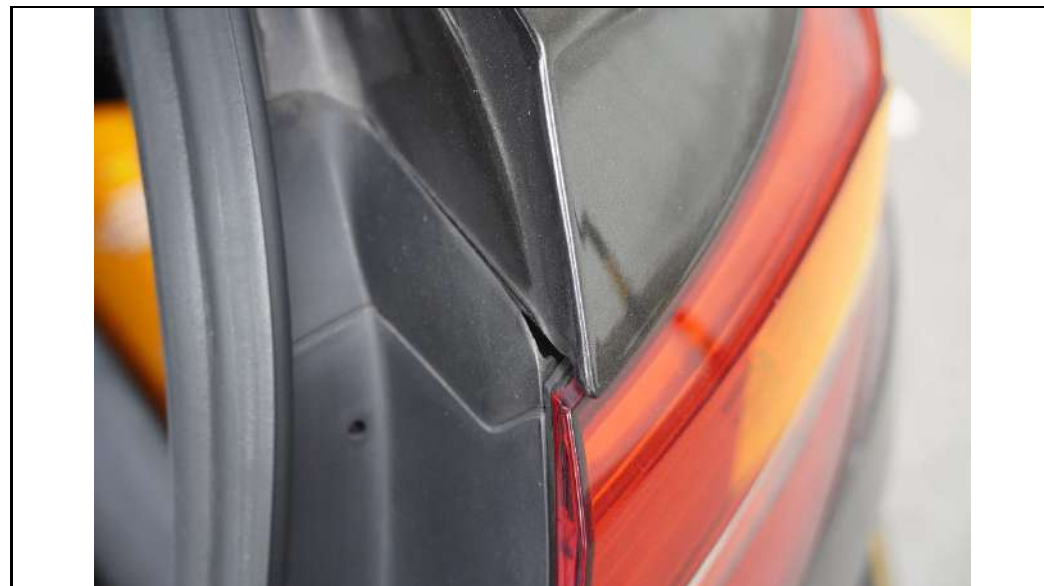
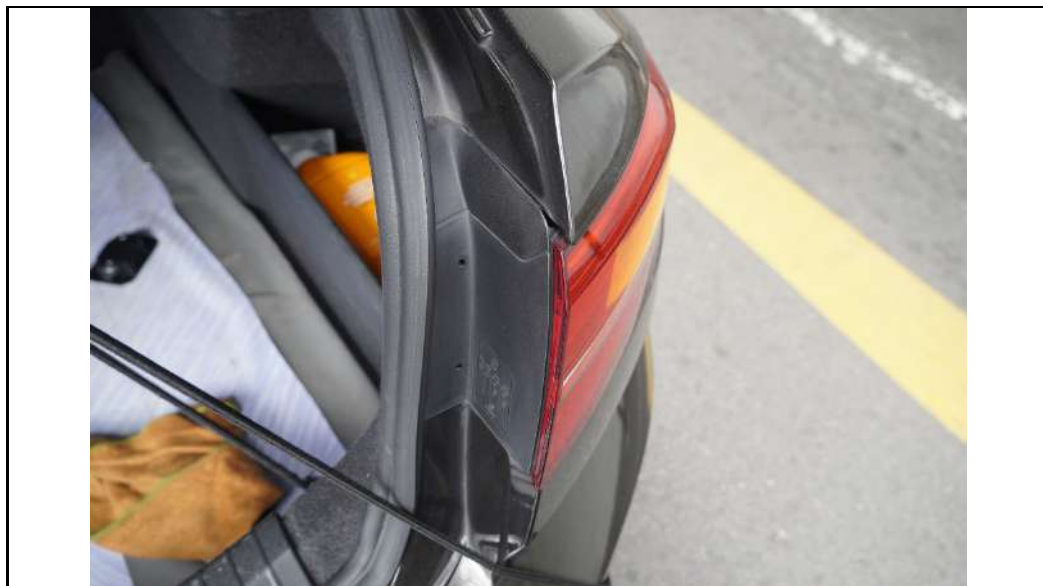
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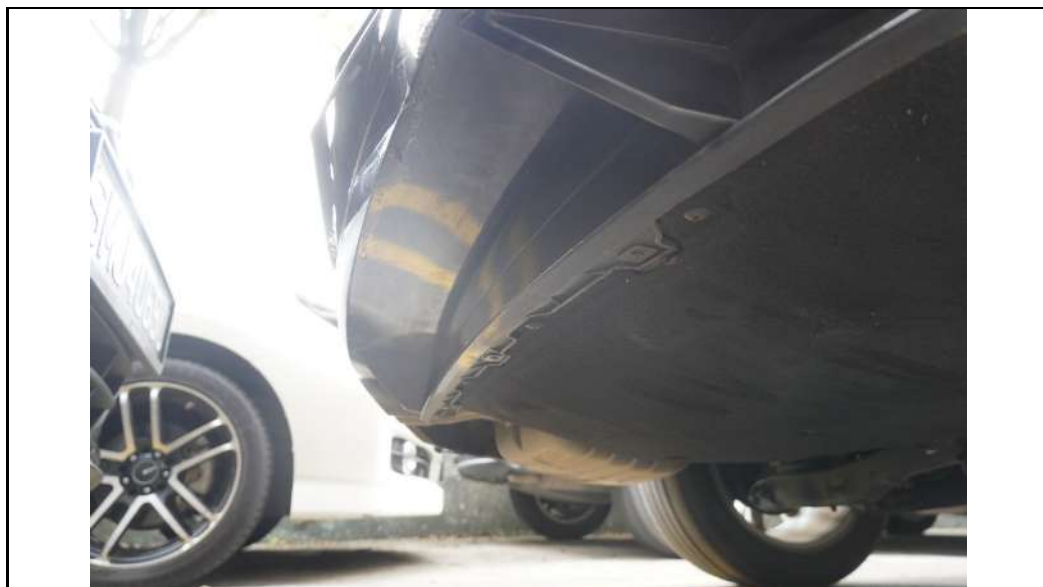
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INSPECTION PHOTOS (Page 10 of 10)

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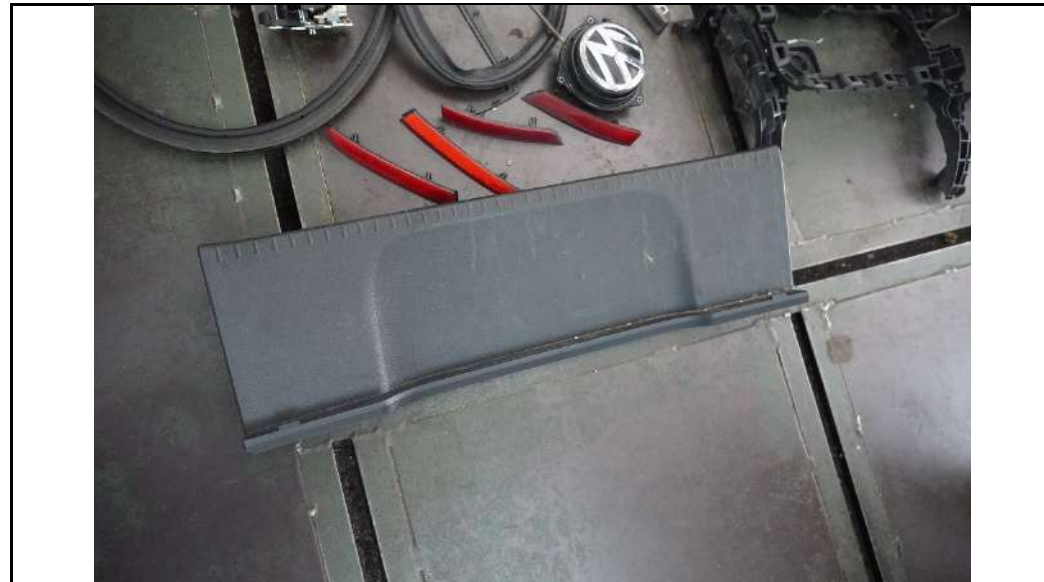
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REINSPECTION PHOTOS (Page 2 of 19)

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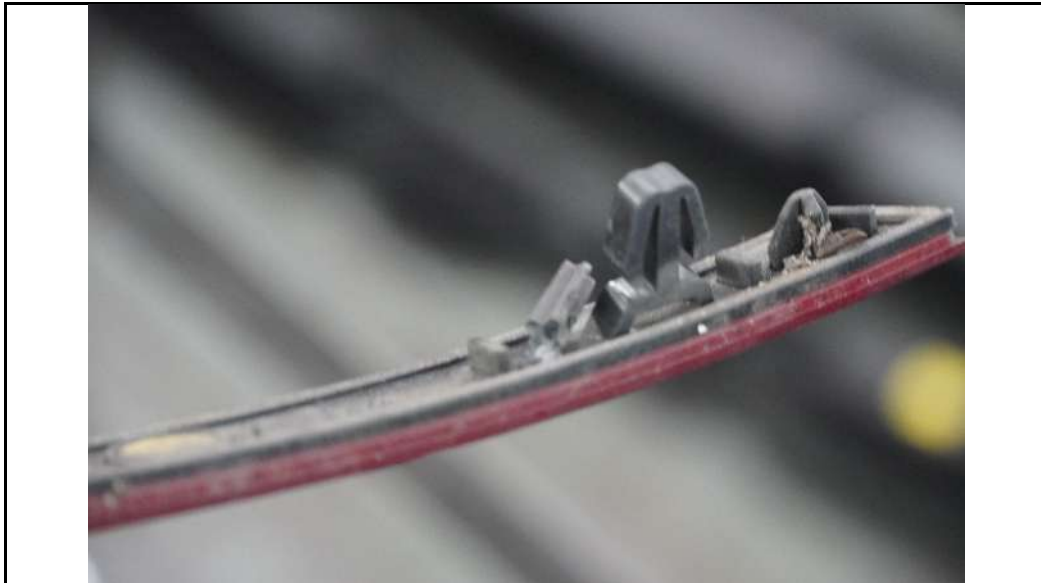
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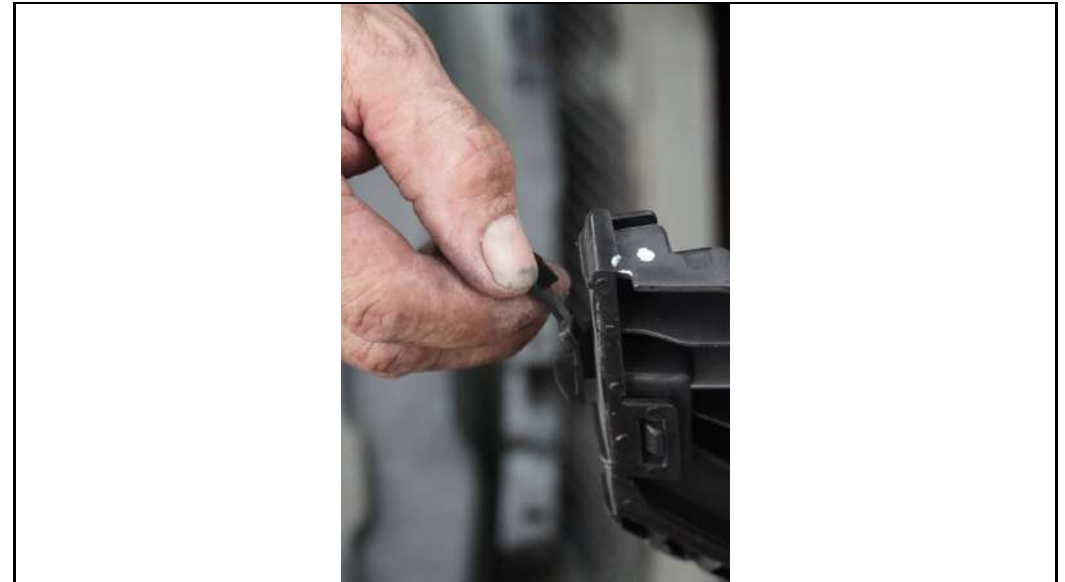
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