LKK

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.: SAC2401400

INV Date: 15-11-2024

Reference CS/SMR24110038/Kqp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SLS 1647K Insured Veh. SHB 5144E

Claim No. TAX/10/24/2093

Policy No.

Accident Date 29/10/2024 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

SML	



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		ACCUSAGE STATES OF THE STATES	l. D. F. F. J. F.	Automobile	
	Affiliated to Federation Internationale Des Experts En Automobile				
MS		R AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24110038/Kqp3m4	
	60 WOODLANDS II 757705	NDUSTRIAL PARK E4 SINGAPORE	Date:	15/11/2024	
			Code:	SMR	
1.	1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHB 5144E	Veh. Inspected	SLS 1647K	
	Policy No.	-	Coverage	0	
	Claim No.	TAX/10/24/2093	Excess	\$0.00	
	Assign From	HUA YEN	Assign Date	01/11/2024	
2.		Vehicle	Details		
	Make & Model	TOYOTA C-HR (A)	C.C	1797	
	Engine No.	2ZR8155414	Year of Reg.	12/09/2017	
	Chassis No.	ZYX102059040	Colour	METALLIC PEARL WHITE	
	Odometer	529926 KM	Steering	IN ORDER	
	Brakes	IN ORDER	General	GOOD	
	Modification(s)	RIMS: SPORTS RIM			
3.		Condition	s of Tyres		
		Size	Make	Balance (mm)	
	R/H Front Tyre	215/60R17	TRISTAR	8	
	L/H Front Tyre	215/60R17	TRISTAR	8	
	R/H Rear Tyre	215/60R17	TRISTAR	8	
	L/H Rear Tyre	215/60R17	TRISTAR	8	
4. Description of Damages					
THE	VEHICLE SUSTAIN	IED DAMAGES AT THE REAR PORTIC	N.		
DAM	IAGES SEE DETAIL	S.			
5.		General In	formation		
	Accident Date	29/10/2024	Inspection Date	12/11/2024	
	Survey held at	LIAN HER MOTORS			
		BLK 5038 ANG MO KIO INDUSTRIAL #01-405	PARK 2,		
		SINGAPORE 569541.			
5a.		Rem			
		AS CONDUCTED ON A"WITHOUT PRE O YOUR INSTRUCTIONS, WE HAVE NO		REPAIRS.	
5b. Estimate Days of Repair					
EST	IMATED NORMAL F	PERIOD FOR REPAIR: 3 Working Days			



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SLS 1647K

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR TAIL-GATE ASSY	TO REPAIR SEE LABOUR	\$1,150.70	\$0.00
1	REAR TAIL-GATE EMBLEM - HYBRID	NOT NECESSARY	\$48.90	\$0.00
1	REAR TAIL-GATE EMBLEM - C-HR	NOT NECESSARY	\$45.80	\$0.00
1	REAR TAIL-GATE EMBLEM	NOT NECESSARY	\$62.30	\$0.00
1	REAR BUMPER	BUCKLED/DENTED	\$885.70	\$885.70
1	REAR BUMPER REINFORCEMENT	BENT	\$483.20	\$483.20
2	REAR BUMPER REFLECTOR GARNISH @\$125.60	SERVICEABLE	\$251.20	\$0.00
1	REAR LOWER BUMPER	CRACKED	\$485.70	\$485.70
2	REAR BUMPER SIDE RETAINER @\$75.10	SERVICEABLE	\$150.20	\$0.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	\$725.70	\$0.00
1	REAR END PANEL INNER GARNISH	SERVICEABLE	\$402.10	\$0.00
	LESS 25.00% DISCOUNT		(\$1,172.88)	(\$463.65)
			\$3,518.62	\$1,390.95

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BOOT RUBBER (\$205.60) (50%) (SN)	CUT	\$154.20	\$102.80
20	REAR BUMPER CLIP @\$2.00 (SN)	NECESSARY	\$40.00	\$40.00
1	REAR REVERSE SENSOR (SN)	SCRATCHED	\$200.00	\$200.00
			\$394.20	\$342.80

Labour			
Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
REMOVE/RENEW THE ABOVE PARTS INCLUDING KNOCKING, WELDING & CUTTING. INCLUSIVE OF THE REPAIR OF REAR TAIL-GATE ASSY AND REAR END PANEL		\$800.00	\$400.00
TO PUTTY & SPRAY PAINT ON ACCIDENT AFFECTED PORTION		\$800.00	\$400.00
CHECK AND RECONNECT WIRING		\$40.00	\$15.00
TO ANTI-RUST PROOFING	NOT NECESSARY	\$100.00	\$0.00
		\$1,740.00	\$815.00

GRAND TOTAL	\$5,652.82	\$2,548.75



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RECOMMENDED COST OF LUMP SUM REPAIRS
(TO ITS PRE-ACCIDENT CONDITION)

Report Ref No: CS/SMR24110038/Kqp3m4

\$2,000.00

KSC

KENNETH KONG SENG CHEONG

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

- Please report <u>correctly</u> 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 witholding 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 30/10/2024 19:21 (SGT) Reported by Actual Driver Date of Accident 29/10/2024 10:30 (SGT) Exact Location of Accident Singapore Additional Location Information CTF Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS1647K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LH CAR RENTAL PTE LTD Company Reg No 200009761N Email Address CARRENTAL.LH@GMAIL.COM Mobile Phone No (Phone) +65-97687073 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model C-hr Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1797 Vehicle Fuel

INSURANCE COMPANY

Effective Date/Time of Ownership

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00006192401

DRIVER

Chassis no

First Regisration Date

Name of Driver	ANG SUI FA
NRIC No	S9124184F
Date Of Birth	06/07/1991
Occupation	Outdoor
Driving Pass Date	19/04/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90671591
Alt. Phone Number	
Email Address	CARRENTAL.LH@GMAIL.COM
Address	BLK 454 YISHUN STREET 41 #11-27
Address complement	
Postcode	760454
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Incurrence Company 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?	20
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	92
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	AND DELDE
Gender	ANG BEI BEI
Gelidei	Female
DETAILS OF POLICE ACTION	
W. State Control of the Control of t	Next Control of the C
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
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5144E
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	10701
No. Of Passenger (Including Driver)	
No. Of Fassenger (including briver)	3 . 3

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This 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
- 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' law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



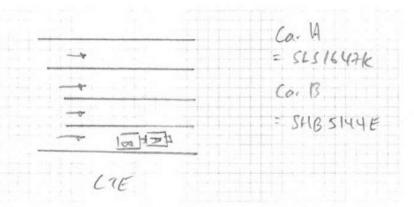
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel

Sketch Plan



Describe Circumstances of the Accident
I was travelly along LTE, when the cor inform addedy super suddedy SHBS144E hit the rea of my whiche.
MI THE PER C. PAY CENICSE

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

Witnessed by Reporting Centre Personnel



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INSPECTION PHOTOS (Page 1 of 5)













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REINSPECTION PHOTOS (Page 1 of 1)







