



## 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.	AC2504391
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	11/07/2025
SINGAPORE 757705	Reference	CS/SMR24110040/Anp3e2
ATTN: ANA MAGNAYE	Code	SMR

### PROFESSIONAL SERVICE FEE

Vehicle No.	GBG 6981T
Insured Veh.	SHB 1878Y
Claim No.	TAX/10/24/2103
Policy No.	
Accident Date	30/10/2024
Inspection Date	05/11/2024

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: ANA MAGNAYE			Ref: CS/SMR24110040/Anp3e2(N) Date: 11/07/2025 Code: SMR	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.	SHB 1878Y	Veh. Inspected	GBG 6981T
	Policy No.		Coverage (\$)	0.00
	Claim No.	TAX/10/24/2103	Excess (\$)	0.00
	Assign From	ANA MAGNAYE	Assign Date	04/11/2024
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	NISSAN NV200	c.c	1461
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	VSKYBAM20Z0146484	Colour	SILVER
	Odometer	119851 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	175/70 R14C	BLACKHAWK	6 mm
	L/H Front Tyre	175/70 R14C	BLACKHAWK	6 mm
	R/H Rear Tyre	175/70 R14C	BLACKHAWK	6 mm
	L/H Rear Tyre	175/70 R14C	BLACKHAWK	6 mm
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
	Accident Date	30/10/2024	Inspection Date	05/11/2024
	Survey held at	A-TEC AUTOMOTIVE PTE LTD 8 KAKI BUKIT AVENUE 4 #04-20 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:		5 Working Days	



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Page No.:1 of 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBG 6981T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT HEADLAMP - LH	CRACKED	865.00	779.00
1	FRONT HEADLAMP TOP PANEL	NOT NECESSARY	115.20	-
1	FRONT HEADLAMP SIDE PANEL	NOT NECESSARY	135.00	-
1	FRONT HEADLAMP LOWER GARNISH	TORN	348.60	348.60
1	FRONT GRILLE	NOT NECESSARY	507.10	-
1	FRONT GRILLE LOGO	NOT NECESSARY	75.20	-
1	FRONT BUMPER	TORN	892.00	774.00
1	FRONT BUMPER FOG LAMP	NOT NECESSARY	320.70	-
1	FRONT BUMPER INNER SPONGE	NOT NECESSARY	280.70	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	591.90	-
1	FRONT BUMPER SIDE RETAINER	CRACKED	40.20	40.20
1	FRONT FENDER - LH	DENTED	548.80	548.80
1	FRONT FENDER INNER SHIELD	NOT NECESSARY	127.10	-
	LESS 10% DISCOUNT		-484.75	-249.06
			4,362.75	2,241.54
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	50.00	50.00
1	SET FRONT FENDER INNER SHIELD CLIP (SN)	NOT NECESSARY	50.00	-
1	FRONT TYRE (SN)	NOT NECESSARY	400.00	-
1	FRONT WHEEL RIM (SN)	NOT NECESSARY	500.00	-
			1,000.00	50.00
	<b><u>LABOUR</u></b>			
	TO CHECK WIRING, LIGHTING AND RESETTING HEADLAMPS FOCUSING.		80.00	30.00
	TO CONDUCT WHEEL ALIGNMENT.	NOT NECESSARY	180.00	-
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.	NOT NECESSARY	100.00	-
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD; RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT.		1,600.00	500.00

Report Ref No. CS/SMR24110040/Anp3e2(N)



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,500.00	300.00
			3,460.00	830.00
GRAND TOTAL			8,822.75	3,121.54
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,500.00

Report Ref No. CS/SMR24110040/Anp3e2(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 .....	01/11/2024 18:08 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/10/2024 11:50 (SGT)
Exact Location of Accident .....	Clementi Ave 6, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBG6981T
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MASTER DETAILER PTE. LTD.
Company Reg No .....	202230395D
Email Address .....	MASTERDETAILERPTLTD@GMAIL.COM
Mobile Phone No .....	(Phone) +65-84681217
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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 .....	Manual
CC .....	1461
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5145228972

#### DRIVER

Name of Driver .....	THAM CHEE KWONG
NRIC No .....	S7736950C
Date Of Birth .....	24/12/1977
Occupation .....	Outdoor
Driving Pass Date .....	13/09/2012
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	12 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98894128
Alt. Phone Number .....	-
Email Address .....	XX_SHINE@HOTMAIL.COM
Address .....	BLK 448 YISHUN RING RD
Address complement .....	#05-88
Postcode .....	760448
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 .....	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 .....	PASSENGER 1
Gender .....	Male

#### 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 ATTACH

#### 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 .....	SHB1878Y
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 .....	-
No. Of Passenger (Including Driver) .....	2

### PASSENGER 1

Name .....	PASSENGER 1
Gender .....	Female

**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 Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



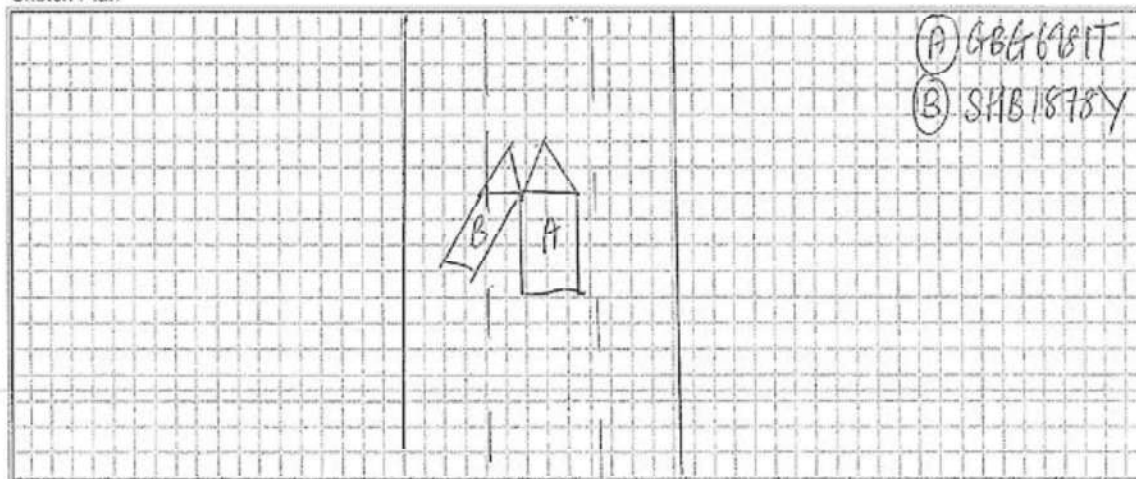
Policyholder's Signature / Date & Time

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 on Clementi Ave 6, in the middle lane. Vehicle B suddenly cut into my lane and side swiped the front left portion of my vehicle.

## 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)

**PHOTOGRAPHS FOR VEHICLE NO. : GBG 6981T**





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INSPECTION PHOTOS (Page 2 of 3)

### PHOTOGRAPHS FOR VEHICLE NO. : GBG 6981T



**PHOTOGRAPHS FOR VEHICLE NO. : GBG 6981T**





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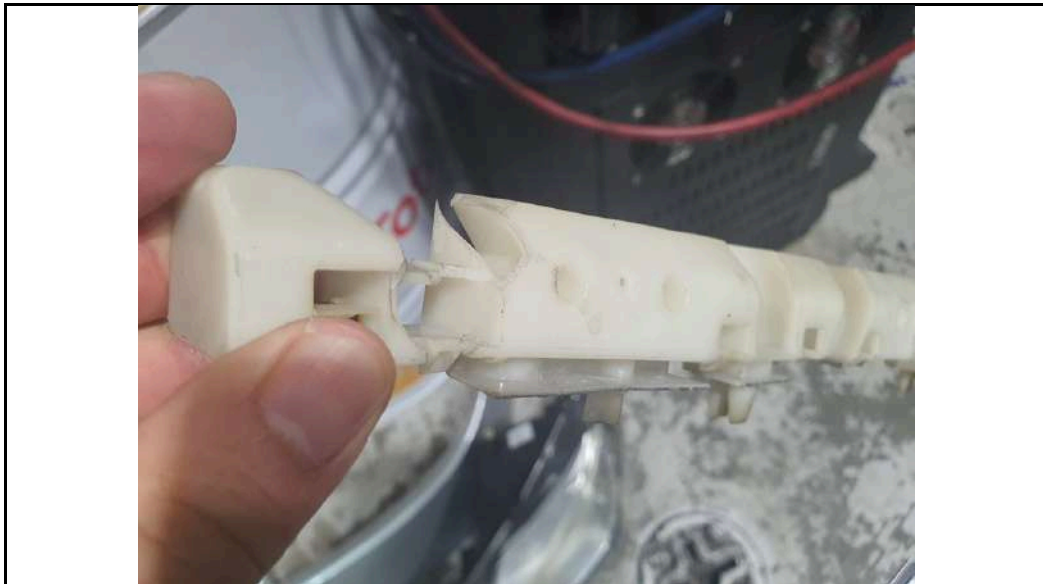


**PHOTOGRAPHS FOR VEHICLE NO. : GBG 6981T**





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**REINSPECTION PHOTOS (Page 6 of 6)**

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**PHOTOGRAPHS FOR VEHICLE NO. : GBG 6981T**

