



## 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. : SAC2401409

INV Date : 18-11-2024

Reference CS/SMR24110044/Rqp3m4

Code SMR

#### PROFESSIONAL SERVICE FEE

Vehicle No. SNB 1705S  
Insured Veh. SMB 1587C  
Claim No. BUS/10/24/5057  
Policy No.  
Accident Date 31/10/2024  
Inspection Date 04/11/2024

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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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL. 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Ref: CS/SMR24110044/Rqp3m4 Date: 18/11/2024 Code: SMR
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### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b> SMB 1587C	<b>Veh. Inspected</b> SNB 1705S
<b>Policy No.</b> -	<b>Coverage</b> 0
<b>Claim No.</b> BUS/10/24/5057	<b>Excess</b> \$0.00
<b>Assign From</b> ANA MAGNAYE	<b>Assign Date</b> 01/11/2024

### 2. Vehicle Details

<b>Make &amp; Model</b> TOYOTA PRIUS PLUS (AUTO)	<b>C.C</b> 1798
<b>Engine No.</b> 2ZRW689531	<b>Year of Reg.</b> 02/08/2021
<b>Chassis No.</b> JTDZS3EU90J067768	<b>Colour</b> GREY
<b>Odometer</b> 398580 KM	<b>Steering</b> IN ORDER
<b>Brakes</b> IN ORDER	<b>General</b> FAIR
<b>Modification(s)</b> RIMS: NIL	

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
<b>R/H Front Tyre</b>	215/55R16	CONTINENTAL	6
<b>L/H Front Tyre</b>	215/55R16	CONTINENTAL	6
<b>R/H Rear Tyre</b>	215/55R16	CONTINENTAL	6
<b>L/H Rear Tyre</b>	215/55R16	CONTINENTAL	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

<b>Accident Date</b> 31/10/2024	<b>Inspection Date</b> 04/11/2024
<b>Survey held at</b> BORNEO MOTORS (S) PTE LTD 2 PANDAN CRESCENT SINGAPORE 128462	

### 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: 4 Working Days



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SNB 1705S

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SUNDRIES (SN)	NECESSARY	\$100.00	\$50.00
1	COVER, FR BUMPER (SN)	SCRATCHED	\$855.40	\$855.40
10	PIECE, RR BUMPER (SN)	NECESSARY	\$58.00	\$58.00
1	DUCT, AIR INTAKE, RH (SN)	SERVICEABLE	\$178.90	\$0.00
1	SUPPORT, FR BUMPER (SN)	SERVICEABLE	\$104.50	\$0.00
1	EXTENSION, FR (SN)	NOT NECESSARY	\$46.00	\$0.00
1	GRILLE, RADIATOR (SN)	NOT NECESSARY	\$672.20	\$0.00
1	FENDER SUB-ASSY, FR (SN)	TO REPAIR SEE LABOUR	\$1,400.50	\$0.00
1	PROTECTOR, FR FENDER (SN)	NOT NECESSARY	\$156.70	\$0.00
1	SEAL, FR FENDER TO (SN)	NOT NECESSARY	\$34.20	\$0.00
1	PROTECTOR, FR (SN)	NOT NECESSARY	\$60.80	\$0.00
1	LINER, FR FENDER, RH (SN)	NOT NECESSARY	\$262.80	\$0.00
1	UNIT ASSY, HEADLAMP (SN)	SERVICEABLE	\$3,890.00	\$0.00
1	LAMP ASSY, FOG, RH (SN)	SERVICEABLE	\$473.20	\$0.00
			\$8,293.20	\$963.40

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	CHECK WIRING SYSTEM		\$198.00	\$198.00
	TO RESET ECU AND REPROGRAMME		\$198.00	\$198.00
	REPL ACC AFF AREA STRAIGHTEN AND PANEL BEAT ACC AFF AREA. INCLUSIVE OF THE REPAIR OF FENDER SUB-ASSY, FR		\$3,168.00	\$1,188.00
	RESPRAY ACC AFF AREA		\$2,624.00	\$1,312.00
			\$6,188.00	\$2,896.00

<b>GRAND TOTAL</b>			<b>\$14,481.20</b>	<b>\$3,859.40</b>
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<b>RECOMMENDED COST OF REPAIRS</b>				<b>\$3,859.40</b>
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Report Ref No: CS/SMR24110044/Rqp3m4



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### **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 repositibility 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 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 .....	01/11/2024 10:26 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/10/2024 11:10 (SGT)
Exact Location of Accident .....	Neil Rd, Singapore
Additional Location Information .....	TOWARDS KAMPONG BAHRU RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB1705S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GRAB RENTALS PTE LTD
Company Reg No .....	2XXXXX200G
Email Address .....	gr.sg.accident@grab.com
Mobile Phone No .....	(Phone) +65-85183831
Alternative Phone No .....	(Office) +65-66550005

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	PLUS (AUTO)
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1798
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	JTDZS3EU90J067768
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D21MFL0000447_03

### DRIVER

Name of Driver .....	SEE HUI LIAN
NRIC No .....	SXXXX821F
Date Of Birth .....	19/05/1993
Occupation .....	Outdoor
Driving Pass Date .....	07/10/2011
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	13 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-85183831
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	654C PUNGGOL DRIVE #03-154
Address complement .....	-
Postcode .....	823654
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 .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
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) .....	4
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 .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 3

Name .....	UNKNOWN
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

ON 31/10/2024 ABOUT 1110HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNB1705S ENROUTING FROM 6 EVERTON PARK TO 124A BUKIT MERAH VIEW FOR WORK PURPOSE. WHILE DRIVING ALONG NEIL RD TOWARDS KAMPONG BAHRU RD ON LANE 2, VEHICLE B BEARING REGISTRATION NUMBER SMB1587C WAS ON LANE 1, WHILE TURNING TOWARDS KAMPONG BAHRU RD, VEHICLE B COLLIDED WITH MY VEHICLE A WITH ITS LEFT SIDE CAUSING MY RIGHT SIDE OF VEHICLE A TO BE DAMAGED. NOBODY WAS INJURED.

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 .....	SMB1587C
Vehicle Manufacturer .....	Man
Vehicle Model .....	NL 320F (A22) 11L AUTO ABS TURBO
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SUGUMARAN S/O HARIKRISHNAN
NRIC No .....	SXXXX076C
Contact Number .....	(Phone) +65-86083374
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	LEFT HAND SIDE CORNER
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any willful 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.



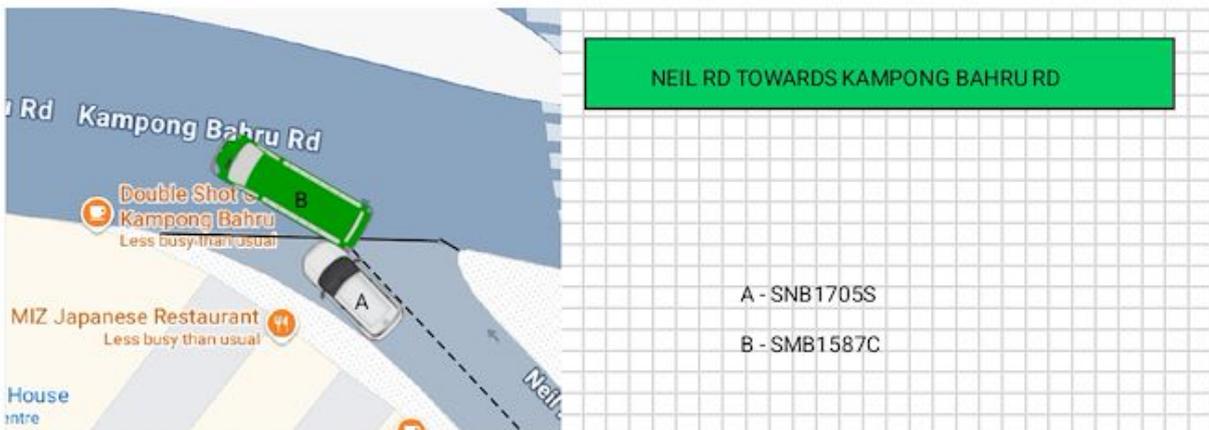
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

31/10/2024 - 1215HRS



Describe Circumstances of the Accident

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**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  
31/10/2024 - 1215HRS




\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**PHOTOGRAPHS FOR VEHICLE NO. : SNB 1705S**



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INSPECTION PHOTOS (Page 10 of 10)

### PHOTOGRAPHS FOR VEHICLE NO. : SNB 1705S





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REINSPECTION PHOTOS (Page 1 of 1)

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