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.: SAC2401437

INV Date: 19-11-2024

Reference CS/SMR24110087/Uqp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SME 3196T Insured Veh. SHB 5123R

Claim No. TAX/11/24/2003

Policy No.

Accident Date 02/11/2024 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 Internationa	le Des Experts En	Automobile
MS	STRIDES PREMIER	RAUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24110087/Uqp3e2
		IDUSTRIAL PARK E4 SINGAPORE	Date:	19/11/2024
	757705		Code:	SMR
1. Policy Particulars :- THIRD PARTY CLAIM				IM
	Insured Veh.	SHB 5123R	Veh. Inspected	SME 3196T
	Policy No.	-	Coverage	0
	Claim No.	TAX/11/24/2003	Excess	\$0.00
	Assign From	-	Assign Date	05/11/2024
2.		Vehicle	Details	
	Make & Model	HONDA CIVIC 1.6 (A)	C.C	1597
	Engine No.	R16B25501697	Year of Reg.	26/09/2018
	Chassis No.	MRHFC5650JT001464	Colour	GREY
	Odometer	165225 KM	Steering	IN ORDER
	Brakes	IN ORDER	General	GOOD
	Modification(s)	RIMS: SPORTS RIM		
3.		Conditions	s of Tyres	
		Size	Make	Balance (mm)
	R/H Front Tyre	225/45ZR17	FALKEN	6
	L/H Front Tyre	225/45ZR17	FALKEN	6
	R/H Rear Tyre	225/45ZR17	FALKEN	6
	L/H Rear Tyre	225/45ZR17	FALKEN	6
4.		Description	of Damages	
THE	VEHICLE SUSTAIN	ED DAMAGES AT THE FRONT PORTI	ON.	
DAM	AGES SEE DETAILS	S.		
5.		General In	formation	
	Accident Date	02/11/2024	Inspection Date	12/11/2024
	Survey held at	KAH MOTOR CO SDN BERHAD 15 UBI ROAD 4 SINGAPORE 408610		
5a.		Rema	arks	
		AS CONDUCTED ON A"WITHOUT PRE YOUR INSTRUCTIONS, WE HAVE NO		REPAIRS.
5b.		Estimate Day	ys of Repair	
EST	IMATED NORMAL P	ERIOD FOR REPAIR: 3 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SME 3196T

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	BASE, FR.GRILLE (SN)	CUT	\$109.12	\$109.12
1	MOLDINGFR.GRILLE (SN)	CRACKED	\$91.05	\$91.05
1	EMBLEM (SN)	NOT NECESSARY	\$13.65	\$0.00
2	NUT, PUSH 3MM (SN)	NOT NECESSARY	\$3.15	\$0.00
1	FACEFR.BUMPER (SN)	TORN	\$434.92	\$434.92
1	GRILLEFR.BUMPER LOWER (SN)	NOT NECESSARY	\$32.85	\$0.00
1	GARNISHR.FR.BUMPER SIDE (SN)	NOT NECESSARY	\$16.35	\$0.00
1	GARNISHL.FR.BUMPER SIDE (SN)	NOT NECESSARY	\$16.35	\$0.00
1	SPACERR.FR.BUMPER SIDE (SN)	NOT NECESSARY	\$7.80	\$0.00
1	SPACERL.FR.BUMPER SIDE (SN)	NOT NECESSARY	\$7.80	\$0.00
20	CLIP, BUMPER (SN)	NECESSARY	\$34.50	\$34.50
1	BEAM COMPFR.BUMPER CENTER UPP (SN)	NOT NECESSARY	\$195.00	\$0.00
1	BEAM COMPFR.BUMPER (SN)	NOT NECESSARY	\$313.95	\$0.00
1	SENSOR ASSY, AMBIENT (SN)	NOT NECESSARY	\$103.65	\$0.00
1	CLIPAMBIENT SENSOR (SN)	NOT NECESSARY	\$4.42	\$0.00
1	CONDENSER ASSY (SN)	NOT NECESSARY	\$528.30	\$0.00
1	HEADLIGHT ASSY, R. (SN)	SERVICEABLE	\$531.60	\$0.00
1	NUMBER PLATE WITH CASING-L (N) (SN)	BENT	\$45.00	\$45.00
1	SUNDRIES (SN)	NECESSARY	\$100.00	\$20.00
			\$2,589.46	\$734.59

Labour			
Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
INSPECT FR LIGHTING MECHANISMS & FOCUS		\$200.00	\$160.00
PERFORM DIAGNOSTIC / SCANNING	NOT NECESSARY	\$450.00	\$0.00
REMOVE & INSTALL A/C CONDENSER WITH FITTINGS	NOT NECESSARY	\$450.00	\$0.00
STRAIGHTEN ALIGN BULKHEAD & RENEW DAMAGE PARTS		\$1,950.00	\$650.00
SPRAY PAINTING ON REPAIRED OR REPLACED AREAS. (2P)		\$1,560.00	\$520.00
		\$4,610.00	\$1,330.00

GRAND TOTAL \$7,199.46	\$2,064.59
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RECOMMENDED COST OF REPAIRS \$2,064.59

Report Ref No: CS/SMR24110087/Uqp3e2

CKS

MARCUS CHUA KANG SENG

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 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.

SK0024B40001 / KANG CAR REPAIRERS PTE LTD ENTRY DATE & TIME: 04/11/2024 10:59 (SGT) SUBMITTED BY: SHARON YEE VERSION: 1 (04/11/2024 10:59 (SGT))



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 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
Reported by
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

04/11/2024 10:59 (SGT) Both Policyholder and Actual Driver 02/11/2024 23:50 (SGT) Singapore CHOA CHU KANG ST 64 BLK 642 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME3196T

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
NRIC No
Email Address
Mobile Phone No
Alternative Phone No

No NG YEEN PENG \$7705602E ZENZOAZER@GMAIL.COM (Phone) +65-97694248

VEHICLE PARTICULARS

Manufacturer
Model
Variant
Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle?
Vehicle Category
Transmission
CC
Vehicle Fuel
First Regisration Date
Chassis no
Effective Date/Time of Ownership

No - Claiming third party

Private hire Auto 1600

Honda

Civic

8

*

INSURANCE COMPANY

Name of Insurance Company
Policy Number / Cover Note Number

Income Insurance Limited 5138226066-01

DRIVER

Name of Driver LIN SWEE PENG NRIC No. S7704689E Date Of Birth 14/02/1977 Occupation Outdoor **Driving Pass Date** 16/05/1997 **Driving License Pass Class** 3 **Driving License Validity** Valid Driving experience 27 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-97899557 Alt. Phone Number **Email Address** \$WAT33@HOTMAIL.SG Address 152A BEDOK SOUTH ROAD #16-528 Address complement Postcode 461152 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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) 3 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 HENDERICK CHEONG Gender Male PASSENGER 2 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

AT AROUND 11.50PM, ENTERING BLK 642 CHOA CHU KANG ST 64 BLK 642 CARPARK, THERE'S A TAXI CAR PLATE SHB5123R STOP AT THE CAR PARK GANTRY, CAR PARK GANTRY NOT WORKING, SO THE TAXI DRIVER REVERSE AND HIT MY CAR SME3196T. I WAS STATIONARY AT THAT TIME. I TRY TO HONK HIM BUT NOT SUCCESSFUL.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes

TO REQUEST FROM DRIVER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

SHB5123R

2

2

Taxi

ANTHONY EDWARD CHEAH

S1469144H

(Phone) +65-96469878

BLK 104A CANBERRA ST #15-475

-

751104

-

-

VEHICLE B

-

WITNESS DETAILS

WITNESS 1

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

Name Phone Email HENDERICK CHEONG (Phone) +65-94568109

- 20

SKETCH PLAN

IMPORTANT NOTICE

- Please report squestly the details of the accident to spread up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver.
- adotration provided must be as trainful and accurate as possible. Pay with m-proprosentation or witholding of material facts may allow insurance companies to regulate policy bability
- The issue and acceptance of this Form by insurance companies is not an admission of policy habitily 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 shaufore to the Gra Records Management Centre established by the General Insurance Association of Singapore (SIA) for archiving and leaf copies of this report will for a fee be made available upon application by interested panies
- 7 By the ladgement of this report to the institors, you berety consent to the archiving of this report at the centre and to copies of the report being mede available aforesaid

8 Consent uniter the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, spree and consont that

ta) My insurer, my workshop and the General firsurance Association of Sargapore (1814.) may care permitted to collect, use, a school and/or process my personal dataspersonal information set old in this (form) and any other personal information provided by me or possessed by my assurer quallectively the "Personal Information"; and disclose and stansfer such Personal information to all insurer(s) who have assured 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 lesurers lawyers have firms, the Municipity Auditority of Singapore and any relevant government agency/authority (such as the policy), for the purpose(s) of

ly processing, handling analist dealing with my claims including the potherrent of sie claims and any recessory investigations relating to the claims

(e) invustigating the accident and/or my claims.

this carrying out and/or coaling eath my instructions or responding to any exquiries by me.

(iv) administering my claims (including the making of correspondence, statements, invoices, reports or natices to rise, which could involve disclesure of decision personal data about moles bring about delivery of the same as well as on the external cover of envelope stream packages); and/or

(v) company with appropriate law in administering, processing, banding and/or dealing with my claims

(collectively the 'Purposes')

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the legarous' lawyershaw films, maybre parmitted to us lost use disclose attaka 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 eigents encluding their lawyers haw firms), which may be sited extrate of Singapore, to: one or more of the above Porcoses

Policyholder's Signature / Date & Tutte

02/11/2024 1523HRS

Actual University Signature (if driver is not the policybakter) / Date & Time

Wittessed by Reporting Centre Personnel (Name as in NR/CID card)

Sketch Plan

SME 3196 T CHB 5123 R vdiue2030

ribe Circums	stance of the Accident
AT ARE	WAND IT SOPIN, ENTERING BLK 642 CHOA CHY
KANG	ST. 64 BLK 642 CARPARK, THERE'S A
	CAR PLATE SHB STORR STUP AT THE CARPARK
	RY, CARPARK GANTRY NOT WORKING, SO THE
TAXI	DRIVER REVERSE AND HIT MY CAR SME 31961
	AS STATIONERS AT THAT TIME I TRY TO
	K HIIM BUT NOT CUCCESS FULL.

Declaration

I/We declare the foregoing particulars are true in every respe-

2/11/2024 1523 HRS

Policyhoidet's Signature / Date & Time Actual Divers Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



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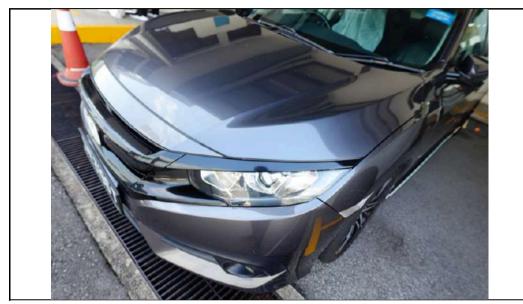


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