



## 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.	AC2500237
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	13/01/2025
SINGAPORE 757705	Reference	CS/SMR24110430/Unp3m4
ATTN: HUA YEN	Code	SMR

### PROFESSIONAL SERVICE FEE

Vehicle No.	GBF 2701S
Insured Veh.	SHB 1363R
Claim No.	TAX/11/24/2070
Policy No.	
Accident Date	19/11/2024
Inspection Date	07/01/2025

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

**SML**



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Affiliated to Federation Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL			Ref:	CS/SMR24110430/Unp3m4 (N)
60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705			Date:	13/01/2025
ATTN: HUA YEN			Code:	SMR
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	<b>Insured Veh.</b>	SHB 1363R	<b>Veh. Inspected</b>	GBF 2701S
	<b>Policy No.</b>		<b>Coverage (\$)</b>	0.00
	<b>Claim No.</b>	TAX/11/24/2070	<b>Excess (\$)</b>	0.00
	<b>Assign From</b>	HUA YEN	<b>Assign Date</b>	20/11/2024
<b>2. Vehicle Particulars &amp; Condition</b>				
	<b>Make &amp; Model</b>	TOYOTA HIACE (M)	<b>c.c</b>	2982
	<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2016
	<b>Chassis No.</b>	JTFHT02P000201358	<b>Colour</b>	WHITE
	<b>Odometer</b>	257553 KM	<b>Steering</b>	IN ORDER
	<b>Brakes</b>	IN ORDER	<b>Modification</b>	NIL
	<b>General</b>	GOOD		
<b>3. Conditions of Tyres</b>				
		<b>Size</b>	<b>Make</b>	<b>Balance</b>
	<b>R/H Front Tyre</b>	195 R15	YOKOHAMA	6 mm
	<b>L/H Front Tyre</b>	195 R15	YOKOHAMA	6 mm
	<b>R/H Rear Tyre</b>	195 R15	YOKOHAMA	6 mm
	<b>L/H Rear Tyre</b>	195 R15	YOKOHAMA	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>				
	<b>Accident Date</b>	19/11/2024	<b>Inspection Date</b>	07/01/2025
	<b>Survey held at</b>	BLUWEL AUTOMOTIVE SERVICE PL BLK 1 KAKI BUKIT AVE 6 #01-28/53/55/56 (MAIN OFFICE) SINGAPORE 417883		
<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:		<b>3 Working Days</b>	



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Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBF 2701S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR SLIDING DOOR N/S	DENTED/BENT	2,455.10	2,455.10
1	REAR FENDER N/S	TO REPAIR SEE LABOUR	2,091.80	-
1	REAR MUDFLAP N/S	GRAZED	122.80	122.80
1	REAR BUMPER	TO REPAIR SEE LABOUR	681.10	-
1	REAR BUMPER SIDE RETAINER N/S	NOT NECESSARY	120.00	-
	LESS 25% DISCOUNT		-1,367.70	-644.48
			4,103.10	1,933.42
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR HUP CAP N/S (SN)	CUT	120.00	120.00
1	SET REAR BUMPER CLIPS (SN)	NOT NECESSARY	50.00	-
1	SET N/S CORPORATE STICKER (SN)	NECESSARY	1,000.00	300.00
			1,170.00	420.00
<b><u>LABOUR</u></b>				
	TO CHECK WIRING.		50.00	20.00
	TO DISMANTLE & REFIX REVERSE SENSOR.		80.00	30.00
	TO DISMANTLE & REFIX CUSHION UPHOLSTERY.	NOT NECESSARY	120.00	-
	TO SPRAY RUST PROOFING.		50.00	30.00
	LABOUR FOR PANEL BEATING & REPLACED PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER N/S AND REAR BUMPER.		800.00	500.00
	TO PUTTY & SPRAY PAINTING.		900.00	600.00
			2,000.00	1,180.00
<b>GRAND TOTAL</b>			<b>7,273.10</b>	<b>3,533.42</b>

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>2,800.00</b>
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Report Ref No. CS/SMR24110430/Unp3m4(N)

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 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 .....	21/11/2024 17:28 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/11/2024 13:54 (SGT)
Exact Location of Accident .....	Woodsville Tunl, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF2701S
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	RHODO PROPERTY AND ESTATE MANAGEMENT SERVICES PTE LTD
Company Reg No .....	1XXXXX737Z
Email Address .....	RHODO@RHODOEM.COM
Mobile Phone No .....	(Phone) +65-65333375
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	2982
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 .....	5129521469-02

#### DRIVER

Name of Driver .....	AZHAN BIN HANEEF
NRIC No .....	SXXXX999F
Date Of Birth .....	02/06/1982
Occupation .....	Outdoor
Driving Pass Date .....	23/11/2006
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	18 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90880364
Alt. Phone Number .....	-
Email Address .....	AZLINA03@GMAIL.COM
Address .....	BLK 188C BEDOK NORTH ST 4
Address complement .....	#16-90
Postcode .....	463188
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 .....	Collision - Major/Minor Rd
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapor Road Singapore 208678
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 .....	SHB1363R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-



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



Policyholder's Signature / Date & Time

21/11/20

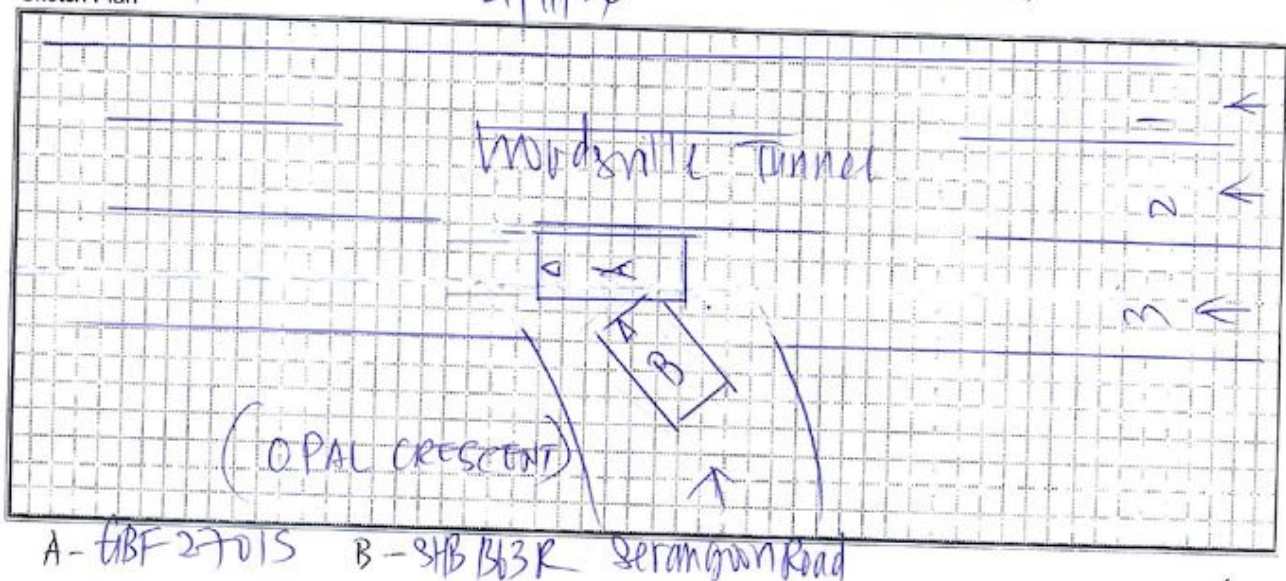
Driver's Signature (if driver is not the policyholder) / Date & Time

21/11/20



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

*Refer Police Report*

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*2/11/20*

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

*2/11/20*



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)




**SINGAPORE  
POLICE FORCE**


T/20241119/2052

1 of 3

Report No. T/20241119/2052

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/11/2024 15:44	Vide Report No.:	Station Diary No.: 112
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**Informant's Particulars**

Name of Informant: AZHAN BIN HANEEF	Address: 188C BEDOK NORTH STREET 4 #16-90 SINGAPORE 463188		
ID Type / ID No.: NRIC NO / S8214999F	Contact No.:	Mobile: 90880364	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 42	Date of Birth: 02/06/1982	Type of Informant: Driver
Race: Malay	Language: English		
Occupation: BUILDING TECHNICIAN	Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/11/2024 13:55	Type of Location: Straight Road
Location: OPAL CRESCENT				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBF2701S	Motor van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	White	Slightly Damaged	0
SHB1363R	Motor car	MG	MG5 EV EXCITE T	Green		0


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapor Road SINGAPORE  
208678  
Tel No: 1800-2949999



T/20241119/2052

Report No: T/20241119/2052

**CONTINUATION OF REPORT**
**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name AZHAN BIN HANEEF

ID No.

S8214999F

Related Vehicle GBF2701S (Motor van)

Contact No.

90880364

Hospital/Clinic NIL

Class of  
Driving  
Licence &  
ExpiryClass: 2B,2A,2,3,4,5  
Date of Expiry: NIL

Date Treatment NIL

Date Discharge

NIL

No. of Days granted Medical Leave

NIL

Degree of

NIL

**Driver**

Name PEK SU JIN, ERWIN

ID No.

S7344696A

Related Vehicle SHB1363R (Motor car)

Contact No.

NIL

Hospital/Clinic NIL

Class of  
Driving  
Licence &  
ExpiryClass: 3  
Date of Expiry: NIL

Date Treatment NIL

Date Discharge

NIL

No. of Days granted Medical Leave

NIL

Degree of

NIL

**Brief Details.**




On 19/11/2024 at about 1354 hrs, I was driving along Macpherson Road towards CTE (City).

After the traffic light, another taxi oncoming from Serangoon Road did not give way, and hit onto the side of my van.

Both vehicles stopped, we exchanged particulars and took photos, then headed off from there.

As such, I am lodging this traffic accident report.



 <b>SINGAPORE POLICE FORCE</b>		 T/20241119/2052
Police Station Of Origin: Rochor N.P.C 11 Kampong Kapur Road SINGAPORE 208678 Tel No: 1800-2949999		3 of 3 Report No. T/20241119/2052
CONTINUATION OF REPORT		
Signature of Officer Recording The A / SGT 3 AL-IMRAN SHAH BIN HASNI		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 19/11/2024 15:44
Officer In Charge Of Case: TP / GIA / SUPT (1) PHNG KAR SOON Contact No.: 65476439		Classification Of Case:
NP168		



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### PHOTOGRAPHS FOR VEHICLE NO. GBF 2701S

### INSPECTION





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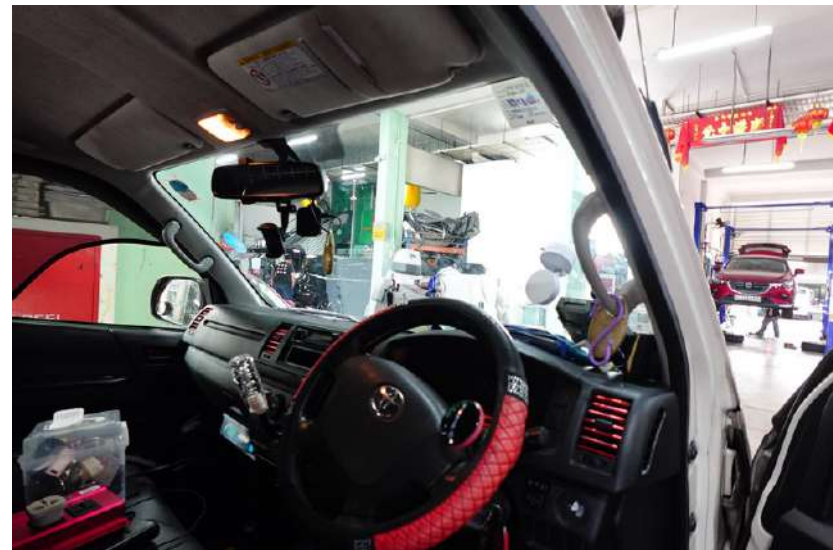


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PHOTOGRAPHS FOR VEHICLE NO. GBF 2701S

RE-INSPECTION





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