



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.	AC2501032
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	19/02/2025
SINGAPORE 757705	Reference	CS/SMR24110432/Avp3m4
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SNF 3859Y
Insured Veh.	SHB 5813H
Claim No.	TAX/11/24/2068
Policy No.	
Accident Date	19/11/2024
Inspection Date	21/11/2024

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	128.00
GST (9%)	11.52
Grand Total	139.52

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 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24110432/Avp3m4 (N) Date: 19/02/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHB 5813H	Veh. Inspected	SNF 3859Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	TAX/11/24/2068	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	20/11/2024
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA CAMRY	c.c	1998
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	MR053DK5100104960	Colour	BLACK
	Odometer	138678 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	215/55R17	YOKOHAMA	6 mm
	L/H Front Tyre	215/55R17	YOKOHAMA	6 mm
	R/H Rear Tyre	215/55R17	YOKOHAMA	6 mm
	L/H Rear Tyre	215/55R17	YOKOHAMA	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	19/11/2024	Inspection Date	21/11/2024
	Survey held at	SM INTEGRATED PTE LTD 1 KAKI BUKIT AVE 6, BLK C #01-43 AUTOBAY SINGAPORE 417883		
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:		6 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SNF 3859Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	580.10	580.10
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	378.90	-
2	REAR BUMPER SIDE RETAINER @\$168.40	NOT NECESSARY	336.80	-
2	REAR BUMPER REFLECTOR @\$189.10	N/S CRACKED	378.20	189.10
2	REAR BUMPER LOWER GARNISH @\$180.10	DEFORMED	360.20	360.20
1	REAR BUMPER UNDER COVER	TORN	570.15	385.00
1	REAR BOOTLID	NOT NECESSARY	987.10	-
1	REAR BOOTLID LOCK	NOT NECESSARY	580.70	-
1	REAR BOOTLID LOCK DETECTOR	NOT NECESSARY	230.90	-
2	REAR BOOTLID LAMP @\$578.90	NOT NECESSARY	1,157.80	-
1	REAR BOOTLID INNER TRIM BOARD	NOT NECESSARY	789.10	-
1	REAR BOOTLID EMBLEM CAMRY	NOT NECESSARY	98.40	-
1	REAR BOOTLID EMBLEM 2.0	NOT NECESSARY	98.60	-
2	REAR TAILLAMP @\$568.70	NOT NECESSARY	1,137.40	-
2	REAR TAILLAMP LOWER BRACKET @\$170.10	NOT NECESSARY	340.20	-
2	REAR TAILLAMP SIDE GARNISH @\$135.60	NOT NECESSARY	271.20	-
1	REAR WEATHER STRIPE	NOT NECESSARY	370.90	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	786.40	-
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	381.40	-
1	REAR KEYLESS SENSOR	NOT NECESSARY	180.60	-
1	REAR KEYLESS SENSOR WIRE HARNESS	NOT NECESSARY	890.30	-
1	REAR KEYLESS BUZZER	NOT NECESSARY	160.40	-
1	REAR REVERSE SENSOR	DAMAGED	380.00	290.00
1	REAR REVERSE SENSOR COVER	NOT NECESSARY	57.30	-
1	REAR REVERSE SENSOR WIRE HARNESS	NOT NECESSARY	180.60	-
1	FRONT BUMPER	DEFORMED	489.10	489.10
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	379.40	-
1	FRONT BUMPER SPONGE	CRACKED	191.70	191.70
2	FRONT BUMPER SIDE RETAINER @\$190.30	NOT NECESSARY	380.60	-
1	FRONT BUMPER LOWER GRILLE	CRACKED	579.10	579.10

Report Ref No. CS/SMR24110432/Avp3m4(N)



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT BUMPER LOWER GRILLE SIDE COVER	NOT NECESSARY	61.90	-
1	FRONT NUMBER PLATE GARNISH	DEFORMED	181.90	181.90
1	FRONT GRILLE	NOT NECESSARY	530.20	-
1	FRONT LOGO	NOT NECESSARY	180.20	-
1	FRONT SUPPORT PANEL	NOT NECESSARY	1,217.90	-
1	FRONT SUPPORT PANEL TOP GARNISH	NOT NECESSARY	241.90	-
1	FRONT BRACE PANEL	NOT NECESSARY	102.50	-
1	AIR DUCT	NOT NECESSARY	275.80	-
1	AIR CON CONDENSER	NOT NECESSARY	1,949.80	-
2	FRONT HEADLAMP @\$2459.40	N/S CRACKED	4,918.80	2,459.40
	LESS 25% DISCOUNT		-5,841.11	-1,426.40
			17,523.34	4,279.20
	<u>SPECIAL NETT ITEMS</u>			
1	REAR REVERSE CAMERA (SN)	NOT NECESSARY	800.00	-
1	REAR BUMPER CLIPS (SN)	NECESSARY	80.00	30.00
1	REAR END PANEL CLIPS (SN)	NOT NECESSARY	50.00	-
4	REAR BOOTLID HINGE GARNISH CLIPS @\$30.00 (SN)	NOT NECESSARY	60.00	-
1	REAR END PANEL SEALANT (SN)	NOT NECESSARY	80.00	-
1	REAR NUMBER PLATE WITH CASING (SN)	NOT NECESSARY	60.00	-
1	FRONT BUMPER CLIPS (SN)	NECESSARY	80.00	30.00
1	FRONT GRILLE CLIPS (SN)	NOT NECESSARY	60.00	-
1	FRONT NUMBER PLATE WITH CASING (SN)	DENTED	60.00	60.00
			1,330.00	120.00
	<u>LABOUR</u>			
	LABOUR FOR PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		2,000.00	600.00
	LABOUR FOR SPRAYPAINTING.		1,600.00	600.00
	LABOUR FOR REMOVE / RENEW & TRANSFER REAR BOOTLID FITTING.	NOT NECESSARY	250.00	-
	WIRING CHECK.		80.00	30.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO APPLY TUFF COATING/RUST PROOF ACCIDENT AREAS.		300.00	40.00
			4,230.00	1,270.00
GRAND TOTAL			23,083.34	5,669.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,500.00

Report Ref No. CS/SMR24110432/Avp3m4(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	20/11/2024 14:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/11/2024 18:20 (SGT)
Exact Location of Accident	Yishun Ave 8, Singapore
Additional Location Information	TWDS YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF3859Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KENG KNG
NRIC No	S1775269C
Email Address	ANTHONY@KUS.COM.SG
Mobile Phone No	(Phone) +65-94515751
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998
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	5128919116-02

DRIVER

Name of Driver	TAN KENG KNG
NRIC No	S1775269C
Date Of Birth	03/05/1966
Occupation	Indoor
Driving Pass Date	18/06/1986
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94515751
Alt. Phone Number	-
Email Address	ANTHONY@KUS.COM.SG
Address	BLK 922 TAMPINES STREET 91 #05-219
Address complement	-
Postcode	520922
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING STRAIGHT ALONG YISHUN AVE 8 TOWARDS YISHUN AVE 1 AT THE CENTER LANE OF 3 LANES. WHILE VEHICLE C IN FRONT OF ME SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT FROM BEHIND. VEHICLE B COLLIDED WITH THE REAR PORTION OF MY VEHICLE, CAUSING MY CAR TO SURGE FORWARD, COLLIDED WITH VEHICLE C REAR PORTION CAUSING DAMAGES. I ALIGHTED AND REALISED THERE WERE A TOTAL OF 3 VEHICLES INVOLVED.

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	SHB5813H
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNN5019A
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	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS



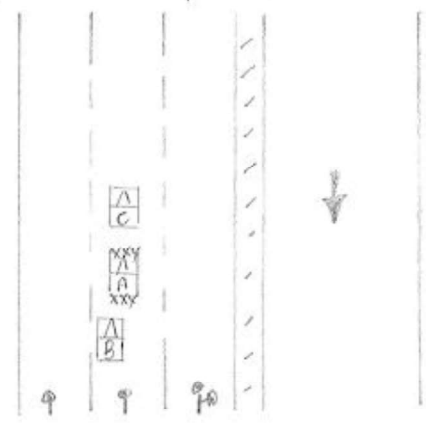

INJURED 1

Name of injured person	TAN KENG KNG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNF3859Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 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 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;
(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' 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 & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
<p>Sketch Plan</p>  <div style="position: absolute; top: 100px; right: 100px;"> <p>A: SNF3859Y</p> <p>B: SHB5813H</p> <p>C: SNN5019A</p> <p>Yishun Ave 9 Towards Yishun Ave 1</p>  </div>		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Yishun Ave 8 towards Yishun Ave 1 at the center lane of 3 lanes.

While the vehicle "C" in front of me slowed down and stopped, I followed suit.

Suddenly, I felt an impact from behind. Veh "b" collided with the rear portion of my vehicle, causing my car to surge forward collided with Veh "C" rear portion and causing damage.

I alighted and realized there were a total of 3 vehicles involved.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

PHOTOGRAPHS FOR VEHICLE NO. : SNF 3859Y



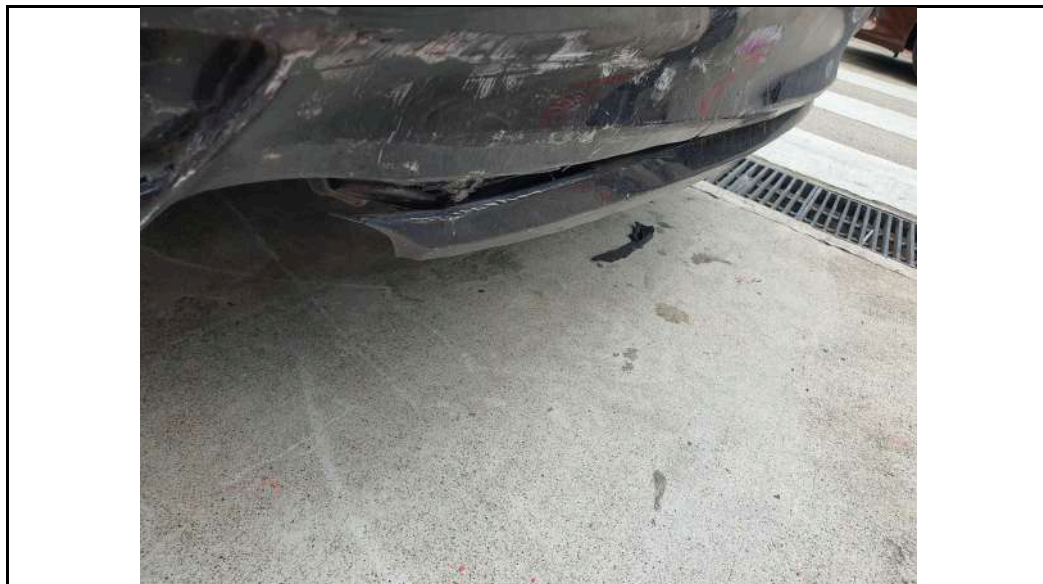
PHOTOGRAPHS FOR VEHICLE NO. : SNF 3859Y



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INSPECTION PHOTOS (Page 8 of 9)

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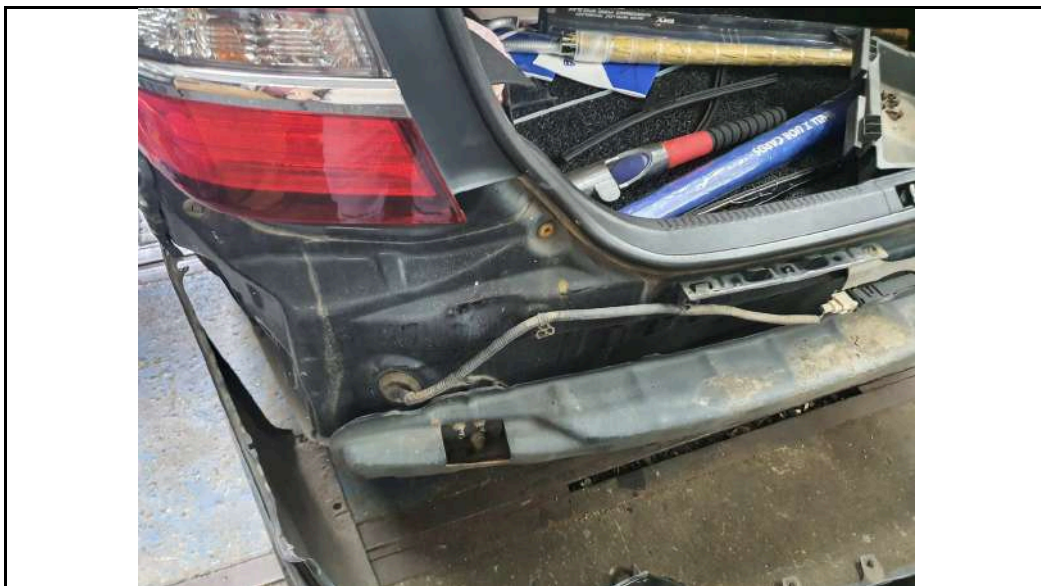
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