

**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. : SAC2401712

INV Date : 06-12-2024

Reference CS/SMR24110457/Uvp3e2

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. GBE 4129L

Insured Veh. SHB 1855M

Claim No. TAX/11/24/2048

Policy No.

Accident Date 15/11/2024

Inspection Date 22/11/2024

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 Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24110457/Uvp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	06/12/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 1855M	Veh. Inspected	GBE 4129L
Policy No.	-	Coverage	0
Claim No.	TAX/11/24/2048	Excess	\$0.00
Assign From	HUA YEN	Assign Date	21/11/2024

### 2. Vehicle Details

Make & Model	TOYOTA HIACE (M)	C.C	2982
Engine No.	1KD2561691	Year of Reg.	26/11/2015
Chassis No.	JTFHT02P400180109	Colour	WHITE
Odometer	331955 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: NIL		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	195R15	AUSTONE	6
L/H Front Tyre	195R15	AUSTONE	6
R/H Rear Tyre	195R15	AUSTONE	6
L/H Rear Tyre	195R15	AUSTONE	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	15/11/2024	Inspection Date	22/11/2024
Survey held at	LIU'S BROTHER AUTO ENGINEERING WORKSHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ KAKI BUKIT 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 GBE 4129L

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR TAILGATE	DENTED	\$2,051.60	\$2,051.60
1	REAR TAILGATE LOCK	SERVICEABLE	\$394.90	\$0.00
1	REAR TAILGATE WEATHERSTRIP	SERVICEABLE	\$426.70	\$0.00
1	REAR TAILGATE "TOYOTA" LOGO	NECESSARY	\$167.00	\$87.50
1	REAR TAILGATE WINDSCREEN GLASS MOULDING	NOT FITTED	\$219.00	\$0.00
1	REAR BUMPER	DEFORMED/TORN	\$796.80	\$681.10
2	REAR BUMPER BRACKET @\$202.00	BENT	\$404.00	\$130.00
1	REAR END PANEL INNER	TO REPAIR SEE LABOUR	\$936.20	\$0.00
1	REAR END PANEL OUTER	DENTED/BENT	\$566.10	\$566.10
1	REAR LH TAIL LAMP	CRACKED	\$408.20	\$408.20
1	REAR LH CORNER PANEL	TO REPAIR SEE LABOUR	\$376.50	\$0.00
	<b>LESS 0.00 / 25.00% DISCOUNT</b>		\$0.00	(\$981.13)
			\$6,747.00	\$2,943.37

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR TAILGATE "70 KM/H" STICKER (SN)	NECESSARY	\$15.00	\$10.00
1	REAR TAILGATE "8 PAX" STICKER (SN)	NECESSARY	\$15.00	\$10.00
1	REAR TAILGATE WINDSCREEN GLASS SEALANT (SN)	NECESSARY	\$50.00	\$40.00
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	\$65.00	\$30.00
1	SET REAR BUMPER REVERSE SENSOR (SN)	DAMAGED	\$220.00	\$200.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	\$50.00	\$50.00
			\$415.00	\$340.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION		\$50.00	\$20.00
	REMOVE AND REPLACED REAR BUMPER REVERSE SENSOR		\$80.00	\$30.00
	REMOVE & REINSTALL TAILGATE WINDSCREEN GLASS TO FACILITATE REPAIRS		\$120.00	\$120.00
	REMOVE AND REFIX REAR TAILGATE COMPONENTS & MECHANISM		\$80.00	\$50.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	LABOR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETC. INCLUSIVE OF THE REPAIR OF REAR END PANEL INNER AND REAR LH CORNER PANEL		\$1,000.00	\$850.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED AREAS		\$800.00	\$600.00
	TO APPLY RUST PROOFING, RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA		\$60.00	\$50.00
			\$2,190.00	\$1,720.00
GRAND TOTAL			\$9,352.00	\$5,003.37
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$4,000.00
Report Ref No: CS/SMR24110457/Uvp3e2				

## 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 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 .....	15/11/2024 16:20 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	15/11/2024 06:15 (SGT)
Exact Location of Accident .....	Lower Delta Rd, Singapore
Additional Location Information .....	TOWARDS JALAN BUKIT MERAH
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE4129L
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	isaacngcl@gbl.com.sg
Company Reg No .....	1XXXXX196N
Email Address .....	isaacngcl@gbl.com.sg
Mobile Phone No .....	(Phone) +65-87521399
Alternative Phone No .....	(Office) +65-64942897

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	TOYOTA HIACE VAN TURBO 5 DR
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 .....	Diesel
First Registration Date .....	-
Chassis no .....	JTFHT02P400180109
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D24102460MFCV

#### DRIVER

Name of Driver .....	ISKANDAR BIN RAMLI
NRIC No .....	SXXXX947D
Date Of Birth .....	23/10/1977
Occupation .....	Outdoor
Driving Pass Date .....	06/08/2018
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	6 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87521399
Alt. Phone Number .....	-
Email Address .....	isaacngcl@gbl.com.sg
Address .....	428A FERNVALE LINK #04-122
Address complement .....	-
Postcode .....	791418
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 - 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) .....	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

ON THE DATE 15/11/2024 AT ABOUT 0615HRS WHILE I WAS WAITING STATIONARY WITH VEHICLE A BEARING REGISTRATION NUMBER GBE4129L ON THE WAY TO SEND MY COMPANY GOODS EN-ROUTE FROM 7 BUROH LANE TOWARDS ORCHARD GRAND NTUC WHILE WAITING STATIONARY FOR THE RED LIGHT AT LOWER DELTA RD X JALAN BUKIT MERAH ON LANE 3 SUDDENLY I GOT A JERK FROM BEHIND IT WAS VEHICLE B BEARING REGISTRATION NUMBER SHB1855M WHICH HAD REAR ENDED VEHICLE A CAUSING DAMAGES TO VEHICLE A.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

#### 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 .....	SHB1855M
Vehicle Manufacturer .....	M.G.
Vehicle Model .....	MG5 EV EXCITE T
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	FONG
Contact Number .....	(Phone) +65-88550061
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 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 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

Sketch Plan

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

15112024  
1300HRS

Witnessed by Reporting Centre Personnel



LOWER DELTA RD  
x JALAN BUKIT  
MERAH

A - GBE4129L  
B - SHB1855M



## Describe Circumstances of the Accident

ON THE DATE 15/11/2024 AT ABOUT 0615HRS WHILE I WAS WAITING STATIONARY WITH VEHICLE A BEARING REGISTRATION NUMBER GBE4129L ON THE WAY TO SEND MY COMPANY GOODS EN-ROUTE FROM 7 BUROH LANE TOWARDS ORCHARD GRAND NTUC WHILE WAITING STATIONARY FOR THE RED LIGHT AT LOWER DELTA RD X JALAN BUKIT MERAH ON LANE 3 SUDDENLY I GOT A JERK FROM BEHIND IT WAS VEHICLE B BEARING REGISTRATION NUMBER SHB1855M WHICH HAD REAR ENDED VEHICLE A CAUSING DAMAGES TO VEHICLE A.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

## Declaration

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

Policyholder's Signature / Date & Time

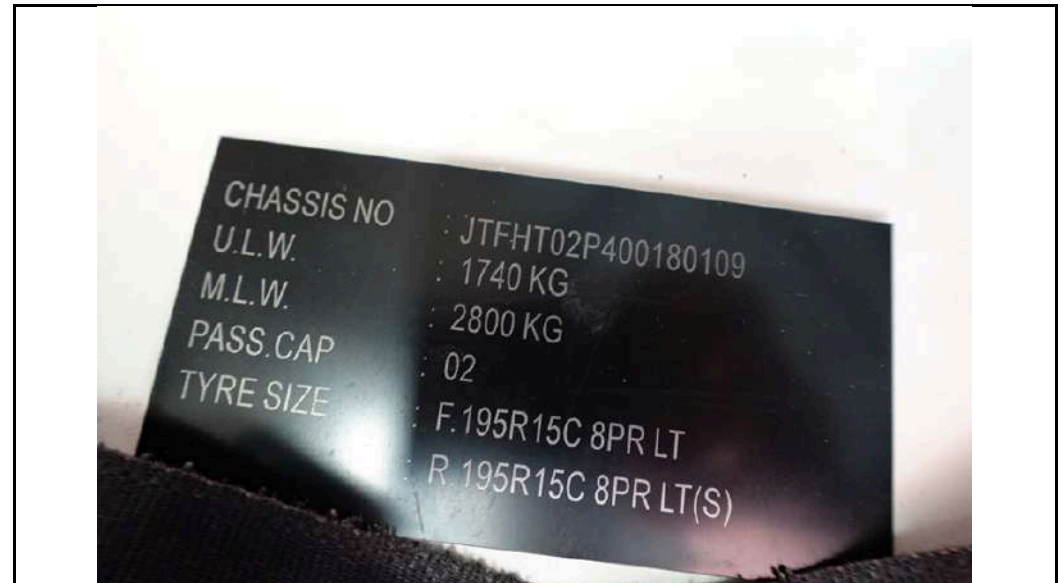
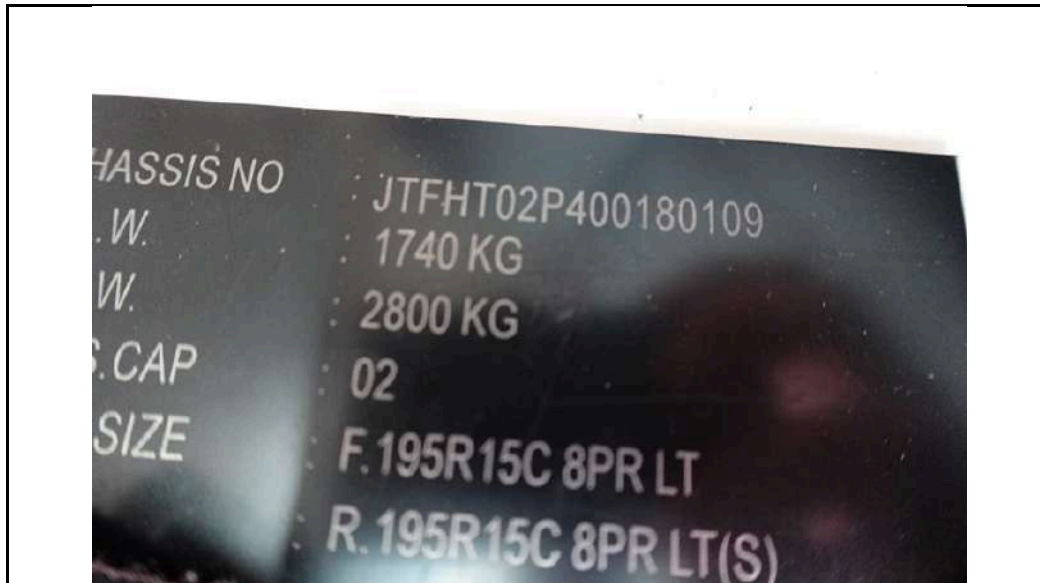
Driver's Signature (if driver is not the policyholder) / Date & Time

15112024  
1300HRS

Witnessed by Reporting Centre Personnel



**PHOTOGRAPHS FOR VEHICLE NO. : GBE 4129L**





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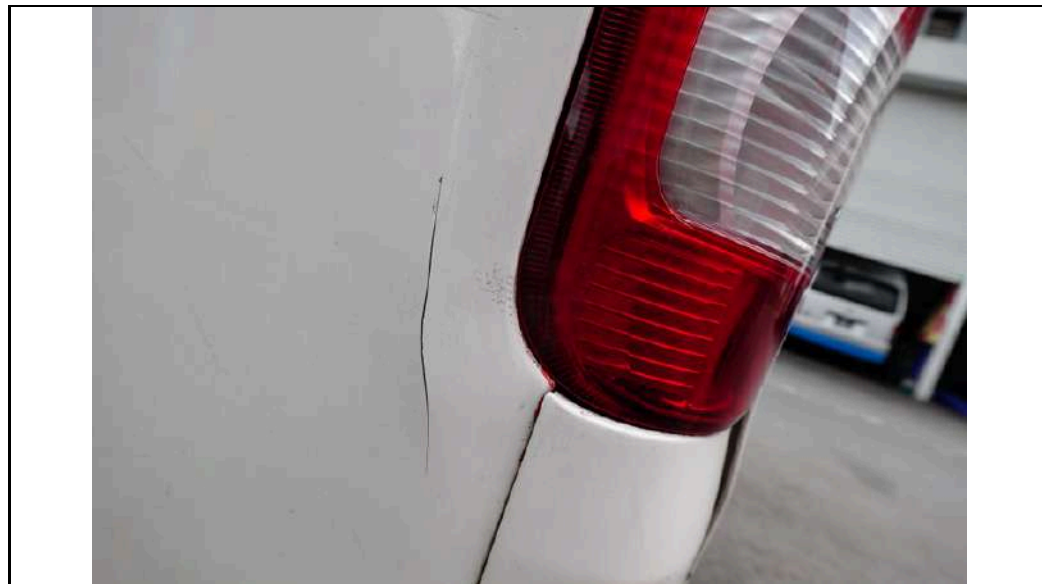
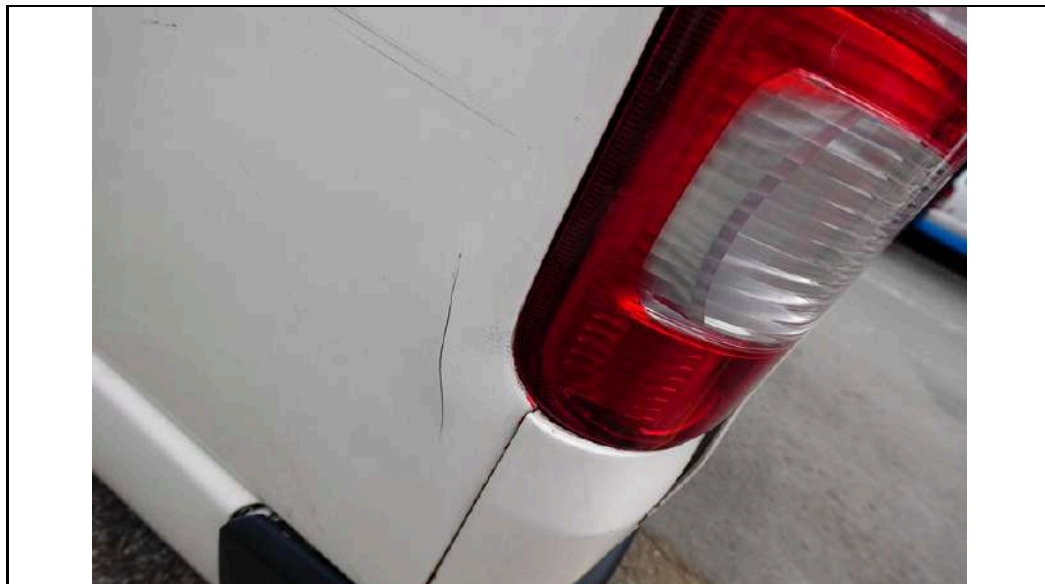


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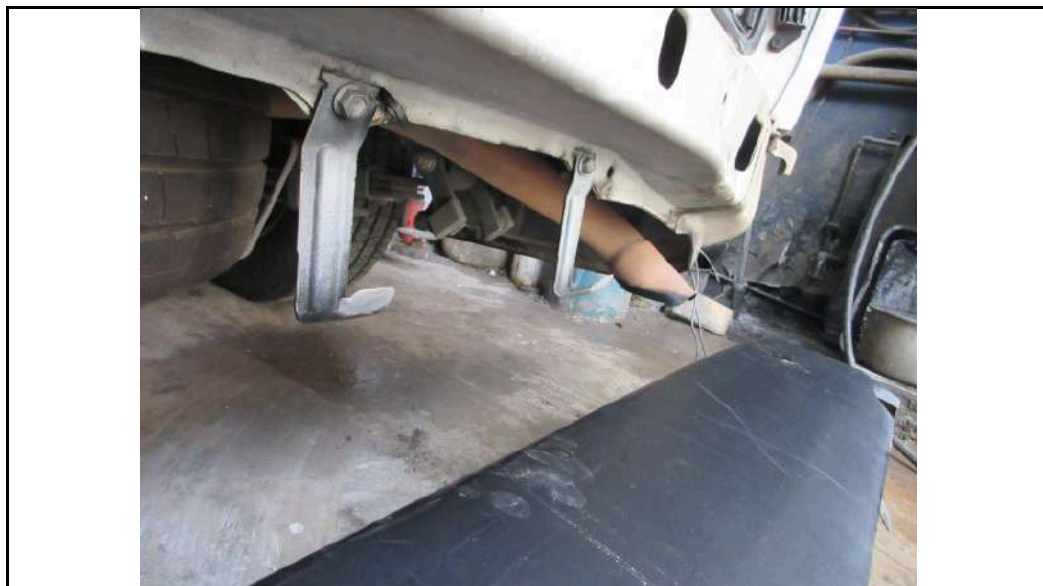




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