# 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.: SAC2401638

INV Date: 02-12-2024

Reference CS/SMR24110507/Evp3m4

Code SMR

**PROFESSIONAL SERVICE FEE** 

Vehicle No. SLS 6009U Insured Veh. SHB 5516R

Claim No. TAX/11/24/2073

Policy No.

Accident Date 20/11/2024 Inspection Date 25/11/2024

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'

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SML



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		Affiliated to Federation Internationa	ale Des Experts En	Automobile
MS	STRIDES PREMIEF	R AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24110507/Evp3m4
	60 WOODLANDS IN 757705	NDUSTRIAL PARK E4 SINGAPORE	Date:	02/12/2024
	131103		Code:	SMR
1.		Policy Particulars :-	THIRD PARTY CLA	IM
	Insured Veh.	SHB 5516R	Veh. Inspected	SLS 6009U
	Policy No.	-	Coverage	0
	Claim No.	TAX/11/24/2073	Excess	\$0.00
	Assign From	HUA YEN	Assign Date	25/11/2024
2.		Vehicle	Details	
	Make & Model	MAZDA 3 SEDAN	C.C	1496
	Engine No.	P520446693	Year of Reg.	28/09/2017
	Chassis No.	JM6BN22A8H0154683	Colour	SILVER
	Odometer	264026 KM	Steering	IN ORDER
	Brakes	IN ORDER	General	GOOD
	Modification(s)	RIMS: SPORTS RIM		
3.		Condition	s of Tyres	
		Size	Make	Balance (mm)
	R/H Front Tyre	205/60R16	RYDANZ	5
	L/H Front Tyre	205/60R16	RYDANZ	5
	R/H Rear Tyre	205/60R16	RYDANZ	5
	L/H Rear Tyre	205/60R16	RYDANZ	5
4.		Description	of Damages	
THE	VEHICLE SUSTAIN	ED DAMAGES AT THE REAR PORTIC	DN.	
DAN	MAGES SEE DETAIL	S.		
5.		General Ir	formation	
	Accident Date	20/11/2024	Inspection Date	25/11/2024
	Survey held at	MIRAI AUTO PERFORMANCE PTE L SINGAPORE 408934	.TD - 53 UBI AVE 1 i	#01-33 PAYA UBI INDUSTRIAL PARK
5a.		Rem	arks	
		AS CONDUCTED ON A"WITHOUT PRI YOUR INSTRUCTIONS, WE HAVE N		REPAIRS.
5b.		Estimate Da	ys of Repair	

ESTIMATED NORMAL PERIOD FOR REPAIR: 3 Working Days



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#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SLS 6009U

	REPLACEMENT	T OF PARTS		
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	DENTED	\$1,397.10	\$1,143.00
1	REAR BUMPER REFLECTOR	NOT NECESSARY	\$212.00	\$0.00
1	REAR BUMPER REFLECTOR GARNISH	NOT NECESSARY	\$321.00	\$0.00
1	REAR BUMPER SIDE RETAINER	BROKEN	\$96.40	\$96.40
1	REAR BUMPER LOWER COVER	NOT NECESSARY	\$298.00	\$0.00
2	REAR BUMPER SENSOR @\$389.10	NOT NECESSARY	\$778.20	\$0.00
1	REAR BUMPER CHROME GARNISH	NOT NECESSARY	\$298.00	\$0.00
1	REAR BUMPER REINFORCEMENT	BENT	\$397.00	\$397.00
2	REAR BUMPER REINFORCEMENT BRACKET @\$112.00	NOT NECESSARY	\$224.00	\$0.00
1	воот	NOT NECESSARY	\$1,598.00	\$0.00
1	BOOT OUTER MOULDING	NOT NECESSARY	\$389.00	\$0.00
1	BOOT LOCK	NOT NECESSARY	\$489.00	\$0.00
1	BOOT INNER TRIM	NOT NECESSARY	\$494.30	\$0.00
1	BOOT WEATHERSTRIP	NOT NECESSARY	\$262.15	\$0.00
2	BOOT REFLECTOR	NOT NECESSARY	\$456.00	\$0.00
	LESS 20.00% DISCOUNT		(\$1,542.03)	(\$327.28)
			\$6,168.12	\$1,309.12

	Special	Nett		
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
10	REAR BUMPER CLIPS @\$5.50 (SN)	NECESSARY	\$55.00	\$30.00
1	REVERSE SENSOR (SN)	SHORTED	\$250.00	\$200.00
12	TAIL GATE INNER TRIM CLIP @\$5.50 (SN)	NOT NECESSARY	\$66.00	\$0.00
			\$371.00	\$230.00

Labo	our		
Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
PANEL BEAT, REMOVAL AND REPLACING PART		\$1,400.00	\$250.00
TO SPRAY PAINT AFFECTED AREA		\$1,200.00	\$300.00
WIRING CHECK		\$80.00	\$30.00



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Labo	our		
Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
TRANSFER TAILGATE MECHANISM	NOT NECESSARY	\$400.00	\$0.00
		\$3,080.00	\$580.00
GRAND TOTAL		\$9,619.12	\$2,119.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$1,700.00
Report Ref No: CS/SN	IR24110507/Evp3m4		

# **CTY**

STEVE CHEN TSUE YEE

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.

# **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.

- 4. The issue and acceptance of this is form by instrained 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 17:01 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 20/11/2024 19:00 (SGT) Exact Location of Accident Loyang Ave, Singapore Additional Location Information TOWARDS CHANGI VILLAGE / BEFORE PASIR RIS DR 1 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLS6009U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HAND TECH RENTAL Company Reg No 53381125B Email Address HANDTECHAUTO@GMAIL.COM Mobile Phone No (Phone) +65-90274499 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 Variant

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 No - Claiming third party your vehicle? Vehicle Category Private hire

Transmission Auto CC 1496

Vehicle Fuel First Regisration Date

Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2009346013

DRIVER

Name of Driver MOHD NASIR BIN MOHD AZAM NRIC No S0063450F Date Of Birth 28/09/1954 Occupation Outdoor Driving Pass Date 06/06/1977 Driving License Pass Class Driving License Validity Valid Driving experience 47 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-91872055 Alt. Phone Number Email Address M.NASIR.AZAM54@GMAIL.COM Address 267 PASIR RIS ST 21 #07-414 Address complement Postcode 510267 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE 20/11/24 AT ABOUT 7PM I WAS DRIVING ALONG THE LEFT MOST LANE OF LOYANG AVE (TOWARDS CHANGI VILLAGE) BEFORE PASIR RIS DR 1. WHEN APPROACHING THE JUNCTION I STOPPED MY VEHICLE SLS6009, DUE TO THE TRAFFIC LIGHT. IT WAS THEN I FELT AN IMPACT FROM THE REAR. I THEN ALIGHTED TO CHECK AND FOUND OUT THAT MY VEHICLE WAS REAR END BY A TAXI SHB5516R. ATTACHMENT(S)

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	SHB5516R
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Taxi
Name of Driver	YEO
Contact Number	_
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

# INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Gender	MOHD NASIR BIN MOHD AZAM Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS6009U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1 Please report <u>correctly</u> the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

l 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 permtted 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.

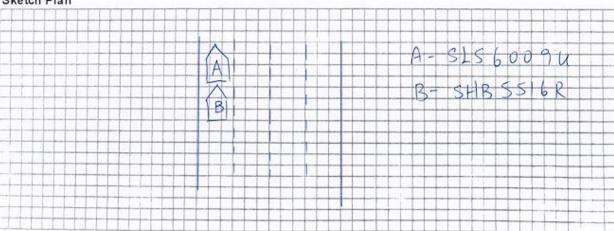
Policyholder's Signature + Date &

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

ite Witnessed by Reporting Centre

1600hm

Sketch Plan



	& Time	2 1	Witnessed by Reporting Centre Personnel (Name as in NRICAD card)	
PE .		21/11/2024 1600hs		
	are true in every respect.			
		, , , , , , , , , , , , , , , , , , , ,		
eclaration  We declare the foregoing particulars are true in every respect.  (100 2567)  What is a second of the control of th				
SIS 60094 due to the traffic light. It was then I felt an impart from the rear. I the alighted to check and found out that my vehicle was rear-end by a taxi, SHB 55/6 R.	nd			
SLS 60094, dee to the traffic light. It was then I felt an impart from the rear. I the alighted to check and found out that my vehicle was rear-end by a taxi, SHBSSIBR.	14			
Changi Village When appr	) before Pas oaching the	in Ris Br	Stanged Mr. Velica	10
along the	eft most lane	of Loya	1pm, I was dri	ving
un the	20/11/2024	at should	700 7	



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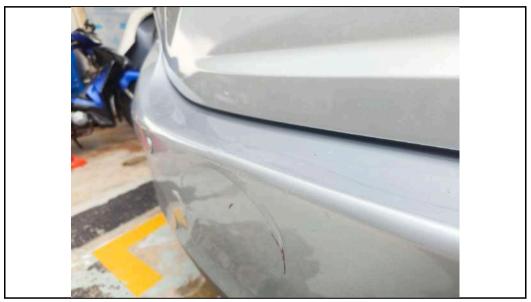




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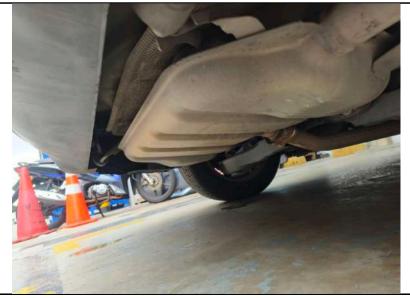


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**REINSPECTION PHOTOS (Page 1 of 1)** 





