

**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. : SAC2400810

INV Date : 03-10-2024

Reference CS/SMR24060301/Tqh3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SMS 8436U
Insured Veh. SMB 1591P
Claim No. BUS/06/24/5033
Policy No.
Accident Date 21/06/2024
Inspection Date 12/07/2024

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/SMR24060301/Tqh3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	03/10/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 1591P	Veh. Inspected	SMS 8436U
Policy No.	-	Coverage	0
Claim No.	BUS/06/24/5033	Excess	\$0.00
Assign From	HUA YEN	Assign Date	28/06/2024

2. Vehicle Details

Make & Model	TOYOTA NOAH HYBRID	C.C	1797
Engine No.	2ZR0E61173	Year of Reg.	17/03/2020
Chassis No.	ZWR800411526	Colour	MAROON
Odometer	230007 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	205/65 R15	YOKOHAMA	6
L/H Front Tyre	205/65 R15	YOKOHAMA	6
R/H Rear Tyre	205/65 R15	YOKOHAMA	6
L/H Rear Tyre	205/65 R15	YOKOHAMA	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/06/2024	Inspection Date	12/07/2024
Survey held at	KOK WANG CAR GROOMING (HQ) 1 SOON LEE STREET #06-40 PIONEER CENTRE SINGAPORE 627605		

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: 4 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMS 8436U

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT BUMPER	DEFORMED	\$848.30	\$848.30
1	FRONT BUMPER RETAINER RH	DEFORMED	\$132.20	\$62.40
1	FRONT BUMPER FOG LAMP COVER RH	NOT NECESSARY	\$137.70	\$0.00
1	FRONT BUMPER SPONGE	NOT NECESSARY	\$101.60	\$0.00
1	FRONT BUMPER UNDER COVER RH	NOT NECESSARY	\$165.80	\$0.00
1	FRONT FENDER RH	BENT	\$1,425.10	\$850.00
1	FRONT FENDER BRACKET RH	NOT NECESSARY	\$60.50	\$0.00
1	FRONT FENDER INNER SHIELD RH	NOT NECESSARY	\$232.80	\$0.00
1	FRONT FENDER 'HYBRID' EMBLEM RH	NECESSARY	\$81.50	\$59.60
1	FRONT RIM RH	NOT NECESSARY	\$2,327.00	\$0.00
1	WING MIRROR ASSY RH	NOT NECESSARY	\$1,632.40	\$0.00
1	WING MIRROR COVER RH	TO REPAIR SEE LABOUR	\$131.90	\$0.00
1	HEADLAMP RH	CRACKED	\$4,609.90	\$3,250.00
	LESS 25.00% DISCOUNT		(\$2,971.68)	(\$1,267.58)
			\$8,915.02	\$3,802.72

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	\$60.00	\$40.00
1	SET FRONT FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	\$60.00	\$0.00
			\$120.00	\$40.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO DISMANTLE, REPLACE & PANEL BEATING AFFECTED PORTION. INCLUSIVE OF THE REPAIR OF WING MIRROR COVER RH		\$800.00	\$500.00
	TO SPRAY PAINT ON AFFECTED PORTION		\$800.00	\$800.00
	TO CHECK WIRING		\$60.00	\$30.00
	TO APPLY ANTI-RUST ON AFFECTED AREAS		\$80.00	\$30.00
	TO CONDUCT COMPUTERIZED WHEEL ALIGNMENT	NOT NECESSARY	\$150.00	\$0.00
	TO PERFORM SYSTEM DIAGNOSTIC & RESET ECU SYSTEM	NOT NECESSARY	\$300.00	\$0.00
			\$2,190.00	\$1,360.00



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GRAND TOTAL		\$11,225.02	\$5,202.72
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$4,150.00
Report Ref No: CS/SMR24060301/Tqh3e2			

MTH

MOHAMAD TAUFIKH

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 repositibility 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 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 24/06/2024 14:03 (SGT)
Reported by Actual Driver
Date of Accident 21/06/2024 17:00 (SGT)
Exact Location of Accident Choa Chu Kang Loop, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS8436U
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner GRAN TORINO PTE. LTD.
Company Reg No 2XXXXX383C
Email Address VIANONG@YMAIL.COM
Mobile Phone No (Phone) +65-88556141
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant HYBRID 1.8X CVT
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? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2030218172

DRIVER

Name of Driver CHIN MIN YEK
NRIC No SXXXX772F
Date Of Birth 05/09/1977
Occupation Indoor

Driving Pass Date	06/08/2002
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81138419
Alt. Phone Number	-
Email Address	CMINYEK@YAHOO.COM.SG
Address	BLK 406 CHOA CHU KANG AVE 3 #09-279
Address complement	-
Postcode	680406
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 - Change/cross lane
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 21/06/2024 5PM, I WAS AT CHOA CHU KANG LOOP. I WAS STATION AT THE TRAFFIC JUNCTION WAITING FOR GREEN LIGHT. WHEN TRAFFIC LIGHT TURN GREEN, THE BUS AT RIGHT SIDE CUT INTO MY LANE AND HIT ON THE FRONT OF MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMB1591P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

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:

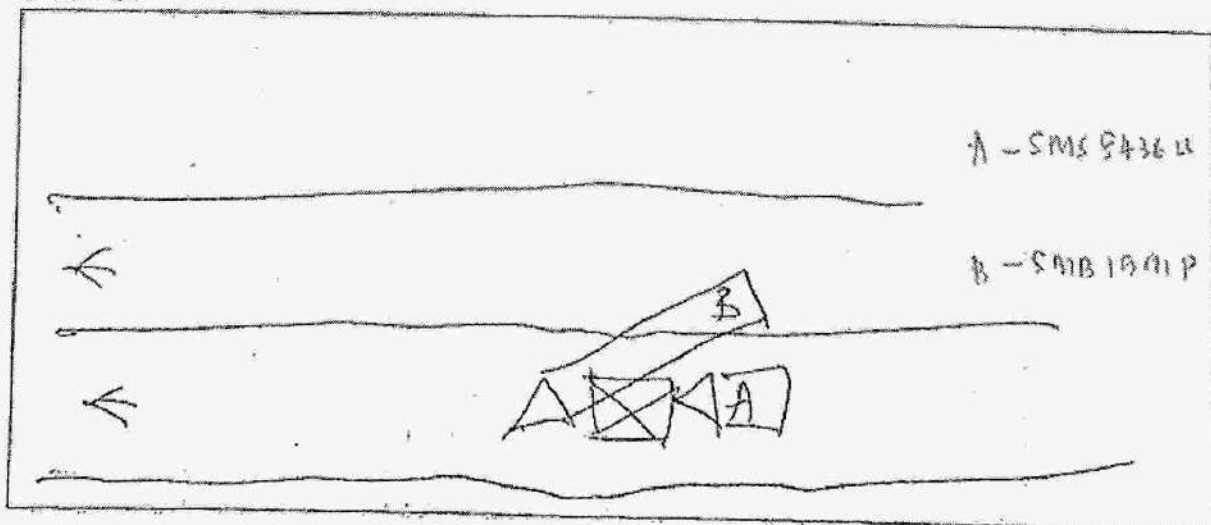
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



Describe Circumstance of the Accident

VEHICLE NO: Sms8436U ACCIDENT DATE & TIME: _____

CONTACT NUMBER: _____ E-MAIL: _____

LOCATION: On 21/06/04 5 pm I was at
Choa Chu Kang loop I was station at the traffic
Junction waiting for green light, when traffic light turn
green, the bus at right side cut into my lane and
hit on the front of my car.

☐ Claim own policy
☐ Claim third party
☒ Claim OD (To other workshop) Kok Wang
☐ For record purpose only
Policy No SP2030218173
Insurer Allianz Ver No SMS8436U

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ CLAIM OD (To other workshop) ☐ REPORTING ONLY

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

Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)

PHOTOGRAPHS FOR VEHICLE NO. : SMS 8436U



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PHOTOGRAPHS FOR VEHICLE NO. : SMS 8436U



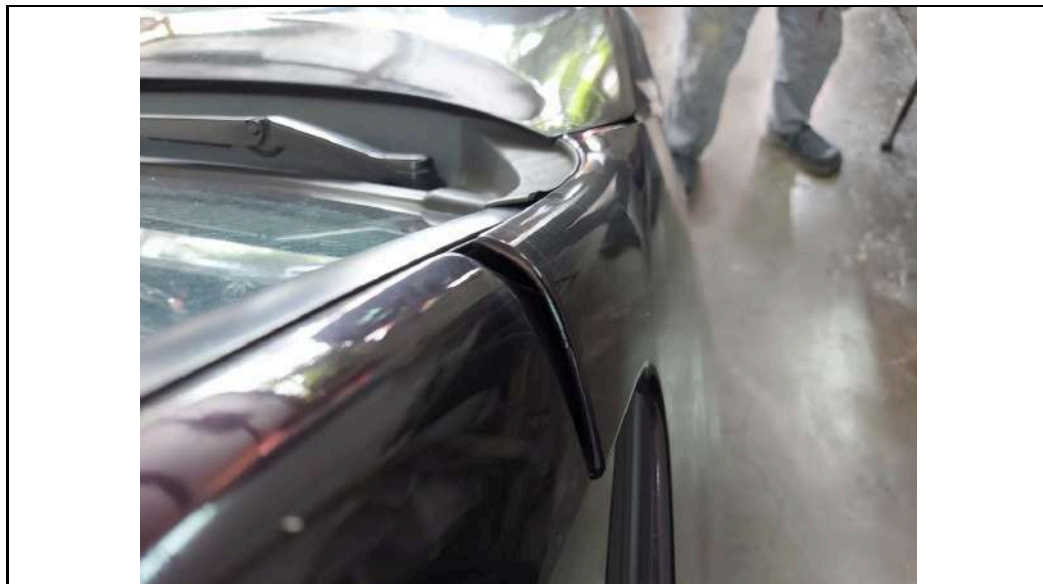
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INSPECTION PHOTOS (Page 8 of 10)

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REINSPECTION PHOTOS (Page 1 of 1)

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