

**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. : SAC2401809

INV Date : 11-12-2024

Reference CS/SMR24120049/Uvh3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SLK 3458T
Insured Veh. SMB 1322A
Claim No. BUS/11/24/7021
Policy No.
Accident Date 25/11/2024
Inspection Date 05/12/2024

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/SMR24120049/Uvh3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	11/12/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 1322A	Veh. Inspected	SLK 3458T
Policy No.	-	Coverage	0
Claim No.	BUS/11/24/7021	Excess	\$0.00
Assign From	HUA YEN	Assign Date	04/12/2024

2. Vehicle Details

Make & Model	NISSAN X-TRAIL (A)	C.C	1997
Engine No.	MR20963235B	Year of Reg.	13/01/2017
Chassis No.	JN1JANT32Z0002981	Colour	WHITE
Odometer	128113 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	225/60R18	FIRENZA	6
L/H Front Tyre	225/60R18	FIRENZA	6
R/H Rear Tyre	225/60R18	FIRENZA	6
L/H Rear Tyre	225/60R18	FIRENZA	6

4. Description of Damages

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

DAMAGES SEE DETAILS.

5. General Information

Accident Date	25/11/2024	Inspection Date	05/12/2024
Survey held at	Z-ONE AUTOMOTIVE PTE LTD 1 KAKI BUKIT AVENUE 6 #01-87 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: 2 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SLK 3458T

Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER (N)	DEFORMED/GRAZED	\$771.80	\$771.80
1	REAR BUMPER REFLECTOR RH (N)	NOT NECESSARY	\$68.90	\$0.00
1	REAR BUMPER REINFORCEMENT (N)	NOT NECESSARY	\$663.20	\$0.00
1	REAR BUMPER SIDE BRACKET RH (N)	NOT NECESSARY	\$43.30	\$0.00
1	REAR BUMPER STAY RH (N)	NOT NECESSARY	\$217.90	\$0.00
1	REAR INNERSHIELD RH (N)	NOT NECESSARY	\$98.50	\$0.00
1	REAR WHEEL PROTECTOR RH (N)	TORN/DEFORMED	\$180.90	\$180.90
	LESS 10.00%		(\$204.45)	(\$95.27)
			\$1,840.05	\$857.43
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	\$30.00	\$30.00
1	SET REVERSE SENSOR (SN)	SERVICEABLE	\$280.00	\$0.00
			\$310.00	\$30.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE, REFIX / RENEW REVERSE SENSOR ASSY AND RECTIFY FOR PROPER FUNCTIONING		\$120.00	\$40.00
	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT		\$800.00	\$400.00
	TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT		\$800.00	\$300.00
	TO APPLY ANTI-RUST CHEMICAL (TUFF-KOTE) ON REPAIRED AND REPLACED PANEL	NOT NECESSARY	\$120.00	\$0.00
			\$1,840.00	\$740.00
GRAND TOTAL			\$3,990.05	\$1,627.43
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$1,300.00
Report Ref No: CS/SMR24120049/Uvh3e2				



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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	28/11/2024 12:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/11/2024 18:25 (SGT)
Exact Location of Accident	Compassvale Rd, Singapore
Additional Location Information	OUTSIDE THE LUXURE CONDO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3458T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHEN JINQUAN
NRIC No	S2655241I
Email Address	JINQUAN.SHEN@GMAIL.COM
Mobile Phone No	(Phone) +65-96481018
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	1997
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11462407

DRIVER

Name of Driver	SHEN JINQUAN
NRIC No	S2655241I
Date Of Birth	15/09/1963
Occupation	Indoor
Driving Pass Date	22/12/2006
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96481018
Alt. Phone Number	-
Email Address	JINQUAN.SHEN@GMAIL.COM
Address	29 COMPASSVALE BOW #12-38
Address complement	-
Postcode	544758
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	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

I WAS ENTERING MY RESIDENT AT LUXURE CONDO. AS I MADE A LEFT TURN TO ENTER, I STOPPED AS THERE WAS A PEDESTRIAN CROSSING. SUDDENLY, I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. VEHICLE B HAD TRIED TO EXCHANGE LANE AND COLLIDED ONTO MY VEHICLE. WHILE DOING SO, MY VEHICLE WAS DAMAGED DUE TO THE COLLISION.

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	SMB1322A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MUHAMMAD ARIFF BIN HADARAH
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)	-

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 storesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

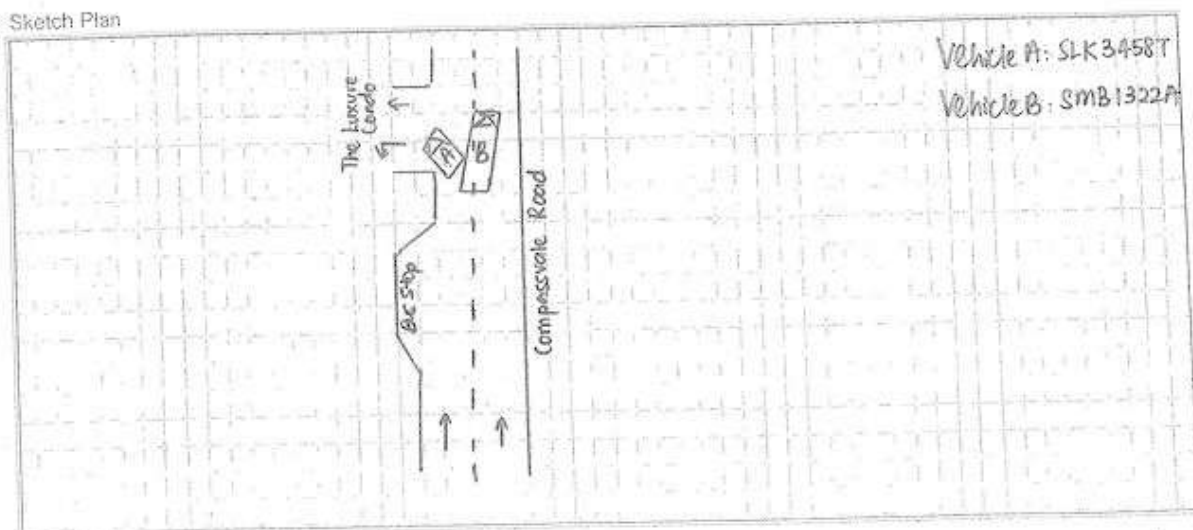
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



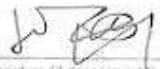
Describe Circumstance of the Accident

I was entering my resident at the Luxure Condo. As I made a left turn to enter, I stopped as there was pedestrian crossing. Suddenly I felt an impact from the rear portion of my vehicle. Vehicle B had tried to change lane & collided onto my vehicle while doing so. My vehicle was damaged due to the collision.

Declaration

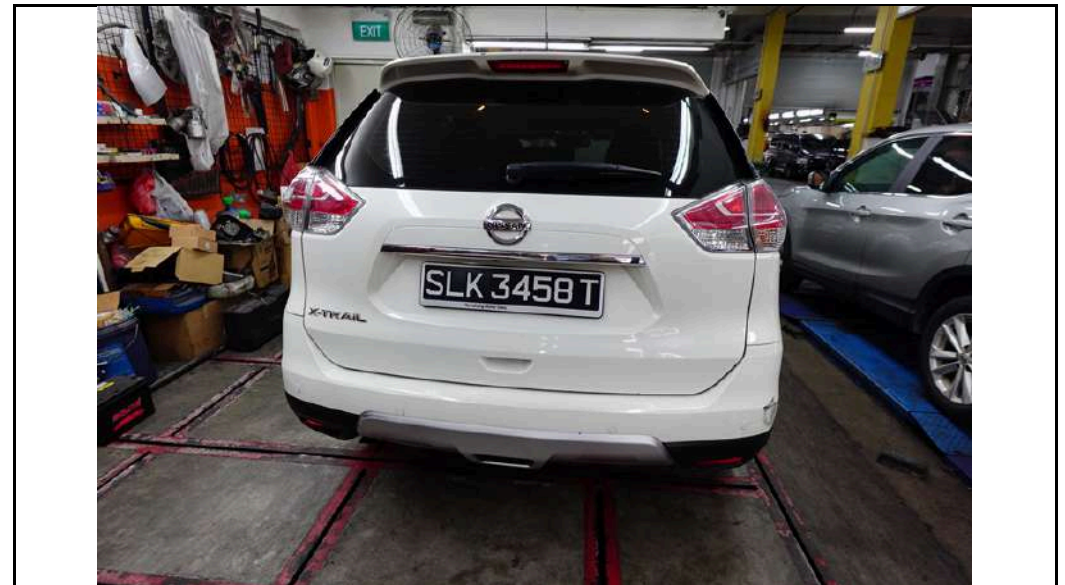
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

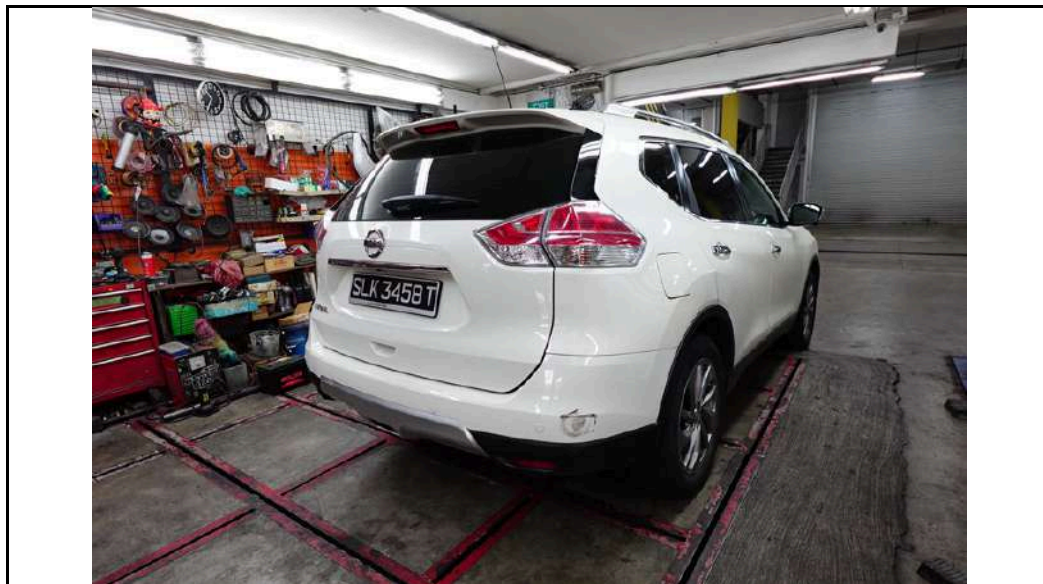

Driver's Signature (if driver is not the policyholder) / Date & Time

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

PHOTOGRAPHS FOR VEHICLE NO. : SLK 3458T



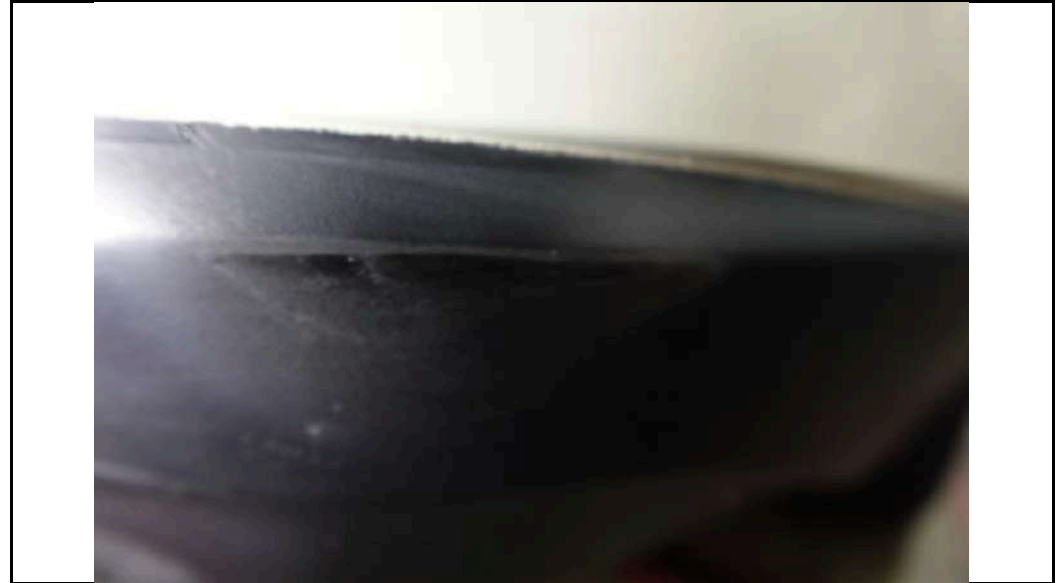
PHOTOGRAPHS FOR VEHICLE NO. : SLK 3458T



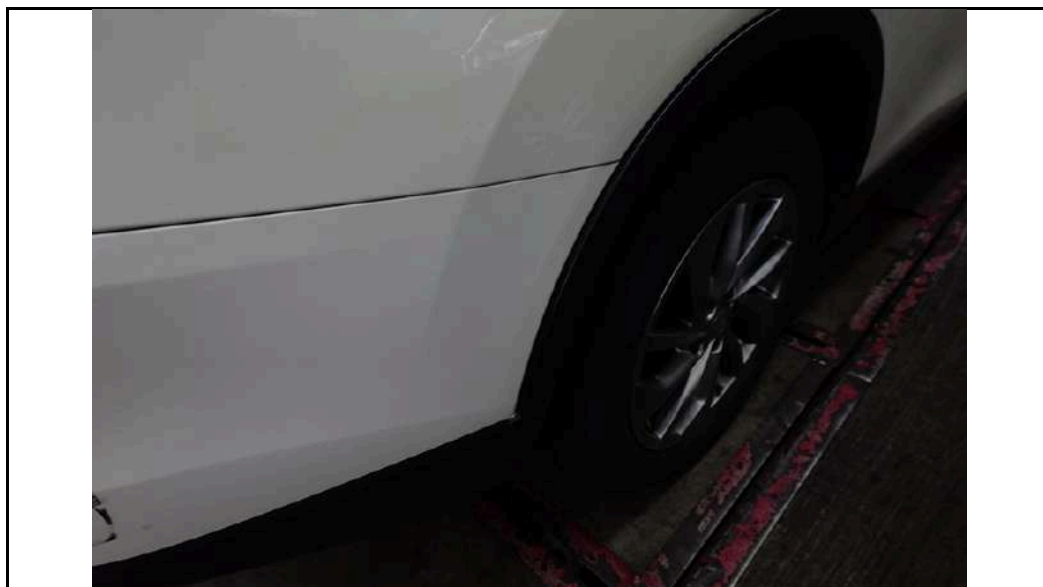
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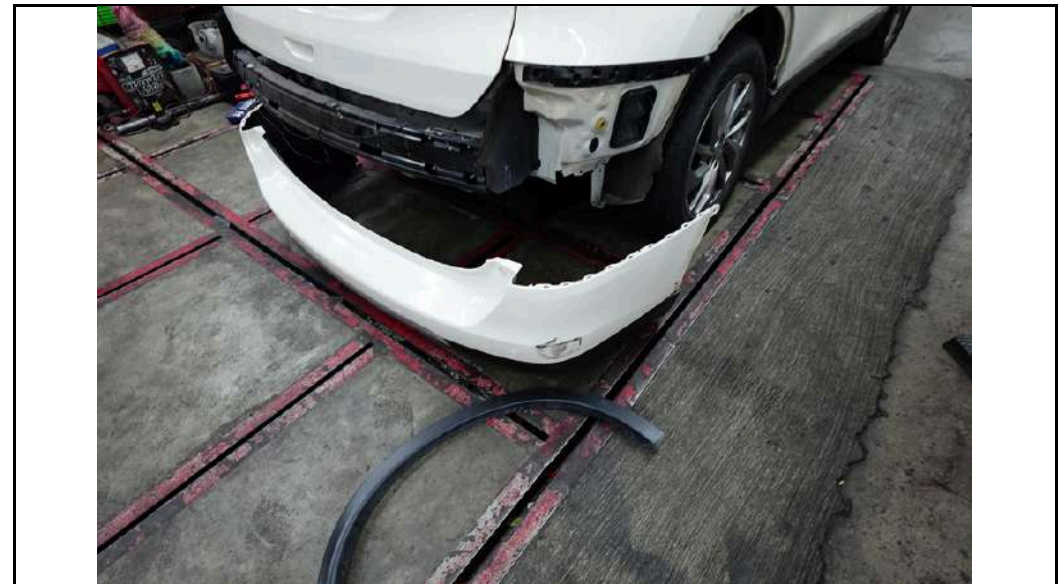
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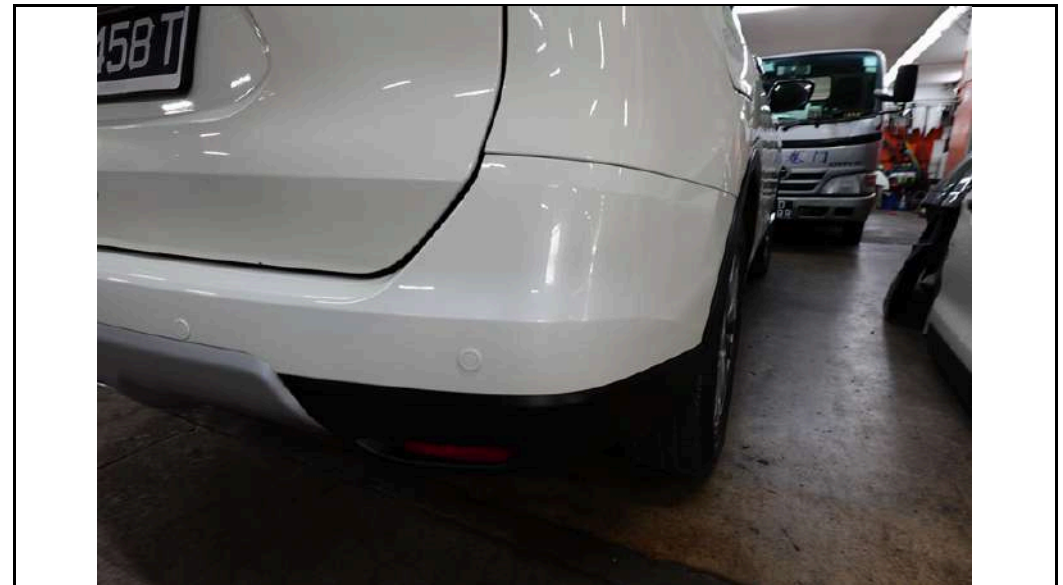
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REINSPECTION PHOTOS (Page 2 of 2)

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