

**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. : SAC2401827

INV Date : 12-12-2024

Reference CS/SMR24120063/Tnh3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SHD 2121E

Insured Veh. SHB 5829M

Claim No. TAX/10/24/2042

Policy No.

Accident Date 14/10/2024

Inspection Date 04/12/2024

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/SMR24120063/Tnh3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	12/12/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 5829M	Veh. Inspected	SHD 2121E
Policy No.	-	Coverage	0
Claim No.	TAX/10/24/2042	Excess	\$0.00
Assign From	HUA YEN	Assign Date	04/12/2024

2. Vehicle Details

Make & Model	TOYOTA ALPHARD	C.C	2493
Engine No.	2AR2873899	Year of Reg.	31/10/2023
Chassis No.	AYH300155591	Colour	BLACK
Odometer	93979 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	225/60 R17	GODDARD	6
L/H Front Tyre	225/60 R17	GODDARD	6
R/H Rear Tyre	225/60 R17	GODDARD	6
L/H Rear Tyre	225/60 R17	GODDARD	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/10/2024	Inspection Date	04/12/2024
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927		

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: 3 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SHD 2121E

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	TO REPAIR SEE LABOUR	\$1,153.20	\$0.00
1	REAR BUMPER RIGHT SIDE RETAINER	NOT NECESSARY	\$188.70	\$0.00
1	REAR BUMPER LEFT SIDE RETAINER	NOT NECESSARY	\$188.70	\$0.00
1	TAIL GATE	BENT	\$3,424.30	\$3,424.30
1	TAILGATE LOCK	NOT NECESSARY	\$1,100.00	\$0.00
1	TAILGATE "ALPHARD" EMBLEM	NECESSARY	\$94.00	\$94.00
1	TAILGATE "HYBRID SYNERGY" EMBLEM	NECESSARY	\$58.00	\$58.00
1	TAILGATE "E-FOUR" EMBLEM	NECESSARY	\$56.80	\$56.80
	LESS 25.00% DISCOUNT		(\$1,565.93)	(\$908.28)
			\$4,697.77	\$2,724.82

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET REAR BUMPER CLIP (SN)	NOT NECESSARY	\$30.00	\$0.00
1	TUBE GLASS SEALANT (S)	NECESSARY	\$45.00	\$45.00
1	SET GLASS INNER SEAL (SN)	NECESSARY	\$65.00	\$65.00
1	"PRIME TAXI" STICKER (SN)	NECESSARY	\$40.00	\$40.00
			\$180.00	\$150.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO TUFF KOTE		\$60.00	\$30.00
	TO REMOVE & REFIT REAR ULTRASONIC SENSORS. CHECK WIRING & RESET METER		\$100.00	\$30.00
	TO REMOVE & REFIT REAR GLASS & SEALANT TO FACILITATE THE REPAIR		\$120.00	\$120.00
	TO REMOVE REAR BUMPER, TAILGATE, SENSORS, REPLACE THE ABOVE PARTS ADJUST & ALIGN REAR BUMPER & TAILGATE. INCLUSIVE OF THE REPAIR OF REAR BUMPER		\$800.00	\$400.00
	TO PUTTY, RESPRAY PAINTING REAR BUMPER, TAILGATE INNER & OUTER, TO POLISH		\$600.00	\$500.00
			\$1,680.00	\$1,080.00

GRAND TOTAL			\$6,557.77	\$3,954.82
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	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$3,150.00
Report Ref No: CS/SMR24120063/Tnh3e2			

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 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 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	15/10/2024 11:32 (SGT)
Reported by	Actual Driver
Date of Accident	14/10/2024 16:45 (SGT)
Exact Location of Accident	Near 6 Raffles Blvd, Singapore
Additional Location Information	TEMASEK BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2121E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Company Reg No	1XXXXX293Z
Email Address	
Mobile Phone No	
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
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	Taxi
Transmission	Auto
CC	2497
Vehicle Fuel	-
First Registration Date	31/10/2023
Chassis no	AYH300155591
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0006372-03

DRIVER

Name of Driver	ONG CHOON KENG
NRIC No	SXXXX180A
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	
Postcode	
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

PLEASE REFER TO THE ATTACHMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5829M
Vehicle Manufacturer	MG

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Taxi
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

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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' 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.

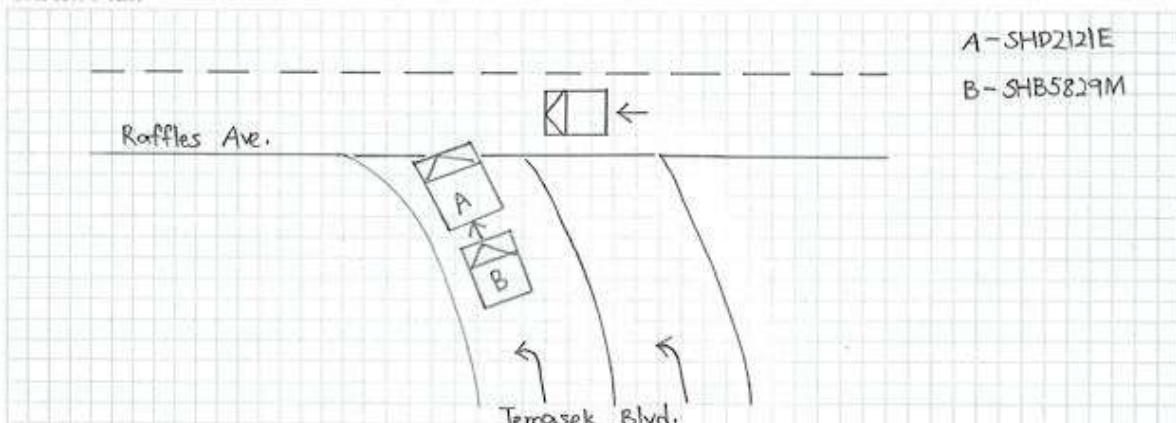


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 14.10.2024 @1645hrs, I stopped my taxi SHD2121E along Temasek Blvd on the left lane give way to oncoming traffic from Raffles Ave. While stationary, one taxi SHB5829M rear ended to my taxi. After the impact, we alighted from our vehicles to check on the damages. My taxi had no passenger on board and no one was injured in the accident.

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

PHOTOGRAPHS FOR VEHICLE NO. : SHD 2121E



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