

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 INV No. AC2503947

60 WOODLANDS INDUSTRIAL PARK E4

SINGAPORE 757705

ATTN: HUA YEN

INV Date 24/06/2025

Reference CS/SMR24120197/Evh3e2

(NT)

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SLR 3880U

Insured Veh. SHB 262E

Claim No. TAX/12/24/2023

Policy No.

Accident Date 06/12/2024

Inspection Date 13/12/2024

| Description | Total |
|---------------------|--------|
| Survey Inspection | 128.00 |
| Resurvey Inspection | |
| Digital Photographs | |
| Transportation | |
| Subtotal | 128.00 |
| GST (9%) | 11.52 |
| Grand Total | 139.52 |

We shall be glad if you could forward the payment at your early 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 Internation | nale Des Experts En Autom | obile |
|-----|----------------------------------|---|---------------------------|--------------------------|
| | STRIDES PREMIE | R AUTOMOTIVE SERVICES PL | Ref: | CS/SMR24120197/Evh3e2(N) |
| | 60 WOODLANDS I E4SINGAPORE 75 | NDUSTRIAL PARK 17705 | Date: | 24/06/2025 |
| | ATTN: HUA YEN | | Code: | SMR |
| 1. | | Policy Particulars | :- THIRD PARTY CLAI | M |
| | Insured Veh. | SHB 262E | Veh. Inspected | SLR 3880U |
| | Policy No. | | Coverage (\$) | 0.00 |
| | Claim No. | TAX/12/24/2023 | Excess (\$) | 0.00 |
| | Assign From | HUA YEN | Assign Date | 12/12/2024 |
| 2. | | Vehicle Partic | culars & Condition | |
| | Make & Model | TOYOTA VIOS | c.c | 1496 |
| | Engine No. | HIDDEN | Year of Reg. | 2017 |
| | Chassis No. | MHFB29F3302013780 | Colour | SILVER |
| | Odometer | 115292 KM | Steering | IN ORDER |
| | Brakes | IN ORDER | Modification | SPORTS RIM |
| | General | GOOD | | |
| 3. | | Condition | ons of Tyres | |
| | | Size | Make | Balance |
| | R/H Front Tyre | 195/50 R16 | KAPSEN | 5 mm |
| | L/H Front Tyre | 195/50 R16 | KAPSEN | 5 mm |
| | R/H Rear Tyre | 195/50 R16 | KAPSEN | 5 mm |
| | L/H Rear Tyre | 195/50 R16 | KAPSEN | 5 mm |
| 4. | | Description | on of Damages | |
| | THE VEHICLE SUS | STAINED DAMAGES AT THE REA | AR PORTION. | |
| | DAMAGES SEE DI | ETAILS. | | |
| 5. | | General | Information | |
| | Accident Date | 06/12/2024 | Inspection Date | 13/12/2024 |
| | Survey held at | ZOOM AUTOWERKS PTE LTD | • | |
| | | 15 KAKI BUKIT RD 4 #01-53 BARTLEY BIZ CENTRE SINGAPORE 417808 | | |
| 5a. | | Re | emarks | |
| | | ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W | | |
| 5b. | | Estimate | Days of Repair | |
| | | | | |



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLR 3880U

| Qty | Description of Parts | Condition | Estimate By Workshop (\$)) | Our Adjusted (\$) |
|-----|------------------------------------|---------------|-------------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | REAR BOOTLID | NOT NECESSARY | 985.70 | - |
| 2 | REAR BOOT HINGES | NOT NECESSARY | 171.40 | - |
| 1 | REAR BOOT INNER TRIM | NOT NECESSARY | 188.50 | - |
| 2 | REAR BOOT LAMPS | NOT NECESSARY | 868.90 | - |
| 1 | REAR BOOT LOCK | NOT NECESSARY | 145.00 | - |
| 1 | REAR BOOT LOCK CATCH | NOT NECESSARY | 60.30 | - |
| 1 | REAR BOOT LOGO | NOT NECESSARY | 89.70 | - |
| 1 | REAR BOOT RUBBER | NOT NECESSARY | 145.70 | - |
| 1 | REAR BOOT "TOYOTA" EMBLEM | NOT NECESSARY | 80.30 | - |
| 1 | REAR BOOT "VIOS" EMBLEM | NOT NECESSARY | 75.70 | - |
| 1 | REAR BOOT OUTER CHROME MOULDING | NOT NECESSARY | 288.50 | - |
| 2 | REAR TAILLAMP | NOT NECESSARY | 1,230.00 | - |
| 1 | REAR END PANEL | DENTED | 777.40 | 620.00 |
| 1 | REAR END PANEL INNER GARNISH | NOT NECESSARY | 200.30 | - |
| 1 | REAR KEYLESS SENSOR | NOT NECESSARY | 185.20 | - |
| 1 | REAR BUMPER | DENTED | 879.60 | 558.10 |
| 2 | REAR BUMPER TOP BRACKETS | NOT NECESSARY | 181.80 | - |
| 2 | REAR BUMPER SIDE BRACKETS | NOT NECESSARY | 97.00 | - |
| 2 | REAR BUMPER REFLECTORS | NOT NECESSARY | 120.20 | - |
| 1 | REAR BUMPER REINFORCEMENT | DENTED | 415.00 | 323.00 |
| 2 | REAR BUMPER REINFORCEMENT STAYS | NOT NECESSARY | 161.00 | - |
| 2 | REAR BUMPER SIDE RETAINERS | BROKEN | 130.00 | 130.00 |
| | LESS 25% DISCOUNT | | -1,869.30 | -407.78 |
| | | | 5,607.90 | 1,223.32 |
| | SPECIAL NETT ITEMS | | | |
| 1 | SET REAR BUMPER CLIP (SN) | NECESSARY | 50.00 | 30.00 |
| 1 | REAR NUMBER PLATE WITH HOLDER (SN) | NOT NECESSARY | 50.00 | - |
| 1 | SET REAR REVERSE SENSOR (SN) | BROKEN | 350.00 | 200.00 |
| | | | 450.00 | 230.00 |

Report Ref No. CS/SMR24120197/Evh3e2(N)



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2,350.00

| Qty | Description of Parts | Condition | Estimate By Workshop (\$)) | Our Adjusted (\$) |
|-----|--|---------------|-------------------------------|-------------------|
| | <u>LABOUR</u> | | | |
| | TO REMOVE, REPLACE DAMAGED LAMPS & CHECK UP WIRING. | | 80.00 | 30.00 |
| | TO REMOVE & REFIT INNER GARNISHES. | NOT NECESSARY | 180.00 | - |
| | TO REMOVE & REFIT REAR REVERSE SENSOR. | | 180.00 | 30.00 |
| | TO TRANSFER REAR TAILGATE MECHANISM & WIRING ASSEMBLY. | NOT NECESSARY | 80.00 | - |
| | TO APPLY UNDERCOATING. | | 200.00 | 30.00 |
| | PANEL BEATING. | | 1,500.00 | 800.00 |
| | TO RE-SPRAY THE AFFECTED AREAS. | | 1,400.00 | 600.00 |
| | | | 3,620.00 | 1,490.00 |
| | GRAND TOTAL | | 9,677.90 | 2,943.32 |

Report Ref No. CS/SMR24120197/Evh3e2(N)

RECOMMENDED COST OF LUMP SUM REPAIRS

(TO ITS PRE-ACCIDENT CONDITION)



Automotive Assessor



ANG BRYAN TANI

Automotive Assessor / Investigator

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 09/12/2024 16:45 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/12/2024 09:55 (SGT) Exact Location of Accident Neil Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SLR3880U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SIAH BOON HOCK NRIC No SXXXX709F Fmail Address ELIN.CQW@GMAIL.COM Mobile Phone No (Phone) +65-96911685 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vios 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 Private hire Transmission Auto CC 1496 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5137935673-01

DRIVER

| Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver | SIAH BOON HOCK SXXXX709F 24/07/1974 Indoor 21/02/1995 3 Valid 29 YEARS AND 10 MONTHS Male (Phone) +65-96911685 - ELIN.CQW@GMAIL.COM 433 CLEMENTI AVE 3 #08-250 120433 Yes - No |
|--|--|
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Collision - Head to Rear Clear Dry |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT | Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No - |
| REFER TO ATTACH | |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? | Vos |

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant | SHB262E - - |
|--|-------------------|
| Vehicle Colour | - |
| 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) | 1 |

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 Actual Driver.
- Information provided must be as <u>inventyl 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 Traffic Police Department for Investigation.
- 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.
- 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;

(ii) carrying out and/or dealing with my instructions or responding to any enquines 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

Witnessed by Reporting Centre Personnel

Sketch Plan

Nethille A. SLESSEDU

VEHIULE S. SHB 202E

Nethille Koad

CS CamScanner

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| | FLICY | to | Police | report. | |
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| e foregoing particular | e are tour in our | | | | |
| - welved baracter. | S di D ILOU NI CYL | . Trespect | 80 | | (OUIS) |







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241206/7078

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 06/12/2024 14:30 | | | Vide Report No.: Station Diary No. | | | | |
|--|-----------------------|-----------------|--|-----------------|--|--|--|
| Informan | t's Particular | 'S | | | | | |
| | Informant: ON HOCK | | Address: 433 CLEMENTI AVENUE 3 #08-250 SINGAPORE 120433 | | | | |
| ID Type / ID No.: NRIC NO / S7423709F | | | Contact No.: Home/Office: Mobile: 96911685 | | | | |
| Nationali SINGAP | ty: ORE CITIZE | N | Email: CHARCOAL1199@GMAIL | сом | | | |
| Sex: Age: Date of Birth: Male 50 24/07/1974 | | | Type of Informant: Driver | | | | |
| Race: Chinese | NA SAN | T SHOW THE SHOW | Language: English | | | | |
| Occupati Crane op | on: perator (on-s | ite) | Driving Licence Information Class: | Date of Expiry: | | | |

| Seneral Information | of the Accident | | | |
|---|---------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/12/2024 09:55 | Type of Location: Straight Road |
| Location: KAMPONG BAHR Weather: Clear | U ROAD | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Trafi Ligh | fic Volume: t |
| Type of Collision: Between Moving V | ehicles - Head To F | Rear | 1000 | one conveyed by ulance: |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------|--------|------------------|--------|---------------------|-----------------|
| SHB262E | Motor car | | | | Slightly Damaged | 0 |
| SLR3880U | Motor car | TOYOTA | VIOS 1.5E CVT | Silver | Slightly Damaged | 0 |

| Details of Ve | hicle Insurance | | | |
|---------------|---|---------------|----------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective Date | Expiry Date |
| SLR3880U | NTUC Income Insurance Co-Operative Limited | 5137935673-01 | 14/08/2024 | 13/08/2025 |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241206/7078

CONTINUATION OF REPORT

| Details of Person | Involved | | | | | |
|--------------------|-----------------------|----|------------|-----------------------------------|---------|-----------------------------------|
| Any Pedestrian In | volved: No | | | | | |
| No. of Pedestrians | s Injured: NIL | | Use of Peo | destrian | Crossin | g: NA |
| Driver | | | - 10 | | | |
| Name | SIAH BOON HOCK | | | ID No | ů. | S7423709F |
| Related Vehicle | SLR3880U (Motor car) | | | Conta | ct No. | 96911685 |
| Hospital/Clinic | NIL | | | Class Drivin Licen Expir | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | 06/12/2024 | | Date Disc | harge | 06/12 | 2/2024 |
| No. of Days grant | ed Medical Leave (MC) | 03 | Degree of | Injury | Slight | |

Brief Details.

ON 06/12/2024 AT ABOUT 09:55HR, I WAS DRIVING MY VEHICLE - SLR3880U, ALONG NEIL ROAD HEADING TOWARDS KAMPONG BAHRU ROAD. I STOPPED BEFORE THE GIVE-WAY LINE TO CHECK ON ON-COMING TRAFFIC BEFORE PROCEEDING. VEHICLE NUMBER - SHB262E, COULDN'T STOP IN TIME AND COLLIDED ONTO MY VEHICLE'S REAR PORTION. SUBSEQUENTLY, I SOUGHT FOR MEDICAL ATTENTION AT AVENT MEDICAL CLINIC AND WAS GIVEN 3DAYS MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20241206/7078

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|---|---|
| Signature Of Interpreter: Not applicable | Date/Time: 06/12/2024 14:30 |
| Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030 | Classification Of Case: |
| NP168 | |



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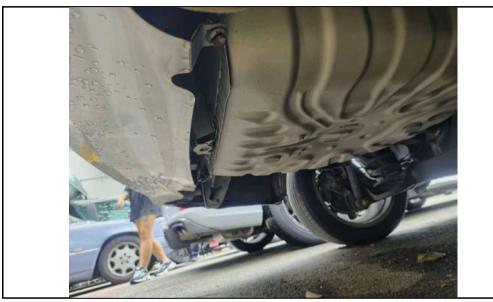








INSPECTION PHOTOS (Page 5 of 7)











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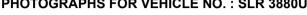




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PHOTOGRAPHS FOR VEHICLE NO.: SLR 3880U









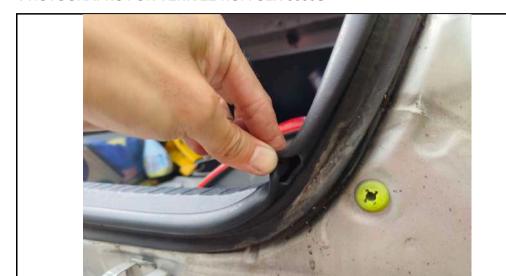
REINSPECTION PHOTOS (Page 1 of 6)







PHOTOGRAPHS FOR VEHICLE NO.: SLR 3880U









REINSPECTION PHOTOS (Page 2 of 6)





REINSPECTION PHOTOS (Page 3 of 6)













REINSPECTION PHOTOS (Page 4 of 6)











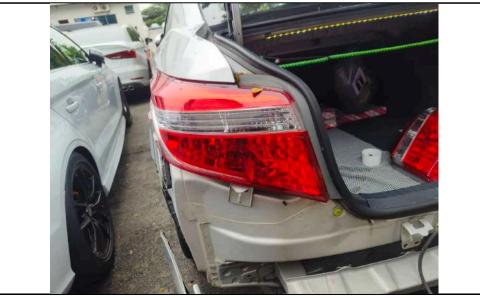


REINSPECTION PHOTOS (Page 5 of 6)













REINSPECTION PHOTOS (Page 6 of 6)



