



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	INV No.	AC2500873
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	11/02/2025
SINGAPORE 757705	Reference	CS/SMR24120200/Eqh3e2
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SGS 6095D
Insured Veh.	SHB 5553H
Claim No.	TAX/12/24/2039
Policy No.	
Accident Date	11/12/2024
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'**

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KHM



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Affiliated to Federation Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24120200/Eqh3e2(N) Date: 11/02/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHB 5553H	Veh. Inspected	SGS 6095D
	Policy No.		Coverage (\$)	0.00
	Claim No.	TAX/12/24/2039	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	13/12/2024
2. Vehicle Particulars & Condition				
	Make & Model	HONDA VEZEL	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	RU31214945	Colour	BLUE
	Odometer	194156 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	215/55 R17	MICHELIN	5 mm
	L/H Front Tyre	215/55 R17	MICHELIN	5 mm
	R/H Rear Tyre	215/55 R17	MICHELIN	5 mm
	L/H Rear Tyre	215/55 R17	MICHELIN	5 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	11/12/2024	Inspection Date	13/12/2024
	Survey held at	RYDER AUTO PTE LTD 2 KAKI BUKIT AVE 2 #02-19/22 KAKI BUKIT AUTOHUB SINGAPORE 417921		
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. SGS 6095D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT HEADLAMP R	BROKEN	2,180.00	1,784.00
2	FRONT HEADLAMP LOWER BRACKET R	NOT NECESSARY	76.00	-
1	FRONT HEADLAMP SIDE BRACKET R	NOT NECESSARY	70.00	-
1	FRONT BUMPER	DENTED	801.70	801.70
2	FRONT BUMPER SIDE RETAINER R/L	O/S BROKEN	41.20	20.60
1	FRONT BUMPER LOWER LID	NOT NECESSARY	381.00	-
1	FRONT BUMPER FOGLAMP RH	NOT NECESSARY	327.70	-
1	FRONT BUMPER FOGLAMP COVER RH	CUT	50.00	50.00
1	WHEELARCH GARNISH RH	BROKEN	201.00	201.00
	LESS 20% DISCOUNT		-825.72	-571.46
			3,302.88	2,285.84
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	50.00	30.00
			50.00	30.00
	<u>LABOUR</u>			
	TO REMOVE & REFIX ACCIDENT DAMAGED PARTS & REALIGN ACCIDENT AFFECTED AREA.		500.00	200.00
	TO SPRAY PAINT ON AFFECTED AREA.		400.00	200.00
	TO CHECK WIRING.		80.00	30.00
	TO RUST PROOF AFFECTED AREA.	NOT NECESSARY	120.00	-
			1,100.00	430.00
	GRAND TOTAL		4,452.88	2,745.84
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,200.00

Report Ref No. CS/SMR24120200/Eqh3e2(N)

CHEN TSUE YEE

Automotive Assessor

ANG BRYAN TANI

Automotive Assessor / Investigator

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.

Accident Reporting Draft

VEHICLE NO: SGS6095D

MODEL: HONDA VEZEL

AUTO/MANUAL

DATE OF ACCIDENT	11/12/2024	C.C: 1497
TIME OF ACCIDENT	2150	HRS AM <u>PM</u>
LOCATION OF ACCIDENT	WOODLANDS CHECKPOINT PICK UP POINT	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ <u>PRIVATE HIRE</u>	
NAME OF OWNER	EDWIN TAN YONG CHENG	
CONTACT NO.	93637945	EMAIL: EDWINNNNTAN@GMAIL.COM
NRIC	S9436307A	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: EDWIN TAN YONG CHENG	
NRIC	S9436307A	ANY PASSENGER: 4
DATE OF BIRTH	02 OCT 1994	1) UNKNOWN (F)
OCCUPATION	OUTDOOR / <u>INDOOR</u>	2) UNKNOWN (F)
DATE OF DRIVING PASS	30 SEP 2013	3) UNKNOWN (F)
GENDER	<u>MALE</u> / FEMALE	4) UNKNOWN (F)
CONTACT NO.	93637945	EMAIL: EDWINNNNTAN@GMAIL.COM
ADDRESS	BLK 113, YISHUN RING ROAD, #04-483 SINGAPORE (760113)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE / IF <u>NO</u> : <u>OWNER</u>	
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET / OTHER: DRY	
ANY INJURIES	NO / IF <u>YES</u> : YES (DRIVER)	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES
VEHICLE B NO.	SHB5553H	ANY PASSENGER: <u>UNKNOWN</u>
NAME	<u>UNKNOWN</u>	
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

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 Authorised 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. 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

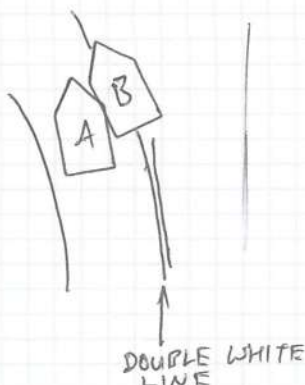
Witnessed by Reporting Centre Personnel

Sketch Plan

WOODLANDS CHECKPOINT PICK UP POINT

A: SGS6095D

B: SHB5553H



Describe Circumstances of the Accident

I (SGS6095D) WAS TRAVELING TOWARDS WOODLANDS CHECKPOINT PICK UP POINT. I WAS TRAVELLING WITHIN MY LANE WHEN VEHICLE B (SHB5553H) ON MY RIGHT CUT INTO MY LANE AND COLLIDED WITH THE RIGHT PORTION OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



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. : SGS 6095D



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INSPECTION PHOTOS (Page 4 of 10)

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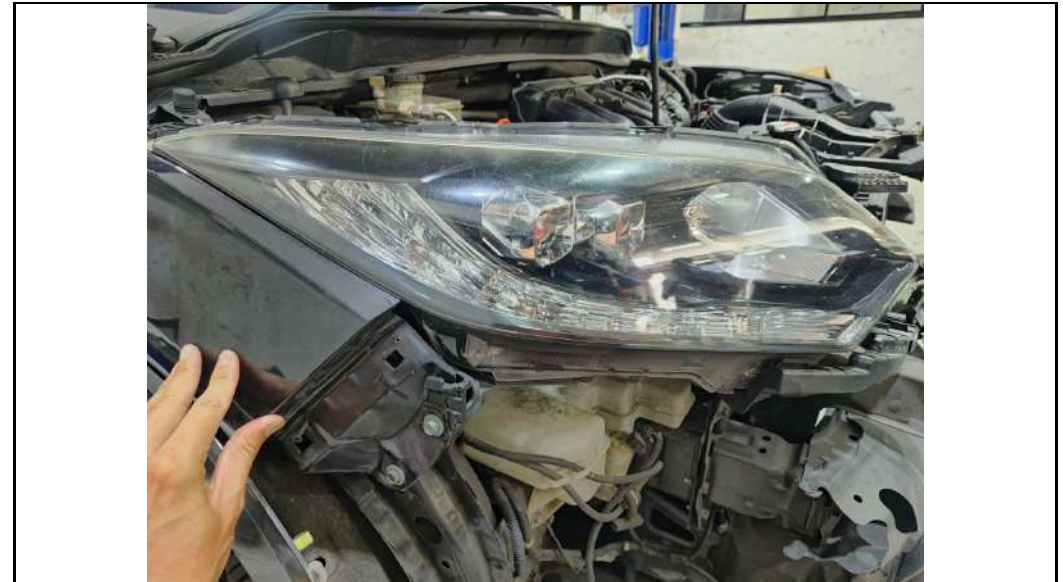
PHOTOGRAPHS FOR VEHICLE NO. : SGS 6095D



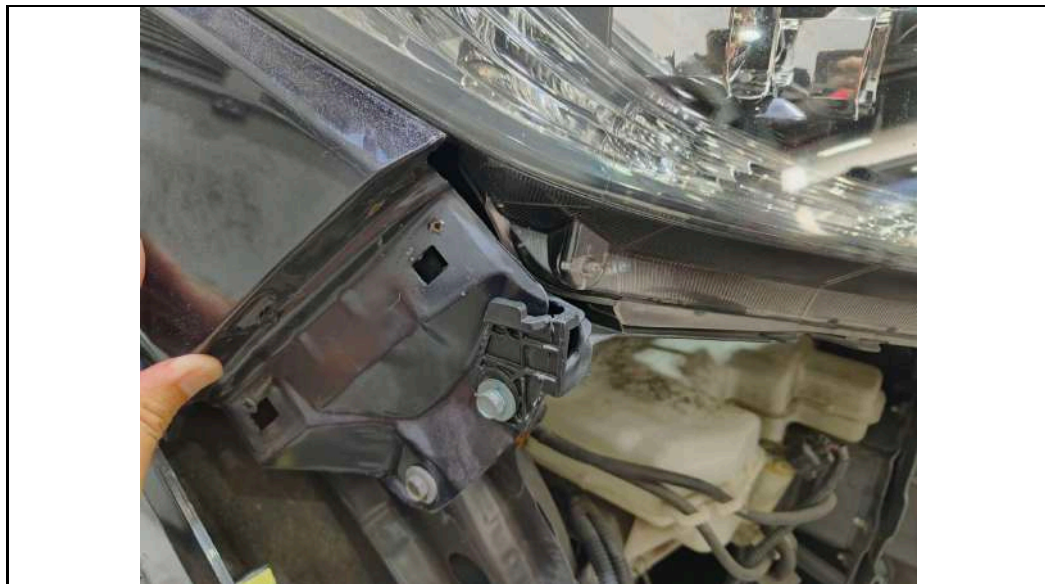
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