



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. AC2500488
60 WOODLANDS INDUSTRIAL PARK E4 INV Date 20/01/2025
SINGAPORE 757705 Reference CS/SMR24120340/Enp3m4
ATTN: HUA YEN Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNR 6924J
Insured Veh. SHB 5759G
Claim No. TAX/12/24/2069
Policy No.
Accident Date 19/12/2024
Inspection Date 23/12/2024

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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SML



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Affiliated to Federation Internationale Des Experts En Automobile			
STRIDES PREMIER AUTOMOTIVE SERVICES PL		Ref:	CS/SMR24120340/Enp3m4 (N)
60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705		Date:	20/01/2025
ATTN: HUA YEN		Code:	SMR
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 5759G	Veh. Inspected	SNR 6924J
Policy No.		Coverage (\$)	0.00
Claim No.	TAX/12/24/2069	Excess (\$)	0.00
Assign From	HUA YEN	Assign Date	23/12/2024
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA ALPHARD	c.c	2487
Engine No.	HIDDEN	Year of Reg.	2024
Chassis No.	JTNACAAH408003258	Colour	BLACK
Odometer	35366 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/65R17	TOYO	6 mm
L/H Front Tyre	225/65R17	TOYO	6 mm
R/H Rear Tyre	225/65R17	TOYO	6 mm
L/H Rear Tyre	225/65R17	TOYO	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/12/2024	Inspection Date	23/12/2024
Survey held at	WORLD AUTO PTE LTD NO.5, KIM CHUAN LANE SINGAPORE 537070		
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:		7 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SNR 6924J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TAILGATE	DENTED	1,792.00	1,792.00
1	REAR TAILGATE E-FOUR EMBLEM	NOT NECESSARY	144.00	-
1	REAR TAILGATE EHEV EMBLEM	NECESSARY	134.00	134.00
1	REAR BUMPER	BROKEN	760.00	760.00
1	REAR BUMPER SIDE RETAINER LH	BROKEN	73.00	73.00
1	REAR BUMPER SIDE BRACKET LH	BENT	116.00	116.00
2	REVERSE SENSOR @\$377.00	SHORTED/BROKEN	754.00	754.00
2	REVERSE SENSOR BRACKET @\$63.00	NECESSARY	126.00	60.00
1	REAR BOOT WEATHER STRIP	DEFORMED	233.00	233.00
1	SET REAR WINDSCREEN GLASS MOULDING	NOT NECESSARY	272.00	-
1	REAR BUMPER TOW COVER LH	BROKEN	82.00	82.00
1	REAR END PANEL	DENTED	940.00	940.00
1	FLOOR UNDERCOVER NO.2	BROKEN	310.00	310.00
	LESS 25% DISCOUNT		-1,434.00	-1,313.50
			4,302.00	3,940.50
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR TAILGATE INNER TRIM BOARD CLIPS (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	50.00	30.00
1	WINDSCREEN GLASS SEALANT (SN)	NECESSARY	80.00	40.00
			180.00	70.00
<u>LABOUR</u>				
	TOWING CHARGE (KING DOLLY).		100.00	100.00
	TRANSFER REAR BOOTLID MECHANISM AND ACCESSORIES.		180.00	50.00
	REMOVE & REFIT REAR WINDSCREEN GLASS.		180.00	120.00
	WIRINGS CHECK AND RECTIFY WHERE NECESSARY.		180.00	30.00
	REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING PANEL BEAT, CUT/WELD REAR END PANEL, STRAIGHTEN REAR CHASSIS WHERE NECESSARY, AND REPLACE ABOVE PARTS.		1,600.00	900.00
	PUTTY AND SPRAY PAINT ACCIDENT AFFECTED AREAS.		1,200.00	700.00

Report Ref No. CS/SMR24120340/Enp3m4(N)



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE 3RD ROW SEATS AND REAR INTERIOR UPHOLSTERY IN ORDER TO FACILITATE REPAIRS AND REFIT BACK SAME.		380.00	80.00
			3,820.00	1,980.00
GRAND TOTAL			8,302.00	5,990.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,800.00

Report Ref No. CS/SMR24120340/Enp3m4(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.

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	20/12/2024 13:46 (SGT)
Reported by	Actual Driver
Date of Accident	19/12/2024 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA BOULEVARD TWDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNR6924J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CURRENT LEASING PTE. LTD.
Company Reg No	201827222Z
Email Address	ALLYSONONG@BW.COM.SG
Mobile Phone No	(Phone) +65-97318883
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard <i>hybrid</i>
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2487
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133471445-02

DRIVER

Name of Driver	XIE RUI
NRIC No	S7305721C
Date Of Birth	14/02/1973
Occupation	Outdoor
Driving Pass Date	14/03/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88111210
Alt. Phone Number	-
Email Address	ALLYSONONG@BW.COM.SG
Address	BLK 144 TECK WHYE LANE #05-225
Address complement	-
Postcode	680144
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	-

Driver
 Licence
 Category
 of Driver
 Contact Number
 Address
 Postcode

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

AS PER ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5759G
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Insurer -
Policy Number -
Date of Incident -
Category -
Type of Driver -
Vehicle Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

Taxi

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



[Signature] 20/12/24

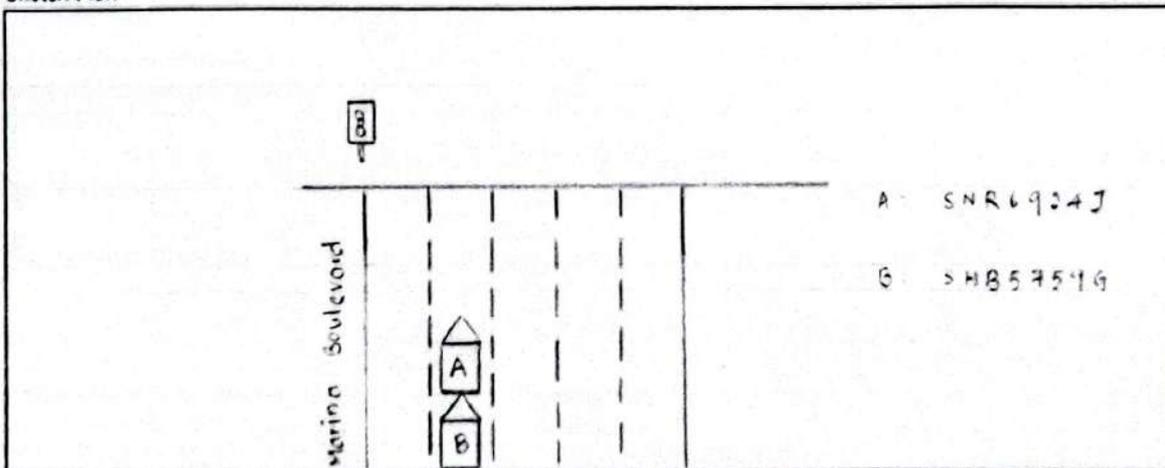
[Signature]

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

On 19/12/2024, around 1750hr, I was driving along Marina Boulevard heading towards MCE direction.

As I was approaching the junction of Bayfront Ave, the front traffic had slowed down. I slowed down as well, keep a safe distance away from the front traffic.

Out of sudden, there was an impact felt from behind. I stopped my car and alighted to check what had happened. Then I realized this taxi SHB57596 had collided into my car.

Declaration

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



[Signature] 20/12/24

[Signature]

Policyholder's Signature / Date & Time

Actual 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. : SNR 6924J



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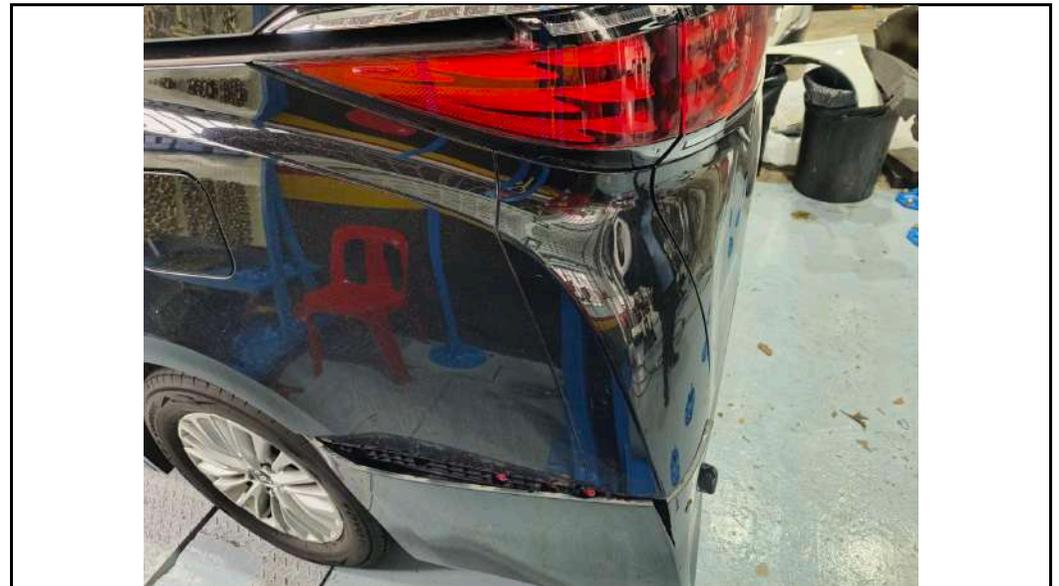
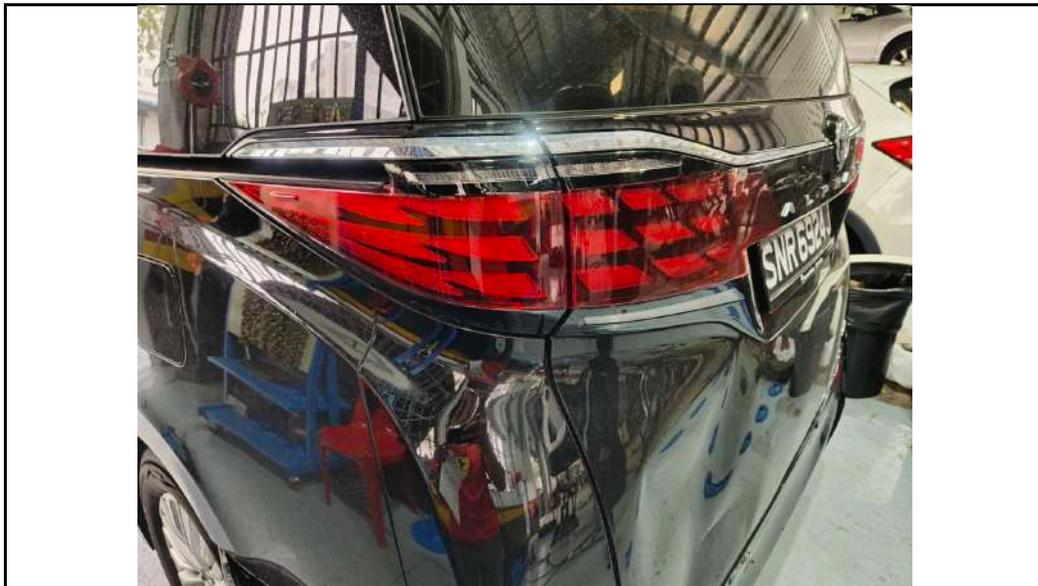
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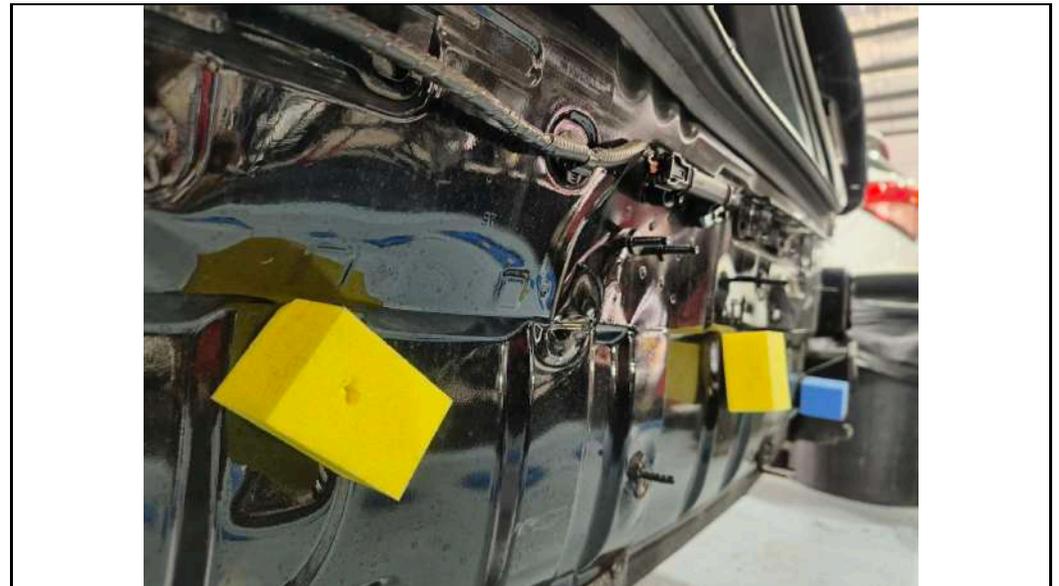
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INSPECTION PHOTOS (Page 19 of 19)

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