



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.	AC2500175
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	09/01/2025
SINGAPORE 757705	Reference	CS/SMR24120379/Evp3e2
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SJP 7188T
Insured Veh.	SG 5823Y
Claim No.	BUS/12/24/5036
Policy No.	
Accident Date	21/12/2024
Inspection Date	31/12/2024

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 Internationale Des Experts En Automobile				
STRIDES PREMIER AUTOMOTIVE SERVICES PL 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24120379/Evp3e2(N) Date: 09/01/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SG 5823Y	Veh. Inspected	SJP 7188T
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/12/24/5036	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	26/12/2024
2. Vehicle Particulars & Condition				
	Make & Model	HONDA SHUTTLE	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	GP71209835	Colour	SILVER
	Odometer	119956 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	185/60 R15	MICHELIN	5 mm
	L/H Front Tyre	185/60 R15	MICHELIN	5 mm
	R/H Rear Tyre	185/60 R15	MICHELIN	5 mm
	L/H Rear Tyre	185/60 R15	MICHELIN	5 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	21/12/2024	Inspection Date	31/12/2024
	Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 . SINGAPORE 159722		
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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJP 7188T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE	DENTED	1,199.30	1,199.30
1	TAILGATE GLASS MOULDING	NECESSARY	121.40	121.40
2	TAILGATE REFLECTOR RH & LH @\$413.50	NOT NECESSARY	827.00	-
1	TAILGATE CHROME MOULDING	NOT NECESSARY	383.60	-
1	TAILGATE LOGO	NOT NECESSARY	66.70	-
1	TAILGATE EMBLEM - SHUTTLE	NECESSARY	68.70	68.70
1	TAILGATE EMBLEM - HYBRID	NECESSARY	62.60	62.60
1	TAILGATE LOCK	BENT / JAMMED	178.20	178.20
1	TAILGATE WEATHERSTRIP	TORN	168.90	168.90
1	REAR END PANEL	TO REPAIR SEE LABOUR	488.20	-
1	REAR END PANEL TOP COVER	NOT NECESSARY	123.40	-
1	REAR BUMPER	DEFORMED	881.30	881.30
2	REAR BUMPER RETAINER RH & LH @\$35.80	NOT NECESSARY	71.60	-
10	REAR BUMPER CLIPS @\$3.90	NECESSARY	39.00	39.00
	LESS 20% DISCOUNT		-935.98	-543.88
			3,743.92	2,175.52
<u>SPECIAL NETT ITEMS</u>				
1	TAIL GATE GLASS SEALANT (SN)	NECESSARY	40.00	40.00
1	REAR NUMBER PLATE (SN)	CUT	40.00	40.00
1	SET REVERSE SENSOR (SN)	SHORTED	200.00	200.00
			280.00	280.00
<u>LABOUR</u>				
	TO CUT / WELD REAR END PANEL, KNOCK & STRAIGHTEN REAR FLOOR PANEL, REMOVE & REPLACE ACCIDENT DAMAGED PARTS, REALIGN ALL CONNECTION. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		800.00	400.00
	SPRAY PAINT TAILGATE, REAR END PANEL, REAR FLOOR PANEL, REAR BUMPER.		800.00	400.00
	REMOVE & REPLACE TAILGATE GLASS & CHECK WATER LEAKAGE.		120.00	120.00

Report Ref No. CS/SMR24120379/Evp3e2(N)



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE & REPLACE TAILGATE INNER TRIM, MECHANISM & CHECK LOCKING SYSTEM.		60.00	50.00
	REMOVE & REPLACE REVERSE SENSOR & CHECK FUNCTION.		80.00	30.00
	WATER PRESSURE TEST FOR LEAKAGE.	NOT NECESSARY	50.00	-
	RUST PROOF AFFECTED AREAS.		60.00	30.00
			1,970.00	1,030.00
GRAND TOTAL			5,993.92	3,485.52
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,800.00

Report Ref No. CS/SMR24120379/Evp3e2(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	23/12/2024 08:56 (SGT)
Reported by	Actual Driver
Date of Accident	21/12/2024 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK WEST AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7188T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WAI KAM HOA
NRIC No	734H
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	GP71209835
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5101130255-06

DRIVER

Name of Driver	WAI JONE YANG
NRIC No	
Date Of Birth	
Occupation	Indoor
Driving Pass Date	02/08/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 4 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	Child
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)	3
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	-

PASSENGER 1

Name	WAI KAM HOA
Gender	Male

PASSENGER 2

Name	LIM HWEE SIAN
Gender	Female

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 SKETCH PLAN FOR ACCIDENT STATEMENT

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 SG5823Y
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver ZHANG YUPENG
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

Describe Circumstance of the Accident

ON 21/12/2024 AT AROUND 1400HRS, I WAS
TRAVELLING ALONG BUKIT BATOK WEST AVE 5. AS I
WAS MAKING A LEFT TURN, VEHICLE SG5823Y
SUDDENLY COLLIDED INTO THE REAR OF MY VEHICLE.

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
& TimeMUHAMAD SHAMEER BIN ABDULLAH
(S997310)Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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.

Policyholder's Signature / Date & Time

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

MUHAMAD SHAMEER BIN ABDULLAH
(S997310)

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

Sketch Plan

	<p>A : SJP7188T</p> <p>B : SG5823Y</p> <p>BUKIT BATOK WEST AVE 5</p>
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PHOTOGRAPHS FOR VEHICLE NO. : SJP 7188T



PHOTOGRAPHS FOR VEHICLE NO. : SJP 7188T



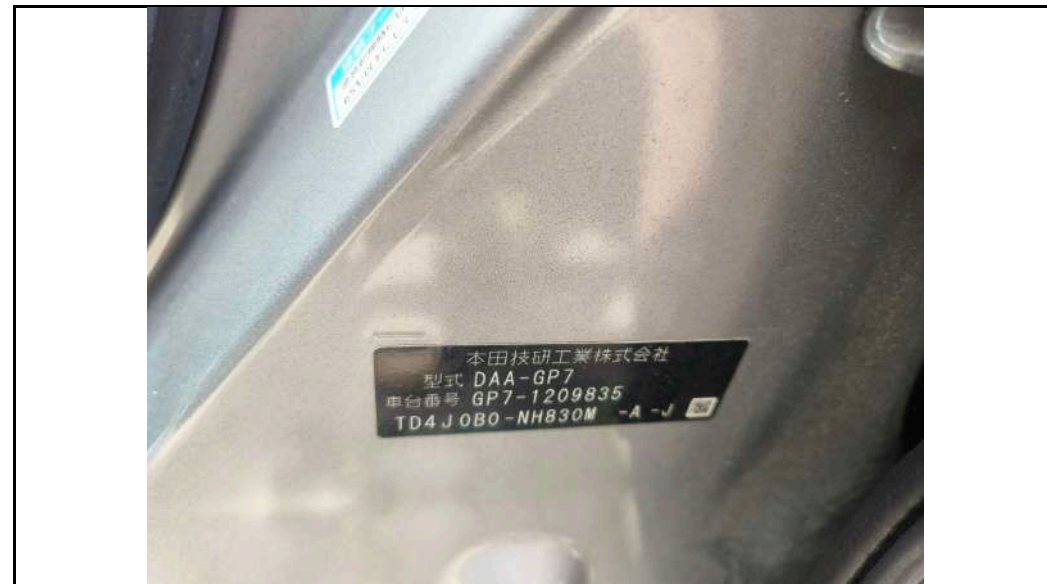
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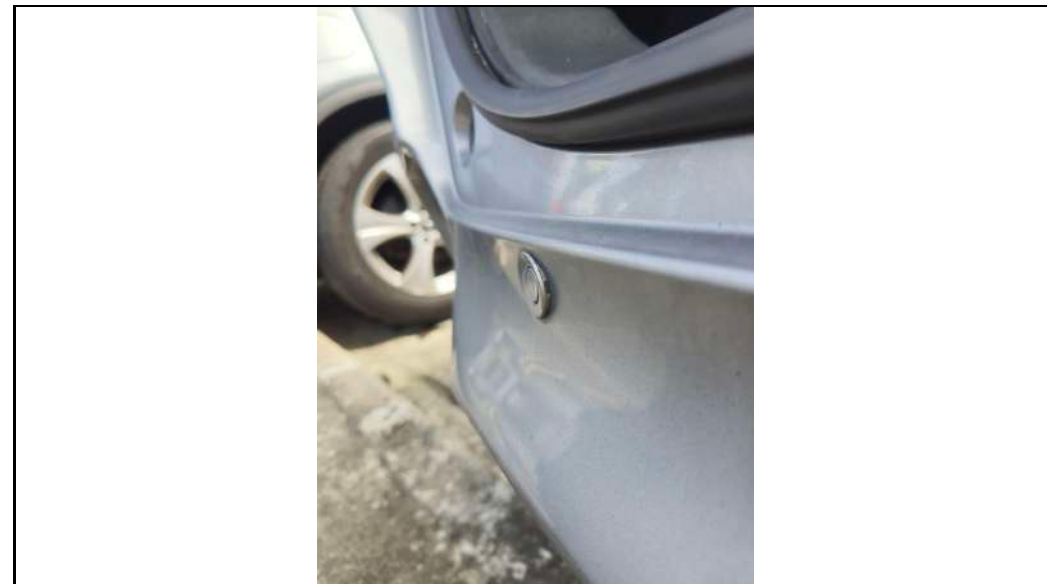
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INSPECTION PHOTOS (Page 8 of 8)

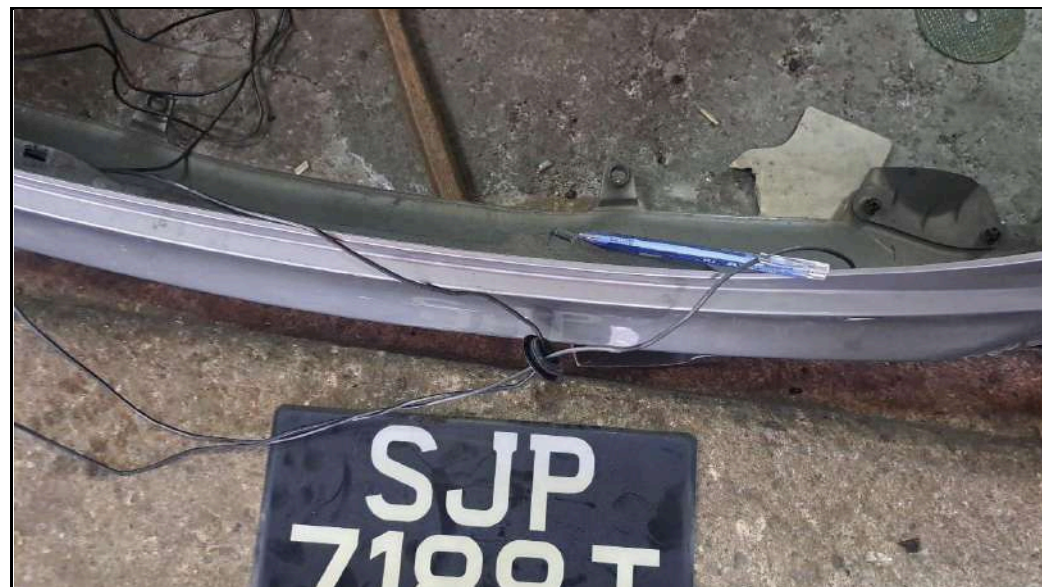
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