

**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. : SAC2400076

INV Date : 16-07-2024

Reference CS/SMR24060036/Kqp3m4

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SNM 3516A  
Insured Veh. SHC 4806E  
Claim No. TAX/06/24/2024  
Policy No.  
Accident Date 08/06/2024  
Inspection Date 11/06/2024

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**

**SML**

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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24060036/Kqp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	11/06/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 4806E	Veh. Inspected	SNM 3516A
Policy No.	-	Coverage	0
Claim No.	TAX/06/24/2024	Excess	\$0.00
Assign From	HUA YEN	Assign Date	11/06/2024

### 2. Vehicle Details

Make & Model	TOYOTA NOAH (A)	C.C	1797
Engine No.	2ZR2S60917	Year of Reg.	15/09/2023
Chassis No.	ZWR900027917	Colour	METALLIC BLACK
Odometer	58149 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: STANDARD ALLOY RIM OTHERS: MODIFIED FRONT GRILLE SET		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	225/45R17	GOODYEAR	8
L/H Front Tyre	225/45R17	GOODYEAR	8
R/H Rear Tyre	225/45R17	GOODYEAR	8
L/H Rear Tyre	225/45R17	GOODYEAR	8

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	08/06/2024	Inspection Date	11/06/2024
Survey held at	160 SIN MING DRIVE, SIN MING AUTOCITY #07-17, SINGAPORE 575722 - CAR TIMES AUTOLUTION PTE LTD		

### 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 SNM 3516A

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT BUMPER RHS	MTG DISTORTED	\$700.00	\$600.00
1	FRONT BUMPER RETAINER RHS	SERVICEABLE	\$140.00	\$0.00
1	FRONT HEADLAMP RHS	MTG CRACKED	\$4,400.00	\$3,985.00
1	HEADLAMP BRACKET RHS	SERVICEABLE	\$80.00	\$0.00
1	SUPPORT PANEL	TO REPAIR SEE LABOUR	\$1,900.00	\$0.00
1	FRONT REINFORCEMENT	TO REPAIR SEE LABOUR	\$750.00	\$0.00
1	FRONT FENDER RHS	TO REPAIR SEE LABOUR	\$1,250.00	\$0.00
1	FRONT FENDER INNER SHIELD RHS	SERVICEABLE	\$400.00	\$0.00
1	FRONT BONNET	TO REPAIR SEE LABOUR	\$1,070.00	\$0.00
1	BONNET HINGE RHS	TO REPAIR SEE LABOUR	\$80.00	\$0.00
2	FRONT SENSORS (@ \$500 EACH)	DENTED (1PC ONLY)	\$1,000.00	\$483.40
1	FRONT REINFORCEMENT SPONGE (ADDITIONAL)	CRACKED	\$180.00	\$180.00
	<b>LESS 25.00% DISCOUNT</b>		(\$2,987.50)	(\$1,312.10)
			<b>\$8,962.50</b>	<b>\$3,936.30</b>

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	\$60.00	\$60.00
1	FRONT CARPLATE W/HOLDER (SN)	SERVICEABLE	\$120.00	\$0.00
1	MODELLISTA FRONT LOWER LIP (SN)	CRACKED	\$1,600.00	\$1,600.00
1	MODELLISTA FRONT GRILLE KIT (SN)	CRACKED	\$1,800.00	\$1,800.00
1	MODELLISTA ILLUMINATION BLADE (SN)	CUT	\$1,600.00	\$1,600.00
1	BODYKIT SEALANT (SN)	NECESSARY	\$60.00	\$30.00
			<b>\$5,240.00</b>	<b>\$5,090.00</b>

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF SUPPORT PANEL, FRONT REINFORCEMENT, FRONT FENDER RHS, FRONT BONNET AND BONNET HINGE RHS		\$1,600.00	\$250.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED & REPAIRED		\$1,600.00	\$180.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE AND RE-FIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTIONS		\$100.00	\$20.00
	TO PROVIDE ANTI-RUST TREATMENT ON AFFECTED AREAS	NOT NECESSARY	\$100.00	\$0.00
	DIGNOSTIC CHECK	NOT NECESSARY	\$100.00	\$0.00
	REMOVE & REFIT FRONT SENSORS		\$100.00	\$50.00
			\$3,600.00	\$500.00
GRAND TOTAL			\$17,802.50	\$9,526.30
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$7,600.00
Report Ref No: CS/SMR24060036/Kqp3m4				

**KSC**

KENNETH KONG SENG CHEONG

MODEL: TOYOTA NOAH

CHASSIS NO. ZWR90-627517		REPAIRER'S ESTIMATE(\$\$)	
DESCRIPTION			
<u>PARTS (LIST ITEMS)</u>			
FRONT REINFORCEMENT SPONGE		<i>CMA</i> \$ 180.00	
		25%	\$ 180.00
			\$ 45.00
			<b>\$ 135.00</b>
<u>SPECIAL NETT ITEMS</u>			
TOTAL:		\$ -	
	<b>TOTAL PARTS</b>	<b>\$</b>	<b>135.00</b>

<u>LABOUR</u>			
		TOTAL:	\$ -
( LABOUR + PARTS ) TOTAL:			\$ 135.00

## 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	10/06/2024 10:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/06/2024 20:41 (SGT)
Exact Location of Accident	8 Marina Blvd, Singapore 018981
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM3516A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH CHIN YONG
NRIC No	SXXXX461Z
Email Address	JASON77@MYSELF.COM
Mobile Phone No	(Phone) +65-94507176
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPC0006927

#### DRIVER

Name of Driver	KOH CHIN YONG
NRIC No	SXXXX461Z
Date Of Birth	06/11/1978
Occupation	Outdoor

Driving Pass Date .....	22/04/2015
Driving experience .....	9 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94507176
Alt. Phone Number .....	-
Email Address .....	JASON77@MYSELF.COM
Address .....	BLK 417C FERNVALE STREET #09-85
Address complement .....	-
Postcode .....	793471
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SHL4806E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	TAN KIM LENG
Contact Number .....	(Phone) +65-89313954
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KOH CHIN YONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNM3516A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-





## SKETCH PLAN

## IMPORTANT NOTICE

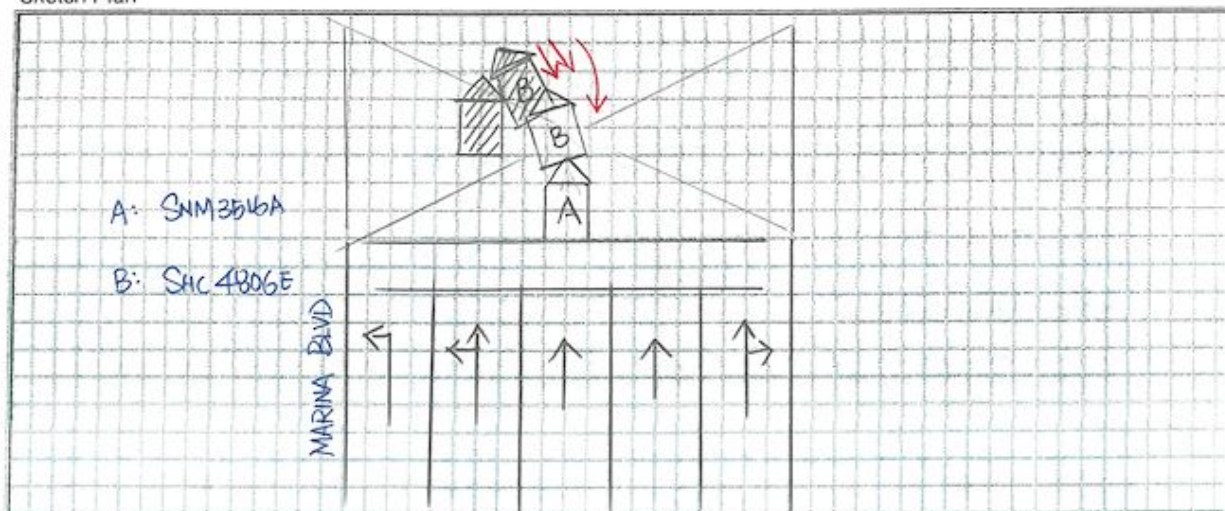
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Actual Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
3. **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  
(Name as in NRIC/ID card)

## Sketch Plan



Describe Circumstance of the Accident

Refer To Police Report.

# 3<sup>RD</sup> PARTY CLAIMS @ Cartimes.

**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  
 (Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20240610/7013

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

1 of 3

Report No. T/20240610/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/06/2024 10:05	Video Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: KOH CHIN YONG			Address: Blk 471C Fernvale street #09-85 SINGAPORE 793471	
ID Type / ID No.: NRIC NO / S7834461Z			Contact No.: Home/Office: Mobile: 94507176	
Nationality: SINGAPORE CITIZEN			Email: JASON77@MYSELF.COM	
Sex: Male	Age: 45	Date of Birth: 06/11/1978	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 09/06/2024 20:40	Type of Location: X-Junction
Location:  BAYFRONT AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4806E	Taxi	THE LONDON TAXI CO				0
SNM3516A	Motor car	TOYOTA	NOAH HYBRID 1.8SZ CVT	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNM3516A	INDIA INTERNATIONAL INSURANCE PTE LTD	D23MPC0006927	15/09/2023	14/09/2024

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**SINGAPORE  
POLICE FORCE**



T/20240610/7013

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

2 of 3

Report No. T/20240610/7013

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KOH CHIN YONG	ID No.	S7834461Z
Related Vehicle	SNM3516A (Motor car)	Contact No.	94507176
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

**Brief Details.**

On 08/06/2024 night 0841pm i was travelling straight and stop at marin blvd traffic junction. there was a taxi in front of me met an accident and out of the sudden the taxi vehicle is reversing while i was stopping at the junction i keep honking the taxi . But the taxi continue reverse and hit into my vehicle front .





**SINGAPORE  
POLICE FORCE**

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



T/20240610/7013

3 of 3

Report No. T/20240610/7013

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
10/06/2024 10:05

Classification Of Case:

## PHOTOGRAPHS FOR VEHICLE NO. : SNM 3516A





**PHOTOGRAPHS FOR VEHICLE NO. : SNM 3516A**



**PHOTOGRAPHS FOR VEHICLE NO. : SNM 3516A**



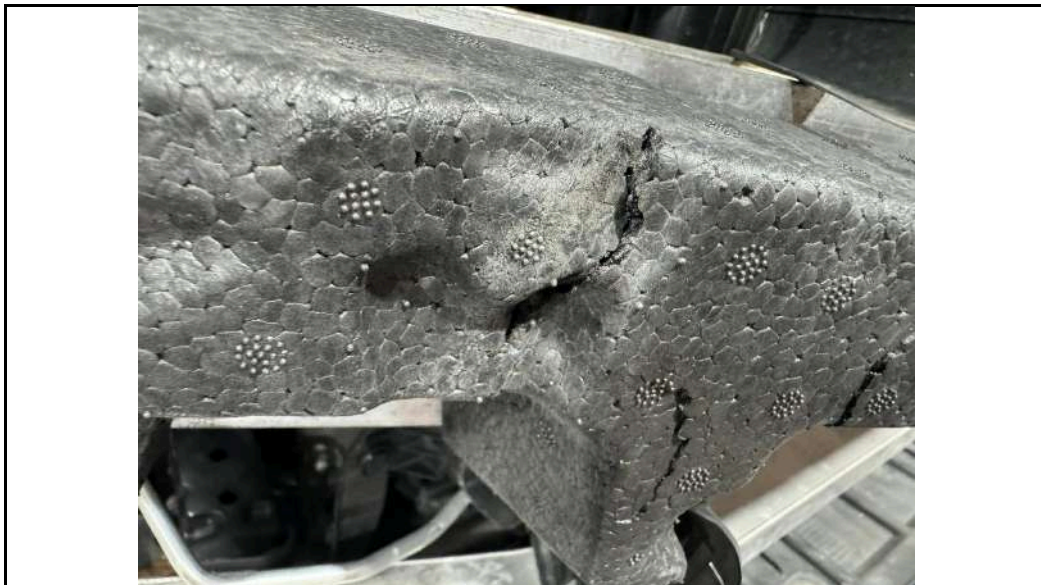


**PHOTOGRAPHS FOR VEHICLE NO. : SNM 3516A**





**PHOTOGRAPHS FOR VEHICLE NO. : SNM 3516A**





**PHOTOGRAPHS FOR VEHICLE NO. : SNM 3516A**



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