LKK

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.: SAC2400024

INV Date: 11-07-2024

Reference CS/SMR24060038/Uqp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. GBH 7905C Insured Veh. SHB 5086P

Claim No. TAX/06/24/2015

Policy No.

Accident Date 06/06/2024 Inspection Date 20/06/2024

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	



5b.

LKK Auto Consultants Pte Ltd

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Affiliated to Federation Internationale Des Experts En Automobile				
MS		R AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24060038/Uqp3m4
	60 WOODLANDS IN 757705	NDUSTRIAL PARK E4 SINGAPORE	Date:	11/06/2024
	131103		Code:	SMR
1.		Policy Particulars :- 1	HIRD PARTY CLAI	М
	Insured Veh.	SHB 5086P	Veh. Inspected	GBH 7905C
	Policy No.	-	Coverage	0
	Claim No.	TAX/06/24/2015	Excess	\$0.00
	Assign From	HUA YEN	Assign Date	11/06/2024
2.		Vehicle	Details	
	Make & Model	TOYOTA HIACE VAN TURBO 5DR MT	C.C	2982
	Engine No.	1KD2826605	Year of Reg.	28/09/2018
	Chassis No.	JTFHT02P300245175	Colour	WHITE
	Odometer	90870 KM	Steering	IN ORDER
	Brakes	IN ORDER	General	GOOD
	Modification(s)	RIMS: NIL		
3.		Conditions	s of Tyres	
		Size	Make	Balance (mm)
	R/H Front Tyre	195 R15	BRIDGESTONE	5
	L/H Front Tyre	195 R15	BRIDGESTONE	5
	R/H Rear Tyre	195 R15	BRIDGESTONE	3
	L/H Rear Tyre	195 R15	BRIDGESTONE	3
4.		Description	of Damages	
THE	VEHICLE SUSTAIN	ED DAMAGES AT THE REAR PORTIO	N.	
DAN	DAMAGES SEE DETAILS.			
5.		General In	formation	
	Accident Date	06/06/2024	Inspection Date	20/06/2024
	Survey held at	HOCK WAH MOTOR WORKSHOP PT 3011 BEDOK INDUSTRIAL PARK E #01-2008 SINGAPORE 489977	E LTD	
5a.		Rem	arks	

Estimate Days of Repair

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.

ESTIMATED NORMAL PERIOD FOR REPAIR: 6 Working Days

B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO GBH 7905C

	REPLACEMENT OF PARTS			
Qty Description of Parts		Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR SIDE PANEL RH	TO REPAIR SEE LABOUR	\$2,315.40	\$0.00
1	REAR LAMP RH	CRACKED	\$324.70	\$324.70
1	REAR LAMP LH	NOT NECESSARY	\$324.70	\$0.00
1	REAR LAMP LOWER GARNISH RH	TWISTED	\$127.70	\$127.70
1	REAR LAMP LOWER GARNISH LH	NOT NECESSARY	\$127.70	\$0.00
1	TAILGATE	BADLY DENTED	\$2,293.20	\$2,159.30
1	TAILGATE LOCK	JAMMED	\$293.50	\$293.50
1	TAILGATE RUBBER	SERVICEABLE	\$610.60	\$0.00
1	TAILGATE ABSORBER RH	NOT NECESSARY	\$321.10	\$0.00
1	TAILGATE ABSORBER LH	NOT NECESSARY	\$321.10	\$0.00
1	TAILGATE CENTER TRIMBOARD	NOT NECESSARY	\$246.10	\$0.00
1	TAILGATE EMBLEM	NECESSARY	\$72.20	\$72.20
1	TAILGATE OUTER GARNISH	NOT NECESSARY	\$193.40	\$0.00
1	END PANEL INNER	BADLY DENTED	\$1,172.50	\$1,172.50
1	END PANEL OUTER	BADLY DENTED	\$466.10	\$466.10
1	END PANEL TOP GARNISH	SERVICEABLE	\$143.70	\$0.00
1	REAR BUMPER	DISTORTED	\$573.60	\$573.60
1	REAR BUMPER RETAINER RH	CRACKED	\$151.20	\$151.20
1	REAR BUMPER RETAINER LH	NOT NECESSARY	\$151.20	\$0.00
1	EXHAUST PIPE	BENT	\$570.60	\$570.60
1	REAR SPRING RH (NPA)	NOT NECESSARY	\$0.00	\$0.00
1	SPARE TYRE BRACKET	NOT NECESSARY	\$398.00	\$0.00
1	SPARE TYRE SCREW (NPA)	NOT NECESSARY	\$0.00	\$0.00
1	SPARE TYRE CHAIN (NPA)	NOT NECESSARY	\$0.00	\$0.00
2	EXHAUST PIPE MOUNTING @\$66.80	NOT NECESSARY	\$133.60	\$0.00
1	TAILLAMP HOUSING PANEL RH	DENTED	\$428.00	\$428.00
1	REAR AIR VENT RH	TWISTED	\$98.00	\$98.00
	LESS 25.00% DISCOUNT		(\$2,964.48)	(\$1,609.35)
			\$8,893.42	\$4,828.05



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Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	TAILGATE STICKER - 70KM/H (SN)	NECESSARY	\$30.00	\$10.00
1	TAILGATE CAMERA (SN)	SERVICEABLE	\$650.00	\$0.00
1	REAR NUMBER PLATE (SN)	SERVICEABLE	\$35.00	\$0.00
2	WINDSCREEN SEALANT @\$30.00 (SN)	NECESSARY	\$60.00	\$40.00
1	SET REVERSE SENSOR (SN)	CRACKED	\$300.00	\$200.00
1	REAR INNER SIDE PANEL RH (NPA) (SN)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
1	REAR FLOOR PANEL (NPA) (SN)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
			\$1,075.00	\$250.00

Labour			
Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
LABOUR TO REMOVE & REFIT NECESSARY PARTS. INCLUSIVE OF THE REPAIR OF REAR SIDE PANEL RH, REAR INNER SIDE PANEL RH AND REAR FLOOR PANEL.		\$1,800.00	\$1,200.00
SPRAY PAINT ON THE AFFECTED AREAS.		\$1,500.00	\$1,000.00
ANTI-RUST COATING.		\$150.00	\$80.00
WIRING.		\$100.00	\$20.00
TO REMOVE & REFIT WINDSCREEN.		\$180.00	\$100.00
TO REMOVE & REPLACED REVERSE SENSOR.		\$150.00	\$30.00
		\$3,880.00	\$2,430.00
GRAND TOTAL		\$13,848.42	\$7,508.05
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$6,000.00

Report Ref No: CS/SMR24060038/Uqp3m4

CKS

MARCUS CHUA KANG SENG Licensed Appraiser

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 07/06/2024 09:08 (SGT) Reported by **Actual Driver** Date of Accident 06/06/2024 13:00 (SGT) Exact Location of Accident 1 Bedok Ave, Singapore 469891 Additional Location Information BEDOK AVENUE TOWARDS BEDOK MALL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBH7905C**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ACORN MARKETING & SERVICES PTE. LTD. Company Reg No 2XXXXX015E Email Address SIONGJINJIE@GMAIL.COM Mobile Phone No (Phone) +65-91384676 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant

Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to

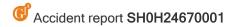
No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5103987494-05

DRIVER

Name of Driver SIONG JIN JIE Passport No/FIN MXXXX020R Date Of Birth 08/07/2001 Occupation Outdoor



Driving Pass Date 30/04/2024 Driving experience 2 MONTHS Gender Male Mobile Number (Phone) +65-81910109 Alt. Phone Number Email Address SIONGJINJIE@GMAIL.COM Address NO 7 18/1 JALAN INDAH TAMAN BUKIT INDAH Address complement Postcode 81200 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE STATED DATE AND TIME, I WAS DRIVING ALONG BEDOK NORTH AVENUE 1 TOWARDS BEDOK MALL AT THE SLIP ROAD NEAR TO BEDOK BEACON. MY VEHICLE WAS STATIONARY AT THAT TIME AND WAIT FOR THE TRAFFIC TO CLEAR, SUDDENLY I FELT AN IMPACT FROM BEHIND AND REALIZED THAT VEHICLE B(SHB5086P) HIT ONTO MY REAR PORTION OF VEHICLE CAUSED DAMAGED. 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	SHB5086P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi



Name of Driver	HAN HOW ENG
NRIC No	SXXXX673Z
Contact Number	(Phone) +65-91476360
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 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.
- 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.

- 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;
- (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 lirms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

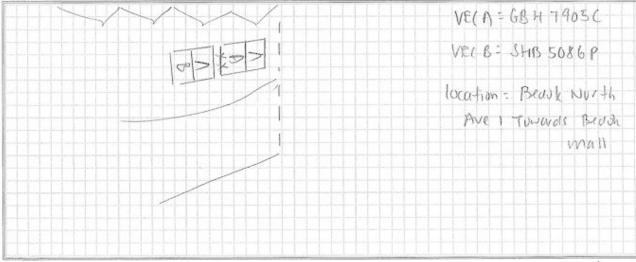
D 18a

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

Reg. No. 200104141D P

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

Sketch Plan



vJun2022

escribe Circumstance of the Accident	
REFER TO GIA REPORT	
	2 P2 10 - 20 11
ou had been advised by workshop that in the event that you ish to claim against your own policy (OD claim), there is a	Reporting Only
ourteen (14) days clause whereby the claim must be made	Claim OD
ithin the stipulated time-frame from the day of occurrence.	Claim TP
	Claim OD/TP at other workshop
Declaration	
We declare the foregoing particulars are true in every respect.	STOR WORKE
	Reg. No. 200104141D b
161	(5)
71 Au	whater Mineral Branch Control
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the po / Date & Time	icyholder) Witnessed by Reporting Centre Personne (Name as in NRIC/ID card)

vJun2022



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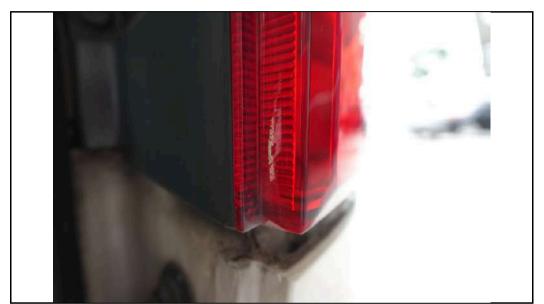








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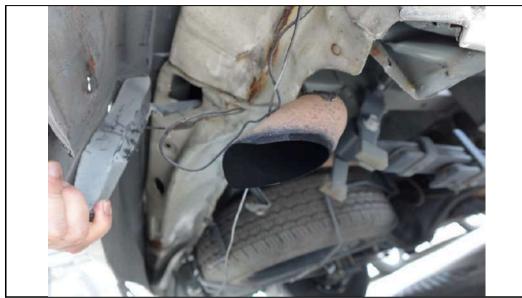




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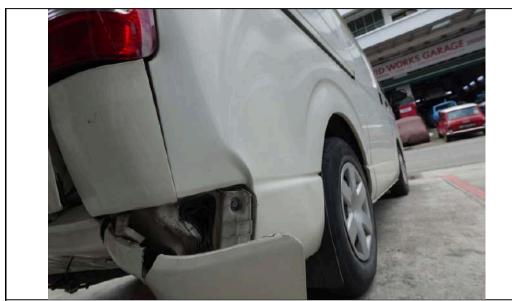






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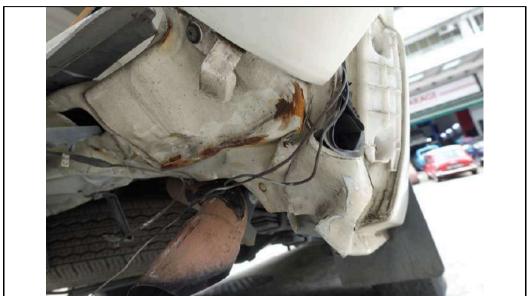






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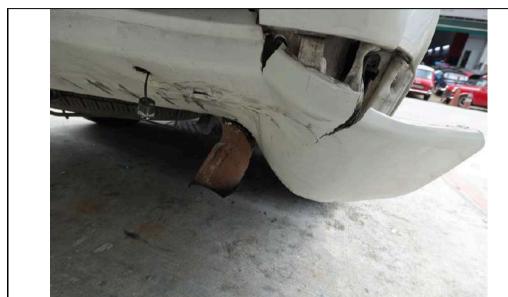






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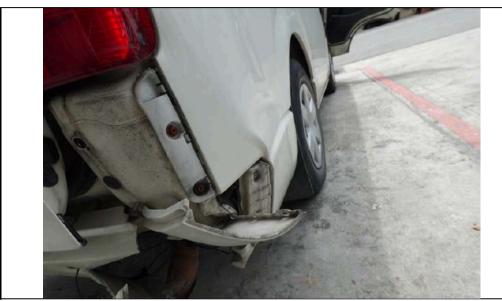






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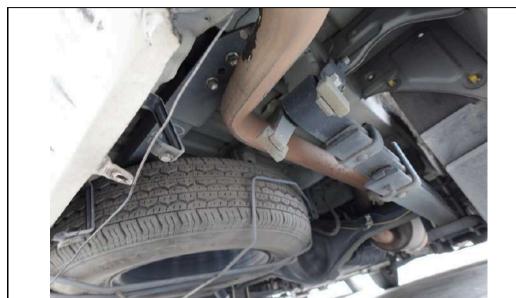






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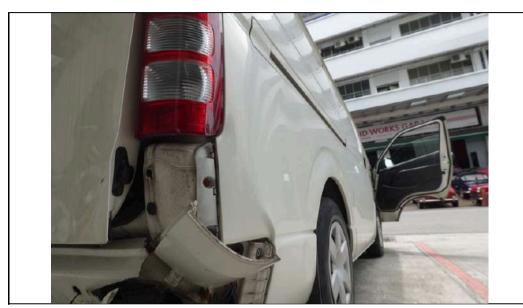






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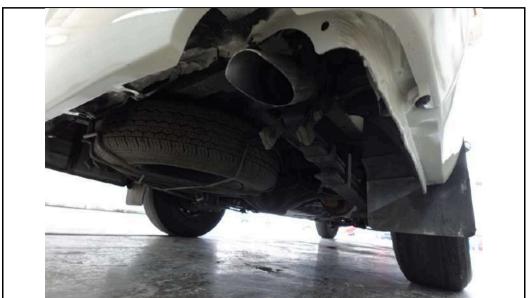








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