



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. : SAC2400596

INV Date : 12-09-2024

Reference CS/SMR24070114/Kvp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. YN 5049H

Insured Veh. SHB 5327U

Claim No. TAX/06/24/2063

Policy No.

Accident Date 24/06/2024

Inspection Date 05/07/2024

Description	Amount
Survey Inspection	128.00
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/SMR24070114/Kvp3m4	
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE		Date:	12/09/2024	
757705		Code:	SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 5327U	Veh. Inspected	YN 5049H	
Policy No.	-	Coverage	0	
Claim No.	TAX/06/24/2063	Excess	\$0.00	
Assign From	HUA YEN	Assign Date	05/07/2024	
2. Vehicle Details				
Make & Model	MITSUBISHI CANTER (M)	C.C	2998	
Engine No.	4P10A99815	Year of Reg.	15/04/2014	
Chassis No.	FEC91HA00059	Colour	BLUE	
Odometer	331616 KM	Steering	IN ORDER	
Brakes	IN ORDER	General	GOOD	
Modification(s)	RIMS: NIL			
3. Conditions of Tyres				
	Size	Make	Balance (mm)	
R/H Front Tyre	215/75R17.5	AMBERSTONE	9	
L/H Front Tyre	215/75R17.5	AMBERSTONE	9	
R/H Rear Tyre	215/75R17.5 (D)	HILO	8/8	
L/H Rear Tyre	215/75R17.5 (D)	HILO	8/8	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S AND FRONT N/S PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	24/06/2024	Inspection Date	05/07/2024	
Survey held at	JOYSKER WORKS - 5035 ANG MO KIO INDUSTRIAL PARK 2 #01-373 SINGAPORE 569538			
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 YN 5049H

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT HEADLAMP RH	CRACKED	\$501.42	\$501.42
1	FRONT SIGNAL LAMP RH	CRACKED	\$266.36	\$266.36
1	FRONT HEADLAMP SIDE GARNISH RH	SERVICEABLE	\$230.34	\$0.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	\$1,010.34	\$0.00
1	FRONT BUMPER BRACKET RH	TO REPAIR SEE LABOUR	\$169.30	\$0.00
	LESS 25.00% DISCOUNT		(\$544.44)	(\$191.95)
			\$1,633.32	\$575.83

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR ALUMINIUM HYD LIFTER PLATFORM TAILGATE ROLLER (SN)	TO REPAIR SEE LABOUR	\$280.00	\$0.00
1	REAR ALUMINIUM HYD LIFTER PLATFORM TAILGATE TILT (SN)	TO REPAIR SEE LABOUR	\$2,800.00	\$0.00
1	REAR UNDER BAR (SN)	TO REPAIR SEE LABOUR	\$600.00	\$0.00
1	SET REAR UNDER BAR REFLECTIVE STICKER (SN)	NOT NECESSARY	\$150.00	\$0.00
			\$3,830.00	\$0.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO DISMANTLE DAMAGE TAILGATE/HYSDAULIC REPAIR		\$1,500.00	\$300.00
	TO SPRAY PAINTING ALL THE ACCIDENT PORTION AND POLISHING AFFECTED AREA		\$600.00	\$300.00
	TO DISMANTLE AND REPLACED WITH PANEL BEATING ALL THE ACCIDENT PORTION. INCLUSIVE OF THE REPAIR OF FRONT BUMPER, FRONT BUMPER BRACKET RH, REAR ALUMINIUM HYD LIFTER PLATFORM TAILGATE ROLLER, REAR ALUMINIUM HYD LIFTER PLATFORM TAILGATE TILT AND REAR UNDER BAR		\$600.00	\$180.00
	TO APPLY ANTI-RUST AND TUFF KOTE	NOT NECESSARY	\$120.00	\$0.00
	TO PERFROM LIGHTING AND WIRING CHECK		\$120.00	\$20.00
	TO PERFORM CONDUCT WATER LEAKAGE TEST OF ACCIDENT PORTION	NOT NECESSARY	\$80.00	\$0.00
	TO PERFROM DIAGNOSTIC CHECK & RESET MEMORY FAULT CODE TO IDENTIFICATION STANDARD	NOT NECESSARY	\$250.00	\$0.00
			\$3,270.00	\$800.00

GRAND TOTAL			\$8,733.32	\$1,375.83
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	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		\$1,100.00
Report Ref No: CS/SMR24070114/Kvp3m4			

KSC

KENNETH KONG SENG CHEONG

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 reply on the Report wholly or in part. Any third party acting or replying 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	25/06/2024 17:37 (SGT)
Reported by	Actual Driver
Date of Accident	24/06/2024 11:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5049H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AION LOGISTICS PTE LTD
Company Reg No	2XXXXX352W
Email Address	ESTRPT66@GMAIL.COM
Mobile Phone No	(Phone) +65-88141373
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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 your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	MOHAMMED NASIR BIN MOHD YUSOF
NRIC No	SXXXX579H
Date Of Birth	06/04/1983
Occupation	Outdoor

Driving Pass Date	04/12/2014
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88141373
Alt. Phone Number	-
Email Address	ACHEYLEEZA@ICLOUD.COM
Address	BLK 980 JURONG WEST ST 93
Address complement	#04-345
Postcode	640980
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	TOH
Gender	Male

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

REFER TO ATTACH

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	SHB5327U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNL4132Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

I was travelling along PIE towards changi, the vehicle in front of me has slowed down and stopped. I followed suit and stop. Out of a sudden, I felt an impact at my vehicle rear portion. After the impact, I realised vehicle B has collided on my vehicle rear portion. My vehicle collided onto vehicle C. It was a chain collision. Private Settlement was done with vehicle C.

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)

SKETCH PLAN

IMPORTANT NOTICE

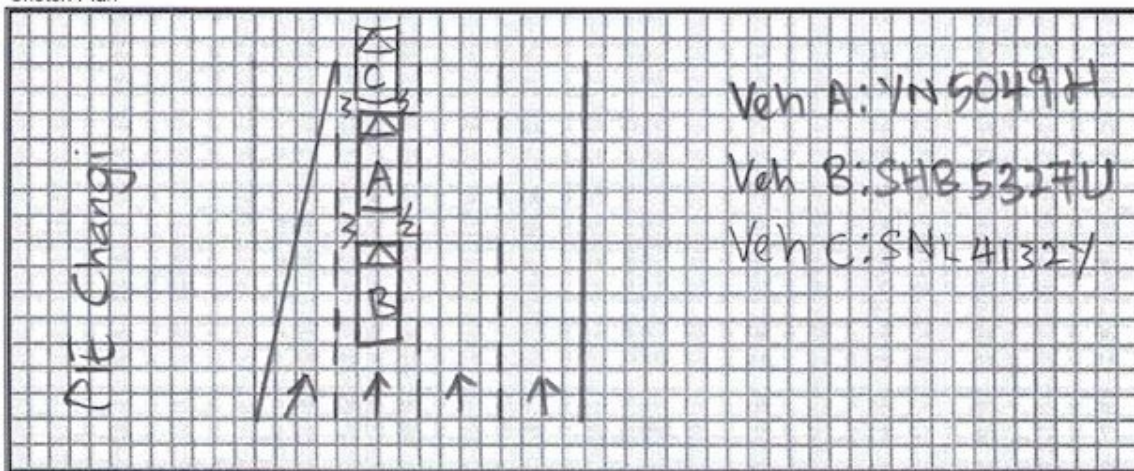
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow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

Sketch Plan



PHOTOGRAPHS FOR VEHICLE NO. : YN 5049H



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