

**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 SINGAPORE 757705

INV No. : SAC2400188

INV Date : 02-08-2024

Reference CS/SMR24070186/Rqp3m4

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SLS 3875E

Insured Veh. SHB 5785E

Claim No. TAX/07/24/2022

Policy No.

Accident Date 08/07/2024

Inspection Date 10/07/2024

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/SMR24070186/Rqp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	02/08/2024
	Code:	SMR

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

Insured Veh.	SHB 5785E	Veh. Inspected	SLS 3875E
Policy No.	-	Coverage	0
Claim No.	TAX/07/24/2022	Excess	\$0.00
Assign From	HUA YEN	Assign Date	09/07/2024

### 2. Vehicle Details

Make & Model	TOYOTA PRIUS HYBRID 1.8 CVT	C.C	1798
Engine No.	2ZRS089449	Year of Reg.	21/09/2017
Chassis No.	JTDKB3FU303571091	Colour	WHITE
Odometer	569996 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: NIL		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	195/65R15	DUNLOP	6
L/H Front Tyre	195/65R15	DUNLOP	6
R/H Rear Tyre	195/65R15	DUNLOP	6
L/H Rear Tyre	195/65R15	DUNLOP	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	08/07/2024	Inspection Date	10/07/2024
Survey held at	BORNEO MOTORS (S) PTE LTD 2 PANDAN CRESCENT SINGAPORE 128462		

### 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 SLS 3875E

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SUNDRIES (SN)	NECESSARY	\$100.00	\$50.00
1	BACK SENSOR 070 WHITE PEARL (SN)	SHORTED	\$251.40	\$167.50
1	COVER, RR BUMPER (SN)	CRACKED	\$680.60	\$680.60
1	RETAINER, RR BUMPER (SN)	NOT NECESSARY	\$177.50	\$0.00
1	RETAINER, RR BUMPER (SN)	NOT NECESSARY	\$180.50	\$0.00
1	GUARD, RR BUMPER (SN)	DEFORMED	\$884.60	\$884.60
1	COVER, RR BUMPER (SN)	CUT	\$21.40	\$21.40
10	PIECE, RR BUMPER (SN)	NECESSARY	\$58.00	\$58.00
1	REINFORCEMENT (SN)	BENT	\$512.40	\$512.40
1	PANEL SUB-ASSY, BODY (SN)	NOT NECESSARY	\$1,000.10	\$0.00
1	COVER, RR BODY (SN)	NOT NECESSARY	\$318.60	\$0.00
1	GARNISH SUB-ASSY (SN)	TO REPAIR SEE LABOUR	\$1,283.40	\$0.00
1	EMBLEM SUB-ASSY (SN)	NECESSARY	\$99.40	\$99.40
1	PLATE, LUGGAGE COMPT (SN)	NECESSARY	\$75.70	\$75.70
1	PLATE, LUGGAGE COMPT (SN)	NECESSARY	\$75.70	\$75.70
1	ANTENNA, ELECTRICAL (SN)	NOT NECESSARY	\$100.00	\$0.00
			\$5,819.30	\$2,625.30
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	DRILL HOLE & INSTALL REAR REVERSE SENSOR	NOT NECESSARY	\$198.00	\$198.00
	CHECK LIGHTING & CONDUCT WATER LEAK TEST		\$198.00	\$198.00
	REMOVE & INSTALL REAR COMPARTMENT GARNISH AND TAILGATE COMPONENTS TO ASSIST REPAIR		\$396.00	\$0.00
	TO RESET ECU AND REPROGRAMME		\$198.00	\$198.00
	REPLACE REAR ACCIDENT DAMAGED PARTS STRAIGHTEN & ALIGN REAR ACCIDENT AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF GARNISH SUB-ASSY		\$2,772.00	\$1,584.00
	RESPRAY JOB ON REAR ACCIDENT AFFECTED AREAS		\$2,624.00	\$1,312.00
			\$6,386.00	\$3,490.00
GRAND TOTAL			\$12,205.30	\$6,115.30



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	RECOMMENDED COST OF REPAIRS		<b>\$6,115.30</b>
Report Ref No: CS/SMR24070186/Rqp3m4			

**MRB**

MOHAMMED RASUL BIN MOHD YUNUS

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 repositibility whatsoever, in contact or tort, is accepted to any third party who may rely 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 .....	09/07/2024 13:30 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	08/07/2024 18:10 (SGT)
Exact Location of Accident .....	Woodlands Ave 12, Singapore
Additional Location Information .....	TOWARDS GAMBAS AVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLS3875E
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GRAB RENTALS PTE LTD
Company Reg No .....	2XXXXX200G
Email Address .....	gr.sg.accident@grab.com
Mobile Phone No .....	
Alternative Phone No .....	(Office) +65-66550005

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	HYBRID 1.8 CVT
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 .....	1798

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D21MFL0000447_03

#### DRIVER

Name of Driver .....	PARTHIPAN S/O JEYAPALAN
NRIC No .....	SXXXX401G
Date Of Birth .....	
Occupation .....	Outdoor

Driving Pass Date .....	27/04/2012
Driving experience .....	12 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	
Alt. Phone Number .....	-
Email Address .....	gr.sg.accident@grab.com
Address .....	
Address complement .....	-
Postcode .....	
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 .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### 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 .....	MIN JIN KIM
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

ON 08/07/2024 AT ABOUT 1810HRS, VEHICLE A (SLS3875E) WAS STATIONARY ON LEFT MOST LANE WHEN SUDDENLY I FELT AN IMPACT FROM THE REAR AND DISCOVERED THAT VEHICLE B (SHB5785E) HAD REAR ENDED ME DUE TO THE IMPACT FROM VEHICLE C (YP8314L). I AM UNSURE HOW VEHICLE C REAR ENDED VEHICLE B BUT I AM SURE VEHICLE B WAS STATIONARY BEHIND VEHICLE A BEFORE ACCIDENT. NO POLICE OR AMBULANCE ATTENDED.

#### 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 .....	SHB5785E
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Vehicle Manufacturer .....	Toyota
Vehicle Model .....	5DR HATCHBACK (AUTO)
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	S R BALASUBRAMANIAM
NRIC No .....	SXXXX377G
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT AND REAR PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	YP8314L
Vehicle Manufacturer .....	Hino
Vehicle Model .....	XZU710R 14FT WIDE CAB 5T
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	PITCHAI BEEMAKUMAR
Passport No/FIN .....	GXXXX277N
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized 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 Police for investigation.**
6. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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

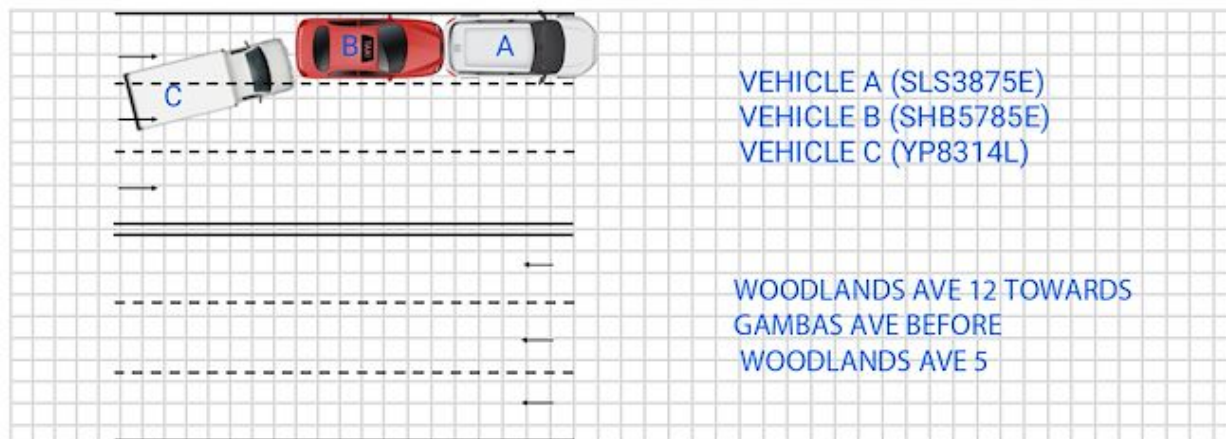
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

08072024 2230hrs

**Sketch Plan**



## Describe Circumstances of the Accident

ON 08/07/2024 AT ABOUT 1810HRS, VEHICLE A (SLS3875E) WAS STATIONARY ON LEFT MOST LANE WHEN SUDDENLY I FELT AN IMPACT FROM THE REAR AND DISCOVERED THAT VEHICLE B (SHB5785E) HAD REAR ENDED ME DUE TO THE IMPACT FROM VEHICLE C (YP8314L). I AM UNSURE HOW VEHICLE C REAR ENDED VEHICLE B BUT I AM SURE VEHICLE B WAS STATIONARY BEHIND VEHICLE A BEFORE ACCIDENT. NO POLICE OR AMBULANCE ATTENDED.

## 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

08072024 2230hrs

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



**PHOTOGRAPHS FOR VEHICLE NO. : SLS 3875E**

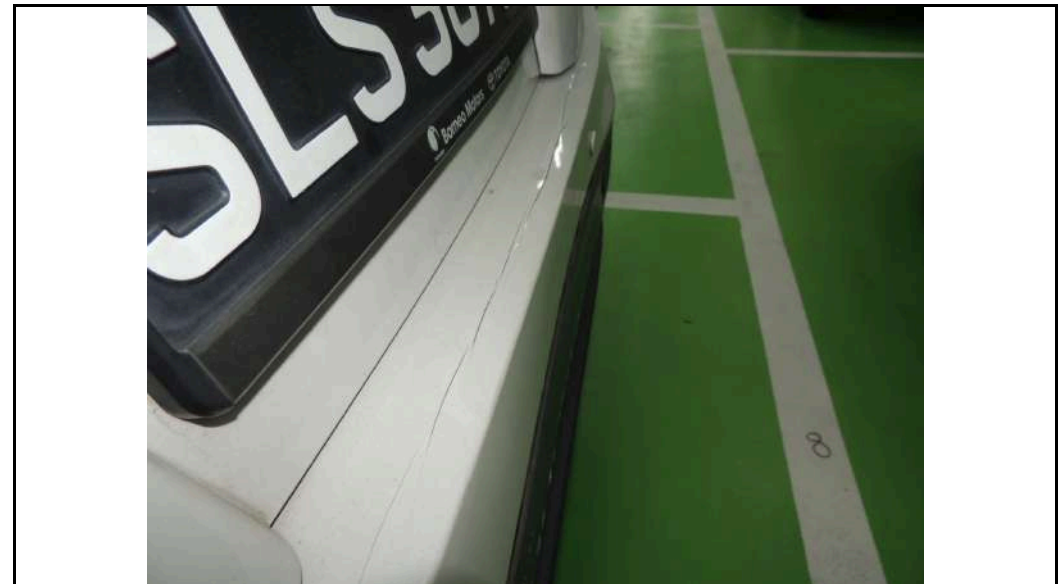




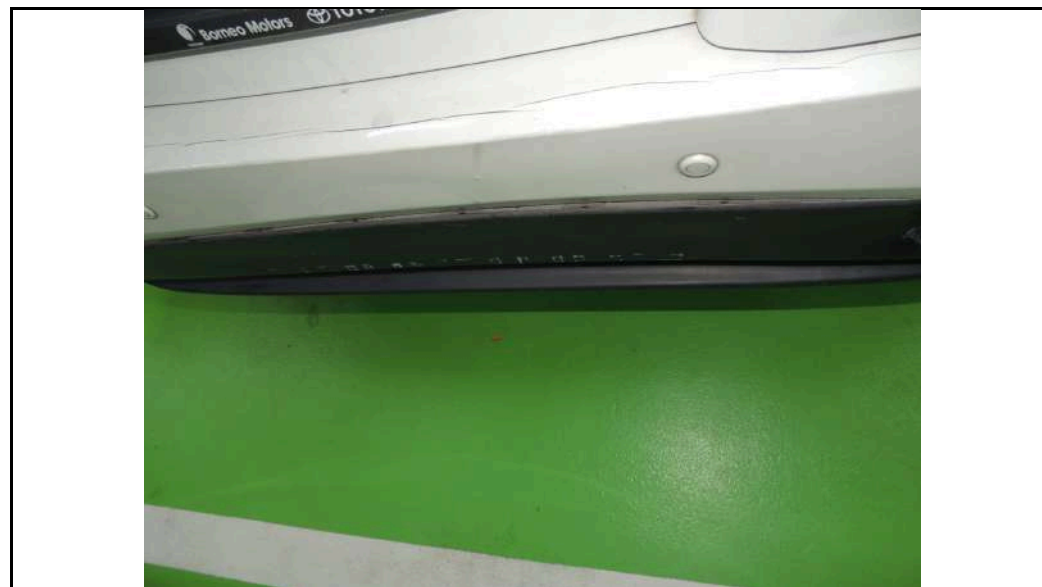
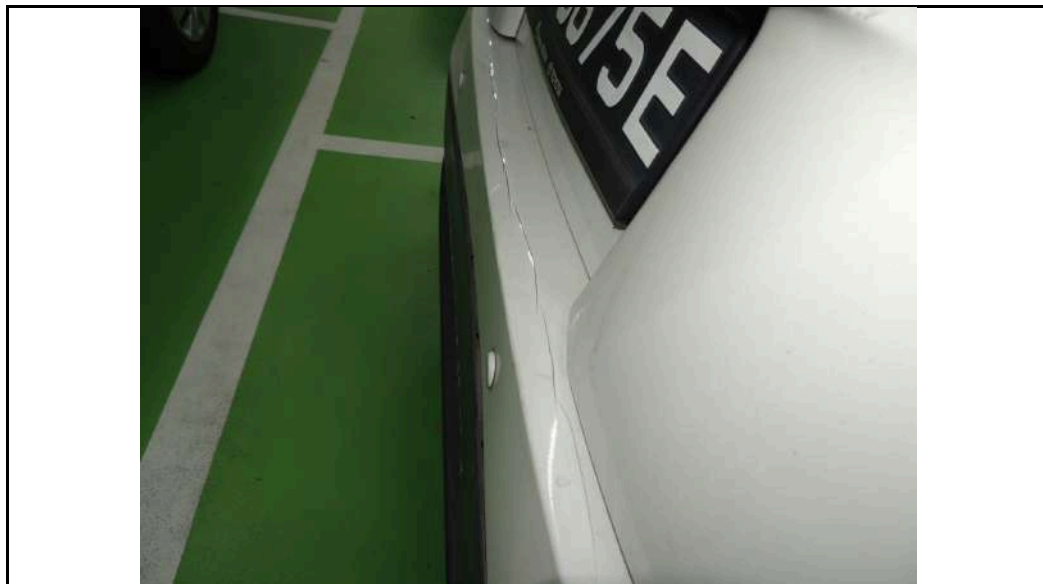
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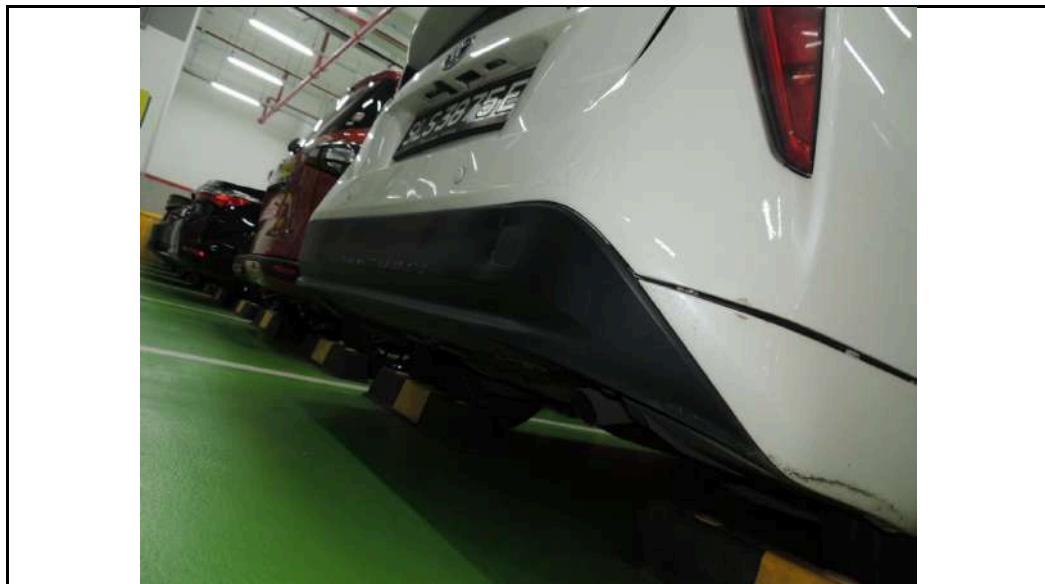


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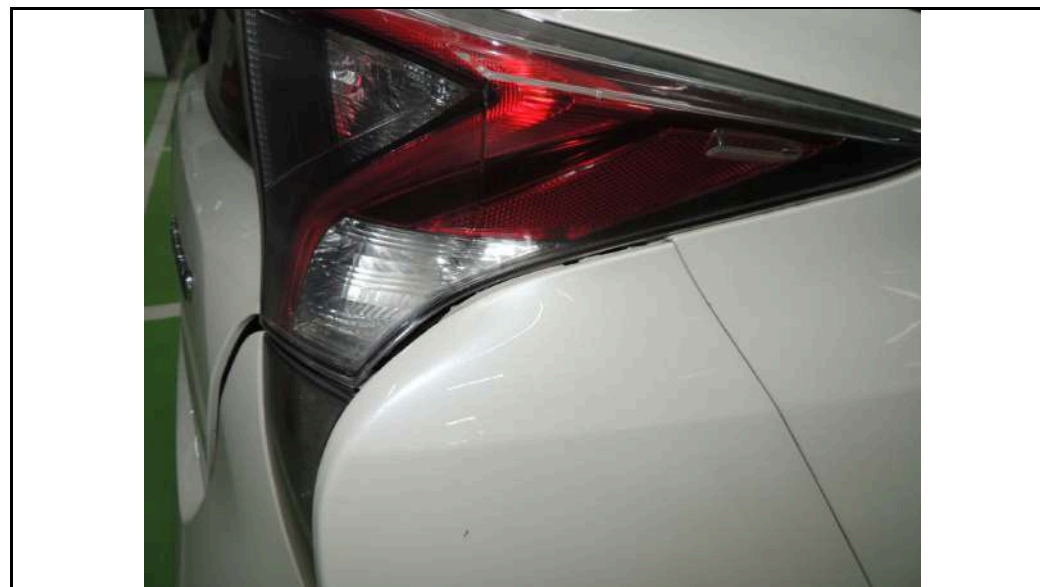




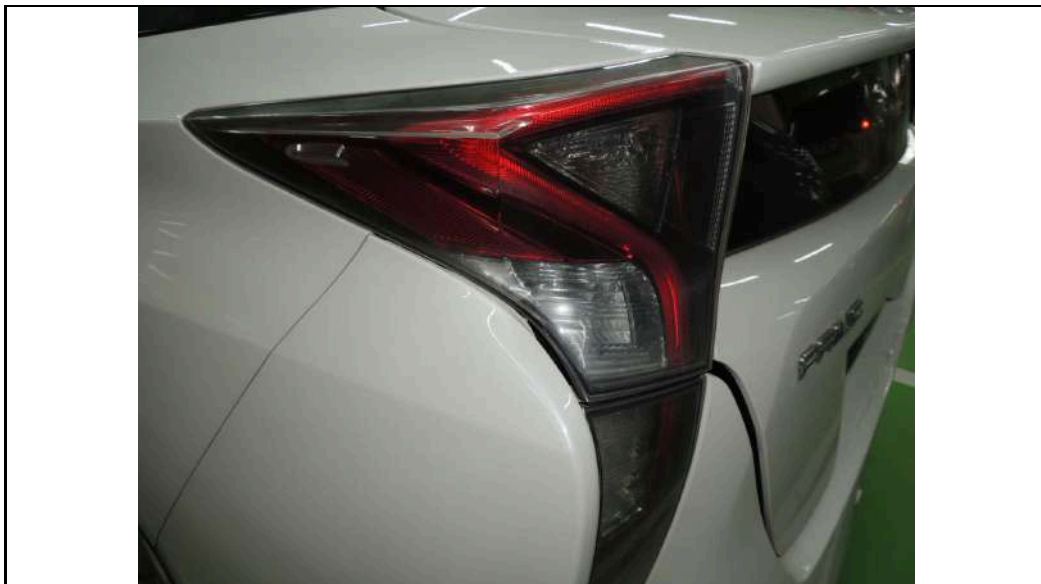
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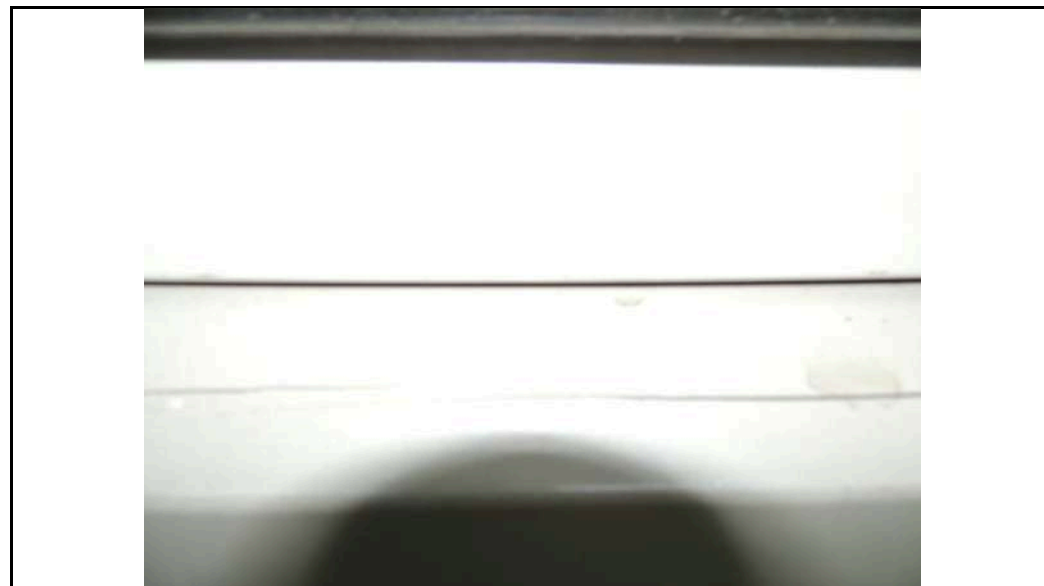
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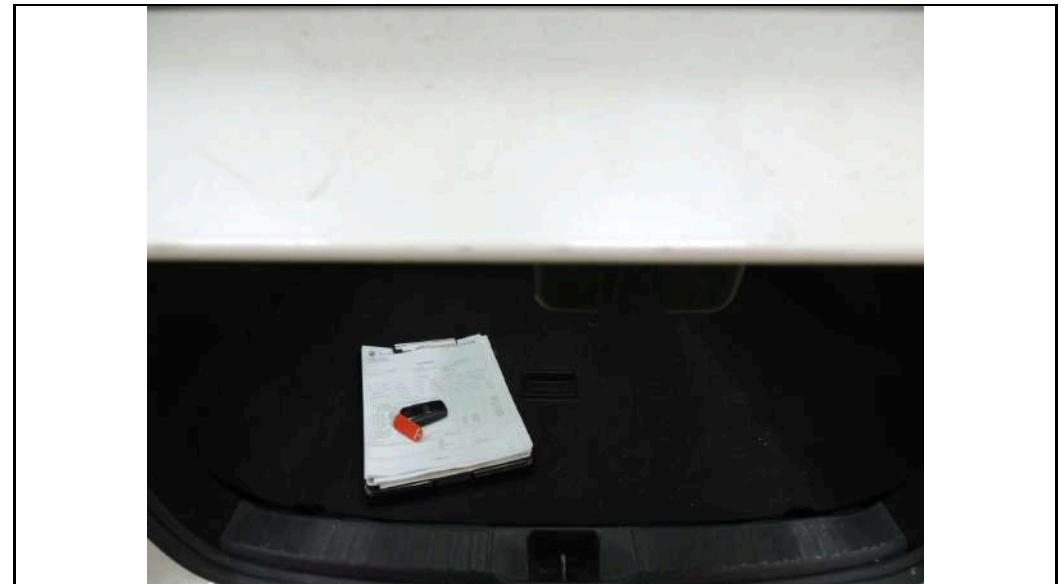


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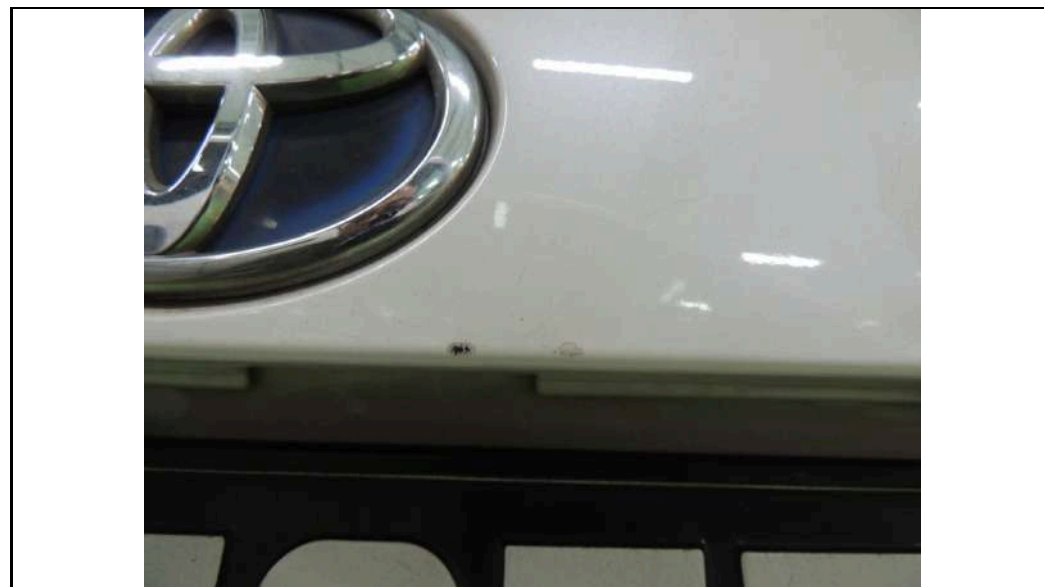
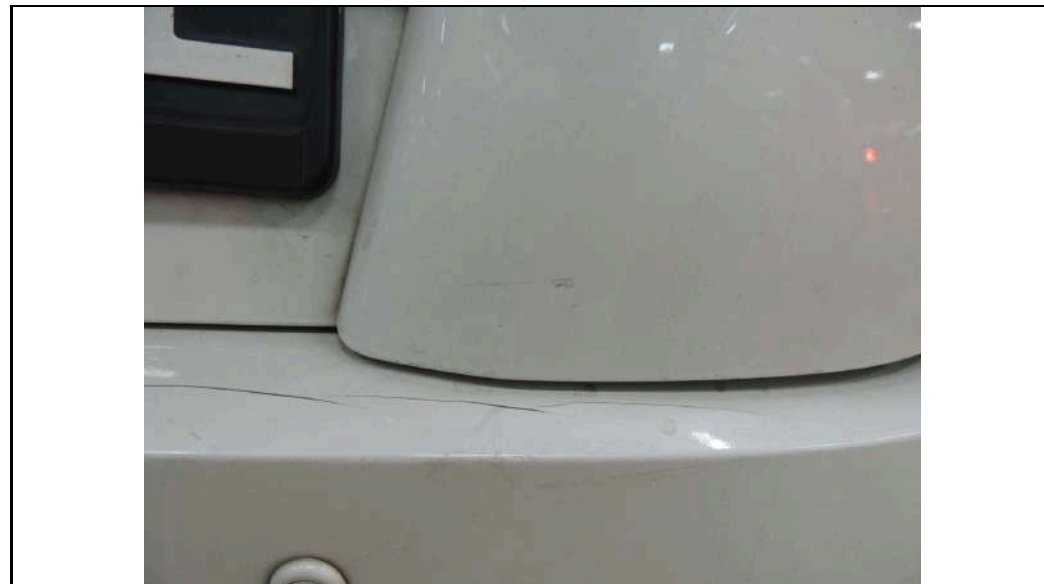




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**REINSPECTION PHOTOS (Page 2 of 2)**

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