

**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. : SAC2400523

INV Date : 05-09-2024

Reference CS/SMR24070190/Rnp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SMG 1724Y
Insured Veh. SG 5833T
Claim No. BUS/07/24/5014
Policy No.
Accident Date 07/07/2024
Inspection Date 11/07/2024

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

KHM



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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24070190/Rnp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	05/09/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SG 5833T	Veh. Inspected	SMG 1724Y
Policy No.	-	Coverage	0
Claim No.	BUS/07/24/5014	Excess	\$0.00
Assign From	HUA YEN	Assign Date	10/07/2024

2. Vehicle Details

Make & Model	MITSUBISHI ECLIPSE CROSS 1.5	C.C	1499
Engine No.	4B40GB3695	Year of Reg.	07/12/2018
Chassis No.	JMAXTGK1WJZ004735	Colour	GREY
Odometer	101638 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	225/55 R18	FALKEN	6
L/H Front Tyre	225/55 R18	FALKEN	6
R/H Rear Tyre	225/55 R18	FALKEN	6
L/H Rear Tyre	225/55 R18	FALKEN	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	07/07/2024	Inspection Date	11/07/2024
Survey held at	42 TOH GUAN ROAD EAST ENTERPRISE HUB #01-79 - REPAIRER: WAH HONG MOTORS & CREDIT 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: 6 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMG 1724Y

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR LOWER WINDSCREEN MOULDING	NECESSARY	\$50.00	\$50.00
1	BOOT LID	BENT	\$1,100.00	\$1,100.00
1	BOOT LID CENTER GARNISH	NOT NECESSARY	\$590.00	\$0.00
1	BOOT LID EMBLEM "ECLIPSE CROSS"	NOT NECESSARY	\$105.00	\$0.00
1	BOOT LID EMBLEM "MIVEC TECHNOLOGY"	NOT NECESSARY	\$110.00	\$0.00
1	BOOT LID INNER WEATHERSTRIP	NECESSARY	\$250.00	\$250.00
1	REAR TAIL LAMP LH	NOT NECESSARY	\$850.00	\$0.00
1	REAR BUMPER	DEFORMED	\$750.00	\$750.00
2	REAR BUMPER SIDE RETAINER RH / LH @\$38.00	N/S NECESSARY	\$76.00	\$38.00
1	REAR BUMPER LOWER GARNISH	CUT	\$210.00	\$210.00
1	REAR BUMPER LOWER GARNISH SILVER COVER LH	SCRATCHED	\$140.00	\$140.00
1	REAR BUMPER REFLECTOR LAMP LH	CRACKED	\$160.00	\$160.00
2	REAR BUMPER PARKING SENSOR @\$350.00	NOT NECESSARY	\$700.00	\$0.00
1	REAR BUMPER INNER PANEL LH (NPA)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
1	REAR FENDER LH (NPA)	TO REPAIR SEE LABOUR	\$0.00	\$0.00
1	REAR BUMPER SPONGE LH (ADDITIONAL)	CRACKED	\$75.00	\$75.00
3	REAR BUMPER LOWER GARNISH RIVET @\$6.00 (ADDITIONAL)	NECESSARY	\$18.00	\$18.00
	LESS 10.00% DISCOUNT		(\$518.40)	(\$279.10)
			\$4,665.60	\$2,511.90

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR TOP WINDSCREEN SEALANT (SN)	NECESSARY	\$50.00	\$50.00
1	REAR LOWER WINDSCREEN SEALANT (SN)	NECESSARY	\$50.00	\$50.00
1	REAR BUMPER CLIP (SN)	NECESSARY	\$35.00	\$30.00
1	SUNDRIES (SN)	NECESSARY	\$40.00	\$20.00
			\$175.00	\$150.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; PANEL BEAT & RESHAPE THE AFFECTED AREAS AND REPLACE THE DAMAGED PARTS AND COMPONENTS. INCLUSIVE OF THE REPAIR OF REAR BUMPER INNER PANEL LH AND REAR FENDER LH		\$840.00	\$700.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED & REPAIRED		\$800.00	\$600.00
	TO PERFORM ANTI-RUST TREATMENT ON AFFECTED AREAS		\$15.00	\$15.00
	TO CARRIED OUT REMOVE AND REPLACE REAR WINDSCREEN (TOP)		\$100.00	\$100.00
	TO CARRIED OUT REMOVE AND REPLACE REAR WINDSCREEN (LOWER)		\$100.00	\$100.00
			\$1,855.00	\$1,515.00
GRAND TOTAL			\$6,695.60	\$4,176.90
	RECOMMENDED COST OF REPAIRS			\$4,176.90
Report Ref No: CS/SMR24070190/Rnp3e2				

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 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	08/07/2024 11:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/07/2024 14:00 (SGT)
Exact Location of Accident	Near Choa Chu Kang Ave 3, Singapore
Additional Location Information	CHOA CHU KANG AVE 3 TOWARDS BRICKLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1724Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL RAHMAN BIN ISMAIL
NRIC No	SXXXX136Z
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Eclipse cross
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	1499

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01310382

DRIVER

Name of Driver	ABDUL RAHMAN BIN ISMAIL
NRIC No	SXXXX1367
Date Of Birth	
Occupation	Outdoor

Driving Pass Date	24/03/1987
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	
Postcode	
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 07/07/2024 @1400 HRS, I WAS DRIVING MY VEHICLE A (SMG1724Y) ON LANE 2 ALONG CHOA CHU KANG AVE 3 TOWARDS BRICKLAND ROAD. MY VEHICLE A (SMG1724Y) WAS STATIONARY WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. I START TO MOVE MY VEHICLE A (SMG1724Y) WHEN THE TRAFFIC LIGHT TURN TO GREEN. THERE WAS TWO VEHICLES AHEAD OF MY VEHICLE A (SMG1724Y) STOP FOR PEDESTRIAN CROSSING AND IMMEDIATELY I STOP MY VEHICLE A (SMG1724Y). SUDDENLY I FELT AN IMPACT ON MY REAR AND REALISED VEHICLE B (SG5833T) HAVE COLLIDED ONTO MY VEHICLE A (SMG1724Y) REAR LEFT PORTION. WE BOTH MOVE TO A SAFE AREA TO EXCHANGE PARTICULARS AND THERE WAS NO INJURY AT THAT POINT IN TIME.

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	SG5833T
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	IVAN CHIANG WHYE MUN
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

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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**

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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:

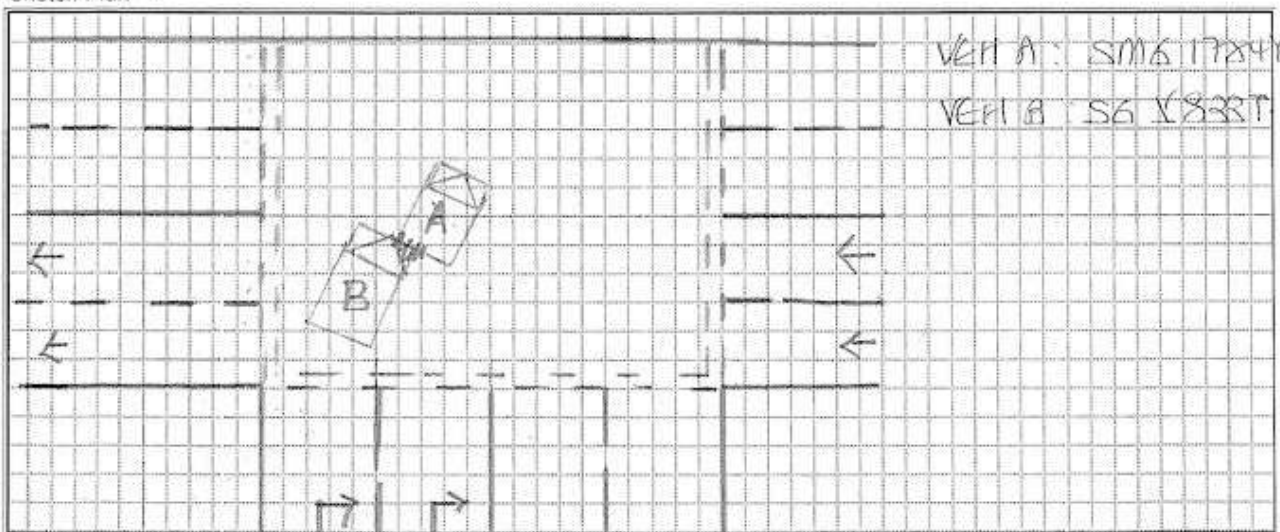
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



LIDA CHU KAIK AVE 3 TIOBE BRICKLAND RD

1

PHOTOGRAPHS FOR VEHICLE NO. : SMG 1724Y



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PHOTOGRAPHS FOR VEHICLE NO. : SMG 1724Y



PHOTOGRAPHS FOR VEHICLE NO. : SMG 1724Y



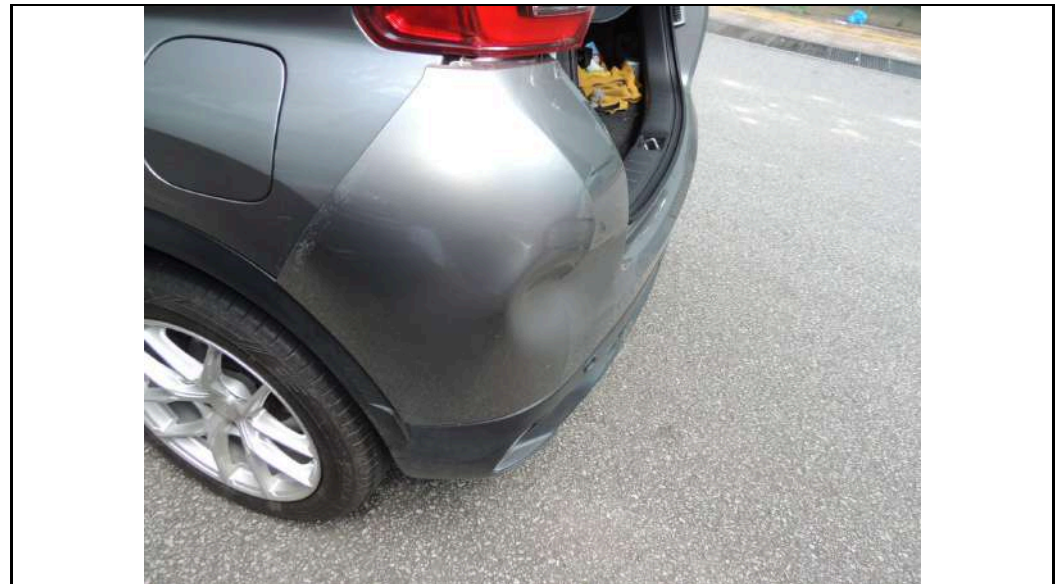
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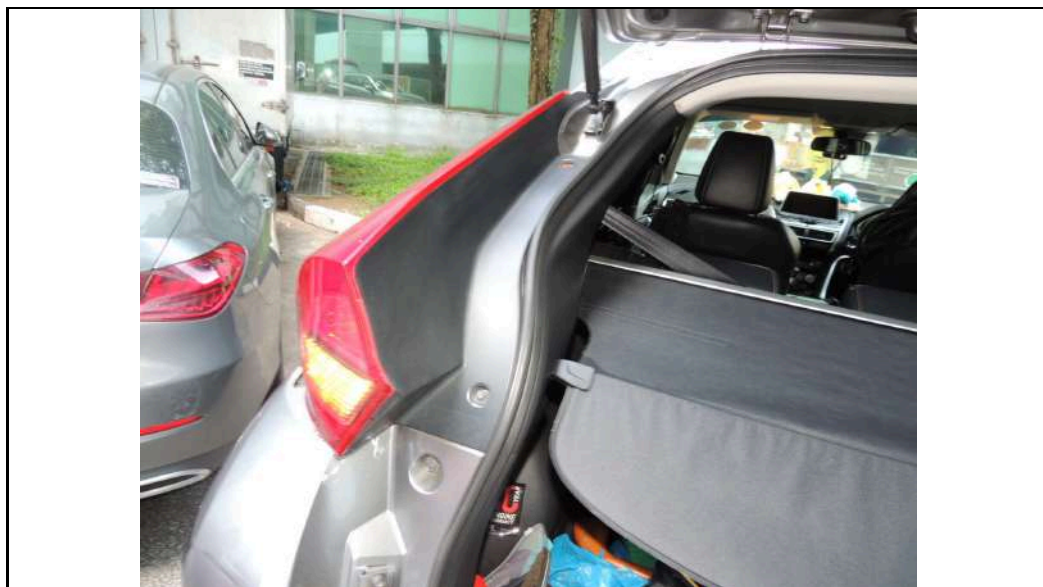
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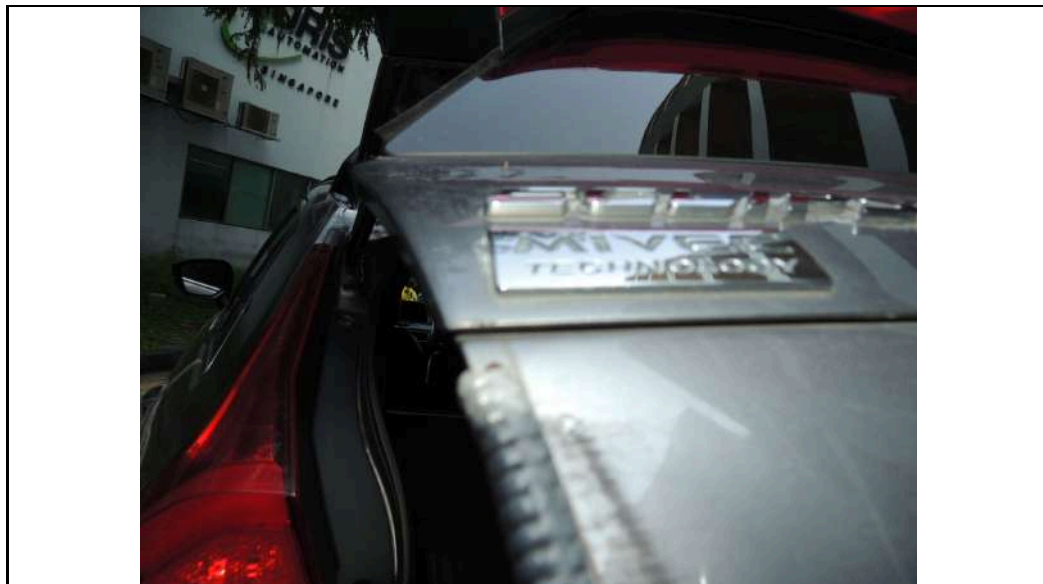
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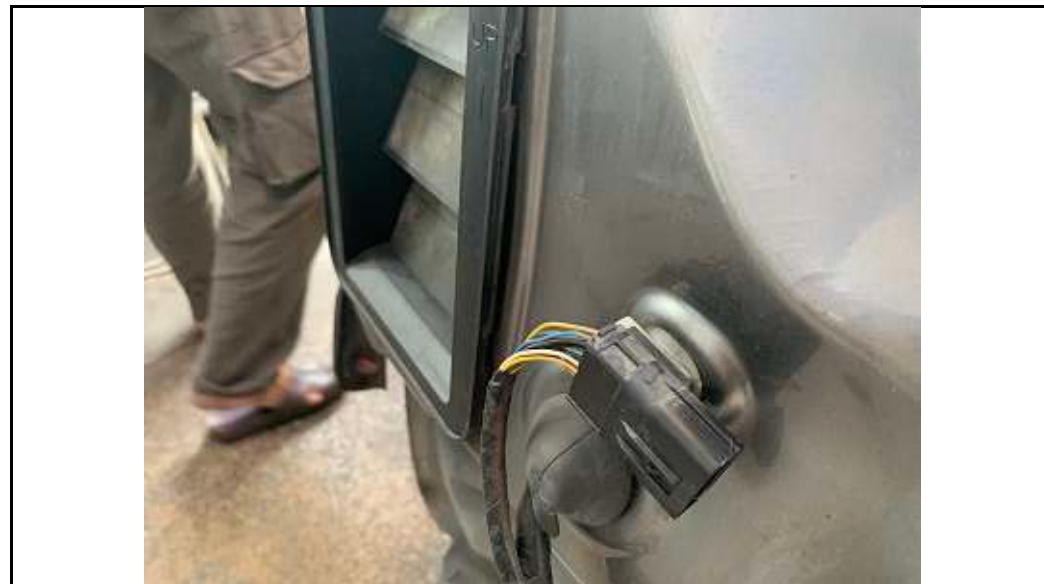
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