

**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. : SAC2400186

INV Date : 02-08-2024

Reference CS/SMR24070280/Evp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SHB 6300P

Insured Veh. SMB 121U

Claim No. BUS/07/24/5031

Policy No.

Accident Date 16/07/2024

Inspection Date 17/07/2024

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/SMR24070280/Evp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	02/08/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 121U	Veh. Inspected	SHB 6300P
Policy No.	-	Coverage	0
Claim No.	BUS/07/24/5031	Excess	\$0.00
Assign From	HUA YEN	Assign Date	17/07/2024

2. Vehicle Details

Make & Model	TOYOTA PRIUS	C.C	1798
Engine No.	2ZR2G14794	Year of Reg.	20/12/2019
Chassis No.	JTDKB3FU803090463	Colour	BLUE
Odometer	610319 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	195/65R15	WESTLAKE	5
L/H Front Tyre	195/65R15	WESTLAKE	5
R/H Rear Tyre	195/65R15	WESTLAKE	5
L/H Rear Tyre	195/65R15	WESTLAKE	5

4. Description of Damages

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

DAMAGES SEE DETAILS.

5. General Information

Accident Date	16/07/2024	Inspection Date	17/07/2024
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

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 SHB 6300P

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER ASSY	TO REPAIR SEE LABOUR	\$503.04	\$0.00
1	REAR BUMPER SIDE BRACKET LH	NOT NECESSARY	\$94.80	\$0.00
10	REAR BUMPER CLIPS	NOT NECESSARY	\$22.00	\$0.00
1	REAR FENDER LH	TO REPAIR SEE LABOUR	\$992.04	\$0.00
1	REAR DOOR ASSY LH	DENTED	\$1,258.30	\$1,258.30
1	ROCKER PANEL GARNISH LH	DEFORMED	\$576.00	\$576.00
1	WHEEL RIM LH	CUT	\$1,555.00	\$1,555.00
	LESS 25.00% DISCOUNT		(\$1,250.30)	(\$847.33)
			\$3,750.88	\$2,541.97

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR DOOR APPS LOGO (SN)	NECESSARY	\$80.00	\$80.00
1	PETROL STICKER (SN)	NOT NECESSARY	\$40.00	\$0.00
			\$120.00	\$80.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER ASSY AND REAR FENDER LH	NOT NECESSARY	\$1,400.00	\$760.00
	SPRAY PAINT		\$1,200.00	\$1,120.00
	REMOVE/REFIX REVERSE SENSOR		\$50.00	\$0.00
	CHECK WIRING		\$50.00	\$30.00
	TRANSFER DOOR PARTS		\$120.00	\$50.00
	TUFF KOTE		\$50.00	\$20.00
				\$2,870.00

GRAND TOTAL	\$6,740.88	\$4,601.97
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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)	\$3,700.00
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Report Ref No: CS/SMR24070280/Evp3m4



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CTY

STEVE CHEN TSUE YEE

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 rely on the Report wholly or in part. Any third party acting or relying 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	16/07/2024 15:36 (SGT)
Reported by	Actual Driver
Date of Accident	16/07/2024 10:00 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	TOWARDS WHOLESALERS CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6300P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
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	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	CHUA HOCK SIAH
NRIC No	SXXXX280I
Date Of Birth	
Occupation	Outdoor

Driving Pass Date	10/03/1977
Driving experience	47 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 716 CLEMENTI WEST STREET 2 # 04 - 45
Address complement	-
Postcode	120716
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 - Change/cross lane
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)	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	UNKNOWN
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 16.07.2024 AT ABOUT 1000HRS VEHICLE A SHB6300P WAS ALONG PASIR PANJANG ROAD TOWARDS WHOLESALE CENTRE. NEAR MAPLE TREE BIZ HUB, VEHICLE A WAS ENTERING INTO LANE 2 WHEN VEHICLE B SMB121U FROM MOST LEFT LANE FILTERED INTO LANE 2. VEHICLE B RIGHT FRONT SIDE SWIPE VEHICLE A LEFT REAR. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT WHOLESALE CENTRE. SCENE PHOTOS TAKEN. NO PARTICULARS EXCHANGED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB121U
Vehicle Manufacturer	Mercedes
Vehicle Model	OC500LE1830H
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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

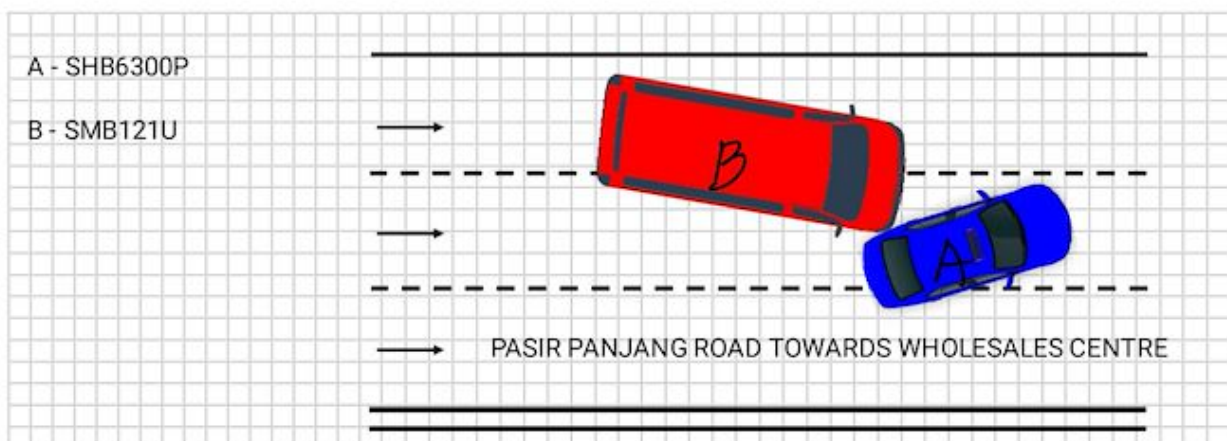
Sketch Plan

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

16.07.2024.

1415HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 16.07.2024 AT ABOUT 1000HRS VEHICLE A SHB6300P WAS ALONG PASIR PANJANG ROAD TOWARDS WHOLESALE CENTRE. NEAR MAPLE TREE BIZ HUB, VEHICLE A WAS ENTERING INTO LANE 2 WHEN VEHICLE B SMB121U FROM MOST LEFT LANE FILTERED INTO LANE 2. VEHICLE B RIGHT FRONT SIDE SWIPE VEHICLE A LEFT REAR. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT WHOLESALE CENTRE.
SCENE PHOTOS TAKEN. NO PARTICULARS EXCHANGED.

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 16.07.2024. 1415HRS

Witnessed by Reporting Centre
Personnel



PHOTOGRAPHS FOR VEHICLE NO. : SHB 6300P



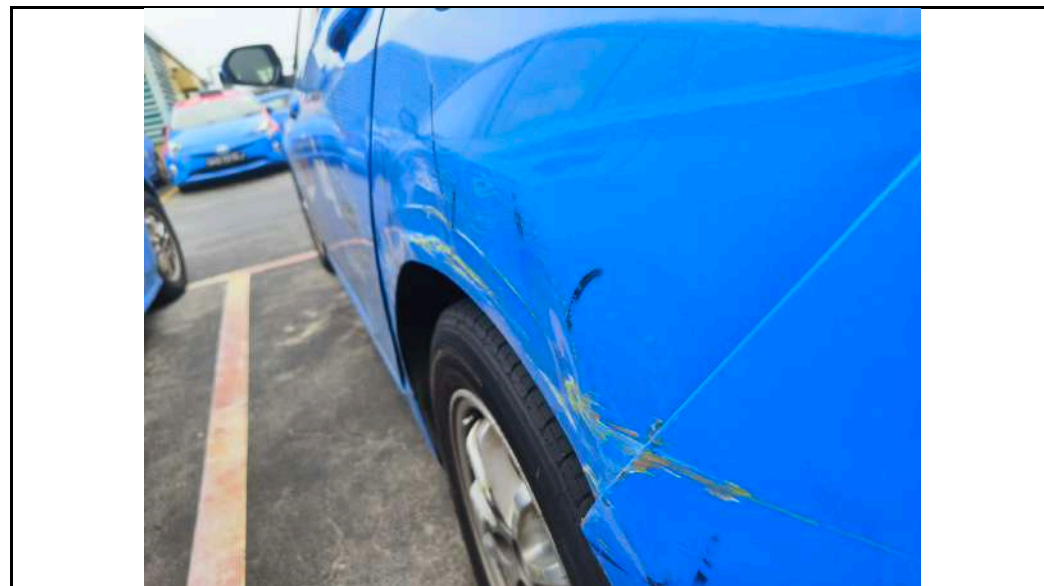
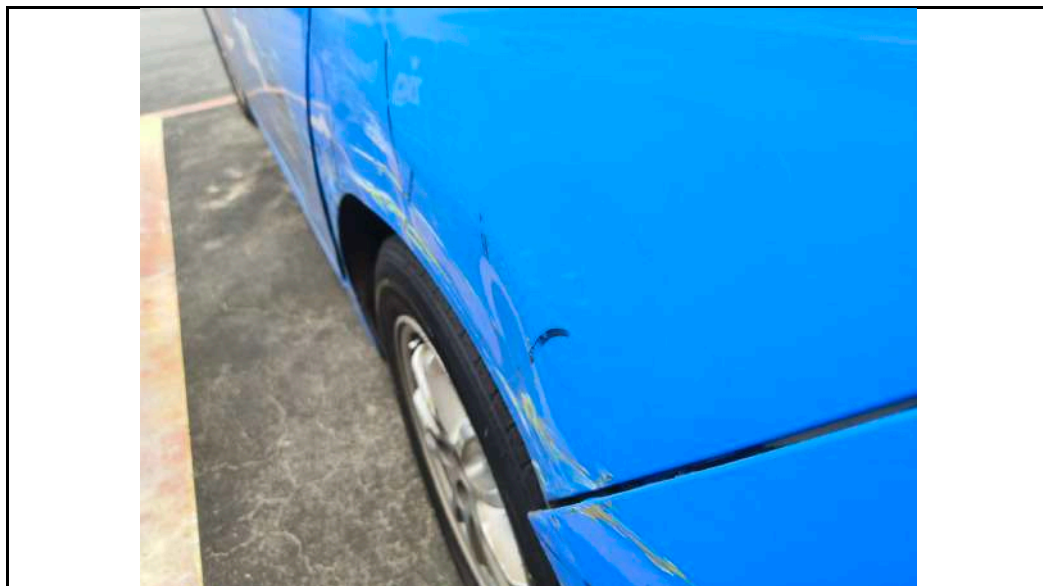
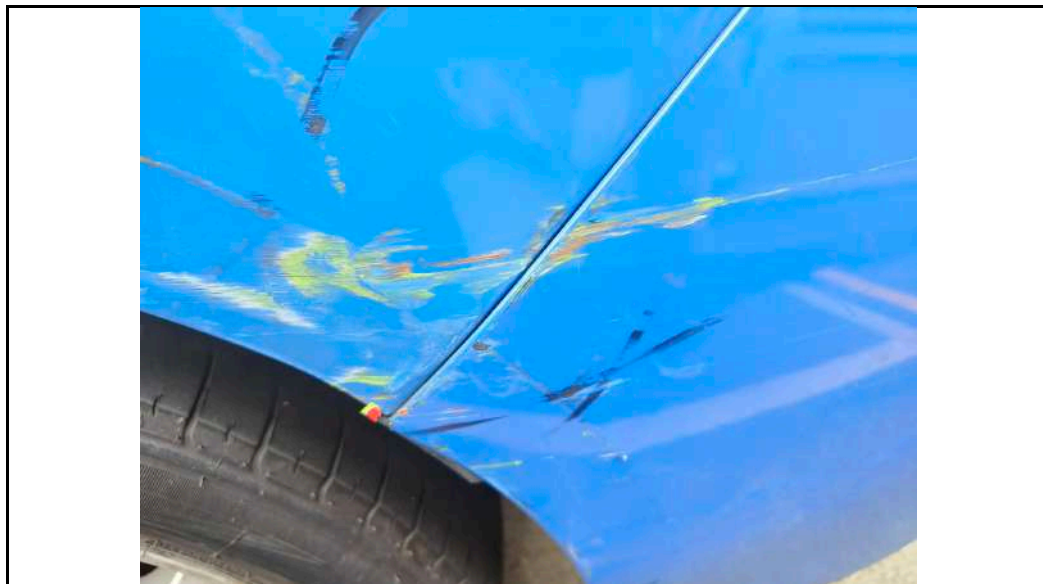
PHOTOGRAPHS FOR VEHICLE NO. : SHB 6300P



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INSPECTION PHOTOS (Page 7 of 12)

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REINSPECTION PHOTOS (Page 2 of 2)

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