



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	INV No.	AC2500171
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	09/01/2025
SINGAPORE 757705	Reference	CS/SMR24070295/Kqp3e2
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	SLZ 3465T
Insured Veh.	SHB 1338P
Claim No.	TAX/07/24/2053
Policy No.	
Accident Date	15/07/2024
Inspection Date	18/07/2024

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	128.00
GST (9%)	11.52
Grand Total	139.52

We shall be glad if you could forward the payment at your early 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				
STRIDES PREMIER AUTOMOTIVE SERVICES PL 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705 ATTN: HUA YEN			Ref: CS/SMR24070295/Kqp3e2(N) Date: 09/01/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHB 1338P	Veh. Inspected	SLZ 3465T
	Policy No.		Coverage (\$)	0.00
	Claim No.	TAX/07/24/2053	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	18/07/2024
2. Vehicle Particulars & Condition				
	Make & Model	SUBARU FORESTER (A)	c.c	1995
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	JF1SJ5KC5JG108235	Colour	WHITE
	Odometer	97996 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	225/60 R17	COMPETUS	7 mm
	L/H Front Tyre	225/60 R17	COMPETUS	7 mm
	R/H Rear Tyre	225/60 R17	COMPETUS	5 mm
	L/H Rear Tyre	225/60 R17	COMPETUS	5 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	15/07/2024	Inspection Date	18/07/2024
	Survey held at	YEE AUTO PTE LTD 160 SIN MING DRIVE #02-17 SIN MING AUTOCITY SINGAPORE 575722		
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. SLZ 3465T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR WHEEL RIM	DENTED	1,250.00	850.00
1	REAR BUMPER	CRACKED	995.20	794.00
1	REAR BUMPER SIDE RETAINER - LH	CRACKED	75.00	75.00
1	REAR BUMPER SIDE RETAINER - RH	SERVICEABLE	75.00	-
1	REAR DOOR - LH	TO REPAIR SEE LABOUR	1,220.00	-
1	REAR DOOR GLASS OUTER MOULDING - LH	SERVICEABLE	195.00	-
1	REAR KNUCKLE ARM - LH	BENT	1,105.80	905.80
1	REAR LOWER ARM - LH	DISTORTED	555.10	555.10
1	REAR FENDER - LH	TO REPAIR SEE LABOUR	1,755.50	-
1	REAR WHEEL BEARING - LH	NECESSARY	425.10	425.10
1	REAR SHOCK ABSORBER - LH	BENT	1,650.20	1,052.60
1	REAR FENDER INNER SHIELD - LH	CRACKED	185.20	185.20
1	SET REAR FENDER INNER SHIELD CLIP	NECESSARY	80.00	80.00
	LESS 20% DISCOUNT		-	-984.56
			9,567.10	3,938.24
<u>SPECIAL NETT ITEMS</u>				
1	REAR TYRE (SN)	SERVICEABLE	400.00	-
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	100.00	50.00
			500.00	50.00
<u>LABOUR</u>				
	TO DISMANTLE & REPLACE DAMAGED PARTS. PANEL BEAT WHERE NECESSARY. INCLUSIVE OF THE REPAIR OF REAR DOOR - LH AND REAR FENDER - LH.		1,800.00	500.00
	TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.		1,800.00	440.00
	TO APPLY RUST-PROOFING ON REPAIRED, REPLACED PANEL.	NOT NECESSARY	200.00	-
	TO CHECK WIRING FUNCTIONS.		80.00	20.00
	TO REMOVE / RENEW REAR UNDERCARRIAGE.		350.00	160.00

Report Ref No. CS/SMR24070295/Kqp3e2(N)



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WHEEL ALIGNMENT.		150.00	60.00
			4,380.00	1,180.00
GRAND TOTAL			14,447.10	5,168.24
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,050.00

Report Ref No. CS/SMR24070295/Kqp3e2(N)

KONG SENG CHEONG

Licensed Appraiser

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	15/07/2024 14:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/07/2024 10:40 (SGT)
Exact Location of Accident	Woodlands Centre Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3465T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAIK KHALED KAMAL SHAH
NRIC No	S1686115D
Email Address	SKKS_KHALED@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81133747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108613702-05

DRIVER

Name of Driver	SHAIK KHALED KAMAL SHAH
NRIC No	S1686115D
Date Of Birth	22/06/1965
Occupation	Indoor



Driving Pass Date	08/09/1998
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81133747
Alt. Phone Number	-
Email Address	SKKS_KHALED@YAHOO.COM.SG
Address	BLK 253 ANG MO KIO STREET 21 #03-189
Address complement	-
Postcode	560253
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 - Cross Junction
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	RUBIAH BINTI ALIAS
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	VIDEO WITH OWNER.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB1338P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate and/or deny 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 also 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.

3. 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 processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to (i) insurer(s) who have insured vehicle(s) involved in this accident (ii) insurer(s) who have insured vehicle(s) involved in this accident and/or collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Monetary Authority of Singapore (regulatory 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/postal 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/are 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.

<p><i>[Signature]</i> Policyholder's Signature (Date & Time) 15/2/24 12:30pm Sketch Plan</p>	<p><i>[Signature]</i> Insurers' Signature (Date & Time) 15/2/24 12:30pm</p>	<p><i>[Signature]</i> Witnessed by Recording Officer/Inspector 15/2/24 12:30pm</p>
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(A) SLZ 3465T

(B) SHB 1338P

Woodhead
Checkmate

Describe Circumstances of the Accident

Refer to Police Report

Police Report No. T/20240715/299

Yp A Yee Auto

☐ Claim OD ☐ Claim Third Party ☒ Claim OD & other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop: Yee Auto Pte Ltd

Email address: yeeautopteLtd@gmail.com

Myself email: skks_khaled@yeeauto.com.sg

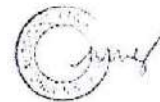
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

Declaration

I/We declare the foregoing particulars are true & correctly stated.

Signature & Stamp / Date & Time
15/7/24
02:50pm

Signature & Stamp / Date & Time
15/7/24
12:50pm

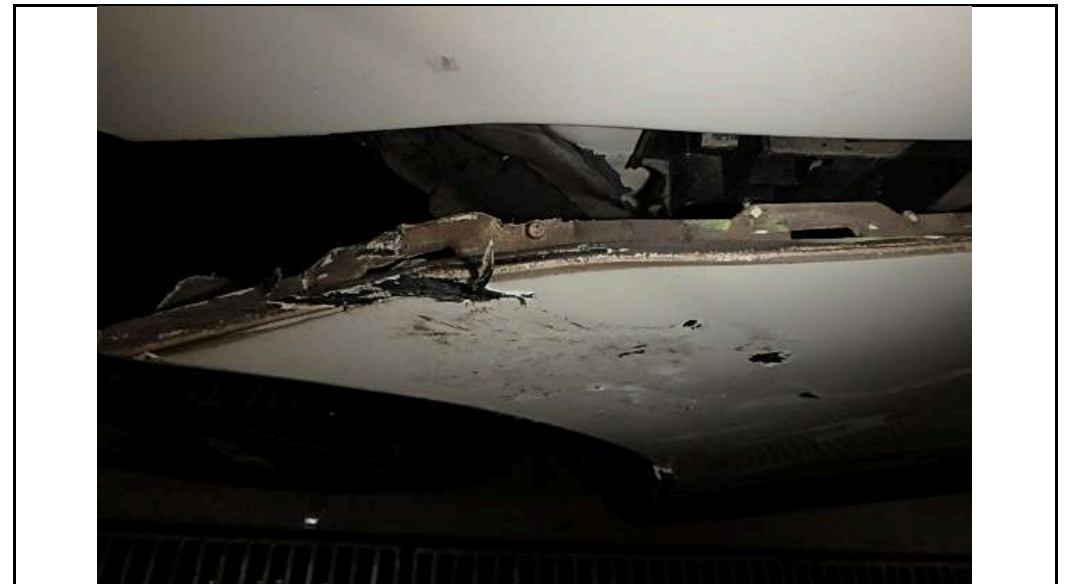


Witnessed by Reporting Center Personnel

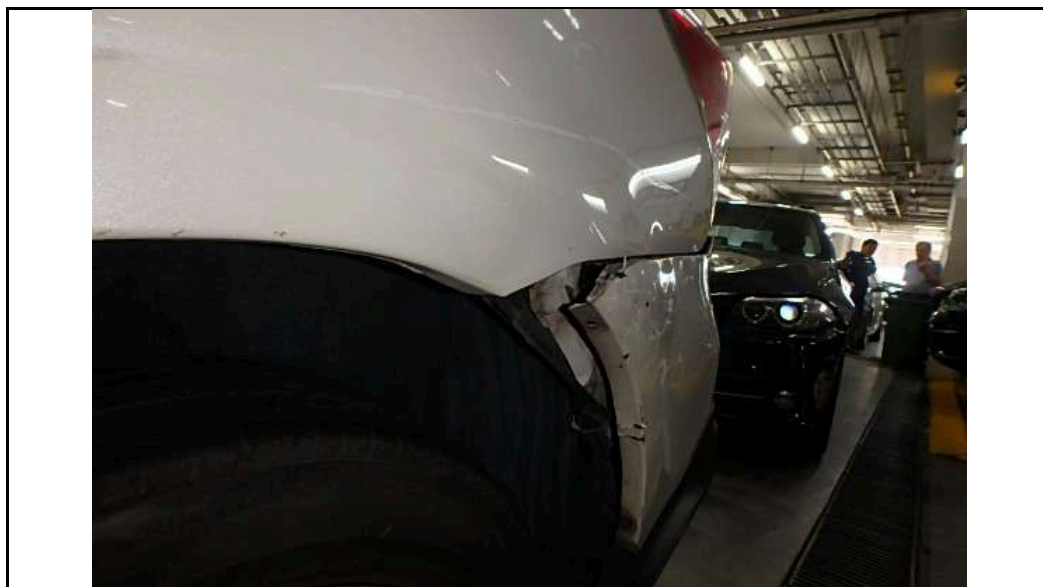
PHOTOGRAPHS FOR VEHICLE NO. : SLZ 3465T



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