

**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. : SAC2400499

INV Date : 04-09-2024

Reference CS/SMR24070352/Rvp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SLK 3619X

Insured Veh. SHF 305U

Claim No. TAX/07/24/2072

Policy No.

Accident Date 22/07/2024

Inspection Date 23/07/2024

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/SMR24070352/Rvp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	04/09/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHF 305U	Veh. Inspected	SLK 3619X
Policy No.	-	Coverage	0
Claim No.	TAX/07/24/2072	Excess	\$0.00
Assign From	HUA YEN	Assign Date	23/07/2024

2. Vehicle Details

Make & Model	TOYOTA PRIUS HYBRID 1.8 CVT	C.C	1798
Engine No.	2ZRR983272	Year of Reg.	13/01/2017
Chassis No.	JTDKB3FU803541441	Colour	GREY
Odometer	627497 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	22/07/2024	Inspection Date	23/07/2024
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 SLK 3619X

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SUNDRIES (SN)	NECESSARY	\$100.00	\$50.00
1	SEALANT (NETT) (SN)	NOT NECESSARY	\$200.00	\$0.00
1	COVER, RR BUMPER (SN)	DEFORMED	\$680.60	\$680.60
1	REINFORCEMENT (SN)	BENT	\$512.40	\$512.40
1	RETAINER, RR BUMPER (SN)	SERVICEABLE	\$180.50	\$0.00
1	RETAINER, RR BUMPER (SN)	SERVICEABLE	\$177.50	\$0.00
1	SEAL, RR BUMPER (SN)	SERVICEABLE	\$122.30	\$0.00
1	SEAL, RR BUMPER (SN)	SERVICEABLE	\$122.30	\$0.00
1	GUARD, RR BUMPER (SN)	DEFORMED	\$884.60	\$884.60
1	FILLER, RR BUMPER (SN)	SERVICEABLE	\$170.50	\$0.00
1	FILLER, RR BUMPER (SN)	SERVICEABLE	\$170.50	\$0.00
1	COVER, RR BUMPER (SN)	SCRATCHED	\$21.40	\$21.40
10	PIECE, RR BUMPER (SN)	NECESSARY	\$58.00	\$58.00
1	PANEL SUB-ASSY, BODY (SN)	SERVICEABLE	\$1,000.10	\$0.00
1	COVER, DECK TRIM, RR (SN)	SERVICEABLE	\$174.20	\$0.00
1	GARNISH SUB-ASSY (SN)	TO REPAIR SEE LABOUR	\$1,283.40	\$0.00
1	2PT R SENSOR WITH ANGLE 1F7 SL (SN)	SHORTED	\$101.05	\$101.05
1	LENS & BODY, RR (SN)	NOT NECESSARY	\$695.50	\$0.00
1	LENS & BODY, RR (SN)	NOT NECESSARY	\$677.90	\$0.00
1	LENS & BODY, RR (SN)	NOT NECESSARY	\$777.30	\$0.00
1	LENS & BODY, RR (SN)	NOT NECESSARY	\$777.30	\$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
			\$9,138.15	\$2,558.85

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	CHECK WIRING SYSTEM		\$198.00	\$198.00
	TO RESET ECU AND REPROGRAMME		\$198.00	\$198.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	DRILL HOLE AND INSTALL REVERSE SENSOR		\$198.00	\$198.00
	REPL ACC AFF AREA STRAIGHTEN AND PANEL BEAT ACC AFF AREA. INCLUSIVE OF THE REPAIR OF GARNISH SUB-ASSY		\$3,960.00	\$792.00
	RESPRAY ACC AFF AREA		\$3,280.00	\$1,312.00
			\$7,834.00	\$2,698.00
GRAND TOTAL			\$16,972.15	\$5,256.85
	RECOMMENDED COST OF REPAIRS			\$5,256.85
Report Ref No: CS/SMR24070352/Rvp3m4				

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 reposibility 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	22/07/2024 17:28 (SGT)
Reported by	Actual Driver
Date of Accident	22/07/2024 13:50 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	WOODLANDS AVENUE 3, SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3619X
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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	-
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	MUHAMMAD SHAHPERI BIN MOHD ARIF
NRIC No	SXXXX093C
Date Of Birth	
Occupation	Outdoor

Driving Pass Date	16/06/1988
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	gr.sg.accident@grah.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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
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

ON THE 22.07.24 AT AROUND 1350HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SLK3619X ALONG WOODLANDS AVE 5 X WOODLANDS AVE 3 EN ROUTING TO MARSILING PRIMARY SCHOOL WITH MY DAUGHTER AND GRANDCHILDREN. WHILE AT THE SLIP ROAD AFTER THE ZEBRA CROSSING, I STOPPED TO GIVE WAY TO THE ONCOMING TRAFFIC WHEN SUDDENLY VEHICLE B (SHF305U) REAR ENDED ME FROM BEHIND. WE BOTH DID NOT EXCHANGE PARTICULARS AND I WILL BE SEEKING MEDICAL ATTENTION.

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 SHF305U
 Vehicle Manufacturer Toyota
 Vehicle Model PRIUS 5DR HATCHBACK (AUTO)
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMMAD SHAHPERI BIN MOHD ARIF
 Gender Male
 Phone No
 Address
 Address Complement -
 Post Code
 Approximate Age Years Old 59
 Injuries Sustained BACKPAIN
 Injured person in which vehicle? SLK3619X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

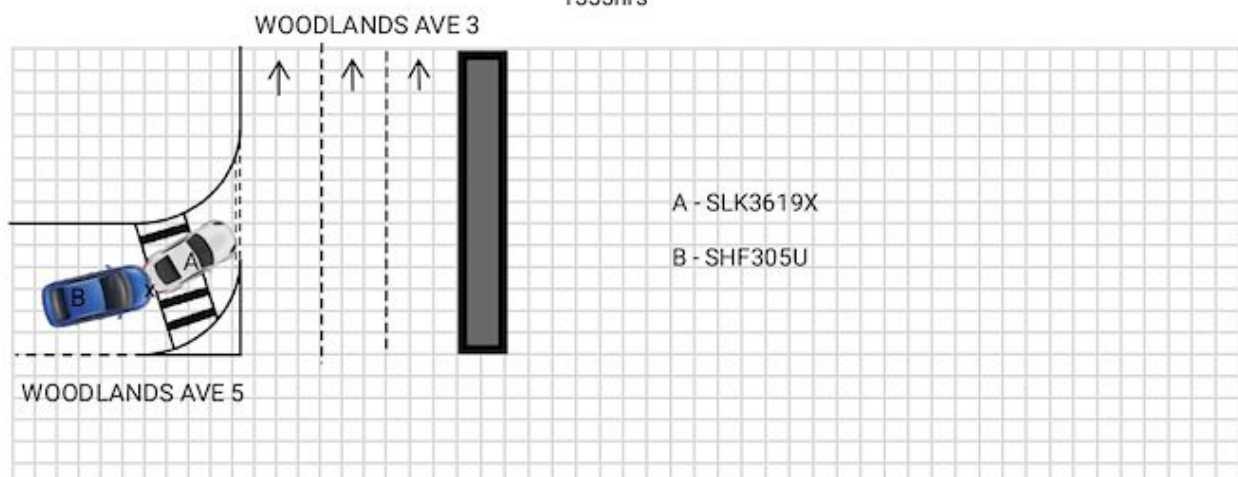
1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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

Sketch Plan



Describe Circumstances 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

PHOTOGRAPHS FOR VEHICLE NO. : SLK 3619X



PHOTOGRAPHS FOR VEHICLE NO. : SLK 3619X



PHOTOGRAPHS FOR VEHICLE NO. : SLK 3619X



PHOTOGRAPHS FOR VEHICLE NO. : SLK 3619X



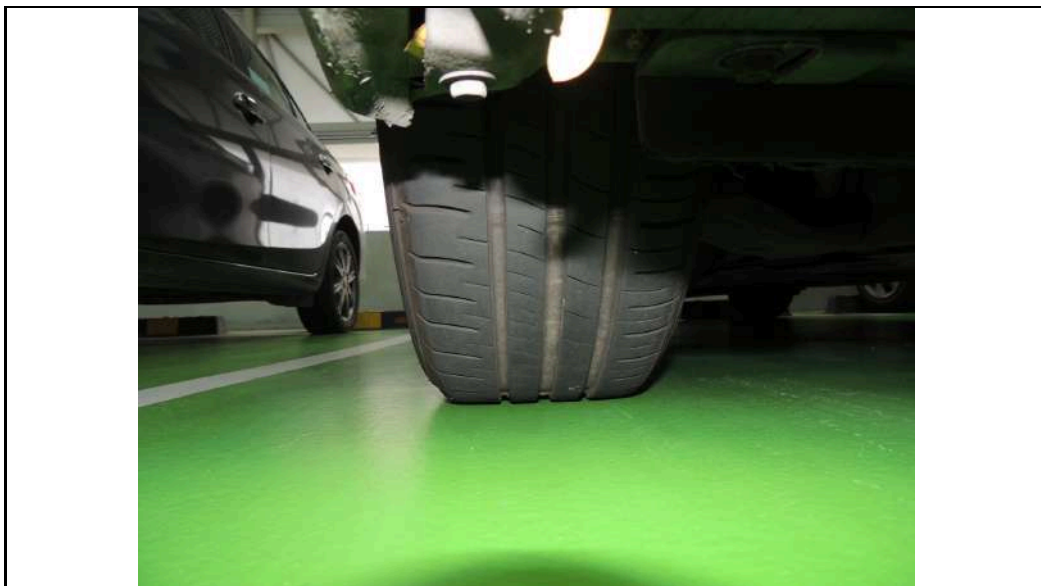
PHOTOGRAPHS FOR VEHICLE NO. : SLK 3619X



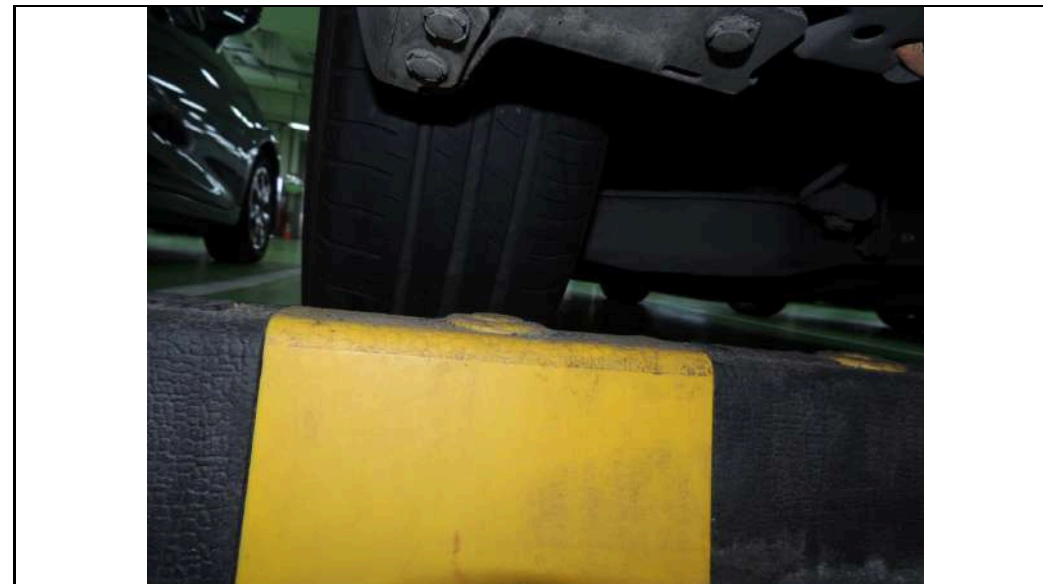
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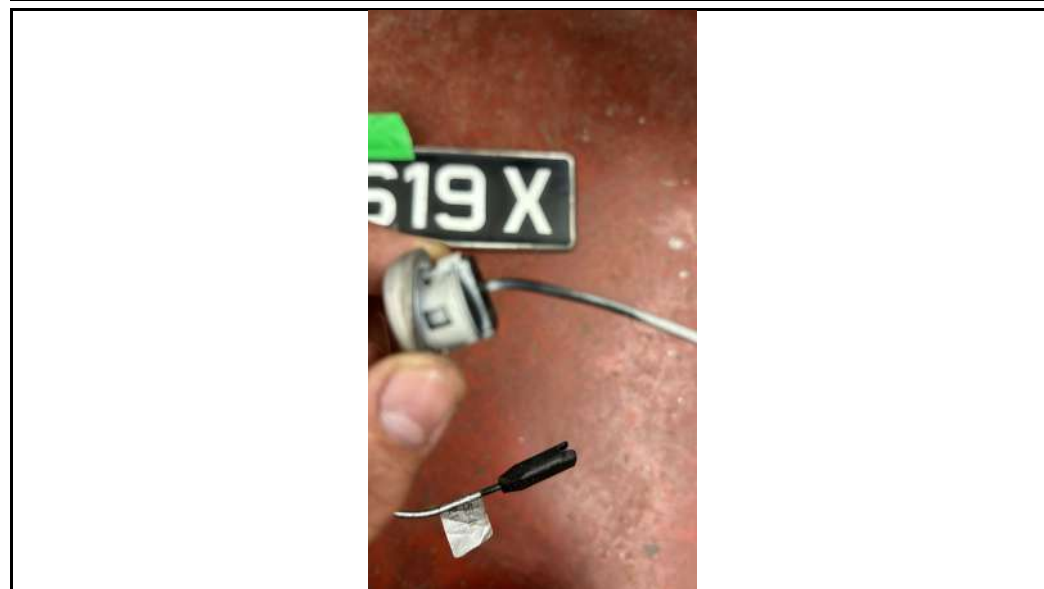
PHOTOGRAPHS FOR VEHICLE NO. : SLK 3619X



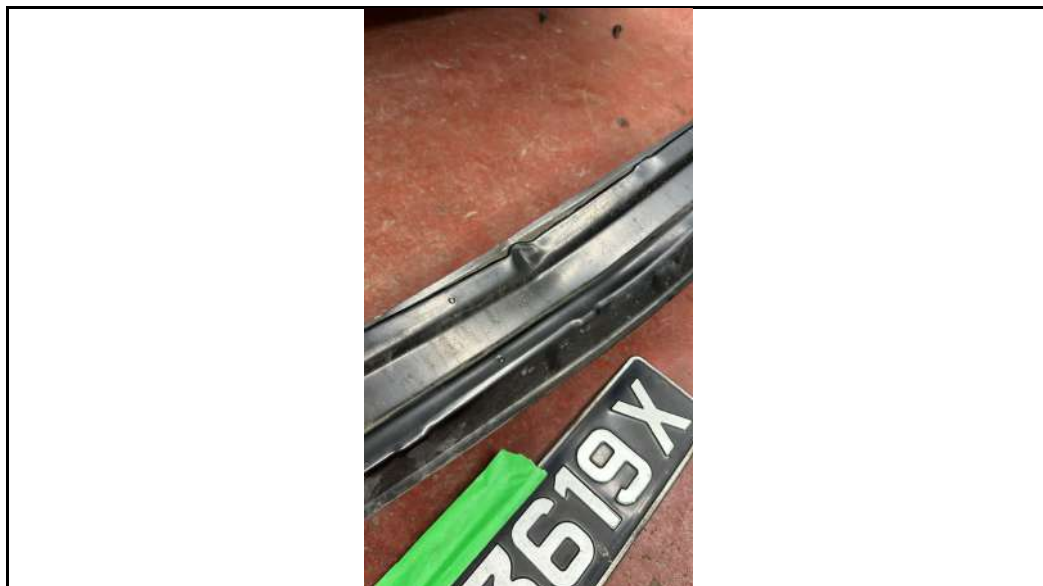
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REINSPECTION PHOTOS (Page 3 of 3)

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