



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.	AC2501090
60 WOODLANDS INDUSTRIAL PARK E4	INV Date	25/02/2025
SINGAPORE 757705	Reference	CS/SMR24070362/Avp3e2
ATTN: HUA YEN	Code	SMR

PROFESSIONAL SERVICE FEE

Vehicle No.	GBE 6288Y
Insured Veh.	SHF 122E
Claim No.	TAX/07/24/2060
Policy No.	
Accident Date	17/07/2024
Inspection Date	16/12/2024

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/SMR24070362/Avp3e2(N) Date: 25/02/2025 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SHF 122E	Veh. Inspected	GBE 6288Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	TAX/07/24/2060	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	24/07/2024
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA HIACE	c.c	2982
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	JTFHT02P400189974	Colour	WHITE
	Odometer	284803 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
	L/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
	R/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm
	L/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	17/07/2024	Inspection Date	16/12/2024
	Survey held at	N-51 AUTOMOTIVE PTE LTD 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
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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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBE 6288Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR AXLE	NOT NECESSARY	3,605.60	-
1	REAR LH BEARING	NOT NECESSARY	477.60	-
1	REAR LH DOOR	TO REPAIR SEE LABOUR	2,865.70	-
1	REAR LH DOOR RAIL	NOT NECESSARY	507.00	-
1	REAR LH DOOR RAIL END GARNISH	NOT NECESSARY	265.00	-
1	REAR LH FENDER	DENTED	2,385.60	1,850.00
1	REAR LH FENDER AIR VENT	NOT NECESSARY	97.00	-
1	REAR LH FENDER INNER PANEL	NOT NECESSARY	977.00	-
1	REAR LH FENDER INNER TRIM BOARD	NOT NECESSARY	489.50	-
1	REAR LH METAL RIM	NOT NECESSARY	453.50	-
	LESS 25% DISCOUNT		-3,030.88	-462.50
			9,092.62	1,387.50
	<u>SPECIAL NETT ITEMS</u>			
1	SET REAR LH FENDER INNER TRIM BOARD CLIPS (SN)	NOT NECESSARY	50.00	-
			50.00	-
	<u>LABOUR</u>			
	TO REMOVE, CHANGE REAR SUSPENSION PARTS, AXLE CARRIAGE, ABSORBER, LOWER ARM, TOP ARM, TRAILING ARM, KNUCKLE ARM, WHEEL BEARING, BEARING HUB & ETC.	NOT NECESSARY	450.00	-
	TO ROAD TEST DRIVING, CHECK AND RESETTNG WHEEL ALIGNMENTS SYSTEM.	NOT NECESSARY	100.00	-
	TO TRANSFER DOOR GLASS, REGULATOR GEAR, MOTOR, RAILING, CHANNEL, TRIM BOARD, MECHANISM LOCK AND HANDLE.	NOT NECESSARY	80.00	-
	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS, REPAIR PORTION, AND WHERE CONSISTENT TO THE ACCIDENT.		1,000.00	400.00
	TO PROVIDE LABOUR, WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS, REPAIR, RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE, BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR LH DOOR.		1,200.00	400.00

Report Ref No. CS/SMR24070362/Avp3e2(N)



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL.		100.00	40.00
			2,930.00	840.00
GRAND TOTAL			12,072.62	2,227.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,700.00

Report Ref No. CS/SMR24070362/Avp3e2(N)

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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 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. 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	17/07/2024 17:39 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2024 14:10 (SGT)
Exact Location of Accident	Hill St, Singapore
Additional Location Information	HILL ST TOWARDS VICTORIA ST BESIDE CENTRAL FIRE STATION SINGAPORE 179367
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6288Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	I-DEAL AUTO TRADING PRIVATE LIMITED
Company Reg No	2XXXXX874K
Email Address	ANDY@I-DEAL.SG
Mobile Phone No	(Phone) +65-87789969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Goods vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V14595/VCZ/R00

DRIVER

Name of Driver	LIM CHOON KIAN
NRIC No	SXXXX982F
Date Of Birth	09/04/1965

Occupation	Indoor
Driving Pass Date	01/12/1992
Driving experience	31 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98191208
Alt. Phone Number	-
Email Address	ANDY@I-DEAL.SG
Address	APT BLK 813 JELlicoe ROAD #11-26 SINGAPORE 200813
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	Side Swipe
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

AS OF ABOVE DATE AND TIME , I WAS DRIVING MY VEHICLE (GBE6288Y) ALONG HILL ST TOWARDS VICTORIA ST ON THE EXTREME RIGHT LANE OF A 4 LANE ROAD. BESIDE CENTRAL FIRE STATION SINGAPORE 179367 , I WAS DRIVING AT A MODERATE SPEED WHEN SUDDENLY, VEHICLE B (SHF122E) FILTERED FROM THE LEFT (LANE 2) & COLLIDED INTO THE LEFT REAR PORTION OF MY VEHICLE.

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	SHF122E
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Brown

Vehicle Category	Taxi
Name of Driver	RASUL BIN SUBADAH
Contact Number	(Phone) +65-92307550
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 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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 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.

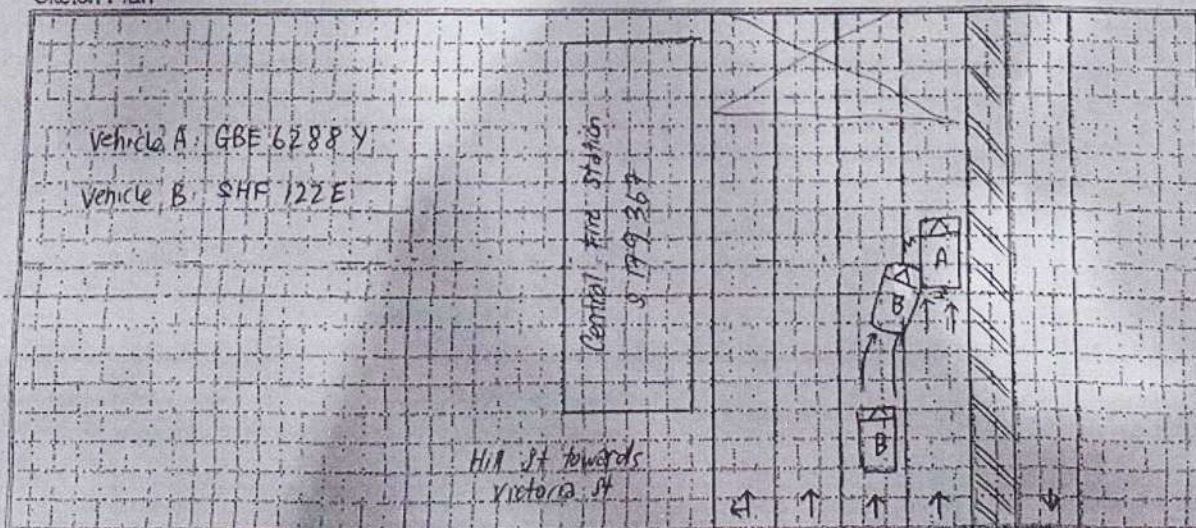


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (GBE 6288Y) along Hill St towards Victoria St on the extreme right lane of a 4 lane road Beside Central Fire station P 179367, I was driving at a moderate speed when suddenly, vehicle B (SHF 122E) filtered from the left (Lane 2) & collided into the left rear portion of my vehicle.

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 NR/CID card)

PHOTOGRAPHS FOR VEHICLE NO. : GBE 6288Y



PHOTOGRAPHS FOR VEHICLE NO. : GBE 6288Y





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INSPECTION PHOTOS (Page 3 of 7)

PHOTOGRAPHS FOR VEHICLE NO. : GBE 6288Y





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INSPECTION PHOTOS (Page 4 of 7)

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REINSPECTION PHOTOS (Page 2 of 2)

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