

**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. : SAC2400201

INV Date : 07-08-2024

Reference CS/SMR24070369/Unp3m4

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. YP 9023U

Insured Veh. SHD 6021J

Claim No. TAX/07/24/2057

Policy No.

Accident Date 16/07/2024

Inspection Date 24/07/2024

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/SMR24070369/Unp3m4		
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE		Date: 07/08/2024		
757705		Code: SMR		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 6021J	Veh. Inspected	YP 9023U	
Policy No.	-	Coverage	0	
Claim No.	TAX/07/24/2057	Excess	\$0.00	
Assign From	HUA YEN	Assign Date	24/07/2024	
2. Vehicle Details				
Make & Model	MITSUBISHI CANTER FEB21ER4SDEN (M)		C.C	2998
Engine No.	4P10D25496		Year of Reg.	23/07/2018
Chassis No.	FEB21EA25222		Colour	WHITE
Odometer	519495 KM		Steering	IN ORDER
Brakes	IN ORDER		General	GOOD
Modification(s)	RIMS: NIL			
3. Conditions of Tyres				
		Size	Make	Balance (mm)
R/H Front Tyre		195/85R15	YOKOHAMA	5
L/H Front Tyre		195/85R15	YOKOHAMA	5
R/H Rear Tyre		195R15 (D)	HAIDA	5/5
L/H Rear Tyre		195R15 (D)	HAIDA	5/5
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	16/07/2024		Inspection Date	24/07/2024
Survey held at	KAI LIANG MOTOR SERVICE BLK 1 KAKI BUKIT AVE 6 #01-101 AUTOBAY @KAKI BUKIT SINGAPORE 417883			
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: 2 Working Days				



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO YP 9023U

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT BUMPER	TO REPAIR SEE LABOUR	\$1,227.00	\$0.00
1	FRONT BUMPER PROTECTOR O/S	GRAZED	\$369.81	\$369.81
1	FRONT SIDE LAMP O/S	CRACKED	\$187.50	\$187.50
1	FRONT SIGNAL LAMP O/S	BROKEN	\$288.21	\$288.21
1	HEADLAMP O/S	HOLDER CRACKED	\$685.20	\$685.20
1	FRONT CORNER PANEL O/S	TO REPAIR SEE LABOUR	\$355.20	\$0.00
1	FRONT DOOR O/S	TO REPAIR SEE LABOUR	\$1,948.00	\$0.00
	LESS 25.00% DISCOUNT		(\$1,265.23)	(\$382.68)
			\$3,795.69	\$1,148.04

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO CHECK WIRING	NOT NECESSARY	\$50.00	\$20.00
	TO SPRAY RUST PROOFING		\$50.00	\$0.00
	LABOUR FOR PANEL BEATING & REPLACED PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER, FRONT CORNER PANEL O/S AND FRONT DOOR O/S		\$500.00	\$280.00
	TO PUTTY & SPRAY PAINTING		\$450.00	\$200.00
			\$1,050.00	\$500.00

GRAND TOTAL			\$4,845.69	\$1,648.04
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$1,300.00
Report Ref No: CS/SMR24070369/Unp3				

CKS

MARCUS CHUA KANG SENG

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 repositibility whatsoever, in contract 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	16/07/2024 17:37 (SGT)
Reported by	Actual Driver
Date of Accident	16/07/2024 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR WEST ROAD AREA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9023U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GURU BUILDERS PTE. LTD.
Company Reg No	201323619W
Email Address	JSK.GURUSG@GMAIL.COM
Mobile Phone No	(Phone) +65-97116430
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FUSO CANTER
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	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118165893-03

DRIVER

Name of Driver	THANGARASU SIVAKUMAR
Passport No/FIN	G6793214K
Date Of Birth	15/04/1979
Occupation	Outdoor

Driving Pass Date	10/08/2016
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-63963945
Alt. Phone Number	-
Email Address	JSK.GURUSG@GMAIL.COM
Address	21 WOODLANDS CLOSE #02-01, PRIMZ BIZHUB
Address complement	-
Postcode	737854
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Parked Vehicle
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	MUTHUSAMY PERIYASAMY
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

REFER TO ATTACHED

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	SHD6021J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

SKETCH PLAN

16/07/24
240p-

Describe Circumstances of the Accident

On 16/07/2024, at around 12:00pm, I was parked inside my long, YP90230, with my passenger. Suddenly, on the right hand side of the long, a taxi (SH060217) ~~swam~~ drove towards me, and causing my front right side bumper & driver door, front headlights to be damaged. I immediately stopped and came out to check it. The taxi driver mentioned that he acknowledges that it was his mistake and nobody was injured. I took photos of the accident and informed him to make a report as well. Overall, nobody was injured & ~~the~~ my long right side was damaged. The road was dry, 3-lane road with Sentral NWOCA Centre.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
16/07/24
2:40pm


Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time
16/07/24

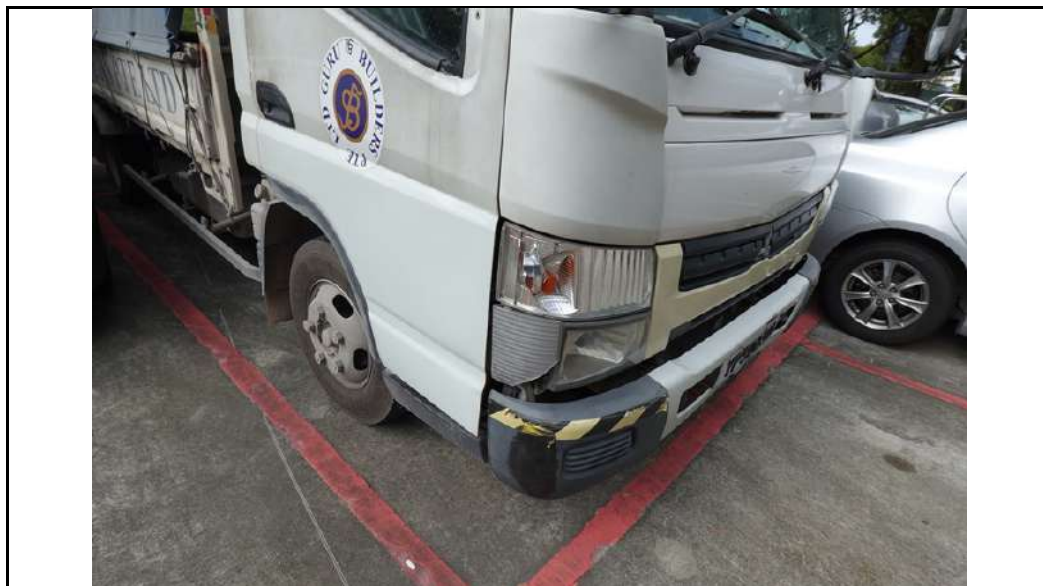
LENG

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

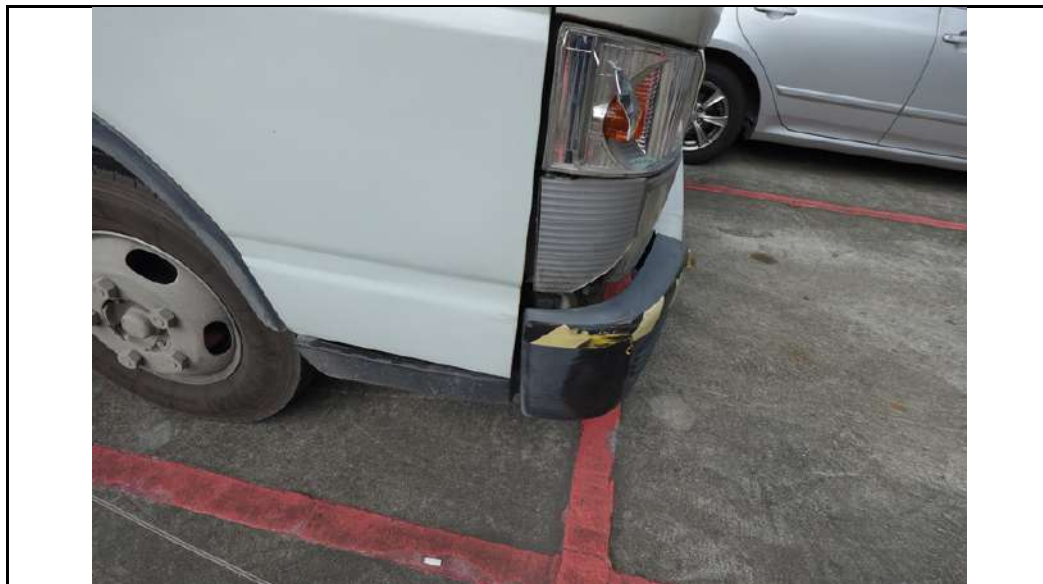
PHOTOGRAPHS FOR VEHICLE NO. : YP 9023U



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REINSPECTION PHOTOS (Page 1 of 1)

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