

**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. : SAC2400540

INV Date : 06-09-2024

Reference CS/SMR24060076/Avh3

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. GBK 298B
Insured Veh. SMB 5052C
Claim No. BUS/10/23/5022
Policy No.
Accident Date 10/10/2023
Inspection Date 19/06/2024

Description	Amount
Survey Inspection	128.00
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

KHM



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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24060076/Avh3
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	06/09/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMB 5052C	Veh. Inspected	GBK 298B
Policy No.	-	Coverage	0
Claim No.	BUS/10/23/5022	Excess	\$0.00
Assign From	HUA YEN	Assign Date	12/06/2024

2. Vehicle Details

Make & Model	TOYOTA HIACE	C.C	2982
Engine No.	1KDB014601	Year of Reg.	15/11/2019
Chassis No.	JTFHT02P100249743	Colour	SILVER
Odometer	200335 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 R15C	BRAWN	6
L/H Front Tyre	195 R15C	BRAWN	6
R/H Rear Tyre	195 R15C	BRAWN	6
L/H Rear Tyre	195 R15C	BRAWN	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	10/10/2023	Inspection Date	19/06/2024
Survey held at	JL PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, SINGAPORE 415875		

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 GBK 298B

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	TAIL GATE	DENTED	\$2,210.70	\$1,855.00
1	TAILGATE OUTER MOULDING	NOT NECESSARY	\$364.90	\$0.00
1	TAILGATE LOGO	NECESSARY	\$70.50	\$70.50
1	TAILGATE 'HIACE' STICKER	NECESSARY	\$48.90	\$48.90
1	TAILGATE THIRD BRAKE LAMP	NOT NECESSARY	\$185.90	\$0.00
1	TAILGATE WEATHERSTRIP	NOT NECESSARY	\$397.80	\$0.00
	LESS 25.00% DISCOUNT		(\$819.68)	(\$493.60)
			\$2,459.02	\$1,480.80
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	\$50.00	\$0.00
1	SET TAILGATE CENTER MOULDING CLIP (SN)	NOT NECESSARY	\$30.00	\$0.00
1	TAILGATE SEALANT (SN)	NOT NECESSARY	\$150.00	\$0.00
1	SET TAILGATE INNER TRIM CLIP (SN)	NOT NECESSARY	\$50.00	\$0.00
1	TAILGATE STICKER '70KM/H' (SN)	NECESSARY	\$40.00	\$15.00
1	TAILGATE STICKER '8 PAX' (SN)	NECESSARY	\$40.00	\$15.00
1	TAILGATE WINDSCREEN SEALANT (SN)	NECESSARY	\$80.00	\$40.00
1	TAILGATE WINDSCREEN INNER SEAL (SN)	NECESSARY	\$60.00	\$30.00
			\$500.00	\$100.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	PANEL BEATING AND REPLACE PARTS		\$1,000.00	\$200.00
	SPRAY PAINTING TO AFFECTED AREA		\$800.00	\$200.00
	WIRING, BULB CHECKING	NOT NECESSARY	\$80.00	\$0.00
	TRANSFER TAILGATE MECHANISM		\$80.00	\$60.00
	CONDUCT WATER LEAKAGE TEST	NOT NECESSARY	\$120.00	\$0.00
	REMOVE AND REFIX REVERSE CAMERA		\$120.00	\$50.00
	REMOVE AND REFIX REAR WINDSCREEN		\$120.00	\$120.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT / CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC	NOT NECESSARY	\$180.00	\$0.00
			\$2,500.00	\$630.00
GRAND TOTAL			\$5,459.02	\$2,210.80
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$1,750.00
Report Ref No: CS/SMR24060076/Avh3				

LWP

ADRIAN LING WAI PING

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	17/10/2023 15:11 (SGT)
Reported by	Actual Driver
Date of Accident	10/10/2023 19:50 (SGT)
Exact Location of Accident	21 Serangoon Central, Singapore 556082
Additional Location Information	SERANGOON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK298B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE DELIVERY SERVICES PTE LTD
Company Reg No	647C
Email Address	-
Mobile Phone No	-
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	-
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	2500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113966425-03

DRIVER

Name of Driver	SELVARASU PRATAP
Passport No/FIN	-
Date Of Birth	-
Occupation	Outdoor

Driving Pass Date	16/08/2022
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	-
Postcode	
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	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?	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

REFER TO ATTACHMENT

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	SMB5052C
Vehicle Manufacturer	-
Vehicle Model	-
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) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

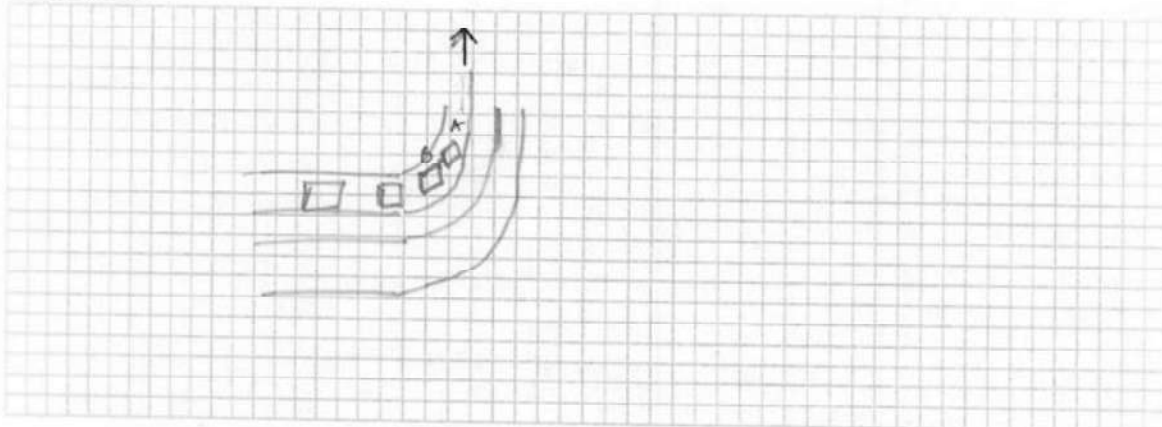


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

WHILE TURNING BUS - SUDDENLY
HIT MY VEHICLE FROM
THE REAR

Declaration

We declare the foregoing particulars are true in every respect.

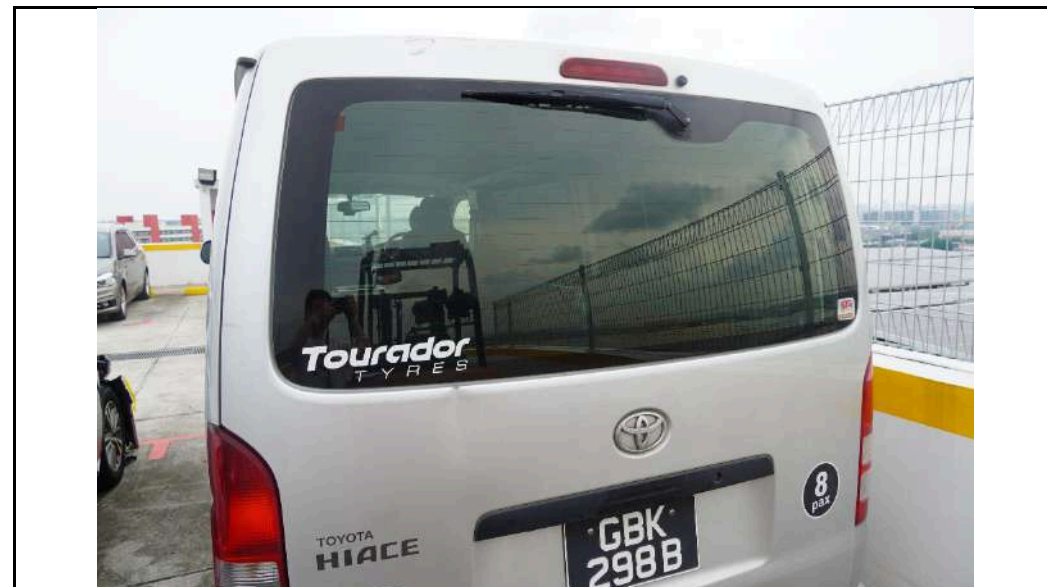


Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

PHOTOGRAPHS FOR VEHICLE NO. : GBK 298B



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INSPECTION PHOTOS (Page 3 of 3)

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