



## 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. : SAC2400807

INV Date : 03-10-2024

Reference CS/SMR24070510/Rqp3m4

Code SMR

#### PROFESSIONAL SERVICE FEE

Vehicle No. SMS 7536X

Insured Veh. SHF 365X

Claim No. TAX/05/24/2002

Policy No.

Accident Date 01/05/2024

Inspection Date 31/07/2024

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**



# 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

## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24070510/Rqp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	03/10/2024
	Code:	SMR

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHF 365X	Veh. Inspected	SMS 7536X
Policy No.	-	Coverage	0
Claim No.	TAX/05/24/2002	Excess	\$0.00
Assign From	HUA YEN	Assign Date	31/07/2024

### 2. Vehicle Details

Make & Model	TOYOTA NOAH HYBRID 7-SEATER 1.8X	C.C	1797
Engine No.	2ZR0F26113	Year of Reg.	12/03/2020
Chassis No.	ZWR800433540	Colour	BLACK
Odometer	373212 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: SPORTS RIM		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	195/65R15	FIRENZA	6
L/H Front Tyre	195/65R15	FIRENZA	6
R/H Rear Tyre	195/65R15	FIRENZA	6
L/H Rear Tyre	195/65R15	FIRENZA	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	01/05/2024	Inspection Date	31/07/2024
Survey held at	VENDA ENGINEERING & TRADING PTE LTD - 8 TUAS AVENUE 18, SINGAPORE 638892		

### 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



# 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

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SMS 7536X

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	TO REPAIR SEE LABOUR	\$810.20	\$0.00
1	REAR FENDER, RH	TO REPAIR SEE LABOUR	\$2,012.00	\$0.00
1	REAR DOOR, RH	TO REPAIR SEE LABOUR	\$2,110.60	\$0.00
	LESS 0.00 / 25.00% DISCOUNT		\$0.00	\$0.00
			\$4,932.80	\$0.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	LABOUR TO REMOVE, RENEW PARTS, PANEL BEAT & RE-ALIGN RHS ACCIDENT DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR BUMPER, REAR FENDER, RH AND REAR DOOR, RH		\$800.00	\$300.00
	PUTTY & SPRAY PAINT REAR BUMPER, REAR RHS FENDER, REAR RHS DOOR		\$1,000.00	\$600.00
			\$1,800.00	\$900.00
GRAND TOTAL			\$6,732.80	\$900.00
RECOMMENDED COST OF REPAIRS				\$900.00
Report Ref No: CS/SMR24070510/Rqp3m4				

**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 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 .....	02/05/2024 09:54 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	01/05/2024 11:40 (SGT)
Exact Location of Accident .....	North Bridge Rd, Singapore
Additional Location Information .....	NEAR BRAS BASAH COMPLEX
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS7536X
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FOCUS RENTALS PTE LTD
Company Reg No .....	2XXXXX450G
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Noah
Variant .....	HYBRID 7-SEATER 1.8X CVT
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 .....	1797

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MFL0007747_03

### DRIVER

Name of Driver .....	LAZMAN BIN IBRAHIM
NRIC No .....	SXXXX279B
Date Of Birth .....	
Occupation .....	Outdoor

Driving Pass Date .....	29/12/1986
Driving experience .....	37 YEARS AND 5 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 .....	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) .....	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 .....	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 01/05/24 AT ABOUT 11:40 HRS WHILE I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION SMS7536X ALONG NORTH BRIDGE RD TOWARDS JURONG. WHILE DRIVING ALONG NORTH BRIDGE RD NEAR BRAS BASAH COMPLEX DUE TO MERGE LANES VEHICLE B BEARING REGISTRATION NUMBER SHF355X DIDNT NOTICE VEHICLE A INCOMING AND GRAZED ON RIGHT REAR FENDER AND BODY PANEL. NOBODY INJURED OR CONVEYED TO HOSPITAL.

#### 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 .....	SHF365X
-----------------------------------	---------

Vehicle Manufacturer .....	Toyota
Vehicle Model .....	PRIUS HYBRID 1.8 CVT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	SOH BOON THYE
NRIC No .....	SXXXX193Z
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 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

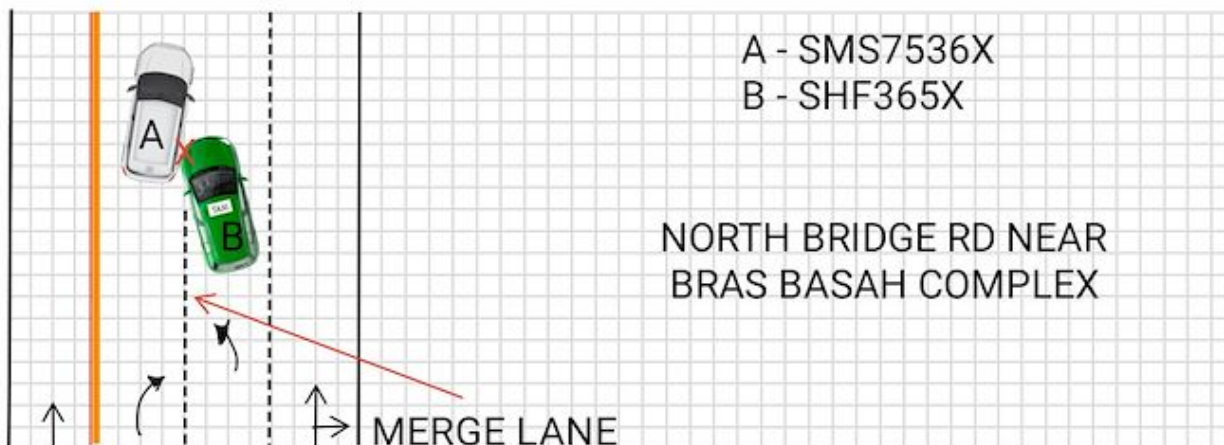
Sketch Plan

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

01/05/24 - 13:20 HRS



Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON 01/05/24 AT ABOUT 11:40 HRS WHILE I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION SMS7536X ALONG NORTH BRIDGE RD TOWARDS JURONG. WHILE DRIVING ALONG NORTH BRIDGE RD NEAR BRAS BASAH COMPLEX DUE TO MERGE LANES VEHICLE B BEARING REGISTRATION NUMBER SHF355X DIDNT NOTICE VEHICLE A INCOMING AND GRAZED ON RIGHT REAR FENDER AND BODY PANEL. NOBODY INJURED OR CONVEYED TO HOSPITAL.

## 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

01/05/24 - 13:20 HRS

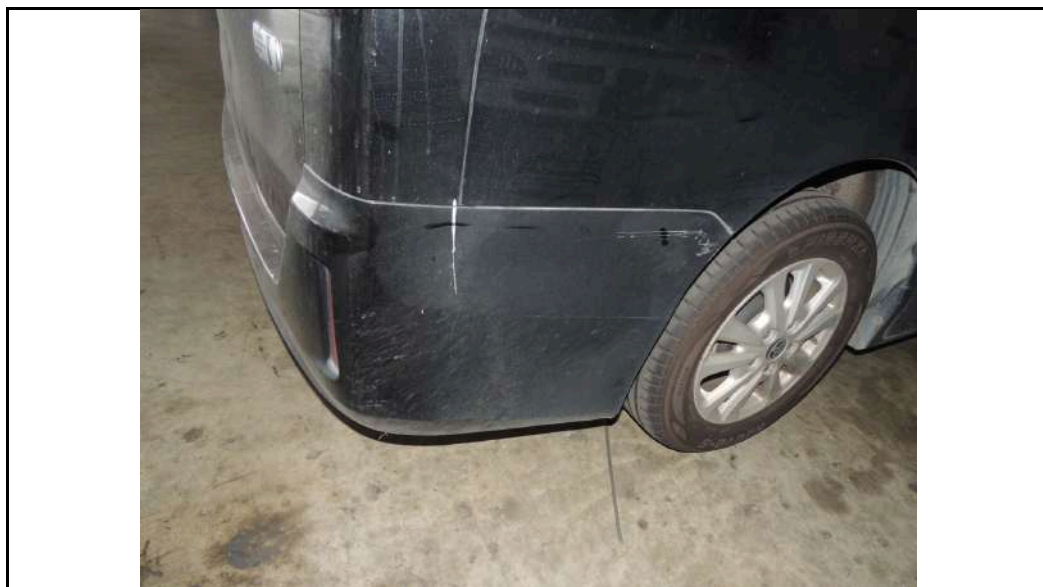


Witnessed by Reporting Centre Personnel

## PHOTOGRAPHS FOR VEHICLE NO. : SMS 7536X



**PHOTOGRAPHS FOR VEHICLE NO. : SMS 7536X**



**PHOTOGRAPHS FOR VEHICLE NO. : SMS 7536X**



**PHOTOGRAPHS FOR VEHICLE NO. : SMS 7536X**





## 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

**INSPECTION PHOTOS (Page 5 of 5)**

### PHOTOGRAPHS FOR VEHICLE NO. : SMS 7536X



**PHOTOGRAPHS FOR VEHICLE NO. : SMS 7536X**

