

**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. : SAC2400275

INV Date : 16-08-2024

Reference CS/SMR24080053/Kvp3e2

Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SNN 6919X

Insured Veh. SHB 1616L

Claim No. TAX/07/24/2085

Policy No.

Accident Date 25/07/2024

Inspection Date 05/08/2024

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

KHM



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Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24080053/Kvp3e2
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	16/08/2024
	Code:	SMR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 1616L	Veh. Inspected	SNN 6919X
Policy No.	-	Coverage	0
Claim No.	TAX/07/24/2085	Excess	\$0.00
Assign From	HUA YEN	Assign Date	02/08/2024

2. Vehicle Details

Make & Model	TOYOTA PRIUS (A)	C.C	1798
Engine No.	2ZR2Y11377	Year of Reg.	21/12/2023
Chassis No.	JTDAE3AU603003427	Colour	METALLIC PEARL WHITE
Odometer	47364 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	195/60R17	BRIDGESTONE	8
L/H Front Tyre	195/60R17	BRIDGESTONE	8
R/H Rear Tyre	195/60R17	BRIDGESTONE	8
L/H Rear Tyre	195/60R17	BRIDGESTONE	8

4. Description of Damages

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

DAMAGES SEE DETAILS.

5. General Information

Accident Date	25/07/2024	Inspection Date	05/08/2024
Survey held at	VIN'S MOTOR PTE LTD 160 SIN MING DRIVE #08-09 SIN MING AUTOCITY SINGAPORE 575722		

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 SNN 6919X

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR BUMPER	BUCKLED	\$655.60	\$595.10
1	REAR BUMPER LOWER PAD	DENTED	\$541.70	\$541.70
1	REAR BUMPER LH REFLECTOR	SERVICEABLE	\$204.30	\$0.00
1	REAR BUMPER PARKING SENSOR - ORIGINAL	SHORTED	\$398.40	\$398.40
1	REAR BUMPER LH SIDE RETAINER	SERVICEABLE	\$198.70	\$0.00
1	REAR BUMPER REINFORCEMENT	BENT	\$497.40	\$451.10
10	REAR BUMPER CLIPS	NECESSARY	\$55.00	\$55.00
	LESS 25.00% DISCOUNT		(\$637.78)	(\$510.33)
			\$1,913.32	\$1,530.97
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR NO. PLATE (SN)	DENTED	\$40.00	\$40.00
			\$40.00	\$40.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO REPAIR DAMAGES		\$380.00	\$300.00
	TO SPRAY PAINTING		\$480.00	\$400.00
			\$860.00	\$700.00
GRAND TOTAL			\$2,813.32	\$2,270.97
	RECOMMENDED COST OF REPAIRS			\$2,270.97
Report Ref No: CS/SMR24080053/Kvp3e2				

KSC

KENNETH KONG SENG CHEONG

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 rely 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	27/07/2024 12:26 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2024 16:00 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	AFTER BALMORAL ROAD BEFORE KENG CHIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN6919X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS PTE LTD
Company Reg No	2XXXXX961K
Email Address	accident@lumens.sg
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	(Office) +65-87781765

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	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MAA00601-R00

DRIVER

Name of Driver	SHANKAR DASS S/O RAM SARANGAPANY
NRIC No	SXXXX105Z
Date Of Birth	
Occupation	Outdoor

Driving Pass Date	22/06/2002
Driving experience	22 YEARS AND 1 MONTH
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	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)	3
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	SHAWN
Gender	Male

PASSENGER 2

Name	RAMUN
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 25/07/2024 AT ABOUT 1600HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNN9616X ENROUTE FROM AFTER PICKING UP MY PASSENGERS AT LUCKY PLAZA TO DROP OFF MY PASSENGERS AT L1 LOBBY JEM FOR WORK PURPOSES. WHILE DRIVING ALONG BUKIT TIMAH ROAD AFTER BALMORAL ROAD BEFORE KENG CHIN ROAD IN LANE 3 I SLOWED DOWN AND STOPPED AS THE VEHICLES INFRONT SLOWED DOWN AND STOPPED TOO. SHORTLY AFTER THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER SHB1616L HIT ONTO THE REAR OF MY VEHICLE. BOTH MY PASSENGERS SAID THEY HAVE NECK PAIN AND WILL SEE A DOCOTOR. I TOO SUSTAINED NECK AND SHOULDER PAIN AND WILL SEE A DOCTOR.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB1616L
 Vehicle Manufacturer MG
 Vehicle Model MG5 EV EXCITE T
 Vehicle Variant -
 Vehicle Colour Green
 Vehicle Category Taxi
 Name of Driver SHEIKH ZAINI BIN SHAHAR
 NRIC No SXXXX053B
 Contact Number
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage FRONT PORTION
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SHANKAR DASS S/O RAM SARANGAPANY
 Gender Male
 Phone No
 Address
 Address Complement -
 Post Code
 Approximate Age Years Old
 Injuries Sustained NECK AND SHOULDER PAIN
 Injured person in which vehicle? SNN6919X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person SHAWN
 Gender Male
 Phone No
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK PAIN
 Injured person in which vehicle? SNN6919X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person RAMUN
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK PAIN
 Injured person in which vehicle? SNN6919X
 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.**
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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.



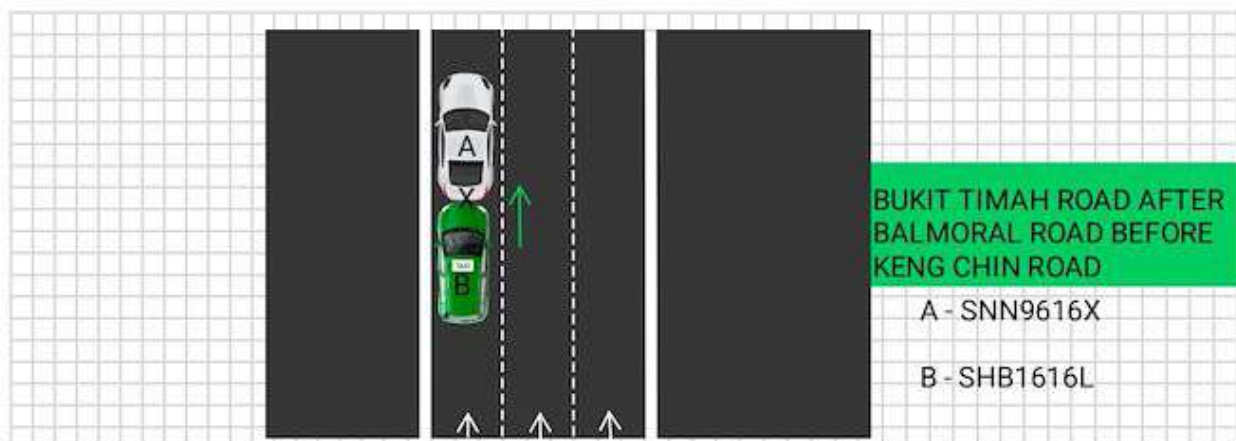
Policyholder's Signature / Date & Time

Sketch Plan

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

25/07/2024 1740HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 25/07/2024 AT ABOUT 1600HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNN9616X ENROUTE FROM AFTER PICKING UP MY PASSENGERS AT LUCKY PLAZA TO DROP OFF MY PASSENGERS AT L1 LOBBY JEM FOR WORK PURPOSES. WHILE DRIVING ALONG BUKIT TIMAH ROAD AFTER BALMORAL ROAD BEFORE KENG CHIN ROAD IN LANE 3 I SLOWED DOWN AND STOPPED AS THE VEHICLES INFRONT SLOWED DOWN AND STOPPED TOO. SHORTLY AFTER THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER SHB1616L HIT ONTO THE REAR OF MY VEHICLE. BOTH MY PASSENGERS SAID THEY HAVE NECK PAIN AND WILL SEE A DOCOTOR. I TOO SUSTAINED NECK AND SHOULDER PAIN AND WILL SEE A DOCTOR.

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

25/07/2024 1740HRS



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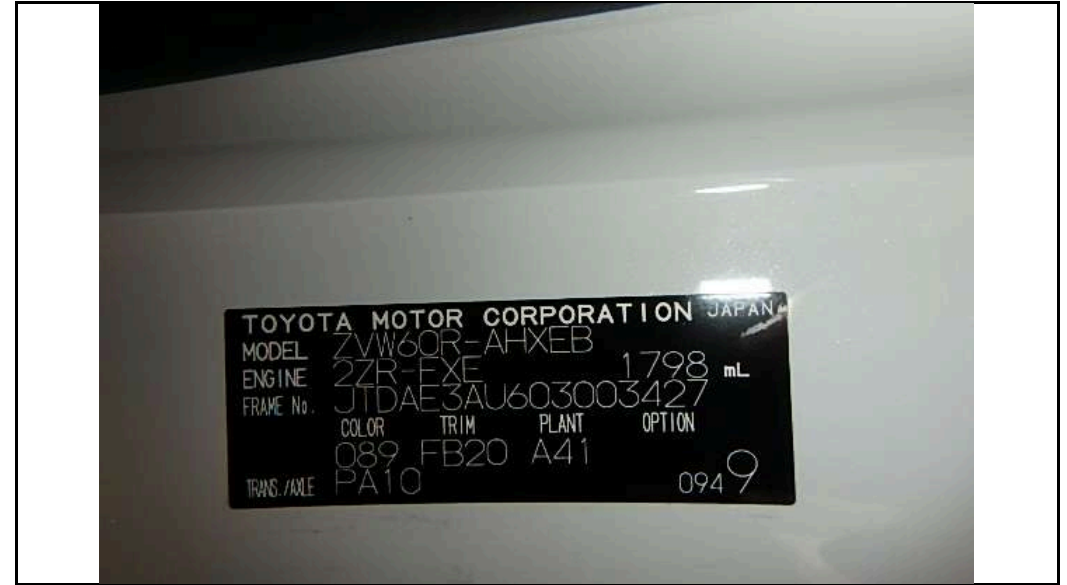
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INSPECTION PHOTOS (Page 1 of 4)

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