

**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. : SAC2400352

INV Date : 22-08-2024

Reference CS/SMR24080068/Rnp3m4

Code SMR

**PROFESSIONAL SERVICE FEE**

Vehicle No. SNQ 8162H  
Insured Veh. SHB 1330K  
Claim No. TAX/07/24/2108  
Policy No.  
Accident Date 31/07/2024  
Inspection Date 07/08/2024

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**

**SML**

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## Affiliated to Federation Internationale Des Experts En Automobile

MS STRIDES PREMIER AUTOMOTIVE SERVICES PL.	Ref:	CS/SMR24080068/Rnp3m4
60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705	Date:	22/08/2024
	Code:	SMR

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

Insured Veh.	SHB 1330K	Veh. Inspected	SNQ 8162H
Policy No.	-	Coverage	0
Claim No.	TAX/07/24/2108	Excess	\$0.00
Assign From	HUA YEN	Assign Date	02/08/2024

### 2. Vehicle Details

Make & Model	HONDA FREED HYBRID 1.5G CVT	C.C	1496
Engine No.	LEB7741993	Year of Reg.	10/05/2024
Chassis No.	GB73259930	Colour	WHITE
Odometer	16429 KM	Steering	IN ORDER
Brakes	IN ORDER	General	FAIR
Modification(s)	RIMS: NIL		

### 3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	185/65R15	DUNLOP	6
L/H Front Tyre	185/65R15	DUNLOP	6
R/H Rear Tyre	185/65R15	DUNLOP	6
L/H Rear Tyre	185/65R15	DUNLOP	6

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	31/07/2024	Inspection Date	07/08/2024
Survey held at	1 BUKIT BATOK CRESCENT, WCEGA PLAZA 08-52, SINGAPORE 658064 - REPAIRER: SKYLINK ENGINEERING PTE LTD		

### 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



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SNQ 8162H

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	TAILGATE	BENT	\$2,785.00	\$1,568.60
1	REAR BUMPER	TO REPAIR SEE LABOUR	\$1,090.00	\$0.00
1	FREED EMBLEM	NECESSARY	\$85.20	\$79.00
1	HYBRID EMBLEM	NECESSARY	\$85.20	\$85.20
1	HONDA EMBLEM	NECESSARY	\$79.30	\$79.30
	LESS 0.00 / 20.00% DISCOUNT		\$0.00	(\$362.42)
			\$4,124.70	\$1,449.68
Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	REAR NUMBER PLATE W/CASING (SN)	NOT NECESSARY	\$50.00	\$0.00
1	GLASS SEALANT (SN)	NECESSARY	\$40.00	\$40.00
			\$90.00	\$40.00
Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TRANSFER PARTS TO NEW TAILGATE		\$120.00	\$60.00
	LABOUR TO REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF REAR BUMPER		\$800.00	\$450.00
	SPRAY PAINT		\$600.00	\$450.00
	REMOVE AND INSTALL REAR WINDSCREEN		\$200.00	\$120.00
			\$1,720.00	\$1,080.00
GRAND TOTAL			\$5,934.70	\$2,569.68
RECOMMENDED COST OF REPAIRS				\$2,569.68
Report Ref No: CS/SMR24080068/Rnp3m4				

**MRB**

MOHAMMED RASUL BIN MOHD YUNUS



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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 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 .....	01/08/2024 14:31 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/07/2024 15:48 (SGT)
Exact Location of Accident .....	Jln Sultan, Singapore
Additional Location Information .....	INTERSECTION OF JALAN SULTAN AT SYEYED ALWI ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNQ8162H
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SKYLINK CAR RENTAL PTE LTD
Company Reg No .....	2XXXXX993N
Email Address .....	CLAIMS@SKYLINK.COM.SG
Mobile Phone No .....	(Phone) +65-92335098
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Freed
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 .....	1496
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	GB73259930
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2030364974

#### DRIVER

Name of Driver .....	TAN CHEE KHEONG
NRIC No .....	SXXXX102I
Date Of Birth .....	-
Occupation .....	Outdoor
Driving Pass Date .....	27/10/1989
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	34 YEARS AND 9 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 .....	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

Please refer to the sketch plan 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 .....	SHB1330K
Vehicle Manufacturer .....	MG

Vehicle Model .....	5
Vehicle Variant .....	-
Vehicle Colour .....	Green
Vehicle Category .....	Taxi
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.
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 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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

SKYLINK ENGINEERING PTE LTD  
ROC: 202100108N  
1 Bukit Batok Crescent  
#08-52 WCEGA Plaza  
Singapore 658064

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

Sketch Plan

Intersection of Jalan Sultan  
at Sgared Nivi Road

R: SHW8162H  
B: SHB 13201C



## Describe Circumstance of the Accident

While I was stationary, waiting for the traffic light at the intersection of Jalan Sultan at Syeyed Alwi Road, I moved forward slightly because there was still some distance between my vehicle and the white line on the road. Suddenly, I heard a loud noise from the rear of my car. The vehicle behind me had collided with the rear side of my car, causing damage to the rear end.

## Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

SKYLINK ENGINEERING PTE LTD  
ROC: 202100108N  
1 Bukit Batok Crescent  
#08-52 WCEGA Plaza  
Singapore 658064

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

**PHOTOGRAPHS FOR VEHICLE NO. : SNQ 8162H**





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REINSPECTION PHOTOS (Page 1 of 2)

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