



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 AUTOMOTIVE SERVICES PTE LTD

INV No. AC2304907

60 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757705

INV Date 01/08/2023
Reference CS/SMR23006632/Aqy3e2
Code SMR

PROFESSIONAL SERVICE FEE

Vehicle No. SLV 5146Y
Insured Veh. SMB 3549A
Claim No. BUS/06/23/5053
Policy No.
Accident Date 28/06/2023
Inspection Date 03/07/2023

Description	Total
Survey Inspection	128.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	128.00
GST (8%)	10.24
Grand Total	138.24

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to **'LKK Auto Consultants Pte Ltd'**

LKK Auto Consultants Pte Ltd

KHM



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				
STRIDES AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4SINGAPORE 757705			Ref: CS/SMR23006632/Aqy3e2 Date: 01/08/2023 Code: SMR	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	SMB 3549A	Veh. Inspected	SLV 5146Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	BUS/06/23/5053	Excess (\$)	0.00
	Assign From	HUA YEN	Assign Date	03/07/2023
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA VOXY HYBRID	c.c	1797
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	ZWR800278200	Colour	BLUE
	Odometer	137867 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	195/65 R15	KAPSEN	6 mm
	L/H Front Tyre	195/65 R15	KAPSEN	6 mm
	R/H Rear Tyre	195/65 R15	KAPSEN	6 mm
	L/H Rear Tyre	195/65 R15	KAPSEN	6 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	28/06/2023	Inspection Date	03/07/2023
	Survey held at	AUTOBAY #01-59		
	Repairer	TECHWERKZ AUTOMOTIVE 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:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLV 5146Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	HEADLAMP LH	CUT	4,086.22	3,606.00
1	FRONT BUMPER	DEFORMED	881.30	881.30
1	FRONT BUMPER FOGLAMP LH	NOT NECESSARY	345.00	-
1	FRONT BUMPER FOGLAMP GARNISH LH	NOT NECESSARY	145.50	-
1	FRONT BUMPER CHROME MOULDING LH	CUT	224.10	224.10
1	FRONT BUMPER SIDE RETAINER LH	NOT NECESSARY	127.20	-
1	FRONT FENDER LH	DENTED	1,264.20	906.00
1	FRONT FENDER EMBLEM LH	NECESSARY	137.40	137.40
1	FRONT FENDER INNER SHIELD	NOT NECESSARY	276.20	-
1	FRONT WHEEL RIM LH	CUT	650.00	650.00
1	FRONT WHEEL BEARING LH	NOT NECESSARY	282.30	-
1	FRONT KNUCKLE LH	NOT NECESSARY	796.80	-
1	FRONT SHOCK ABSORBER LH	NOT NECESSARY	598.80	-
1	FRONT LOWER ARM LH	NOT NECESSARY	1,443.20	-
	LESS 25% DISCOUNT		-2,814.56	-1,601.20
			8,443.66	4,803.60
<u>SPECIAL NETT ITEMS</u>				
1	FRONT BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
1	FRONT FENDER INNER SHIELD CLIP (SN)	NOT NECESSARY	60.00	-
1	FRONT TYRE LH (SN)	NOT NECESSARY	280.00	-
			400.00	30.00
<u>LABOUR</u>				
	TO CHECK WIRING.		50.00	30.00
	REFOCUS HEADLAMP.	NOT NECESSARY	120.00	-
	RNR UNDERCARRIAGE DAMAGES PART.	NOT NECESSARY	280.00	-
	WHEEL ALIGNMENT.		80.00	80.00
	LABOUR CHARGE.		600.00	500.00
	REPLACE TYRE AND BALANCING.	NOT NECESSARY	80.00	-

Report Ref No. CS/SMR23006632/Aqy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	SPRAY PAINTING.		600.00	400.00
			1,810.00	1,010.00
GRAND TOTAL			10,653.66	5,843.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,650.00

Report Ref No. CS/SMR23006632/Aqy3e2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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 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 Submission	30/06/2023 13:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/06/2023 08:30 (SGT)
Exact Location of Accident	Singapore, Jurong Town Hall
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5146Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	3S BROTHERS TRADING
Company Reg No	5XXXX510E
Email Address	CHUANYE11022@GMAIL.COM
Mobile Phone No	(Phone) +65-82225902
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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	1800

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0004705

DRIVER

Name of Driver	SYED FADLY BIN SYED AHMAD FAUZI
NRIC No	SXXXX944D
Date Of Birth	27/07/1994
Occupation	Outdoor

Date Of Driving Pass	20/08/2015
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97834745
Alt. Phone Number	-
Email Address	BEBEXWHITE@GMAIL.COM
Address	BLK 806 WOODLANDS STREET 81 #10-261
Address complement	-
Postcode	730806
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

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)	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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

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	SMB3549A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZONG XIANBO
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SYED FADLY BIN SYED AHMAD FAUZI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV5146Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 Authorised Driver.
3. Information provided must be 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. 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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

X



Policyholder's Signature
Date & Time:

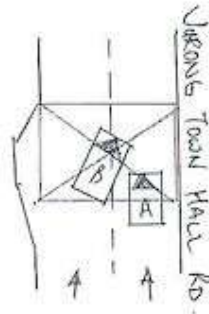
X

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN



VEH A: SLV 5146 Y.

VEH B: SMB 3549 A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date/time, I was travelling along the stated venue. As it was green in my favour, I carried on moving straight. Suddenly VEH B (SMB 3549 A) suddenly swerved into my lane and upon seeing VEH B, I stopped. As VEH B was long, it tail whipped my vehicle, resulting in damages.

DECLARATION

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

X

Policyholder's Signature
Date & Time:

X

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20230628/7045

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230628/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2023 15:37	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SYED FADLY BIN SYED AHMAD FAUZI			Address: 806 WOODLANDS STREET 81 #10-261 SINGAPORE 730806	
ID Type / ID No.: NRIC NO / S9425944D			Contact No.: Home/Office:	Mobile: 97834745
Nationality: SINGAPORE CITIZEN			Email: BEBEXWHITE@GMAIL.COM	
Sex: Male	Age: 28	Date of Birth: 27/07/1994	Type of Informant: Driver	
Race: Arab			Language: English	
Occupation: Private-hire car driver			Driving Licence Information: Class: 2B,2A,3,4	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2023 08:30	Type of Location: Straight Road
Location: INTERNATIONAL BUSINESS PARK				
Weather: AFTER RAIN		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: TAILWHIP				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLV5146Y	Car	TOYOTA	VOXY HYBRID	Black	Seriously Damaged	2
SMB3549A	Bus/Coach/Minibus	MAN				0



**SINGAPORE
POLICE FORCE**



T/20230628/7045

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230628/7045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SYED FADLY BIN SYED AHMAD FAUZI	ID No.	S9425944D
Related Vehicle	SLV5146Y (Car)	Contact No.	97834745
Hospital/Clinic	CRESCENT CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,3,4 Date of Expiry: NIL
Date	28/06/2023	Date	28/06/2023
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	ZONG XIANBO	ID No.	G8609035Q
Related Vehicle	SMB3549A (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details:

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS IT WAS GREEN IN MY FAVOUR, I CARRIED ON MOVING STRAIGHT. SUDDENLY VEHICLE (SMB 3549A) SMRT BUS SUDDENLY SWERVED INTO MY LANE AND UPON SEEING VEHICLE (SMB 3549A), I STOPPED. AS VEHICLE (SMB 3549A) WAS LONG, IT TAIL WHIPPED MY VEHICLE, RESULTING IN DAMAGED. AFTER THE INCIDENT I FELT MY NECK, SHOULDER AND LOWER BACK WAS IN PAIN. I WENT TO CRESCENT CLINIC & SURGERY CONSULT A DOCTOR AND RECEIVE 3 DAYS MC FROM 28/06/2023 - 30/06/2023.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230628/7045

3 of 3

Report No. T/20230628/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/06/2023 15:37

Classification Of Case:

NP168



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PHOTOGRAPHS FOR VEHICLE NO. SLV 5146Y

INSPECTION



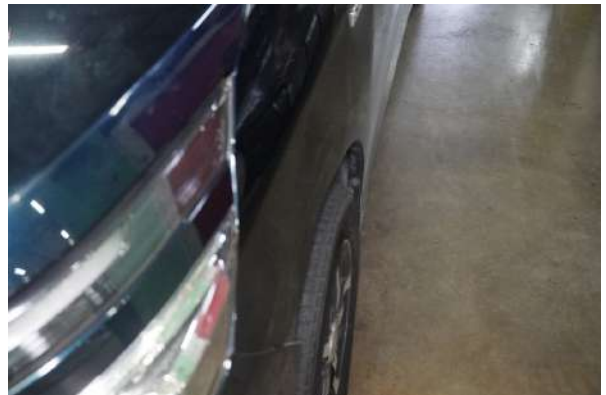


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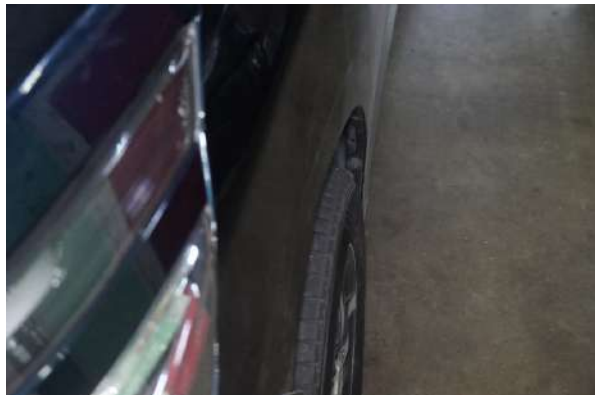


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PHOTOGRAPHS FOR VEHICLE NO. SLV 5146Y

RE-INSPECTION





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