



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

EQ INSURANCE COMPANY LTD
5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV No. AC2008197
INV Date 09/12/2020
Reference CC3/EQI20011674/Qqf3e2
Code EQI



PROFESSIONAL SERVICE FEE

Vehicle No. SHC 4456G
Insured Veh. SLR 250H
Claim No. DM20HO01576/SG
Policy No.
Accident Date 23/10/2020
Inspection Date 26/10/2020

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	160.00
GST (7%)	11.20
Grand Total	171.20

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



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Affiliated to Federation Internationale Des Experts En Automobile

EQ INSURANCE COMPANY LTD

Ref : CC3/EQI20011674/Qqf3e2

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 09-12-2020



Code : EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLR 250H	Veh. Inspected	SHC 4456G
Policy No.		Coverage (\$)	0.00
Claim No.	DM20HO01576/SG	Excess (\$)	0.00
Assign From		Assign Date	26/10/2020

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKN36U205767499	Colour	MAROON
Odometer	376119	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	SAILUN	6 mm
L/H Front Tyre	195/65 R15	SAILUN	6 mm
R/H Rear Tyre	195/65 R15	SAILUN	6 mm
L/H Rear Tyre	195/65 R15	SAILUN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	23/10/2020	Inspection Date	26/10/2020
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

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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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 4456G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER REAR (DISC 25%)	CRUMPLED	458.60	343.95
10	BUMPER CLIPS @\$1.61 (DISC 25%)	NECESSARY	16.10	12.08
1	TAIL LAMP RH (DISC 10%)	CRACKED	557.80	502.02
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER REINFORCEMENT REAR	SERVICEABLE	205.70	-
1	ARM SUB-ASSY, RR BUMPER LH	SERVICEABLE	139.60	-
1	ARM SUB-ASSY, RR BUMPER RH	SERVICEABLE	139.60	-
1	BUMPER LIP COVER RR/RH	SERVICEABLE	118.10	-
1	BUMPER LIP REAR	SERVICEABLE	228.90	-
1	BUMPER SEAL, RR RH	SERVICEABLE	65.70	-
1	BUMPER SIDE RETAINER RR/RH	SERVICEABLE	94.80	-
1	END PANEL	SERVICEABLE	602.10	-
1	SEALANT SIKAFLEX	SERVICEABLE	37.00	-
1	PANEL ASSY, DECK RH	SERVICEABLE	307.00	-
1	BATTERY	SERVICEABLE	278.00	-
1	BATTERY CLAMP	SERVICEABLE	16.10	-
1	BATTERY TRAY	SERVICEABLE	42.80	-
1	TAIL LAMP BRACKET, RH	SERVICEABLE	30.70	-
1	TROUGH, BACK DOOR	SERVICEABLE	110.90	-
1	FENDER RR/RH	SERVICEABLE	766.80	-
1	SMRT LOGO	SERVICEABLE	7.80	-
1	STICKER DECAL 6555 8888	SERVICEABLE	21.60	-
1	FENDER LINER RR/RH	SERVICEABLE	141.30	-
1	FLOOR PANEL RR/RH	SERVICEABLE	209.90	-
1	DUCT ASSY, QUARTER	SERVICEABLE	70.40	-
			4,787.30	978.05
<u>LABOUR</u>				
PANEL BEATING & BODY WORK.			676.00	200.00
SPRAY PAINT.			1,656.00	200.00
TO CHECK WIRING AND SYSTEM FUNCTION.			80.00	20.00

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO APPLY RUST-PROOFING ON AFFECTED AREA.		100.00	30.00
	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	NOT NECESSARY	120.00	-
	TO REMOVE AND REFIT WIRE HARDESS.	NOT NECESSARY	200.00	-
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			2,992.00	450.00
GRAND TOTAL			7,779.30	1,428.05

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,250.00
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Report Ref No. CC3/EQI20011674/Qqf3e2

OI SUN PIN

Asst. Automotive Assessor

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 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 Authorised 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 Report	24/10/2020 11:12
Date Of Accident	23/10/2020 18:50
Exact Location Of Accident	SLIP ROAD FROM TPE TOWARDS PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4456G
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	

Driver

Name of Driver	WONG KOK KEE
NRIC No	SXXXX070Z
Date Of Birth	04/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1975
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	11
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201024/2010

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR250H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG HONG YEONG
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	WONG KOK KEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC4456G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

Slip Rd from TPE towards Pasir Ris Dr8

A-SHC 4456 G

B-SLR 250 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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: _____

Reporting Centre Personnel's Signature
Name:
NRIC/FIN 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 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. 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.



Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20201024/2010

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20201024/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2020 01:55		Vide Report No.:		Station Diary No.: 8
Informant's Particulars				
Name of Informant: WONG KOK KEE		Address: APT BLK 205 BISHAN STREET 23 #01-427 SINGAPORE 570205		
ID Type / ID No.: NRIC NO / S0257070Z		Contact No.: Home/Office: Mobile: 98368569		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 70	Date of Birth: 04/11/1949	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/10/2020 18:50	Type of Location: Flyover
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4456G	Taxi	TOYOTA	PRIUS TAXI (SMRT)	Maroon	Slightly Damaged	1
SLR250H	Car	PERODUA	BEZZA PREMIUM X 1.3 4E-AT	Blue	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201024/2010

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20201024/2010

CONTINUATION OF REPORT

Driver			
Name	WONG KOK KEE	ID No.	S0257070Z
Related Vehicle	SHC4456G (Taxi)	Contact No.	98368569
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG HONG YEONG	ID No.	S1466569B
Related Vehicle	SLR250H (Car)	Contact No.	98229119
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/10/2020 at 1850hrs, I was driving my taxi, SHC4456G, with a Malay female passenger, which I had picked up from 58 Lowland Road heading towards 506 Pasir Ris Street 52. While I was driving along Tampines Expressway, going into the slip road to Pasir Ris Drive 8. When I was waiting for the oncoming vehicle to pass before entering into Pasir Ris Drive 8, I suddenly felt an impact from the rear portion of my vehicle. I then alighted from my vehicle and noticed that a vehicle, SLR250H, had collided onto the rear right portion of my bumper. We both then exchanged particulars, took a few photos of the accident and went our separate ways. There was no one injured at that point of time. My passenger did not complainant of any pain.

I felt pain on neck portion. I have yet to see a doctor regarding the pain and will proceeding later.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bishan N.P.C.
20 Bishan Street 23 SINGAPORE 579757
Tel No. 1800-5529999



T/20201024/2010

1 of 1

Report No. T/20201024/2010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

E /

Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH

Signature Of Informant:

Signature Of Interpreter

Not applicable

Date/Time

24/10/2020 01:55

Officer In Charge Of Case

TP / GIA /

Staff Sgt WONG SIEU LUT

Control No. 00476151
POLICE FORCE

SN 061

Authentication Stamp

NP168

SIGNATURE

Classification Of Case:



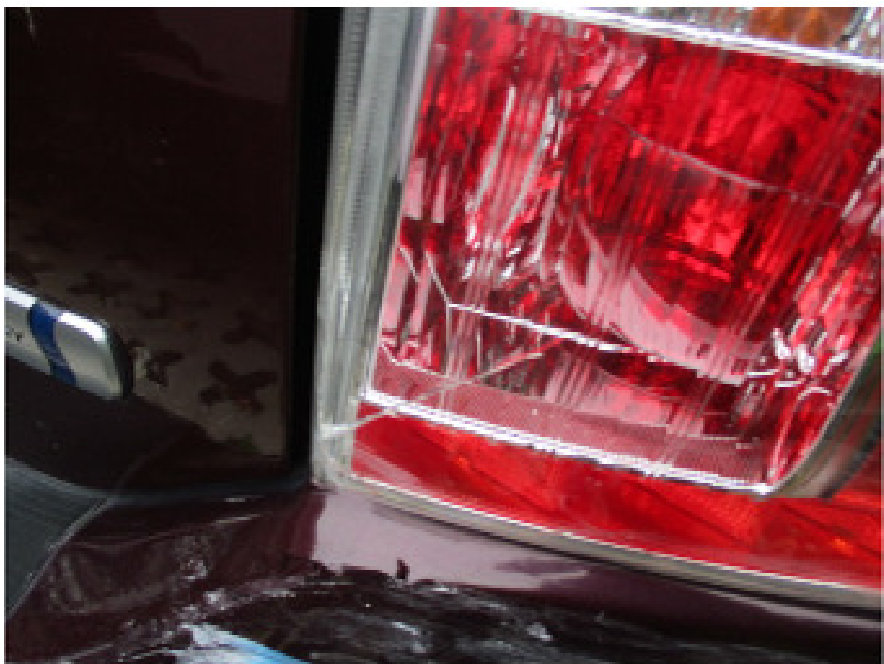


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PHOTOGRAPHS FOR VEHICLE NO. SHC 4456G

RE-INSPECTION

