



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. AC2007556
INV Date 11/11/2020
Reference CC3/EQI20012027/Ktf3e2
Code EQI



PROFESSIONAL SERVICE FEE

Vehicle No. SHD 9840S
Insured Veh. GBJ 2965B
Claim No. DM20HO01615/SG
Policy No.
Accident Date 30/10/2020
Inspection Date 03/11/2020

| Description | Total |
|---------------------|---------------|
| Survey Inspection | 160.00 |
| 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/EQI20012027/Ktf3e2

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#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 11-11-2020



Code : EQI

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|---------------------|----------------|-----------------------|------------|
| Insured Veh. | GBJ 2965B | Veh. Inspected | SHD 9840S |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | DM20HO01615/SG | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 03/11/2020 |

2. Vehicle Particulars & Condition

| | | | |
|-------------------------|----------------------|---------------------|----------------------|
| Make & Model | RENAULT LATITUDE (A) | c.c | 1995 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | VF1ABL15AUC277502 | Colour | METALLIC WHITE / RED |
| Odometer | 490461 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|-----------------------|------------|--------|---------|
| R/H Front Tyre | 215/60 R16 | FALKEN | 7 mm |
| L/H Front Tyre | 215/60 R16 | FALKEN | 7 mm |
| R/H Rear Tyre | 215/60 R16 | SAILUN | 8 mm |
| L/H Rear Tyre | 215/60 R16 | SAILUN | 8 mm |

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

| | | | |
|-----------------------|--|------------------------|------------|
| Accident Date | 30/10/2020 | Inspection Date | 03/11/2020 |
| Survey held at | TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111 | | |

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: | 2 Working Days |
|--|-----------------------|



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9840S

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | BUMPER COVER FRT | BUCKLED / CUT | 747.20 | 747.20 |
| 1 | BUMPER SPOILER FRT | SERVICEABLE | 344.70 | - |
| 1 | BUMPER RETAINER FRT RH | DISTORTED | 101.40 | 101.40 |
| 1 | BUMPER BRACKET FRT RH (HEADLAMP LOWER) | SERVICEABLE | 116.47 | - |
| 1 | BUMPER FOG LAMP GRILLE RH | SERVICEABLE | 207.21 | - |
| 1 | BUMPER BEAM FRT | TO REPAIR SEE LABOUR | 663.70 | - |
| 1 | BUMPER BRACKET KIT FRT RH | TO REPAIR SEE LABOUR | 101.40 | - |
| 1 | HEADLAMP RH | MTG CRACKED | 743.60 | 743.60 |
| 1 | FENDER PANEL FRT RH | TO REPAIR SEE LABOUR | 437.10 | - |
| 1 | FENDER BRACKET FRT RH | TO REPAIR SEE LABOUR | 106.40 | - |
| 1 | WHEELARCH FRT RH | SERVICEABLE | 191.40 | - |
| 1 | WIPER RESERVOIR | SERVICEABLE | 179.60 | - |
| | LESS 10% DISCOUNT | | -394.02 | -159.22 |
| | | | 3,546.16 | 1,432.98 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | BUMPER CLIP FRT (SN) | NECESSARY | 90.00 | 60.00 |
| 1 | BUMPER RETAINER CLIP FRT (SN) | NOT NECESSARY | 75.00 | - |
| 1 | WHEELARCH CLIP FRT (SN) | NOT NECESSARY | 75.00 | - |
| 1 | FENDER SCREW (SN) | NOT NECESSARY | 60.00 | - |
| | | | 300.00 | 60.00 |
| <u>LABOUR</u> | | | | |
| | TO RUST-PROOFING AND APPLY UNDERCOAT OF THE AFFECTED AREAS. | NOT NECESSARY | 230.00 | - |
| | TO TRANSFER OF DOOR FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST. | NOT NECESSARY | 170.00 | - |
| | PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION. | | 1,400.00 | 440.00 |

Report Ref No. CC3/EQI20012027/Ktf3e2



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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--------------------|--|---------------|---------------------------|-------------------|
| | PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF BUMPER BEAM FRT,BUMPER BRACKET KIT FRT RH,FENDER PANEL FRT RH AND FENDER BRACKET FRT RH. | | 2,000.00 | 400.00 |
| | TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING. | NOT NECESSARY | 170.00 | - |
| | TO CHECK ELECTRICAL LIGHTING CONCERNED. | | 170.00 | 20.00 |
| | TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT. | NOT NECESSARY | 220.00 | - |
| | | | 4,360.00 | 860.00 |
| GRAND TOTAL | | | 8,206.16 | 2,352.98 |

| | | | | |
|---|--|--|--|-----------------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 1,900.00 |
|---|--|--|--|-----------------|

Report Ref No. CC3/EQI20012027/Ktf3e2

KONG SENG CHEONG

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.

MBH20096610 / Alex Mare Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 02/11/2020 22:09
SUBMITTED BY: Mohamed Azely Bin Abdullah

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 02/11/2020 22:09
Date Of Accident 30/10/2020 13:50
Exact Location Of Accident ALN CHOA CHU KANG DRIVE BFR CHOA CHU KANG NORTH 7
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9840S
Insured/Policyholder
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Co Reg No 2XXXXX878K
Email Address CLAIMS@TRANSCAB.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-62866666
Vehicle Particulars
Manufacturer RENAULT
Model LATITUDE 2.0L DCI AUTO D/AB 4DR
Exact Purpose for which vehicle was being used at time of accident HIRE & 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 AXA INSURANCE PTE LTD
Type Of Coverage THIRD PARTY
Fleet Policy YES
Policy Number VFX/P2348706
Cover Note Number NA
Driver
Name of Driver EIO HYORK MING
NRIC No SXXXX593D
Date Of Birth 26/01/1966
Occupation OUTDOOR
Date Of Driving Pass 05/01/1988
Driving Experience 32 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83693382
Fax Number
Contact Number OTHERS-83693382
Email Address NOEMAIL

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

General Information of the Accident

Type Of Accident SIDE SWIPE
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] TOA PAYOH N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20201031/2046

Attachment(s)

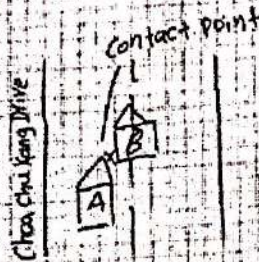
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: UPLOADED INTO AXA
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ2965B
 Vehicle Make/Model/Colour FIAT / DOBLO CARGO MAXI 1.6MJ DIESEL (MTA)
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number 87960039
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN



veh A: SHD98405
veh B: GBJ 2965B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We declare the foregoing sketch plan is true in every respect.

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
VICTOR ANG

Reporting Officer's Signature
Name:
NRIC No.:



SINGAPORE POLICE FORCE



T20201031/2046

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 1

Report No: T20201031/2046

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 31/10/2020 12:25 | Vide Report No.: | Station Diary No.: 88 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: EIO HYORK MING | | | Address: APT BLK 536 CHOA CHU KANG STREET 51 #08-12B SINGAPORE 680536 | |
| ID Type / ID No.: NRIC NO / S1740593D | | | Contact No.: Home/Office: 83683382 Mobile: 98545222 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 54 | Date of Birth: 26/01/1966 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|-------------------|--|---|---------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 30/10/2020 14:40 | Type of Location: Straight Road |
| Location: CHOA CHU KANG DRIVE | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

Details of Vehicles Involved

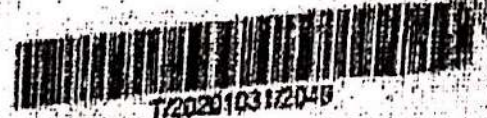
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passengers |
|-------------|------|---------|------------------|-------|------------------|-------------------|
| GBJ2985B | Van | FIAT | DOBLO CARGO MAXI | White | Slightly Damaged | 0 |
| SHD88403 | Car | RENAULT | LATITUDE | Red | Slightly Damaged | 0 |

Details of Person Involved

| | |
|--------------------------|---------------------------------|
| Taxi/Person Involved No. | Use of Pedestrian Crossing: (X) |
|--------------------------|---------------------------------|



SINGAPORE POLICE FORCE



T/20201031/204B

2 of 3

Report No. T/20201031/204B

Police Station Of Origin

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

| | | | |
|--|---------------------------|---|-----------------------------------|
| Driver | | ID No. | |
| Name | Unknown Driver | ID No. | NIL |
| Related Vehicle | GBJ2865B (Van) | Contact No. | 87960039 |
| 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 |
| Driver | | ID No. | |
| Name | EIO HYORK MING | ID No. | S1740593D |
| Related Vehicle | SHD9840S (Car) | Contact No. | 83653382 |
| Hospital/Clinic | DOCTORS INC MEDICAL GROUP | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 31/10/2020 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details:

On 30/10/2020 at about 01.49pm, while I was driving my taxi (SHD9840S) on my way to pick up a passenger on Choa Chu Kang Drive, just before Choa Chu Kang North 7, a vehicle (GBJ2865B) cut into my lane from the right side. I wish to inform that this is a two lane road, I was travelling on the left lane, while the other vehicle was travelling on the right side. He signaled at the last minute, and cut into my lane abruptly, side swiping the rear left side of his vehicle on the front right side of my vehicle.

I sounded the horn with the attempt to inform him that he had collided into my vehicle, and also to stop him. However, he did not stop and continued driving off. I pursued him, which he had his hazard light switched on without stopping. He then turned into a carpark and finally stopped. I attempted to exchange particulars with him, which he refused, and only gave me his contact number, and vehicle plate number.

I made a check and discovered that there were scratches to my vehicle, and the front of my bonnet was slightly dislodged from the collision. I wish to inform that while I was recording the damages, I saw the other driver taking his phone, pointing his phone's camera in my direction. I am unsure of the purpose of him in doing so.

I am logging this report for insurance claims and records purpose.



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PHOTOGRAPHS FOR VEHICLE NO. SHD 9840S

INSPECTION





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