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. AC2102928

INV Date 27/04/2021
Reference CS/EQI21004137/Utf3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMX 5053J

Insured Veh. SGW 889Z

Claim No. DM21HO00484/SG

Policy No.

Accident Date 30/03/2021

Inspection Date 31/03/2021

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

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#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Ref: CS/EQI21004137/Utf3e2

Date: 27/04/2021

Code: EQI

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SGW 889Z	**Veh. Inspected**	SMX 5053J
	Policy No.		**Coverage ($)**	0.00
	Claim No.	DM21HO00484/SG	**Excess ($)**	0.00
	Assign From	JANICE GOH	**Assign Date**	30/03/2021

2. Vehicle Particulars & Condition

	Make & Model	HONDA SHUTTLE (A)	**c.c**	1496
	Engine No.	HIDDEN	**Year of Reg.**	2021
	Chassis No.	GK82101707	**Colour**	GREY
	Odometer	10447 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	185/55 R15	WEST LAKE	6 mm
	L/H Front Tyre	185/55 R15	WEST LAKE	6 mm
	R/H Rear Tyre	185/55 R15	WEST LAKE	6 mm
	L/H Rear Tyre	185/55 R15	WEST LAKE	6 mm

4. Description of Damages

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

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	30/03/2021	**Inspection Date**	31/03/2021
	Survey held at	FASTECH AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883		

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. SMX 5053J

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	TO REPAIR SEE LABOUR	950.00	-
1	FRONT BUMPER SIDE RETAINER N/S	NOT NECESSARY	45.00	-
1	SET FRONT BUMPER CLIPS	NECESSARY	38.00	38.00
1	FRONT HEADLAMP N/S	CRACKED	2,250.20	2,115.20
1	FRONT FENDER N/S	TO REPAIR SEE LABOUR	492.30	-
1	FRONT DOOR MIRROR ASSY N/S	DAMAGED	850.00	650.50
1	FRONT SPORT RIM N/S	TO REPAIR SEE LABOUR	800.00	-
	LESS 20% DISCOUNT		-1,085.10	-560.74
			4,340.40	2,242.96
	LABOUR			
	TO CHECK WIRING.		50.00	20.00
	TO CONDUCT WHEEL ALIGNMENT.		100.00	60.00
	TO SPRAY RUST PROOFING.	NOT NECESSARY	60.00	-
	LABOUR FOR PANEL BEATING & REPLACED PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER, FRONT FENDER N/S AND FRONT SPORT RIM N/S.		500.00	250.00
	TO PUTTY & SPRAY PAINTING.		800.00	500.00
			1,510.00	830.00
	GRAND TOTAL		**5,850.40**	**3,072.96**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**2,400.00**

Report Ref No. CS/EQI21004137/Utf3e2

CHUA KANG SENG

Licensed Appraiser

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 Submission	31/03/2021 10:51 (SGT)
Date of Accident	30/03/2021 15:49 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWRDS CITY NEAR TO AMK AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5053J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CAI HANMIN
NRIC No	SXXXX232H
Email Address	caihanmin87@gmail.com
Mobile Phone No	(Phone) +65-96561184
Alternative Phone No	+65-96561184

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / SHUTTLE 1.5G CVT SENSING
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120449135
Cover Note Number	-

DRIVER

Name of Driver	CAI HANMIN
NRIC No	SXXXX232H

Date Of Birth	01/08/1987
Occupation	Outdoor
Date Of Driving Pass	10/05/2006
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96561184
Alt. Phone Number	+65-96561184
Email Address	caihanmin87@gmail.com
Address	BLK 752 #06-197 CHOA CHU KANG NORTH 5
Address complement	-
Postcode	680752
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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 material 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

PASSENGER 1

Name	GRAB PASSENGER
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

REFER ATTACHED.

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	SGW889Z
Vehicle Manufacturer	Subaru
Vehicle Model	SUBARU / FORESTER 2.0I-L CVT AWD SR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CAI HANMIN
Address	BLK 752 #06-197 CHOA CHU KANG NORTH 5
Address Complement	-
Post Code	680752
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX5053J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

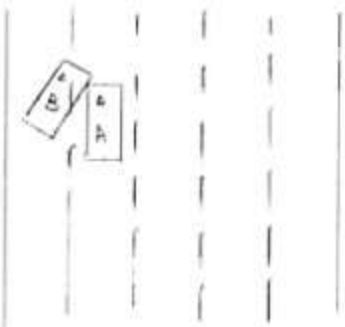
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

31 MAR 2021

Sketch Plan



A: SMK 5093 J

B: SEW 8997 E

SKETCH PLAN #2

Describe Circumstances of the Accident

On 30/03/21 at about 3.44PM on CTE [illegible]
City bound [illegible] exit I was travelling middle [illegible]
[illegible] B encroached into my lane & [illegible] my vehicle

Declaration

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67410697 Fax: 67492300
Email: [illegible]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 31 MAR 2021

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PHOTOGRAPHS FOR VEHICLE NO. SMX 5053J **INSPECTION**

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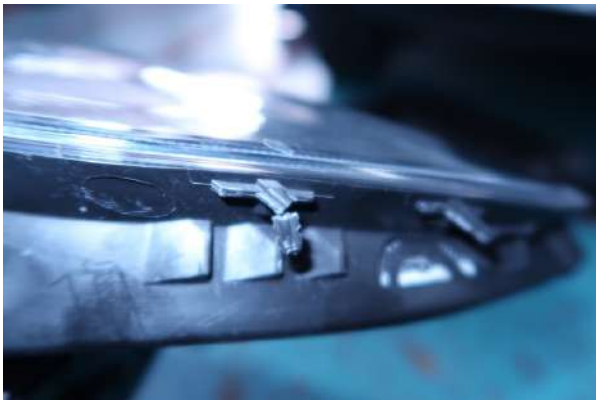
PHOTOGRAPHS FOR VEHICLE NO. SMX 5053J **RE-INSPECTION**



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