



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. AC2104557

INV Date 29/06/2021

Reference CC3/EQI21005290/Guce2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SHB 531D

Insured Veh. GZ 8582P

Claim No. DM21HO00675 / SL

Policy No. DMCPHQ20-004575

Accident Date 26/04/2021

Inspection Date 28/04/2021

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CC3/EQI21005290/Guce2 Date: 29/06/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GZ 8582P	Veh. Inspected	SHB 531D
Policy No.	DMCPHQ20-004575	Coverage (\$)	0.00
Claim No.	DM21HO00675 / SL	Excess (\$)	0.00
Assign From		Assign Date	28/04/2021
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JTDKN36U005748630	Colour	MAROON
Odometer	886769 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	NEUTON	6 mm
L/H Front Tyre	195/65 R15	NEUTON	6 mm
R/H Rear Tyre	195/65 R15	NEUTON	6 mm
L/H Rear Tyre	195/65 R15	NEUTON	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/04/2021	Inspection Date	28/04/2021
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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 531D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER REAR (DISC 25%)	DEFORMED	458.60	343.95
10	BUMPER CLIPS @\$2.10 (DISC 25%)	NECESSARY	21.00	15.75
1	NAME PLATE (HYBRID) (DISC 25%)	NECESSARY	51.90	38.93
1	BUMPER REINFORCEMENT REAR (DISC 25%)	BENT	205.70	154.28
1	ARM SUB-ASSY, RR BUMPER RH (DISC 25%)	BENT	139.60	104.70
1	ARM SUB-ASSY, RR BUMPER LH (DISC 25%)	BENT	139.60	104.70
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	SENSOR REVERSE (SN)	DAMAGED	180.00	180.00
1	ADVERTISEMENT STICKER (SN)	NECESSARY	445.32	296.88
1	BUMPER REINFORCEMENT	NOT NECESSARY	205.70	-
1	ARM SUB-ASSY, RR BUMPER RH	NOT NECESSARY	139.60	-
1	ARM SUB-ASSY, RR BUMPER LH	NOT NECESSARY	139.60	-
1	ANTENNA, ELECTRICAL LOWER REAR	NOT NECESSARY	157.40	-
1	BUMPER SIDE RETAINER RR/LH	NOT NECESSARY	94.80	-
1	BUMPER SIDE RETAINER RR/RH	NOT NECESSARY	94.80	-
1	BUMPER SEAL, RR LH	NOT NECESSARY	88.90	-
1	BUMPER SEAL, RR RH	NOT NECESSARY	65.70	-
1	BUMPER LIP COVER RR/LH	NOT NECESSARY	72.20	-
1	BUMPER LIP COVER RR/RH	NOT NECESSARY	118.10	-
1	BUMPER LIP REAR	NOT NECESSARY	228.90	-
1	UNDER COVER SUB-ASSY, RR FLOOR	NOT NECESSARY	514.50	-
1	UNDER COVER RR SHIELD	NOT NECESSARY	63.90	-
1	END PANEL	NOT NECESSARY	602.10	-
1	SEALANT SIKAFLEX	NOT NECESSARY	37.00	-
1	TAILGATE OUTSIDE GARNISH	NOT NECESSARY	504.90	-
1	EMBLEM REAR	NOT NECESSARY	60.30	-
1	NAME PLATE (PRIUS)	NOT NECESSARY	60.80	-
1	NAME PLATE (TOYOTA)	NOT NECESSARY	51.90	-
1	NUMBER PLATE	NOT NECESSARY	15.00	-
1	NUMBER PLATE FRAME	NOT NECESSARY	12.00	-
1	SMRT LOGO	NOT NECESSARY	7.80	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	STICKER DECAL 6555 8888	NOT NECESSARY	21.60	-
1	3RD BRAKE LAMP	NOT NECESSARY	231.30	-
1	SPOILER REAR	NOT NECESSARY	953.70	-
1	TAIL LAMP RH	NOT NECESSARY	557.80	-
1	FENDER RR/LH	NOT NECESSARY	766.80	-
1	SMRT LOGO	NOT NECESSARY	7.80	-
1	STICKER DECAL 65558888	NOT NECESSARY	21.60	-
1	TAIL LAMP LH	NOT NECESSARY	548.40	-
1	DOOR RR/LH	NOT NECESSARY	954.50	-
1	TAILGATE ASY	TO REPAIR SEE LABOUR	1,007.90	-
			10,169.02	1,359.19
	LABOUR			
	PANEL BEATING & BODY WORK. INCLUSIVE OF THE REPAIR OF TAILGATE ASY.		676.00	400.00
	SPRAY PAINT.		2,232.00	400.00
	TO TEST AND REFIX REVERSE SENSOR SYSTEM.		120.00	30.00
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
	TO CHECK WIRING AND SYSTEM FUNCTION.		80.00	20.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
			3,268.00	850.00
GRAND TOTAL			13,437.02	2,209.19
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,000.00

Report Ref No. CC3/EQI21005290/Guce2

XING GUO QIANG

M.MATAI, AMSAE-A

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 Submission	27/04/2021 14:32 (SGT)
Date of Accident	26/04/2021 14:50 (SGT)
Exact Location of Accident	Eu Tong Sen St, Singapore
Additional Location Information	EU TONG STREET TOWARDS JALAN BESAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB531D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	TARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

DRIVER

Name of Driver	TOK KAN HAI
NRIC No	SXXXX822H

Date Of Birth	01/07/1954
Occupation	Outdoor
Date Of Driving Pass	27/09/1974
Driving experience	46 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	TARC@SMRT.COM.SG
Address	11
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 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	UNKNOWN
Gender	Female

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

I WAS TRAVELLING ALONG EU TONG SEN STREET TOWARDS JALAN BESAR WITH ONE PASSENGER (FEMALE MALAY) ON BOARD. A VEHICLE IN FRONT OF MY TAXI STOPPED AND I FOLLOWED SUIT. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE GZ8582P HAD COLLIDED ONTO THE REAR OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ8582P
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN BOON YANG
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 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 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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

[Signature] 27/4/2021

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

Eu Tong Sen Street

[Signature] 27/4/2021

Witnessed by Reporting Centre Personnel

A- SHB531D

B- GZ 8582P

Describe Circumstances of the Accident

Lined area for describing the circumstances of the accident.

Declaration

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



Policyholder's Signature Date & Time

[Signature]

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

27/4/2021

[Signature] 27/4/2021

Witnessed by Reporting Centre Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SHB 531D

INSPECTION





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RE-INSPECTION





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RE-INSPECTION

