

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. AC2104536

INV Date 29/06/2021

Reference CS/EQI21005702/Ktf3q2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLN 9402Z

Insured Veh. SL 13A

Claim No. DM21HO00712-JG

Policy No. DMPPHQ20-004517

Accident Date 06/05/2021

Inspection Date 11/05/2021

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

LKM



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	Affiliated to Federation Internationale Des Experts En Automobile			
	EQ INSURANCE C	OMPANY LTD	Ref:	CS/EQI21005702/Ktf3q2
	5 MAXWELL ROAD		Date:	29/06/2021
	#17-00 TOWER BL MND COMPLEXSI			
			Code:	EQI
1.		Policy Particulars :	- THIRD PARTY CLAIM	1
	Insured Veh.	SL 13A	Veh. Inspected	SLN 9402Z
	Policy No.	DMPPHQ20-004517	Coverage (\$)	0.00
	Claim No.	DM21HO00712-JG	Excess (\$)	0.00
	Assign From	JOEL GOH	Assign Date	11/05/2021
2.		Vehicle Partic	ulars & Condition	
	Make & Model	TOYOTA CAMRY (A)	c.c	2494
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	MR053AK5004011888	Colour	METALLIC BLUE
	Odometer	62311 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	GOOD		
3.		Condition	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/55 R17	KUMHO	7 mm
	L/H Front Tyre	215/55 R17	KUMHO	7 mm
	R/H Rear Tyre	215/55 R17	KUMHO	7 mm
	L/H Rear Tyre	215/55 R17	KUMHO	7 mm
4.		Description	on of Damages	
	THE VEHICLE SUS	STAINED DAMAGES AT THE O/S	REAR PORTION.	
	DAMAGES SEE DE	ETAILS.		
5.		General	Information	
<u> </u>	Accident Date	06/05/2021	Inspection Date	11/05/2021
	Survey held at	CITY AUTO PTE LTD		
	, , , , , , , , , , , , , , , , , , , ,	BLK 8, SIN MING IND. ESTATE		
		#01-60/62 Sector C		
		SINGAPORE 575643.		
5a.			emarks	
	A)THE INSPECTIO	N WAS CONDUCTED ON A"WITI E TO YOUR INSTRUCTIONS, WI	HOUT PREJUDICE" BASIS	S. O REPAIRS
5b.	12,	,	Days of Repair	.5 (12) / (110)
	ESTIMATED NORM	MAL PERIOD FOR REPAIR:	•	ing Days
	l		· · · · · · · · · · · · · · · · · · ·	



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLN 9402Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR RH FENDER	BENT	1,072.50	828.80
1	REAR WINDSCREEN GLASS MOULDING	NECESSARY	93.40	93.40
1	REAR BUMPER	BUCKLED	657.60	569.80
1	REAR BUMPER RH RETAINER	DISTORTED	110.50	110.50
1	REAR RH FENDER AIR DUCT	SERVICEABLE	135.70	-
1	REAR RH RIM	DENTED	2,190.40	2,190.40
1	REAR RH WHEEL BEARING	NOT NECESSARY	1,001.90	-
1	RH TAILLAMP	CUT	487.80	487.80
	LESS 25% DISCOUNT		-1,437.45	-1,070.18
			4,312.35	3,210.52
	SPECIAL NETT ITEMS			
1	REAR WINDSCREEN GLASS SEALANT (SN)	NECESSARY	40.00	40.00
			40.00	40.00
	LABOUR			
	TO REMOVE AND REFIT REAR TRIMS ,SEAT AND UPHOLSTERY .		150.00	100.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS .		150.00	120.00
	TO REMOVE & REFIT REAR RH WHEEL BEARING .	NOT NECESSARY	80.00	-
	TO SUPPLY PANEL SEALANT AND TO SEAL OFF ALL WELD SPOT SEAMS AND GAPS.		90.00	30.00
	TO SPRING RUBBERIZED UNDER-COATING.		120.00	30.00
	TO CONDUCT WHEEL ALIGNMENT.		65.00	60.00
	TO KNOCK JACKOUT DAMAGED PARTS ,PANEL BEATING ,WELDING ,ALIGN ,REFIX AND TO RENEW ACCIDENT PARTS.		900.00	600.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		600.00	450.00
			2,155.00	1,390.00
	GRAND TOTAL		6,507.35	4.640.52

Report Ref No. CS/EQI21005702/Ktf3q2



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS		3,700.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/EQI21005702/Ktf3q2

KONG SENG CHEONG

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 witholding of material facts may allow insurance companies to repudiate

- 9. Intrinstruction provided mark to a distribution of the state of posterior 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 the control of the 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	07/05/2021 16:42 (SGT)
Date of Accident	06/05/2021 17:45 (SGT)
Exact Location of Accident	Orchard Blvd, Singapore
Additional Location Information	Along Tomlinson road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number		SLN9402Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOKYO CENTURY LEASING (SINGAPORE PTE LTD)
Company Reg No	1XXXXX535G
Email Address	ben@tcls.com.sg
Mobile Phone No	(Phone) +65-62208751
Alternative Phone No	+65-62208751

VEHICLE PARTICULARS

Manufacturer

Camry
-
Private use
No - Claiming third party
Private car
Auto
2487

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	G300311726MCY
Cover Note Number	-

DRIVER

Name of Driver	 SATOSHI SEKIGUCHI
Work Permit No	 FXXXX868T

Date Of Birth 04/02/1967 Occupation Indoor Date Of Driving Pass 05/07/2005 Driving experience 15 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-90104326 Alt. Phone Number Email Address Sekiguchi@skk.com.sg Address 6 St Martin drive Address complement #03-15 Postcode 257992 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Tomoko 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 traveling along Tomlinson road making a right turn onto orchard boulevard as I started turning third party vehicle which was on my right collided onto my vehicle right rear area. No injuries involved. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SL13A

Toyota

Alphard

White

Accident report SA0A21570008

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category Name of Driver NRIC No	Private car THONG POH LIONG SXXXX665E
Contact Number	(Phone) +65-97632368
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.
- 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.
- 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.
- 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.
- 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:
 - 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.

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature Name:

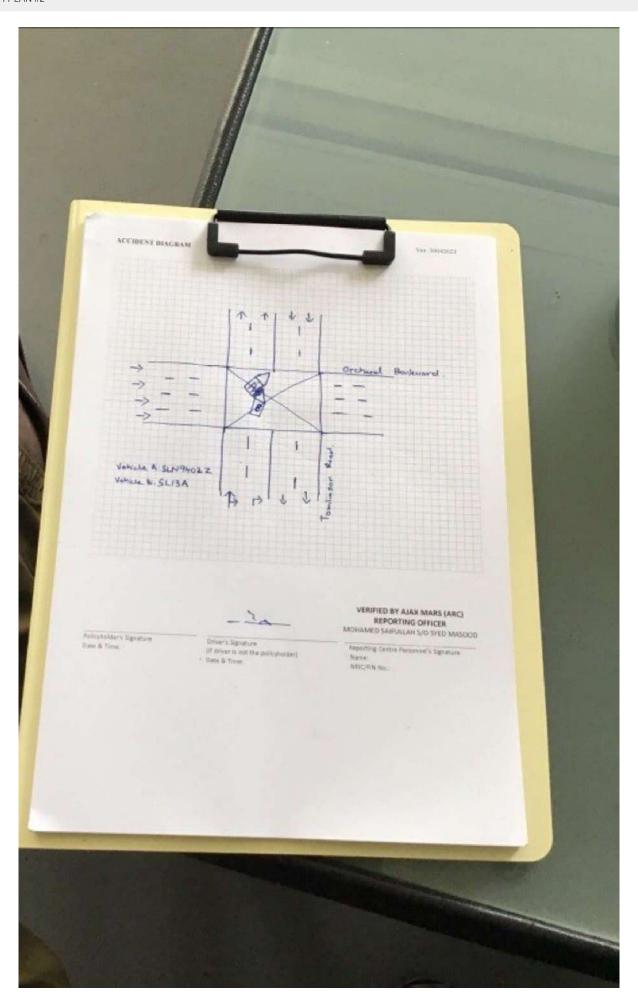
NRIC/FIN No.:

Policyholder's Signature Date & Time:

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

7 May 2021

GIARMC SketchPlanForm VS



SKETCH PLAN
REFER TO ATTACHED ACCIDENT DIAGRAM
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT L was traveling along Tomlinson road, making a right turn onto orchard
I was traveling along Tomlinson road making a right turn onto orchard boulevard as I started turning third party vehicle which was on my right
collided onto my vehicle right rear area. No injuries involved.
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: 7 May 2021 REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

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

2



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PHOTOGRAPHS FOR VEHICLE NO. SLN 9402Z

INSPECTION

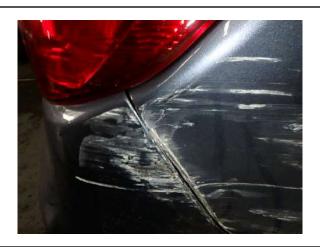












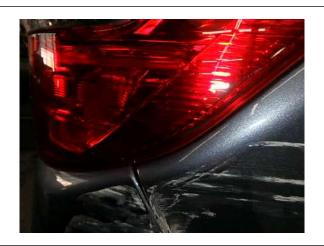


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RE-INSPECTION



