



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. AC2105026

INV Date 16/07/2021

Reference CC3/EQI21007130/Kqf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMK 896U

Insured Veh. GBD 8501Z

Claim No. DM21HO00927/MT

Policy No.

Accident Date 25/06/2021

Inspection Date 28/06/2021

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 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CC3/EQI21007130/Kqf3e2 Date: 16/07/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBD 8501Z	Veh. Inspected	SMK 896U
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO00927/MT	Excess (\$)	0.00
Assign From		Assign Date	28/06/2021
2. Vehicle Particulars & Condition			
Make & Model	HONDA VEZEL (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	RU11103164	Colour	METALLIC PEARL WHITE
Odometer	229202 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	DUNLOP	2 mm
L/H Front Tyre	215/60 R16	DUNLOP	2 mm
R/H Rear Tyre	215/60 R16	DUNLOP	2 mm
L/H Rear Tyre	215/60 R16	DUNLOP	2 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	25/06/2021	Inspection Date	28/06/2021
Survey held at	WEI LEE MOTOR WORKS BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 SINGAPORE 575644.		
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:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMK 896U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	TAILGATE	BENT	1,472.00	953.00
1	REAR DOOR BOARD	SERVICEABLE	136.00	-
2	TAILGATE ABSORBER @\$129.80	PUNCTURE	259.60	259.60
1	TAILGATE LOCK	DENTED	174.90	174.90
2	TAILGATE REFLECTOR @\$296.40	CRACKED	592.80	592.80
1	END PANEL	BENT	474.10	474.10
1	END PANEL TOP GARNISH	MTG DISTORTED	84.90	84.90
1	REAR BUMPER	BUCKLED	508.80	508.80
2	REAR BUMPER SIDE @\$118.50	O/S DISTORTED	237.00	118.50
1	END PANEL TOP GARNISH ALUMINIUM COVER	DENTED	75.00	75.00
2	TAILLAMP @\$462.60	CRACKED	925.20	925.20
1	BOOT WEATHER STRIP	SERVICEABLE	165.30	-
1	TAILGATE AUTO LOCK MOTOR (NPA)	NOT NECESSARY	-	-
1	TAILGATE VEZEL EMBLEM	NECESSARY	52.50	52.50
1	H LOGO	NOT NECESSARY	45.10	-
1	REVERSE BUZZLE	CRACKED	86.00	86.00
	LESS 20% DISCOUNT		-	-861.06
			5,289.20	3,444.24
	<u>SPECIAL NETT ITEMS</u>			
1	REVERSE SENSOR (SN)	SHORTED	220.00	200.00
			220.00	200.00
	<u>LABOUR</u>			
	TO REMOVE / TRANSFER REAR WINDSCREEN GLASS TO NEW DOOR.		160.00	120.00
	TO REMOVE DAMAGED PARTS AND ATTACHMENTS. REPAIR / RESHAPE ALL DENTED AREAS. REPAIR / STRAIGHTEN REAR CHASSIS. REPLACE / ALIGN ALL PARTS INTO POSITION.		950.00	700.00
	TO SPRAY PAINT.		900.00	700.00
			2,010.00	1,520.00
	GRAND TOTAL		7,519.20	5,164.24

Report Ref No. CC3/EQI21007130/Kqf3e2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,100.00
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Report Ref No. CC3/EQI21007130/Kqf3e2

A handwritten signature in black ink, appearing to read 'KSC'.

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.

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	25/06/2021 15:53 (SGT)
Date of Accident	25/06/2021 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE(CITY) BEFORE BRADDELL LANE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK896U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KH LEASING PTE. LTD.
Company Reg No	201611813C
Email Address	KAHUPLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-85182081
Alternative Phone No	+65-85182081

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
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	ThirdParty
Fleet Policy	No
Policy Number	5108804196-01
Cover Note Number	-

DRIVER

Name of Driver	TIONG CHING KEONG
NRIC No	S0163993E

Date Of Birth	19/07/1952
Occupation	Indoor
Date Of Driving Pass	18/04/1983
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82687039
Alt. Phone Number	-
Email Address	KAHUPLEASING@GMAIL.COM
Address	BLK 707 HOUGANG AVE 2 #09-91
Address complement	-
Postcode	530707
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)



Accident report SN07216P000G

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	GBD8501Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SOHAG
Passport No/FIN	G6502863N
Contact Number	(Phone) +65-98323599
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	TIONG CHING KEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK896U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No




SKETCH PLAN

IMPORTANT NOTES


1. Please read carefully the enclosed copy of the 15 pages of the terms and conditions.
2. The information is collected by the Police Officer and is the **Authorised Driver**.
3. Information provided is for the purpose of and accurate as possible. Any false or misleading information will result in a criminal offence and may lead to prosecution.
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5. **ANY INFORMATION MAY BE REFERRED TO THE POLICE FOR INVESTIGATION**
6. The Driver will be responsible for the accuracy of the information provided. Any false or misleading information will result in a criminal offence and may lead to prosecution.
7. The accuracy of the information provided is for the purpose of and accurate as possible. Any false or misleading information will result in a criminal offence and may lead to prosecution.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my employer and/or General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal information (but not in this form) and to use the personal information collected by me and/or processed by me for the purpose of the "Personal Information" and/or to use the personal information collected by me and/or processed by me for the purpose of the "Personal Information" and/or to use the personal information collected by me and/or processed by me for the purpose of the "Personal Information".
 - (b) In discussing, handling and/or dealing with my claims including the submission of my claims and any necessary investigation relating to the claims.
 - (c) Investigating the accident and/or my claims.
 - (d) Evaluating and/or dealing with my claims or responding to any demands by me.
 - (e) In administering my claims (including the making of correspondence, statements, claims, reports or notices to me, which could involve disclosure of certain personal data about me to being about processing of the same as well as other external events of my vehicle/motor package, etc).
 - (f) Complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (g) If my insurer, my employer and/or GIA have insured vehicles involved in the accident and the insurer, my employer, may be permitted to collect, use, disclose and/or process my personal information for one or more of the above Purposes, and
 - (h) My personal information may be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firm), which may be used outside of Singapore, for one or more of the above Purposes.
 - (i) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management (present and all future claims).
 - (j) The information to be collected under (a) 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: 25/4/15 15:21



Reporting Centre Personnel's Signature
Name: Hong Qiu
NIC: 9904334

A- 5MK 8710
B- GED 8512

Enter

CTE (day) 21/10/10
Sullivan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

DECLARATION

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

Police Officer's Signature

Driver's Signature

If driver is not the policyholder

Date & Time: 10/10/10

Reporting Centre Personnel's Signature

Name: [Signature]

BRUC/IN NO: 592534

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2021 13:42	Vide Report No.:	Station Diary No 45
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Informant's Particulars

Name of Informant TIONG CHING KEONG			Address APT BLK 707 HOUGANG AVENUE 2 #09-91 SINGAPORE 530707		
ID Type / ID No. NRIC NO / S0163993E			Contact No. Home/Office: Mobile: 82687039		
Nationality SINGAPORE CITIZEN			Email:		
Sex Male	Age 68	Date of Birth 19/07/1952	Type of Informant: Driver		
Race Chinese			Language:		Institution / School Name:
Occupation GOJEK DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 25/06/2021 10:30	Type of Location Straight Road
Location: CENTRAL EXPRESSWAY				
Weather Clear		Road Surface Dry		Road Speed Limit
Traffic Flow		Traffic Control		Traffic Volume
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
GBD8501Z	Van					0
SMK896U	Car					3

Details of Person Involved

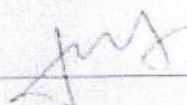
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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

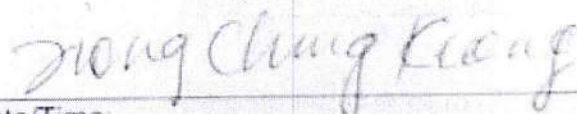
Signature Of Officer Recording The Report:

F /

Sgt 3 PHUA JIA JUN, MARK



Signature Of Informant:



Date/Time:

25/06/2021 13:42

Signature Of Interpreter:

Not applicable

Classification Of Case:

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No: 65476404

Authentication Stamp

NP168



Name	SOHAG	ID No.	G6502863N
Related Vehicle	GBD8501Z (Van)	Contact No.	NIL
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			
Name	TIONG CHING KEONG	ID No.	S0163993E
Related Vehicle	SMK896U (Car)	Contact No.	82687039
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 25/06/2021 at about 1030hrs, I was driving along CTE towards City area and the traffic flow was moderate. At that point of time, there were 3 passengers on board.

After which, I stopped my vehicle. Just then, one vehicle, GBD8501Z hit onto the rear of my vehicle. At that time of incident, there was no one injured. There was no police or ambulance at scene.

Due to the accident, the rear of my vehicle was dented and damage. One of the passenger complained of giddiness.

After the incident, I felt discomfort and aching on my body as such I went to seek medical treatment and was given 5 days of MC.

There is in-built camera installed in my vehicle.



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PHOTOGRAPHS FOR VEHICLE NO. SMK 896U

INSPECTION





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RE-INSPECTION

