



## 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. AC2106132

INV Date 01/09/2021

Reference CS/EQI21007567/Evf3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SKE 3750S

Insured Veh. SMQ 4039U

Claim No. DM21HO00984/JT

Policy No.

Accident Date 08/07/2021

Inspection Date 13/07/2021

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

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: CS/EQI21007567/Evf3e2 Date: 01/09/2021 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SMQ 4039U	Veh. Inspected	SKE 3750S
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO00984/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	13/07/2021
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI ELANTRA	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHDH41CMCU442649	Colour	BLACK
Odometer	167240 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/55 R16	YOKOHAMA	4 mm
L/H Front Tyre	205/55 R16	YOKOHAMA	4 mm
R/H Rear Tyre	205/55 R16	YOKOHAMA	4 mm
L/H Rear Tyre	205/55 R16	YOKOHAMA	4 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	08/07/2021	Inspection Date	13/07/2021
Survey held at	AUBURN AUTO PTE LTD 176 SIN MING DRIVE #04-18 SIN MING AUTOCARE SINGAPORE 575721		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKE 3750S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT LH DOOR REPLACE	DENTED	1,157.00	1,157.00
1	FRONT LH DOOR LOCK	JAMMED	189.00	189.00
1	FRONT LH DOOR TRIM BOARD	BROKEN	635.80	635.80
1	FRONT LH DOOR HINGE (UPPER & LOWER)	BENT	90.00	90.00
1	FRONT LH DOOR WINDOW REGULATOR	BENT	250.40	250.40
1	REAR LH DOOR	DENTED	1,349.50	1,349.50
1	REAR LH DOOR TRIM BOARD	BROKEN	553.00	553.00
1	REAR LH DOOR HINGE (UPPER & LOWER)	BENT	90.00	90.00
1	FRONT & REAR RIM (LH)	CUT	600.00	600.00
1	LH HEADLAMP	BROKEN	693.70	693.70
1	FRONT LH FENDER	DENTED	445.00	445.00
1	FRONT LH FENDER LINER	TORN	92.00	92.00
1	FRONT BUMPER	BROKEN	474.60	474.60
1	FRONT LH ABSORBER	BENT	312.00	312.00
	LESS 20% DISCOUNT		-	-1,386.40
			6,932.00	5,545.60
	<b><u>LABOUR</u></b>			
	CHECKING OF WIRING, LIGHTING AND RESETTNG.		300.00	30.00
	REMOVE AND REFIT REAR UNDECARRIAGE.		500.00	100.00
	WHEEL ALIGNMENT.		100.00	100.00
	REMOVE AND REPLACE DAMAGED PARTS.	NOT NECESSARY	800.00	-
	APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.	NOT NECESSARY	800.00	-
	WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIRS INCLUDING CUT AND WIELD, REALIGN BODY STRUCTURE.		1,500.00	1,000.00
	RESPRAY INCLUDING POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,000.00	1,000.00
			5,000.00	2,230.00
	<b>GRAND TOTAL</b>		<b>11,932.00</b>	<b>7,775.60</b>

Report Ref No. CS/EQI21007567/Evf3e2



<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>4,000.00</b>
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Report Ref No. CS/EQI21007567/Evf3e2

**CHEN TSUE YEE**

**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 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 ..... 09/07/2021 18:58 (SGT)  
Date of Accident ..... 08/07/2021 09:38 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALEXANDRA ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKE3750S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PARADIGM AUTO PTE LTD  
Company Reg No ..... 2XXXXX139H  
Email Address ..... PARADIGMAUTOPL@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-62668998  
Alternative Phone No ..... (Office) +65-62668998

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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 ..... Private hire  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5115302429-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ARIVANANTHI D/O RETNAM  
NRIC No ..... SXXXX066H

Date Of Birth .....	23/04/1973
Occupation .....	Indoor
Date Of Driving Pass .....	08/09/2006
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91377514
Alt. Phone Number .....	-
Email Address .....	ISWAREA@HOTMAIL.COM
Address .....	BLK 610 ELIAS ROAD #01-166
Address complement .....	-
Postcode .....	510610
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Major/Minor Rd
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MIKE (GRAB PASSENGER)
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

#### 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 .....	SMQ4039U
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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 .....	ARIVANANTHI D/O RETNAM
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKE3750S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	MIKE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKE3750S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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 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:
  - (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.
- (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.



Policyholder's Signature  
Date & Time:

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

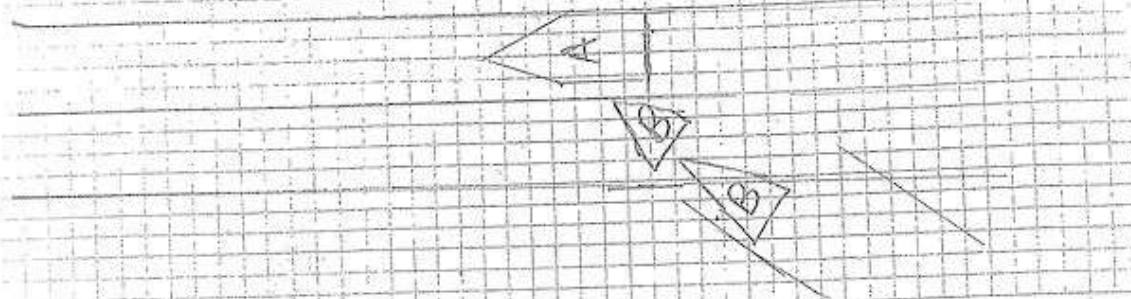


Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:



SKETCH PLAN

A = SKG3750C  
B = SAND 403966



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER police Report.

DECLARATION

We declare that the particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





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### PHOTOGRAPHS FOR VEHICLE NO. SKE 3750S

### INSPECTION







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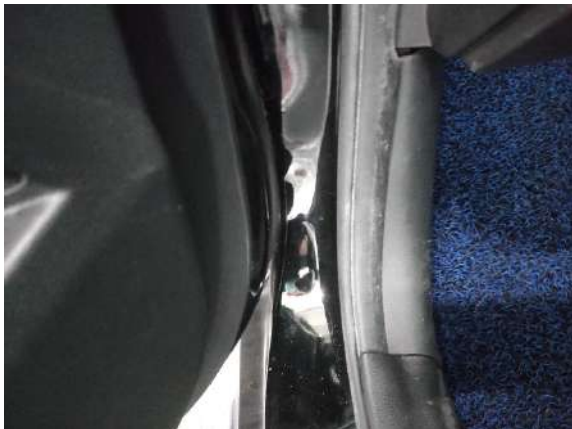


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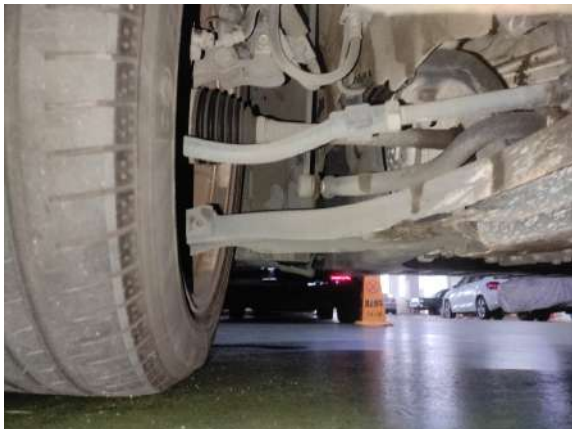


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### RE-INSPECTION





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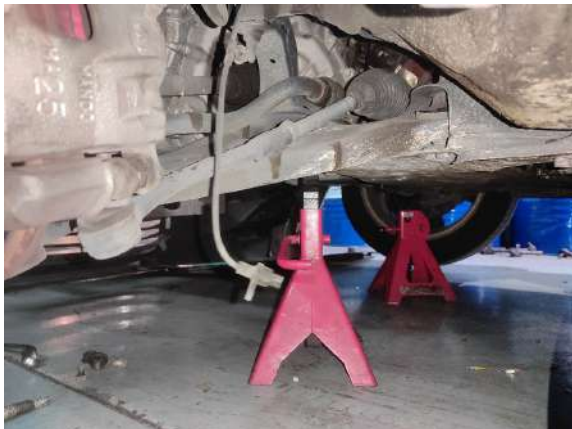


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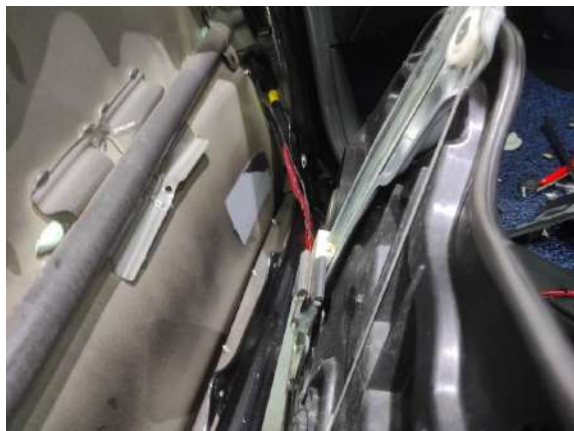
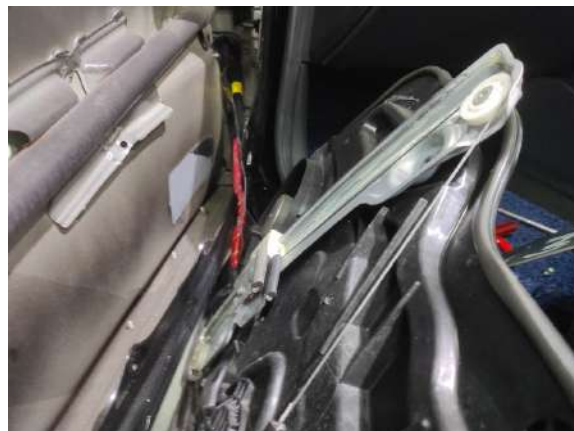


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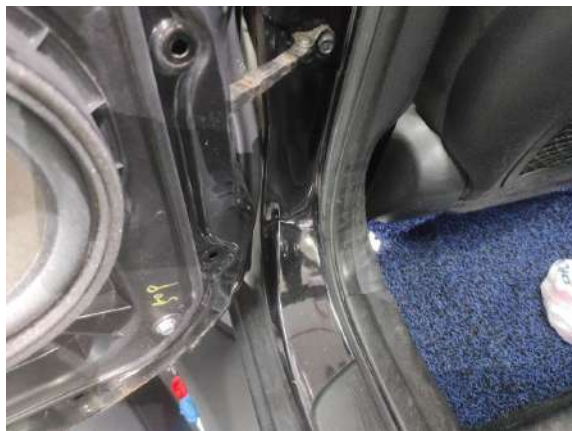


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