

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. AC2107744

INV Date 11/11/2021

Reference CS/EQI21009789/Atf3n2

Code **EQI**

PROFESSIONAL SERVICE FEE

Vehicle No. SBL 9863E

Insured Veh. **SLV 7500U**

Claim No. DM21HO01386/MT

Policy No.

Accident Date 11/02/2021

Inspection Date 01/10/2021

Description	Total
Survey Inspection	160.00
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



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		Affiliated to Federation Internation	nale Des Experts En	Automol	bile		
	EQ INSURANCE C	COMPANY LTD		Ref:	CS/EQI21009789/Atf3n2		
	5 MAXWELL ROAD #17-00 TOWER BL MND COMPLEXSI			Date:	11/11/2021		
				Code:	EQI		
1.		Policy Particulars :	- THIRD PARTY	CLAIM			
	Insured Veh.	SLV 7500U	Veh. Inspected		SBL 9863E		
	Policy No.		Coverage (\$)		0.00		
	Claim No.	DM21HO01386/MT	Excess (\$)		0.00		
	Assign From	MELODY TEOH	Assign Date		20/09/2021		
2.		Vehicle Partic	ulars & Condition	on			
	Make & Model	MERCEDES BENZ	c.c		1997		
	Engine No.	HIDDEN	Year of Reg.		1990		
	Chassis No.	WDB2010232F667922	Colour		GOLD		
	Odometer	528392 KM	Steering		IN ORDER		
	Brakes	IN ORDER	Modification		SPORTS RIM		
	General	GOOD					
3.	3. Conditions of Tyres						
		Size	Make		Balance		
	R/H Front Tyre	205/45 R16	CAPTURAR		6 mm		
	L/H Front Tyre	205/45 R16	CAPTURAR		6 mm		
	R/H Rear Tyre	205/45 R16	CAPTURAR		6 mm		
	L/H Rear Tyre	205/45 R16	CAPTURAR		6 mm		
4.		Description	on of Damages				
	THE VEHICLE SU	STAINED DAMAGES AT THE FRO	ONT PORTION.				
	DAMAGES SEE DI	ETAILS.					
5.		General	Information				
	Accident Date	11/02/2021	Inspection Date)	01/10/2021		
	Survey held at	MODERN AUTOMOTIVE PTE L	TD				
		BLK 3023A UBI ROAD 1 #01-61					
5a.		SINGAPORE 408717	marke				
Ja.	A)THE INSPECTION	N WAS CONDUCTED ON A"WIT	emarks	" BACIC	<u> </u>		
		CE TO YOUR INSTRUCTIONS, W					
5b.		Estimate I	Days of Repair				
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:		2 Worki	ng Days		



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350.00

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBL 9863E

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,195.00	-
1	FRONT BUMPER PAD	TO REPAIR SEE LABOUR	299.00	-
	LESS 10% DISCOUNT		-149.40	-
			1,344.60	-
	<u>LABOUR</u>			
	TO KNOCKING & PULL OUT FRONT PORTION & RENEW ABOVE PARTS.INCLUSIVE OF THE REPAIR OF FRONT BUMPER PAD.		300.00	200.00
	TO PUTTY & SPRAY UP PAINT WORKS.		300.00	150.00
			600.00	350.00
	GRAND TOTAL		1,944.60	350.00

Report Ref No. CS/EQI21009789/Atf3n2

RECOMMENDED COST OF REPAIRS



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 contact or tort, is accepted to any third party who may reply 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.

SM0G219H0001 / MODERN AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 17/09/2021 11:46 (SGT) SUBMITTED BY: CHIN SOI SHONG GRACE VERSION: 1 (17/09/2021 11:46 (SGT))

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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed to withouting of material facts may allow insurance companies to reputing 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 17/09/2021 11:46 (SGT) Date of Accident 11/02/2021 14:15 (SGT) Exact Location of Accident Tampines Street 83, Singapore Additional Location Information OPEN CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBL9863E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SIMON HENG CHOY HIANG NRIC No SXXXX800G Email Address SIMONHENG2002@HOTMAIL.COM Mobile Phone No (Phone) +65-96705930 Alternative Phone No (Home) +65-96703760

VEHICLE PARTICULARS

Manufacturer Mercedes Model A190 Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 1997

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage **ThirdParty** Fleet Policy Policy Number 0084851424 Cover Note Number

DRIVER

Name of Driver SIMON HENG CHOY HIANG NRIC No SXXXX800G

Date Of Birth 09/11/1955 Occupation Indoor Date Of Driving Pass 27/03/1979 Driving experience 41 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96705930 Alt. Phone Number (Home) +65-96703760 Email Address SIMONHENG2002@HOTMAIL.COM Address BLK 837 TAMPINES ST 83 #10-78 Address complement Postcode 520837 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 Hit and run / Vandalism / Damaged whilst parked 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT NO. T/20210211/7031. 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 SLV7500U Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Category

Vehicle Colour

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)	

WITNESS DETAILS

WITNESS 1

Name	 KAMIS
Phone	 -
Email	_

SKETCH PLAN

IMPORTANT NOTICE

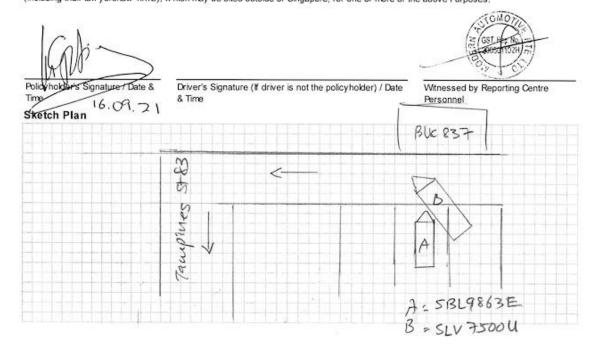
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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.



AS	Dev	20166	Renaut	NO. T	1202102/11/70	31.	
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Declaration

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 16.09.21

Witnessed by Reporting Centre Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SBL 9863E

INSPECTION















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