

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. AC2200378

INV Date 17/01/2022

Reference CS/EQI21010106/Uvf3e2

Code **EQI**

PROFESSIONAL SERVICE FEE

Vehicle No. **SMQ 8868S**

Insured Veh. SGZ 6387A

Claim No. DM21HO01445/JT

Policy No. DMPPHQ20-007206

Accident Date 23/09/2021

Inspection Date 30/09/2021

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 Internation	nale Des Experts En Autom	obile			
	EQ INSURANCE C	OMPANY LTD	Ref:	CS/EQI21010106/Uvf3e2			
	5 MAXWELL ROAL #17-00 TOWER BL MND COMPLEXSI		Date:	17/01/2022			
			Code:	EQI			
1.		Policy Particulars :	- THIRD PARTY CLAI	М			
	Insured Veh.	SGZ 6387A	Veh. Inspected	SMQ 8868S			
	Policy No.	DMPPHQ20-007206	Coverage (\$)	0.00			
	Claim No.	DM21HO01445/JT	Excess (\$)	0.00			
	Assign From	JAIME TAY	Assign Date	29/09/2021			
2.		Vehicle Partic	culars & Condition				
	Make & Model	LEXUS ES250 EXECUTIVE (A)	c.c	2487			
	Engine No.	HIDDEN	Year of Reg.	2019			
	Chassis No.	JTHB11B1002020141	Colour	PEARL WHITE			
	Odometer	29309 KM	Steering	IN ORDER			
	Brakes	IN ORDER	Modification	SPORTS RIM			
	General	GOOD					
3.		Condition	ons of Tyres				
		Size	Make	Balance			
	R/H Front Tyre	235/45 R18	DUNLOP	7 mm			
	L/H Front Tyre	235/45 R18	DUNLOP	7 mm			
	R/H Rear Tyre	235/45 R18	DUNLOP	7 mm			
	L/H Rear Tyre	235/45 R18	DUNLOP	7 mm			
4.		· ·	on of Damages				
	THE VEHICLE SUS	STAINED DAMAGES AT THE REA	AR PORTION.				
	DAMAGES SEE DI	ETAILS.					
5.		General	Information				
	Accident Date	23/09/2021	Inspection Date	30/09/2021			
	Survey held at Blk 15 Kaki Bukit Road 4, Bartley Biz , #01-53						
	Repairer ZOOM AUTOWERKS PTE LTD						
5a.		Re	emarks				
	A)THE INSPECTION B)IN ACCORDANCE	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICE" BAS E HAVE NOT AUTHORIS	IS. ED REPAIRS.			
5b.		Estimate I	Days of Repair				
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:	3 Wor	king Days			



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMQ 8868S

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BOOT LID (NPA)	NOT NECESSARY	-	-
1	REAR BOOT INNER LOCK	NOT NECESSARY	345.00	-
1	REAR BOOT LOGO	NOT NECESSARY	108.00	-
1	REAR BOOT RUBBER	NOT NECESSARY	233.96	-
1	REAR BOOT "LEXUS" EMBLEM	NOT NECESSARY	120.33	-
1	REAR BOOT "ES250" EMBLEM	NOT NECESSARY	100.30	-
2	REAR TAILLAMPS	NOT NECESSARY	1,401.50	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	800.17	-
1	REAR END PANEL INNER GARNISH	NOT NECESSARY	188.95	-
1	REAR END PANEL INNER SENSOR	NOT NECESSARY	195.20	-
1	REAR BUMPER	DEFORMED / TORN	999.40	999.40
1	REAR BUMPER INNER SPONGE	TORN	139.50	139.50
2	REAR BUMPER REFLECTORS	NOT NECESSARY	220.60	-
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	689.50	-
2	REAR BUMPER SIDE BRACKETS	NOT NECESSARY	160.34	-
2	REAR BUMPER SIDE RETAINERS	NOT NECESSARY	140.34	-
1	REAR BUMPER PDC SENSORS	SHORTED	367.00	367.00
2	REAR BUMPER SIDE CHROME MOULDINGS	SERVICEABLE	570.40	-
1	REAR BUMPER CENTRE CHROME MOULDING	SERVICEABLE	325.40	-
	LESS 10% DISCOUNT		-710.59	-150.59
			6,395.30	1,355.31
	SPECIAL NETT ITEMS			
1	SET REAR BUMPER CLIP (SN)	NECESSARY	100.00	50.00
			100.00	50.00
	<u>LABOUR</u>			
	TO REMOVE, REPLACED DAMAGED LAMPS AND CHECK UP REAR WIRING.		80.00	20.00
	TO REMOVE AND REFIT INNER GARNISHES.		180.00	60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		150.00	50.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO TRANSFER BOOT LID MECHANISM AND WIRING ASSEMBLY.	NOT NECESSARY	80.00	-
	TO APPLY UNDERCOATING.	NOT NECESSARY	150.00	-
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR END PANEL AND REAR BUMPER REINFORCEMENT.		1,400.00	450.00
	TO RE-SPRAY PAINTING ON THE AFFECTED AREAS.		1,200.00	400.00
			3,240.00	980.00
	GRAND TOTAL		9,735.30	2,385.31

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)		1,900.00
(TOTTS FRE-ACCIDENT CONDITION)		

Report Ref No. CS/EQI21010106/Uvf3e2

CHUA KANG SENG

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 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.

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 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 24/09/2021 18:21 (SGT) Date of Accident 23/09/2021 15:15 (SGT) Exact Location of Accident Singapore Additional Location Information PASIR RIS DR 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Es250

Vehicle Registration Number SMQ8868S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

TING BOON KIAT NRIC No. S6911334F

Email Address zoomautowerks@gmail.com Mobile Phone No (Phone) +65-91162738

Alternative Phone No +65-91162738

VEHICLE PARTICULARS

Manufacturer Lexus Model

Variant

Exact purpose for which vehicle was being used at time of accident Private use

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party

Vehicle Category Private car Transmission Auto

CC 2487

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number A 29139806 ALM

Cover Note Number

DRIVER

Name of Driver TING BOON KIAT NRIC No. S6911334F

Date Of Birth 25/03/1969 Occupation Indoor Date Of Driving Pass 21/03/1989 Driving experience 32 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91162738 Alt. Phone Number +65-91162738 Email Address zoomautowerks@gmail.com Address **5 PASIR RIS RISE** Address complement #03-09 Postcode 518082 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Serangoon Gardens Neighbourhood Police Post Police Station Address 51 Serangoon Garden Way Singapore 555947 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. 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 WITH WORKSHOP Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGZ6387A Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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	TING BOON KIAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SMQ8868S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 GA 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)

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
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by ma.
- (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
- (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,

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Venicle A: CM&8868S

Venicle B: SGZ 6387A.

	- Refer to Police F 7/20210923/200	20 no 4 -
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IWe declare the foregoing particulars are true in every respect.

Policy folder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





I of 3

Report No. T/20210923/2085

Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947

Tel No: 1800-2879999

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 021 17:14	Made:	Vide Report No.:	Station Diary No.: 18	
Informa	nt's Partic	ulars			
	Informant OON KIAT	T.	Address: 5 PASIR RIS RISE #03-09 SI	INGAPORE 518082	
	/ ID No.: D / S69113	34F	Contact No.: Home/Office:	Mobile: 91162738	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 52	Date of Birth: 25/03/1969	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Building and construction project manager			Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2021 15:15	Type of Location Straight Road
Location: PASIR RIS D Weather: Clear	RIVE 3	Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - World	king	Traffic Volume: Heavy
Type of Collis	ion: ing Vehicles - Head	West field	NAME OF THE OWNER	Anyone conveyed by

Details of V	chicle Invol	ved				Service Service
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ6387A	Car			Brown	No Damage	0
SMQ8868S	Car	LEXUS		White	Slightly Damaged	0

Details of Person Involved	The second secon
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20210923/2085

Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE

Tel No: 1800-2879999

CONTINUATION OF REPORT

Driver Name	TING BOON KIAT			ID No.		S6911334F
Related Vehicle	SMQ8868S (Car)			Contact No.		91162738
Hospital/Clinic	KINGS MEDICAL CLINIC			Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry; NIL
Date Treatment	23/09/2021 Date Di		Date Disc	charge 23/09		9/2021
No. of Days granted Medical Leave 05			Degree of Injury		NIL	

Brief Details.

On 23/09/2021 at about 1515hrs, I was driving my car "White Lexus" bearing SMQ8868S along Pasir Ris Drive 3 on the right lane. I stopped my car as the traffic ahead stopped due to traffic light was red. Shortly, I felt an hitting impact coming from the rear. I came out to make a check and discovered a brown car bearing SGZ6387A had hit onto the rear of my car. My car's rear portion was dented. I then exchanged particulars with the other drove off. Shortly after the accident, I felt pain on my back and went to "Kings Medical Clinic" to consult a doctor. I was given 5days of MC.

I wish to state that I have in-car camera in my car. I am lodging this report for insurance purpose.





Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947

Report No. T/20210923/2085

Tel No: 1800-2879999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 Signature Of Informant Sgt 3 LOGHANATHAN S/O AYYASAMY Signature Of Interpreter: Date/Time: Not applicable 23/09/2021 17:14 Officer In Charge Of Case: Classification Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 SN 27 Authentication Stamp NP168 SIGNATURE



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PHOTOGRAPHS FOR VEHICLE NO. SMQ 8868S

INSPECTION















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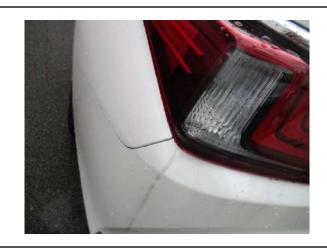




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PHOTOGRAPHS FOR VEHICLE NO. SMQ 8868S

RE-INSPECTION















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