



## 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

INV No. AC2107203

5 MAXWELL ROAD  
#17-00 TOWER BLOCK  
MND COMPLEX  
SINGAPORE 069110

INV Date 18/10/2021  
Reference CS/EQI21010343/Uqf3e2  
Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SGF 837M  
Insured Veh. YM 8282K  
Claim No. DM21HO01477/MT  
Policy No. DMCPHQ21-000290  
Accident Date 04/10/2021  
Inspection Date 08/10/2021

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (7%)</b>	<b>11.20</b>
<b>Grand Total</b>	<b>171.20</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/EQI21010343/Uqf3e2 Date: 18/10/2021  Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	YM 8282K	Veh. Inspected	SGF 837M
Policy No.	DMCPHQ21-000290	Coverage (\$)	0.00
Claim No.	DM21HO01477/MT	Excess (\$)	0.00
Assign From	MELODY TEOH	Assign Date	07/10/2021
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MAZDA 3 (A)	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	JM6BK106100191277	Colour	GREY
Odometer	193522 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	6 mm
L/H Front Tyre	195/65 R15	DAVANTI	6 mm
R/H Rear Tyre	195/65 R15	DAVANTI	6 mm
L/H Rear Tyre	195/65 R15	DAVANTI	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	04/10/2021	Inspection Date	08/10/2021
Survey held at	FOCUS AUTO PTE LTD NO 1 KAKI BUKIT AVE 6 AUTOBAY #02-48 SINGAPORE 417883		
<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:		4 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGF 837M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BONNET	DENTED / BENT	950.00	920.60
1	FRONT BONNET HINGE - RH	NOT NECESSARY	48.60	-
1	FRONT BONNET LOCK	NOT NECESSARY	182.50	-
1	FRONT FENDER - RH	DISTORTED	398.00	398.00
1	FRONT FENDER DUST COVER - RH	TORN	128.60	128.60
6	FRONT FENDER DUST COVER CLIP - RH @\$5.50	NECESSARY	33.00	33.00
1	FRONT FENDER LAMP	NOT NECESSARY	48.20	-
1	FRONT HEADLAMP - RH	BROKEN	840.00	813.60
1	FRONT HEADLAMP LOWER BRACKET - RH	CRACKED	53.80	53.80
1	FRONT HEADLAMP SIDE BRACKET - RH	NOT NECESSARY	36.20	-
1	FRONT BUMPER	DISTORTED	860.00	860.00
1	FRONT BUMPER SIDE RETAINER - RH	CRACKED	28.70	28.70
1	FRONT DOOR - RH	CRACKED	890.00	890.00
1	FRONT DOOR HINGE - RH (TOP)	SERVICEABLE	46.20	-
1	FRONT DOOR RUBBER - RH	NOT NECESSARY	116.20	-
1	WIPER WASHER TANK	TORN	186.20	186.20
	LESS 20% DISCOUNT		-969.24	-862.50
			3,876.96	3,450.00
	<b><u>LABOUR</u></b>			
	TOWING.	NOT NECESSARY	50.00	-
	PANEL BEATING.		950.00	500.00
	CHECK WIRING.		60.00	20.00
	RUST PROOFING.		60.00	60.00
	TO REMOVE & REFIX DOOR ASSEMBLY.		80.00	50.00
	TO ADJUST ALIGNMENT.	NOT NECESSARY	50.00	-
	TO SPRAY PAINTING.		850.00	800.00
			2,100.00	1,430.00
	<b>GRAND TOTAL</b>		<b>5,976.96</b>	<b>4,880.00</b>

Report Ref No. CS/EQI21010343/Uqf3e2



<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>3,900.00</b>
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Report Ref No. CS/EQI21010343/Uqf3e2

**CHUA KANG SENG**

**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 ..... 05/10/2021 20:28 (SGT)  
Date of Accident ..... 04/10/2021 20:10 (SGT)  
Exact Location of Accident ..... Lor 21 Geylang, Singapore  
Additional Location Information ..... LORONG 21 GEYLANG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGF837M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN KENG KIAT ALSON  
NRIC No ..... S9131558J  
Email Address ..... alson.tan91@gmail.com  
Mobile Phone No ..... (Phone) +65-85000661  
Alternative Phone No ..... (Office) +65-85000661

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120682845  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN KENG KIAT ALSON  
NRIC No ..... S9131558J

Date Of Birth .....	03/09/1991
Occupation .....	Indoor
Date Of Driving Pass .....	05/07/2018
Driving experience .....	3 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85000661
Alt. Phone Number .....	(Office) +65-85000661
Email Address .....	alson.tan91@gmail.com
Address .....	BLK 879B TAMPINES AVENUE 8 #10-57
Address complement .....	-
Postcode .....	S 522879
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 .....	Side Swipe
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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

PLEASE REFER TO 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 .....	YM8282K
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Canter
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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 .....	TAN KENG KIAT ALSON
Gender .....	Male
Phone No .....	(Phone) +65-85000661
Address .....	BLK 879B TAMPINES AVENUE 8 #10-57
Address Complement .....	-
Post Code .....	S 522879
Approximate Age Years Old .....	30
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGF837M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

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 willful 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 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)**

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

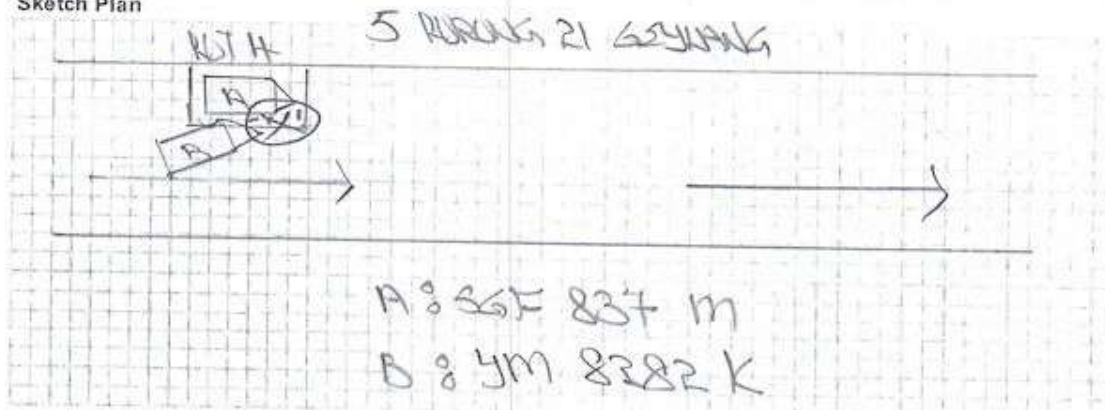
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*Mara*  
05/10/21  
2.45pm  
Policyholder's Signature / Date & Time

*Abm*  
05/10/21  
2.45pm  
Driver's Signature (# driver is not the policyholder) / Date & Time

LEE SHENG AUTO PTE LTD  
1, Kaki Bukit Ave 6 #01-60  
Singapore 417233  
Tel: 6747 7227  
Witnessed by Reporting Centre Personnel

**Sketch Plan**





**Describe Circumstances of the Accident**


Refer to Police Report No. : 7/2021/CD5/7024

**Declaration**

We declare the foregoing particulars are true in every respect.

**LEE SHENG AUTO PTE LTD**  
 1, Kaki Bukit Ave 6 #01-80  
 Singapore 417883  
 Tel: 6744 2297  
 Email: lss@lssnet.com.sg

 05/10/21  
 2.45pm  
 Policyholder's Signature / Date & Time

 05/10/21  
 2.45pm  
 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



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### PHOTOGRAPHS FOR VEHICLE NO. SGF 837M

### INSPECTION





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**PHOTOGRAPHS FOR VEHICLE NO. SGF 837M**

**RE-INSPECTION**

