

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. AC2108028

INV Date 19/11/2021

Reference CS/EQI21011185/Uvf3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SBP 8878Z

Insured Veh. GBG 7080L

Claim No. DM21HO01625/MT

Policy No.

Accident Date 29/10/2021

Inspection Date 10/11/2021

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

HYN



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		Affiliated to Federation Internation	nale Des Experts En Automo	bile
	EQ INSURANCE C	OMPANY LTD	Ref:	CS/EQI21011185/Uvf3n2
	5 MAXWELL ROAI #17-00 TOWER BL MND COMPLEXSI		Date:	19/11/2021
			Code:	EQI
1.		Policy Particulars	:- THIRD PARTY CLAIN	Л
	Insured Veh.	GBG 7080L	Veh. Inspected	SBP 8878Z
	Policy No.		Coverage (\$)	0.00
	Claim No.	DM21HO01625/MT	Excess (\$)	0.00
	Assign From	MELODY TEOH	Assign Date	02/11/2021
2.		Vehicle Partic	culars & Condition	
	Make & Model	HONDA STREAM RSZ (A)	c.c	1799
	Engine No.	HIDDEN	Year of Reg.	2009
	Chassis No.	JHMRN68809C200322	Colour	BLACK
	Odometer	140732 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Condition	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	225/45 R17	YOKOHAMA	6 mm
	L/H Front Tyre	225/45 R17	YOKOHAMA	6 mm
	R/H Rear Tyre	225/45 R17	YOKOHAMA	6 mm
	L/H Rear Tyre	225/45 R17	YOKOHAMA	6 mm
4.		Description	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE N/S	REAR PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		General	Information	
	Accident Date	29/10/2021	Inspection Date	10/11/2021
	Survey held at	UNIMOTOR COMPANY		
		1 KAKI BUKIT AVE 6, #01-94 (AUTOBAY @ KAKI BUKIT) SINGAPORE 417883		
5a.		Re	emarks	
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W		
5b.		Estimate l	Days of Repair	
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:	3 Work	ing Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SBP 8878Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER FACE	DEFORMED / TORN	1,185.00	665.40
1	REAR L/H BUMPER RETAINER	NOT NECESSARY	68.40	-
1	REAR L/H BUMPER SIDE SUPPORT HOLDER CLIPS	NOT NECESSARY	22.50	-
6	REAR BUMPER CLIPS	NECESSARY	30.00	30.00
1	REAR L/H FENDER ASSY	TO REPAIR SEE LABOUR	1,323.40	-
	LESS 20% DISCOUNT		-525.86	-139.08
			2,103.44	556.32
	SPECIAL NETT ITEMS			
1	REAR L/H SPORT WHEEL (SN)	NOT NECESSARY	400.00	-
			400.00	-
	<u>LABOUR</u>			
	TO SEND VEHICLE FOR COMPUTER ALIGHTMENT.	NOT NECESSARY	120.00	-
	TO PANEL BEAT DAMAGED PORTION.INCLUSIVE OF THE REPAIR OF REAR L/H FENDER ASSY.		800.00	480.00
	TO PUTTY AND RESPRAY DAMAGED PORTION.		800.00	400.00
	TO SPRAY UNDERCOATING IN REPAIR.	NOT NECESSARY	80.00	-
	TO DISM/REFIX REAR L/H FENDER GLASS IN REPAIR.	NOT NECESSARY	140.00	-
	TO DISM/REFIX REAR SEAT,TRAY ASSY,PILLER LINING GARNISH.		100.00	80.00
			2,040.00	960.00
	GRAND TOTAL		4,543.44	1,516.32
	RECOMMENDED COST OF LUMP SUM REPAIRS			1,200.00

RECOMMENDED COST OF LUMP SUM REPAIRS		1,200.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/EQI21011185/Uvf3n2

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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of 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 30/10/2021 14:28 (SGT) Date of Accident 29/10/2021 18:30 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBP8878Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WEE KOCK MIN NRIC No S7572375Z JEFFREYWEE@GMAIL.COM Email Address Mobile Phone No (Phone) +65-94363163 Alternative Phone No +65-94363163

VEHICLE PARTICULARS

Manufacturer Honda Model Stream 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

CC

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Type of Coverage Comprehensive Fleet Policy Policy Number P10638189R0 Cover Note Number

1800

DRIVER

Name of Driver WEE KOCK MIN NRIC No S7572375Z

Date Of Birth Occupation Date Of Driving Pass	25/07/1975 Indoor
Driving experience	19/10/1996 25 YEARS
Gender	Male
Mobile Number	(Phone) +65-94363163
Alt. Phone Number	+65-94363163
Email Address Address	JEFFREYWEE@GMAIL.COM 85 AMBER ROAD #08-13
Address complement	63 AMBER ROAD #06-13
Postcode	439895
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
verlicie (Negistration Number of Other Verlicie Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	- V
Number of Passengers (Including Driver)	Yes 3
Has the driver been approached by unknown person(s)	3
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	WEE XINYI
Gender	Female
PASSENGER 2	
Name	WEE ALENA MARTIN
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
I AM TRAVELLING STRAIGHT IN MY LANE WHEN VEHICLE B SREAR PORTION.	SUDDENLY CUT INTO MY LANE COLLIDED INTO MY VEHICLE'S
ATTACHMENT(S)	
Ave assident shates and letter for election 10	~
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
Was there any audio recorded?	No
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DETAILS OF OTHER	VEHICLE PROPERTY 1

GBG7080L

Vehicle Registration Number

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-
Commercial vehicle
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-
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-
-
-
-

SKETCH PLAN

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- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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)

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' 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.

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

Sketch Plan

Witnessed by Reporting Centre Personnel

1	\$2,000	- KING S NO. 8	12000	7.0			100	1 10 1 + I	(20)	20 20 16	
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Carl	into	ting	lane	and	collided	inta	ing	velodi	VRAC	10/11	oorh-
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Declaration

I'We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



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INSPECTION















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RE-INSPECTION











