



## 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. AC2200524

INV Date 26/01/2022

Reference CS/EQI22000305/Kvy3e2

Code EQI

#### PROFESSIONAL SERVICE FEE

Vehicle No. SLD 8081A  
Insured Veh. SNB 4444A  
Claim No. DM22HO00028/JT  
Policy No.  
Accident Date 31/12/2021  
Inspection Date 06/01/2022

Description	Total
Survey Inspection	160.00
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 COMPLEX SINGAPORE 069110

Ref: CS/EQI22000305/Kvy3e2

Date: 26/01/2022

Code: EQI

### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b>	SNB 4444A	<b>Veh. Inspected</b>	SLD 8081A
<b>Policy No.</b>		<b>Coverage (\$)</b>	0.00
<b>Claim No.</b>	DM22HO00028/JT	<b>Excess (\$)</b>	0.00
<b>Assign From</b>	JAIME TAY	<b>Assign Date</b>	10/01/2022

### 2. Vehicle Particulars & Condition

<b>Make &amp; Model</b>	TESLA MODEL 3 (A)	<b>c.c</b>	0
<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2021
<b>Chassis No.</b>	LRW3F7EL5MC263562	<b>Colour</b>	METALLIC BLUE
<b>Odometer</b>	5547 KM	<b>Steering</b>	IN ORDER
<b>Brakes</b>	IN ORDER	<b>Modification</b>	SPORTS RIM
<b>General</b>	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
<b>R/H Front Tyre</b>	235/35 R20	PIRELLI	9 mm
<b>L/H Front Tyre</b>	235/35 R20	PIRELLI	9 mm
<b>R/H Rear Tyre</b>	235/35 R20	PIRELLI	9 mm
<b>L/H Rear Tyre</b>	235/35 R20	PIRELLI	9 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.  
DAMAGES SEE DETAILS.

### 5. General Information

<b>Accident Date</b>	31/12/2021	<b>Inspection Date</b>	06/01/2022
<b>Survey held at</b>	10 ANG MO KIO IND PARK 2A #01-05 AMK AUTOPOINT		
<b>Repairer</b>	OPTIMA WERKZ PTE LTD		

### 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.  
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **2 Working Days**



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLD 8081A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	FRONT DOOR RH	TO REPAIR SEE LABOUR	1,009.35	-
	LESS 10% DISCOUNT		-100.94	-
			908.41	-
	<b>LABOUR</b>			
	CERAMIC COATING.		500.00	120.00
	LABOUR CHARGES TO REMOVE, REPLACE, REPAIR & READJUST ACCIDENT AREA. INCLUSIVE OF THE REPAIR OF FRONT DOOR RH.		400.00	80.00
	LABOUR CHARGES TO SUPPLY PAINT & FURNISHING MATERIALS AT ACCIDENT AREA.		400.00	400.00
	TO CHECK WIRING & ELECTRICAL SYSTEM.	NOT NECESSARY	150.00	-
	TO DIAGNOS FAULT CODE & RESET MEMORY.	NOT NECESSARY	200.00	-
			1,650.00	600.00
	<b>GRAND TOTAL</b>		<b>2,558.41</b>	<b>600.00</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>600.00</b>

Report Ref No. CS/EQI22000305/Kvy3e2

**KONG SENG CHEONG**

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 ..... 03/01/2022 16:15 (SGT)  
Date of Accident ..... 31/12/2021 20:01 (SGT)  
Exact Location of Accident ..... 442 Orchard Rd, Singapore 238879  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD8081A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... BENNY QUEK SZER HAOW  
NRIC No ..... SXXXX548E  
Email Address ..... BIOCAPS@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-97454139  
Alternative Phone No ..... +65-97454139

### VEHICLE PARTICULARS

Manufacturer ..... Tesla  
Model ..... MODEL 3 PERFORMANCE  
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 ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... CN138960  
Cover Note Number ..... 14/08/2021 - 13/08/2022

### DRIVER

Name of Driver ..... BENNY QUEK SZER HAOW  
NRIC No ..... SXXXX548E

Date Of Birth .....	10/09/1980
Occupation .....	Indoor
Date Of Driving Pass .....	01/11/1999
Driving experience .....	22 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97454139
Alt. Phone Number .....	+65-97454139
Email Address .....	BIOCAPS@YAHOO.COM.SG
Address .....	29 FERVALE RD
Address complement .....	#12-35
Postcode .....	797416
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 .....	2
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) .....	0
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

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNB4444A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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) ..... -

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.

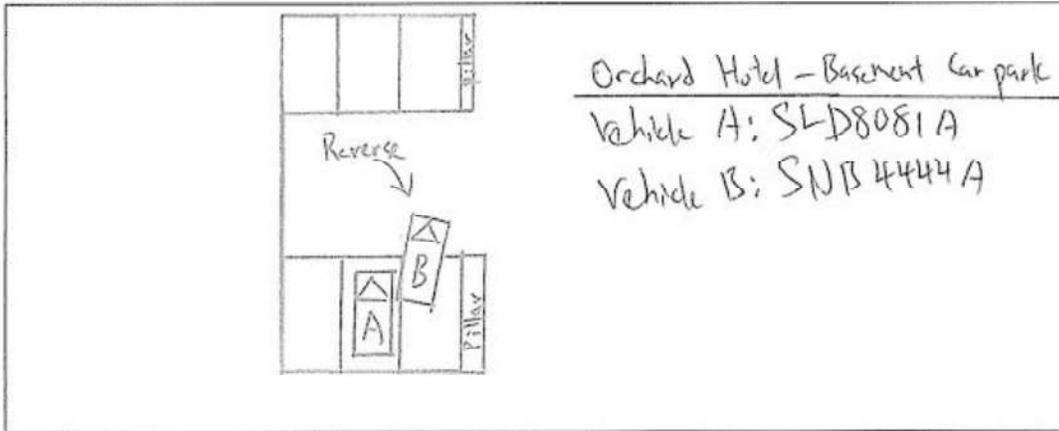
  
 Policyholder's Signature  
 Date & Time:  
 03/01/2022

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 03/01/2022

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

Date of accident: 31/12/21 Time: 20:01 Location: Orchard Hotel - Basement Car park  
 My Vehicle A: SLD8081A Vehicle B: SNB4444A Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To The Police Report T/20220103/7017

Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Optima Motor Pte Ltd

Email address : Karl.M.ngai @ om.sg

& myself : biocops @ yahoo.com.sg

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

  
 Policyholder's Signature

Date & Time:  
03/01/2022

GENERAL STATEMENT OF FACTS\_V3

  
 Driver's Signature  
 (If driver is not the policyholder)

Date & Time: 03/01/2022

  
 Reporting Centre Personnel's Signature

Name:  
 NRIC/FIN No.:

AH LIM MOTOR COMPANY





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD8081A	AXA INSURANCE SINGAPORE PTE LTD	P2449964	27/08/2021	26/08/2022

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	BENNY QUEK SZER HAOW		ID No.	S8028548E
Related Vehicle	SLD8081A (Car)		Contact No.	97454139
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

**Brief Details.**

ON 31/12/2021@18:00HRS, I PARKED MY VEHICLE A: SLD8081A AT ORCHARD HOTEL BASEMENT CAR PARK. AFTER THAT, I WENT BACK TO MY VEHICLE ON 01/01/2022@14:00HRS AND REALIZED THAT MY VEHICLE WAS DAMAGED. AFTER CHECKED MY IN-CAR CAMERA AND I FOUND THAT VEHICLE B: SNB4444A REVERSED AND HIT ONTO MY VEHICLE A: SLD8081A FRONT RIGHT PORTION AND CAUSED DAMAGE ON 31/12/2021@20:01HRS. VEHICLE B DIDNT LEAVE ANY CONTACT INFORMATION HENCE, I MADE AN POLICE REPORT AFTER THIS ACCIDENT.



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2022 11:54
Officer In Charge Of Case: TP / TPIB / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:



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51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

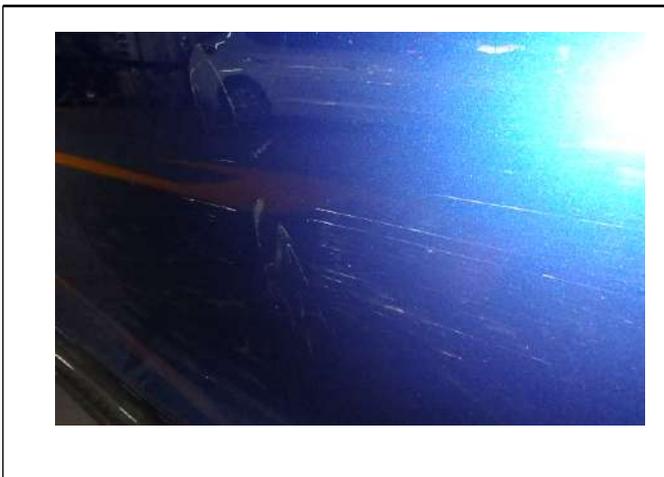
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## PHOTOGRAPHS FOR VEHICLE NO. SLD 8081A

## INSPECTION

	Save Last Charge	Total Energy	Avg. Energy
Subtotal	260 km	53 kWh	190 Wh/km
Trip A			
Distance	5,574 km	1,122 kWh	201 Wh/km
Trip B			
Distance	5,574 km	1,122 kWh	201 Wh/km
Odometer	5,574 km		





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