



## 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. AC2201348

INV Date 14/03/2022

Reference CS/EQI22001571/Kqf3n2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SLE 5785S

Insured Veh. GBF 2098A

Claim No. DM22HO00235/CH

Policy No.

Accident Date 12/02/2022

Inspection Date 18/02/2022

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

**HYN**



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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/EQI22001571/Kqf3n2 Date: 14/03/2022 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBF 2098A	Veh. Inspected	SLE 5785S
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00235/CH	Excess (\$)	0.00
Assign From	NG CHEN HOW	Assign Date	18/02/2022
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI AVANTE (A)	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	KMH DU41BMAU963252	Colour	METALLIC SILVER
Odometer	311646 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	185/65 R15	CONTINENTAL	6 mm
L/H Front Tyre	185/65 R15	CONTINENTAL	6 mm
R/H Rear Tyre	185/65 R15	CONTINENTAL	7 mm
L/H Rear Tyre	185/65 R15	CONTINENTAL	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	12/02/2022	Inspection Date	18/02/2022
Survey held at	NGS MOTORSPORT PTE LTD BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #02-01 AMK AUTOPOINT SINGAPORE 568047		
<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:		3 Working Days	



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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLE 57855

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BOOT LID	TO REPAIR SEE LABOUR	985.50	-
1	GARNISH,RR BOOT OUTER HANDLE	CRACKED	97.30	97.30
2	BOOT LID LAMP RH/LH @\$198.00	SERVICEABLE	396.00	-
2	TAILLAMP RH/LH @\$269.00	N/S MTG CRACKED	538.00	269.00
1	END PANEL	TO REPAIR SEE LABOUR	369.00	-
1	END PANEL GARNISH	SERVICEABLE	69.00	-
1	REAR BUMPER	BUCKLED	447.00	447.00
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	270.20	-
3	REAR BUMPER LOWER BRACKET @\$42.00	SERVICEABLE	126.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	149.00	-
	LESS 20% DISCOUNT		-689.40	-162.66
			2,757.60	650.64
<b><u>SPECIAL NETT ITEMS</u></b>				
1	BADGE "REAR BOOT (SN)	NECESSARY	34.00	34.00
1	AVANTE EMBLEM (SN)	NECESSARY	32.00	32.00
1	PARKING SENSOR (SN)	SCRATCHED	280.00	200.00
1	REAR NO PLATE C/W CASING (SN)	SERVICEABLE	50.00	-
20	CLIPS,REAR BOOT @\$3.50 (SN)	NOT NECESSARY	70.00	-
			466.00	266.00
<b><u>LABOUR</u></b>				
	TO REMOVE ALL DAMAGED PARTS WITH ALL NECESSARY COMPONENTS/ATTACHMENTS. STRAIGHTEN CHASSIS MEMBER,REPAIR/RESHAPE DENTED BODY PANEL INACCORDENCE WITH FACTORY SPECIFICATIONS. REPLACE/REPOSITION DAMAGED PARTS,REFIT ALIGN INTO REFIX ALL NECESSARY COMPONENTS/ATTACHMENT. INCLUSIVE OF THE REPAIR OF REAR BOOT LID,END PANEL AND REAR BUMPER REINFORCEMENT. SPRAY PAINTING.		800.00	400.00
			600.00	400.00

Report Ref No. CS/EQI22001571/Kqf3n2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK WIRING/PROPER FUNCTION ON LIGHT AND ETC.		50.00	15.00
			1,450.00	815.00
GRAND TOTAL			4,673.60	1,731.64
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,350.00

Report Ref No. CS/EQI22001571/Kqf3n2

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 ..... 16/02/2022 16:27 (SGT)  
Date of Accident ..... 12/02/2022 10:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... NEWTON ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLE5785S

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... POH AUTOMOTIVE PTE LTD  
Company Reg No ..... 201940124M  
Email Address ..... pohautomotiveaccident@gmail.com  
Mobile Phone No ..... (Phone) +65-98800332  
Alternative Phone No ..... +65-98800332

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5114565431-02  
Cover Note Number ..... 02/12/2021 - 01/12/2022

#### DRIVER

Name of Driver ..... MOHAMED SHAFEI BIN AMIR  
NRIC No ..... S1583185E

Date Of Birth .....	10/07/1963
Occupation .....	Outdoor
Date Of Driving Pass .....	14/06/1984
Driving experience .....	37 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91863702
Alt. Phone Number .....	-
Email Address .....	SHAFEIA068@GMAIL.COM
Address .....	BLK 232 COMPASSVALE WALK #02-466
Address complement .....	-
Postcode .....	540232
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 .....	GBF2098A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	KUA WAH LIANG
NRIC No .....	S7411409A
Contact Number .....	(Phone) +65-91516499
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

INCOME MOTOR SERVICE CENTRE

Report Date &amp; Start Time: 16/02/2022 / 16:18

Report No: MT \_\_\_\_\_

D.O.A: 12/02/2022  
Time: 10:30 hrs

Vehicle No: SLE5785S Reporting Type: \_\_\_\_\_

**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 &amp; Time: 16/02/22 / 16:18

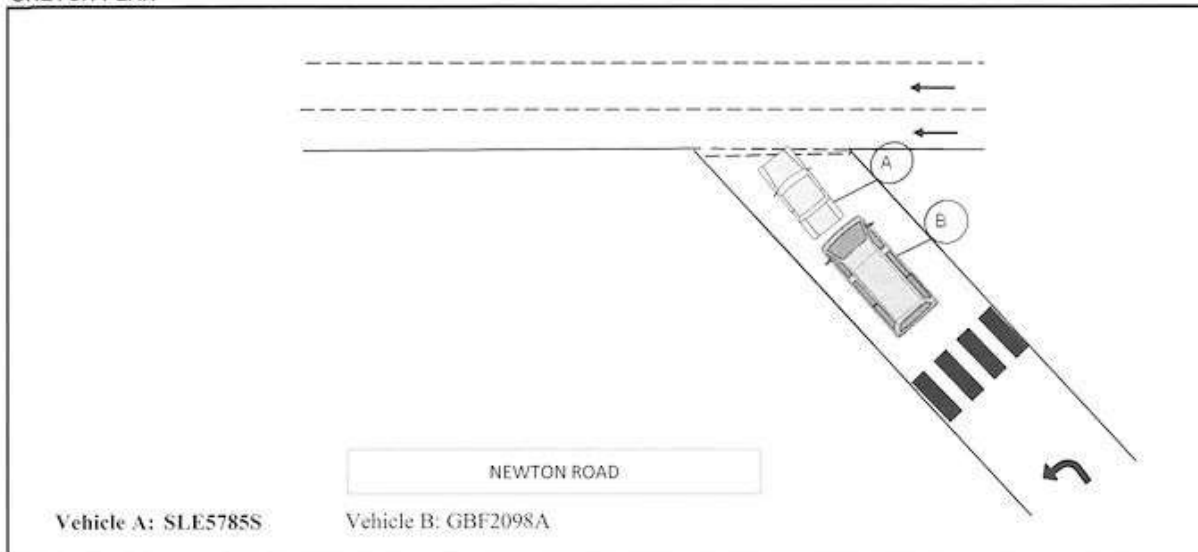
Driver's Signature (If driver is not the policyholder) / Date &amp; Time: 16/02/22 / 16:18

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel



SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the slip road and I stopped to let in coming vehicle to pass on main road. Suddenly vehicle B collided to my rear. After which both of us drivers alighted to assess the damage, took some photos and exchange particulars. Vehicle B driver asked to settle through insurance. No one was injured in this accident.

Declaration

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

 16/02/22 / 16:18  
Policyholder's Signature / Date & Time

 16/02/22 / 16:18  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel



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### PHOTOGRAPHS FOR VEHICLE NO. SLE 5785S

### INSPECTION





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**PHOTOGRAPHS FOR VEHICLE NO. SLE 5785S**

**RE-INSPECTION**

