



## 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

COMFORTDELGRO ENGINEERING PTE LTD

INV No. AC2201852

59 LOYANG DRIVE  
SINGAPORE 508969

INV Date 31/03/2022  
Reference CS/QW22001912/Tvce2  
Code QW007

### PROFESSIONAL SERVICE FEE

Vehicle No. SHC 3379C

Insured Veh.

Claim No.

Policy No.

Accident Date 26/02/2022

Inspection Date 28/02/2022

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

**KHM**



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Affiliated to Federation Internationale Des Experts En Automobile				
COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVESINGAPORE 508969			Ref: CS/QW22001912/Tvce2	
			Date: 31/03/2022	
			Code: QW007	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
	Insured Veh.		Veh. Inspected	SHC 3379C
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From		Assign Date	28/02/2022
<b>2. Vehicle Particulars &amp; Condition</b>				
	Make & Model	HYUNDAI IONIQ	c.c	1580
	Engine No.	HIDDEN	Year of Reg.	2019
	Chassis No.	KMHC851CVLU186870	Colour	BLUE
	Odometer	224074 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
<b>3. Conditions of Tyres</b>				
		Size	Make	Balance
	R/H Front Tyre	195/65 R15	WEST LAKE	6 mm
	L/H Front Tyre	195/65 R15	WEST LAKE	6 mm
	R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
	L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
<b>4. Description of Damages</b>				
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>				
	Accident Date	26/02/2022	Inspection Date	28/02/2022
	Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<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:		<b>3 Working Days</b>	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3379C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRT RH FENDER	BENT	588.80	588.80
1	FRT RH FENDER EMBLEM	NECESSARY	26.60	26.60
1	FRT BUMPER ASSY	DEFORMED	430.90	430.90
10	FRT BUMPER ASSY CLIPS	NECESSARY	22.00	2.20
1	HEADLAMP ASSY RH	NOT NECESSARY	1,993.65	-
1	FRT RH DAY LIGHT ASSY	NOT NECESSARY	642.50	-
1	FRT RH DAY LIGHT GRILLE	CRACKED	93.45	93.45
1	FRT RH FENDER RETAINER	NOT NECESSARY	41.40	-
1	FRT BUMPER BRACKET RH	NOT NECESSARY	35.00	-
1	FRT RH WHEEL CAP	CUT	346.40	346.40
	LESS 20% DISCOUNT		-844.14	-297.67
			3,376.56	1,190.68
	<b><u>LABOUR</u></b>			
	OD/TP CASE (INSURER) .		11.00	11.00
	PANEL BEATING.		800.00	525.00
	SPRAYPAINT.		600.00	500.00
	CHECK WIRING.		50.00	30.00
	TUFF KOTE.		50.00	30.00
	TOWING FEE.		60.00	60.00
			1,571.00	1,156.00
	<b>GRAND TOTAL</b>		<b>4,947.56</b>	<b>2,346.68</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>2,346.68</b>

Report Ref No. CS/QW22001912/Tvce2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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	26/02/2022 12:20 (SGT)
Date of Accident	26/02/2022 09:30 (SGT)
Exact Location of Accident	292 Punggol Central, Singapore 820292
Additional Location Information	MSCP LEVEL 1B
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3379C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-94557878
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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 - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1580

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

#### DRIVER

Name of Driver	WEE KENG TIONG PETER
NRIC No	SXXXX0761



Date Of Birth	04/03/1960
Occupation	Outdoor
Date Of Driving Pass	09/01/2000
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94557878
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	299 PUNGGOL CENTRAL #09-461
Address complement	-
Postcode	820299
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	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	3
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 26/02/2022 AT ABOUT 05:15HRS, I WAS PARKED VEHICLE A (SHC3379C) AT BLOCK 292 PUNGGOL CENTRAL LEVEL 1B CARPARK ( LOT 110). AT ABOUT 09:30HRS, I RECEIVE A CALL FROM MY RELIEF DRIVER TOLD ME THAT MY VEHICLE WAS COLLIDED BY UNKNOWN VEHICLE. AS I REACHING, I REALISED 3 VEHICLES INVOLVED IN THIS ACCIDENT. VEHICLE B ( GBE6100E) AND VEHICLE C( SMP2948P) INCLUDING MY VEHICLE INVOLVED IN THIS HIT AND RUN CASE.

#### 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	FILE IS NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6100E
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP2948P
Vehicle Manufacturer	Honda
Vehicle Model	Stream
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**

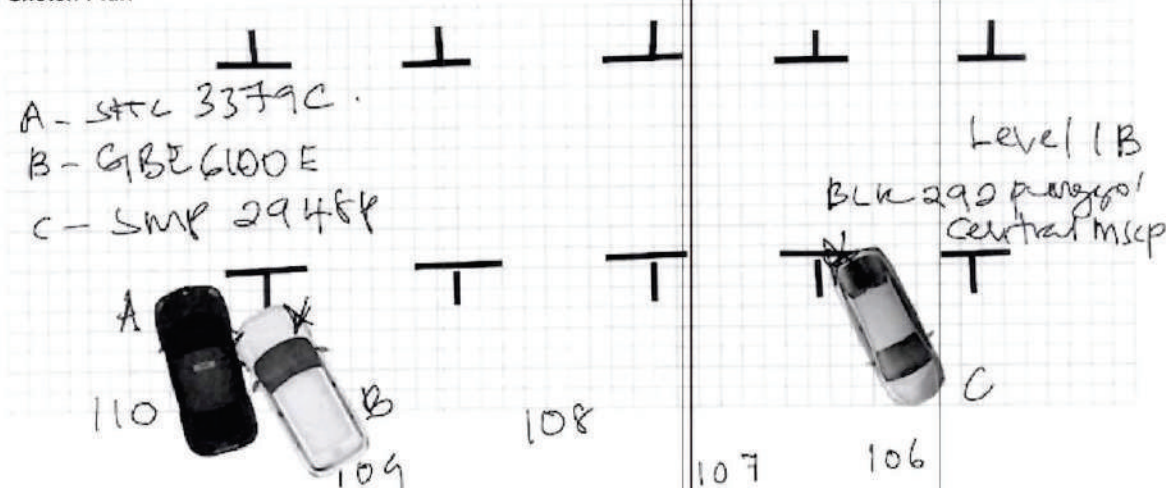
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
  - (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.

Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





## Describe Circumstances of the Accident

ON 26/02/2022 AT ABOUT 05:15HRS, I WAS PARKED VEHICLE A (SHC3379C) AT BLOCK 292 PUNGGOL CENTRAL LEVEL 1B CARPARK ( LOT 110). AT ABOUT 09:30HRS, I RECEIVE A CALL FROM MY RELIEF DRIVER TOLD ME THAT MY VEHICLE WAS COLLIDED BY UNKNOWN VEHICLE. AS I REACHING, I REALISED 3 VEHICLES INVOLVED IN THIS ACCIDENT. VEHICLE B ( GBE6100E) AND VEHICLE C( SMP2948P) INCLUDING MY VEHICLE INVOLVED IN THIS HIT AND RUN CASE.

## Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel