



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

UNITED OVERSEAS INSURANCE LTD

INV No. AC2202143

146 ROBINSON ROAD
#02-01 UOI BUILDING
SINGAPORE 068909

INV Date 13/04/2022
Reference CS/UOI22002116/Kqy3e2
Code UOI2

PROFESSIONAL SERVICE FEE

Vehicle No. SLU 6337L

Insured Veh. SJQ 6183H

Claim No. M12D17942203

Policy No.

Accident Date 04/03/2022

Inspection Date 22/03/2022

Description	Total
Survey Inspection	441.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	441.00
GST (7%)	30.87
Grand Total	471.87

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'**

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KHM



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Affiliated to Federation Internationale Des Experts En Automobile				
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			Date: 13/04/2022	
			Code: UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJQ 6183H		Veh. Inspected	SLU 6337L
Policy No.			Coverage (\$)	0.00
Claim No.	M12D17942203		Excess (\$)	0.00
Assign From	Josephine Wong		Assign Date	07/03/2022
2. Vehicle Particulars & Condition				
Make & Model	HONDA VEZEL (A)		c.c	1496
Engine No.	HIDDEN		Year of Reg.	2017
Chassis No.	RU11229675		Colour	METALLIC BLUE
Odometer	86445 KM		Steering	IN ORDER
Brakes	IN ORDER		Modification	STANDARD ALLOY RIM
General	GOOD			
3. Conditions of Tyres				
		Size	Make	Balance
R/H Front Tyre		215/60 R16	MICHELIN	8 mm
L/H Front Tyre		215/60 R16	MICHELIN	8 mm
R/H Rear Tyre		215/60 R16	MICHELIN	8 mm
L/H Rear Tyre		215/60 R16	MICHELIN	8 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/03/2022		Inspection Date	22/03/2022
Survey held at	LIM TAN MOTOR PTE LTD BLK 176 SIN MING DRIVE #03-09 SIN MING AUTOCARE SINGAPORE 575721			
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:			4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLU 6337L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	MTG CRACKED	801.20	762.70
2	FRONT BUMPER RETAINER @\$20.80	N/S DISTORTED	41.20	20.60
10	FRONT BUMPER CLIPS @\$3.50	NECESSARY	35.00	35.00
1	N/S FRONT FENDER	BENT	421.80	421.80
1	N/S FRONT FENDER ARCH GARNISH	DENTED	153.20	153.20
1	N/S HEAD LAMP	MTG CRACKED	1,923.40	1,859.00
	LESS 20% DISCOUNT		-675.16	-650.46
			2,700.64	2,601.84
1	N/S FRONT WHEEL RIM (SN)	DENTED	833.30	550.00
	LESS 20% DISCOUNT		-166.66	-
			666.64	550.00
<u>LABOUR</u>				
	TO PUTTY & SPRAY PAINT.		700.00	600.00
	TO CHECK WIRING & FOCUS HEAD LIGHTS.		30.00	20.00
	TO CHECK WHEEL ALIGNMENT.		60.00	60.00
	TO ANTI RUST.		50.00	30.00
	LABOUR CHARGES.		600.00	400.00
			1,440.00	1,110.00
GRAND TOTAL			4,807.28	4,261.84
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,350.00

Report Ref No. CS/UOI22002116/Kqy3e2

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.



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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	04/03/2022 16:53 (SGT)
Date of Accident	04/03/2022 13:45 (SGT)
Exact Location of Accident	Near 452 Ang Mo Kio Ave 10, Singapore 560452
Additional Location Information	ANG MO KIO AVE 3 BEFORE JUNCTION ANG MO KIO AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6337L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG SAY HIN
NRIC No	SXXXX385G
Email Address	SAYHINNG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97326832
Alternative Phone No	+65-97326832

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113725102-02
Cover Note Number	-

DRIVER

Name of Driver	GOH CHAY CHER
NRIC No	SXXXX355B

Date Of Birth	26/07/1954
Occupation	Indoor
Date Of Driving Pass	30/04/1977
Driving experience	44 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90698835
Alt. Phone Number	-
Email Address	SAYHINNG@HOTMAIL.COM
Address	35 THOMSON TERRACE
Address complement	-
Postcode	574566
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOW
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

AT THE MATERIAL DATE AND TIME I WAS TRAVELING ALONG ANG MO KIO AVE 3 BEFORE JUNCTION ANG MO KIO AVE 10. VEH B SUDDENLY CUT INTO MY LANE AND HIT ONTO MY VEH A. CAUSE VEH B'S FRONT RIGHT PORTION HIT ONTO MY VEH A'S FRONT LEFT PORTION. THAT'S ALL. NOBODY INJURY. THAT'S ALL

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	SJQ6183H
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)	-

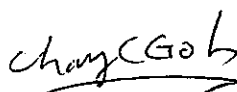
SKETCH PLAN

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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:



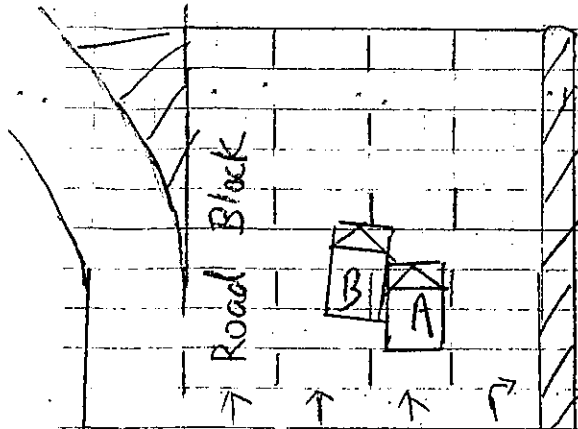
Driver's Signature
(If driver is not the policyholder) Date
& Time:



Reporting Centre Personnel's Signature
Name: VERA
NRIC/FIN No.: SX2X0991A

SKETCH PLAN

Date & Time of Accident: 04/23/2022 / 1345hrs Location: Ang mo kio Ave 3 before Junction Ave 10
 Veh A: SW 6337L Veh B: SGA 6183H Veh C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date & time I was travelling along Ang mo kio Ave 3 before Junction Ang mo kio Ave 10. Veh B suddenly cut into my lane and hit onto my Veh A. Cause Veh B's front right portion hit onto my Veh A's front left portion. That's All. Nobody injury. That's All.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____
 My/Our email : Sayhina@hotmail.com

DECLARATION

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

Sayhina
 Policyholder's Signature Date & Time:

Chang CGoh
 Driver's Signature
 (If driver is not the policyholder) Date & Time:

VS
 Reporting Centre Personnel's Signature
 Name: Vera
 NRIC/FIN No.: SXXXX9911