

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. AC2202358

INV Date 25/04/2022

Reference CS/EQI22002299/Kvy3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMC 7360U

Insured Veh. GBL 7575A

Claim No. DM22HO00368/MT

Policy No.

Accident Date 10/03/2022

Inspection Date 21/03/2022

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 Internationale Des Experts En Automobile						
	EQ INSURANCE C	COMPANY LTD	Re	f: CS/EQI22002299/Kvy3n2			
	5 MAXWELL ROAI #17-00 TOWER BL	LOCK	Da	te: 25/04/2022			
	MND COMPLEXSI	NGAPORE 069110					
				de: EQI			
1.	I	•	:- THIRD PARTY CL				
	Insured Veh.	GBL 7575A	Veh. Inspected	SMC 7360U			
	Policy No.		Coverage (\$)	0.00			
	Claim No.	DM22HO00368/MT	Excess (\$)	0.00			
	Assign From	MELODY TEOH	Assign Date	11/03/2022			
2.		Vehicle Partic	culars & Condition				
	Make & Model	KIA CARENS (A)	c.c	1685			
	Engine No.	HIDDEN	Year of Reg.	2018			
	Chassis No.	KNAHU815VJ7211225	Colour	METALLIC LIGHT BROWN			
	Odometer	325149 KM	Steering	IN ORDER			
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM			
	General	GOOD					
3.		Conditi	ons of Tyres				
		Size	Make	Balance			
	R/H Front Tyre	205/55 R16	WANLI	8 mm			
	L/H Front Tyre	205/55 R16	WANLI	8 mm			
	R/H Rear Tyre	205/55 R16	DURATURN	7 mm			
	L/H Rear Tyre	205/55 R16	DURATURN	7 mm			
4.		Description	on of Damages				
	THE VEHICLE SU	STAINED DAMAGES AT THE O/S	FRONT PORTION.				
	DAMAGES SEE D	ETAILS.					
5.		Genera	I Information				
	Accident Date	10/03/2022	Inspection Date	21/03/2022			
	Survey held at	MUNICH AUTOCARE PTE LTD					
		60 JALAN LAM HUAT #07-43 CARROS CENTER SINGAPORE 737869					
5a.		Re	emarks				
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W					
5b.		Estimate	Days of Repair				
	ESTIMATED NOB	MAL PERIOD FOR REPAIR:	4 V	Vorking Days			
	LEST INVALED NON	WALLERIOD FOR INEL AIR.		· J · / ·			



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMC 7360U

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	MTG CRACKED	618.00	618.00
1	FRONT HEADLAMP RH	SERVICEABLE	1,450.00	-
1	FRONT HEADLAMP LOWER BRACKET RH	SERVICEABLE	21.60	-
1	FRONT FENDER RH	BENT	384.00	384.00
1	FRONT FENDER INNER COWLING	SERVICEABLE	68.00	-
1	FRONT RIM RH	SERVICEABLE	650.00	-
1	FRONT BUMPER SIDE RETAINER RH	DISTORTED	14.00	14.00
	LESS 10% DISCOUNT		-	-101.60
			3,205.60	914.40
	SPECIAL NETT ITEMS			
6	FRONT BUMPER CLIPS @\$5.00 (SN)	NECESSARY	30.00	30.00
5	FRONT FENDER INNER COWLING CLIPS @\$5.00 (SN)	NOT NECESSARY	25.00	-
			55.00	30.00
	<u>LABOUR</u>			
	TO REMOVE & REFIX, REPAIR, KNOCKING,WELDING FRONT PORTION, FRONT BUMPER,FRONT FENDER RH AND DAMAGE AREA.		600.00	400.00
	TO CHECK AND ADJUST HEADLAMP LH/RH FOCUS. }		120.00	20.00
	TO CHECK ALL WIRING FOR OPERATION. }		120.00	-
	TO APPLY RUST-PROOFING ON AFFECTED AREA.		120.00	30.00
	TO CHECK STEERING GEOMETRY AND CONDUCT WHEEL ALIGNMENT.		120.00	60.00
	TO REMOVE AND REFIX FRONT TYRE TO NEW RIM.	NOT NECESSARY	120.00	-
	TO RESPRAY FRONT PORTION, FRONT BUMPER, FRONT FENDER RH AND POLISH DAMAGE AREAS.		800.00	440.00
			2,000.00	950.00
	GRAND TOTAL		5,260.60	1,894.40



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS	1,500.00
(TO ITS PRE-ACCIDENT CONDITION)	·

Report Ref No. CS/EQI22002299/Kvy3n2

KONG SENG CHEONG

Licensed Appraiser



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 10/03/2022 16:04 (SGT) Date of Accident 10/03/2022 12:10 (SGT) Exact Location of Accident 2 Tampines North Drive 2, Singapore Additional Location Information **TAMPINEE NORTH DRIVE 2** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC7360U

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **BIS MOTORING PTE LTD** Company Reg No 201735055D Email Address KEIFTAN@BISMOTORING.COM.SG Mobile Phone No (Phone) +65-86881311 Alternative Phone No +65-86881311

VEHICLE PARTICULARS

Kia Model Carens Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1699

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Yes Policy Number COI-SOMF1000000413-SMC7360U Cover Note Number

DRIVER

Name of Driver HO SIEW NAM NRIC No S1520974G

Date Of Birth	20/12/1962
Occupation	Outdoor
Date Of Driving Pass	01/04/1980
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	(Phone) +65-86869832
Email Address	snho1520974@gmail.com
Address	885 TAMPINES STREET 83
Address complement	#08-23
Postcode	520885
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	110
Termolo Hogiculation Hamber of Other Formolo Othica 2, 21170.	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
	2.,
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 No
<u> </u>	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
ON 10 3 2022 @ 12 10 HOURS WHILE LTRAVELLING ALONG T	AMPINES NORHT DRIVE 2. SUDDENLY VEHICLE B COME OUT
FROM GIANT EXIT AND HIT MY FRONT RIGHT SIDE OF MY VEPARTICULAR.	IEICLE . WE PARKED ONE SIDE AND EXCHANGED
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	ODL 7575 A
Vehicle Manufacturer	GBL7575A
Vehicle Model	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NORAZMAN BIN JOHAR
Contact Number	(Phone) +65-97776343

Vehicle Variant

Address	 	 	 	 	 	 _
Address complement						
Postcode	 	 	 	 	 	 _
nsurance Company Name	 	 	 	 	 	 _
lature Of Damage	 	 	 	 	 	 _
Details of property damaged in accident	 	 	 	 	 	 _
lo. Of Passenger (Including Driver)						_

SKETCH PLAN

IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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
- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- (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:

10-3-2022

GIARMC Sketch?JanSorm_93

12.11 pm

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN	GIANT CA	RPARK
11/11/	HALLET TOTAL	
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CLARATION		
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cyholder's Signature		A BARS
synoider's Signature 6 & Time:	Griver's Signature	Reporting Centre Personnel's Signature
	(If driver is not the policyholder) Date & Time:	Name:
RMC SketchPlanForm_V3	10-3-0022	NRIC/FIN No.1
		\$
	13.11 pm	



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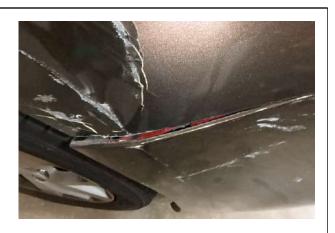
PHOTOGRAPHS FOR VEHICLE NO. SMC 7360U

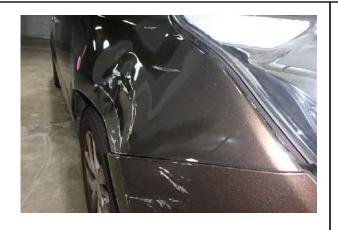
INSPECTION











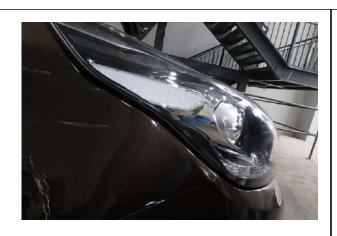


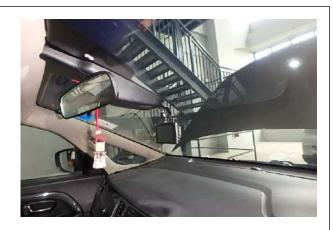


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RE-INSPECTION



