

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

MND COMPLEX SINGAPORE 069110 INV No. AC2202475

INV Date 29/04/2022

Reference CS/EQI22003253/Kqy3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMS 8125S

Insured Veh. GBG 8963H

Claim No. DM22HO00551/MT

Policy No.

Accident Date 07/04/2022

Inspection Date 08/04/2022

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



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

TEL: 6256 3561 FAX: 6256 4315

Affiliated to Federation Internationale Des Experts En Automobile				
	EQ INSURANCE C	OMPANY LTD	Ref:	CS/EQI22003253/Kqy3n2
	5 MAXWELL ROAD #17-00 TOWER BL MND COMPLEXSII	OCK	Date:	29/04/2022
			Code:	EQI
1.		Policy Particulars :	- THIRD PARTY CLAIN	1
	Insured Veh.	GBG 8963H	Veh. Inspected	SMS 8125S
	Policy No.		Coverage (\$)	0.00
	Claim No.	DM22HO00551/MT	Excess (\$)	0.00
	Assign From	MELODY TEOH	Assign Date	08/04/2022
2.		Vehicle Partic	ulars & Condition	
	Make & Model	HONDA VEZEL (A)	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	RU11206634	Colour	METALLIC DARK BLUE
	Odometer	146465 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Condition	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	225/50 R18	ROTALLA	7 mm
	L/H Front Tyre	225/50 R18	ROTALLA	7 mm
	R/H Rear Tyre	225/50 R18	ROTALLA	6 mm
	L/H Rear Tyre	225/50 R18	ROTALLA	6 mm
4.		Description	on of Damages	
	THE VEHICLE SUS	STAINED DAMAGES AT THE FRO	ONT PORTION.	
	DAMAGES SEE DE	ETAILS.		
5.		General	Information	
	Accident Date	07/04/2022	Inspection Date	08/04/2022
	Survey held at	RC AUTO		
		160 SIN MING DRIVE #06-20 SIN MING AUTOCITY SINGAPORE 575722		
5a.		Re	emarks	
	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 NORM	TIMATED NORMAL PERIOD FOR REPAIR: 6 Working Days		



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMS 8125S

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BONNET	BUCKLED	892.30	892.30
2	FRONT HEADLAMP @\$1784.50	MTG CRACKED	3,569.00	3,569.00
2	FRONT BONNET HINGE @\$80.00	DISTORTED	160.00	160.00
1	FRONT BUMPER REINFORCEMENT	BENT	280.00	280.00
1	FRONT HEADLAMP PANEL	BUCKLED	426.00	426.00
1	FRONT GRILLE	CRACKED	268.90	268.90
1	FRONT GRILLE CENTRE MOULDING	CRACKED	190.00	190.00
2	FRONT GRILLE LOWER MOULDING @\$48.00	DENTED	96.00	96.00
1	FRONT GRILLE MOULDING	CRACKED	80.00	80.00
1	FRONT GRILLE LOGO	NECESSARY	31.00	31.00
1	FRONT BUMPER LOWER GRILLE	DISTORTED	110.00	110.00
2	FRONT BUMPER SIDE RETAINER @\$60.00	DISTORTED	120.00	120.00
1	FRONT BUMPER LOWER SPOILER	SERVICEABLE	220.00	-
1	AIRCON CONDERSER	PUNCTURE	890.00	890.00
1	FRONT BUMPER	BUCKLED	801.90	762.70
1	FRONT BUMPER BEAM	TO REPAIR SEE LABOUR	280.00	-
	LESS 20% DISCOUNT		-1,683.02	-1,575.18
			6,732.08	6,300.72
	SPECIAL NETT ITEMS			
1	NO PLATE (SN)	DENTED	50.00	45.00
			50.00	45.00
	<u>LABOUR</u>			
	TOWING.		60.00	50.00
	SPRAY PAINTING.		500.00	500.00
	LABOUR CHARGES TO RENEW ABOVE PARTS.INCLUSIVE OF THE REPAIR OF FRONT BUMPER BEAM.		700.00	600.00
	AIRCON RENEWAL AND TOP UP.		120.00	100.00
			1,380.00	1,250.00
	GRAND TOTAL		8,162.08	7,595.72

Report Ref No. CS/EQI22003253/Kqy3n2





RECOMMENDED COST OF LUMP SUM REPAIRS		6,000.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/EQI22003253/Kqy3n2

KONG SENG CHEONG

Licensed Appraiser

SS0222470001 / S & H Motor Pte Ltd ENTRY DATE & TIME: 07/04/2022 10:57 (SGT) SUBMITTED BY: Cynthia Myint Myint Than VERSION: 1 (07/04/2022 10:57 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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.

4. The issue and acceptance of this round by insurance companies is not an admission of policy fraction and 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

07/04/2022 10:57 (SGT) 07/04/2022 06:45 (SGT) 65 Airport Blvd., Terminal 3 Arrival Hall, Singapore 819663 Entrance of Changi Airport terminal 3 (Arrival) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMS8125S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

Mohamed Yuhaidi Bin Mohamed Yatim

S7911188J

yuhaidi17@gmail.com

(Phone) +65-91971917

(Home) +65-91971917

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

Honda

Vezel

Private use

No - Claiming third party

Private hire

Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Comprehensive 5117248660-01

DRIVER

Name of Driver NRIC No

Mohamed Yuhaidi Bin Mohamed Yatim S7911188J

NTUC Income Insurance Co-operative Ltd



Page 1 of 13

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Insurance Company of Other Vehicle Owned by Driver

760451 Yes No Vehicle Registration Number of Other Vehicle Owned by Driver

17/04/1979

17/06/2002

19 YEARS AND 10 MONTHS

Blk 451 Yishun Ring Road #12-142

(Phone) +65-91971917

(Home) +65-91971917

yuhaidi17@gmail.com

Indoor

GENERAL INFORMATION OF THE ACCIDENT

Does Driver Own Other Vehicles?

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes 1 No

No

2

No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

Refer attached report.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address

GBG8963H

Commercial vehicle

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 Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful insceptes entation 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)

Lunderstand, 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 ail resure (s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectivety referred to as the "Insurers"), the Insurers law yers/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.
- (v) complying with applicable law in admnistering, 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' law yers faw 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 GM to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Times

Witnessed by Reporting Centre

, port Art

Sketch Plan

Describe Circumstances of the Accident

Airport term	rozz, I was driving four	neo b loss
infrant of	me suddenly stopped as t exceeded the height to it. As the incident	s his lorry
height limi	+ exceeded the lieight	limit pole
and hit on	ito it. At the incident	was too
hic rear	culd not ctop in tim	e and hiten
The traffic	there was emosth come of accident.	and moderate
1 got surp	citing photos to eupp	ort my ctatemen
Declaration		
l'We declare the foregoing particular	rs are true in every respect.	
Muhlmer		
Policyholder's Signature / Date & Time	Driver's Signature (# driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel



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

PHOTOGRAPHS FOR VEHICLE NO. SMS 8125S

INSPECTION















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

TEL: 6256 3561 FAX: 6256 4315















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

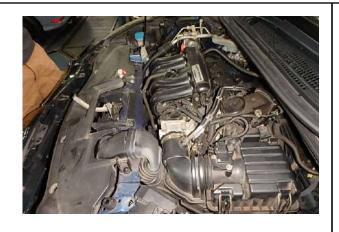
TEL: 6256 3561 FAX: 6256 4315













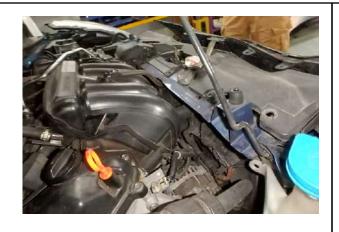


51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315















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

TEL: 6256 3561 FAX: 6256 4315







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

PHOTOGRAPHS FOR VEHICLE NO. SMS 8125S

RE-INSPECTION















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

TEL: 6256 3561 FAX: 6256 4315







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

PHOTOGRAPHS FOR VEHICLE NO. SMS 8125S

RE-INSPECTION



