



## 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. AC2207840

INV Date 20/12/2022

Reference CS/EQI22003442/Evy3m4

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. YL 3879C

Insured Veh. SND 681Y

Claim No. DM22HO00576/JT

Policy No.

Accident Date 10/04/2022

Inspection Date 14/04/2022

Description	Total
Survey Inspection	300.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>300.00</b>
<b>GST (7%)</b>	<b>21.00</b>
<b>Grand Total</b>	<b>321.00</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

**SML**



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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/EQI22003442/Evy3m4

Date: 20/12/2022

Code: EQI

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SND 681Y	Veh. Inspected	YL 3879C
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00576/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	13/04/2022

### 2. Vehicle Particulars & Condition

Make & Model	NISSAN PKF212NHRN	c.c	6925
Engine No.	HIDDEN	Year of Reg.	2003
Chassis No.	PKF212N00080	Colour	YELLOW
Odometer	265622 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195 R15C	GOODYEAR	4 mm
L/H Front Tyre	195 R15C	GOODYEAR	4 mm
R/H Rear Tyre	195 R15C	GOODYEAR	4 mm
L/H Rear Tyre	195 R15C	GOODYEAR	4 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	10/04/2022	Inspection Date	14/04/2022
Survey held at	14 TAMPINES IND DRIVE, CTM BUILDING, S (528530)		
Repairer	COMPLETE VMS PTE LTD		

### 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: **3 Working Days**



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YL 3879C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b>REPLACEMENT OF PARTS</b>	DENTED		
	VERDEGRO US-100K (TMA'S) TRUCK MOUNTED ATTENUATORS (PASS NCHRP350 STS LEVER 3) C/W HYDRAULIC LIFT UP		58,000.00	58,000.00
	LESS 10% DISCOUNT		-	-5,800.00
			58,000.00	52,200.00
	<b>LABOUR</b>			
	LABOUR CHARGE.		2,800.00	1,000.00
			2,800.00	1,000.00
<b>GRAND TOTAL</b>			<b>60,800.00</b>	<b>53,200.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>53,200.00</b>

Report Ref No. CS/EQI22003442/Evy3m4

CHEN TSUE YEE

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 ..... 11/04/2022 10:52 (SGT)  
Date of Accident ..... 10/04/2022 12:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE(AYE) after Bukit Merah exit  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YL3879C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHYE THIAM MAINTENANCE PTE LTD  
Company Reg No ..... 198801700E  
Email Address ..... rizali\_uttu@chyethiam.com  
Mobile Phone No ..... (Phone) +65-83332118  
Alternative Phone No ..... +65-83332118

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... TRUCK  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 5000

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5108281719-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM TIAN HOCK  
NRIC No ..... S1383131I

Date Of Birth .....	14/05/1959
Occupation .....	Outdoor
Date Of Driving Pass .....	10/08/1984
Driving experience .....	37 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83518839
Alt. Phone Number .....	-
Email Address .....	rizali_uttu@chyethiam.com
Address .....	APT BLK 207C COMPASSVALE LANE
Address complement .....	#07-34
Postcode .....	S544207
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
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 .....	SND681Y
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	UNKNOWN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SND681Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**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 & Time:

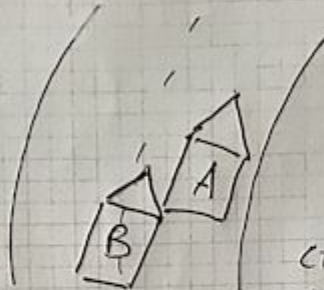
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11, 04/2022  
0940 hr

Reporting Centre Personnel's Signature  
Name: Eugene 1661C  
NRIC/FIN No.: S991883



SKETCH PLAN

A: YL3879C  
B: SND681Y



(TECAFE)  
after BUKH MORAH only

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report : T/20220910 / 2027

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: 11/09/2022  
0940 hrs

Reporting Centre Personnel's Signature  
Name: Eugene LOK  
NRIC/FIN No.: S991887





**SINGAPORE  
POLICE FORCE**



T/20220410/2037

1 of 3

Report No. T/20220410/2037

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/04/2022 16:27	Vide Report No.: E/20220410/0103	Station Diary No.: 66
--------------------------------------------	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: LIM TIAN HOCK			Address: APT BLK 207C COMPASSVALE LANE #07-34 SINGAPORE 544207	
ID Type / ID No.: NRIC NO / S13831311			Contact No.: Home/Office: Mobile: 83518839	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 62	Date of Birth: 14/05/1959	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2022 12:05	Type of Location:
Location:  CENTRAL EXPRESSWAY				
Lamp Post Number: 621				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SND681Y	Car				Slightly Damaged	0
YL3879C	Lorry				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220410/2037

2 of 3

Report No. T/20220410/2037

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LIM TIAN HOCK		ID No. S1383131I
Related Vehicle	YL3879C (Lorry)		Contact No. 83518839
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/04/2022 at about 1204hrs, I was travelling in my company vehicle (YL3879C) along CTE towards AYE. I was on duty and was tasked to protect the cleaning team vehicle (YN5269P) that was in front of me.

All of a sudden, I felt an impact from the rear (near to lamp post 621). I then stopped my vehicle and went down to make a check. I realized that a vehicle (SND681Y) had collided onto my company vehicle. My rear Truck Mounted Attenuator (TMA) suffered some damages while the vehicle suffered some damages on his front bumper. The driver was bleeding on his left side of the face.

After which, someone called for police assistance.

The traffic police and paramedics came to scene and conveyed the driver to hospital. The traffic police then advised me to lodge a traffic police report.

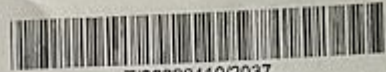
I wish to state that my vehicle does not have any installed camera at the rear.

That is all.





**SINGAPORE  
POLICE FORCE**



T/20220410/2037

3 of 3

Report No. T/20220410/2037

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

F /

SGT 2 SEBASTIAN YIN JIA JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/04/2022 16:27

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476178

Classification Of Case:

NP168

	SINGAPORE POLICE FORCE	SN 77
SIGNATURE		



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### PHOTOGRAPHS FOR VEHICLE NO. YL 3879C

### INSPECTION







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### PHOTOGRAPHS FOR VEHICLE NO. YL 3879C

### RE-INSPECTION





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