



## 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. AC2205499

INV Date 07/09/2022

Reference CS/EQI22003579/Dny3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SHD 3231P

Insured Veh. YQ 3097R

Claim No. DM22HO00604

Policy No. DMCPHQ21-004414

Accident Date 16/04/2022

Inspection Date 19/04/2022

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

**KHM**



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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/EQI22003579/Dny3e2 Date: 07/09/2022  Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	YQ 3097R	Veh. Inspected	SHD 3231P
Policy No.	DMCPHQ21-004414	Coverage (\$)	0.00
Claim No.	DM22HO00604	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	19/04/2022
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092271	Colour	BLUE
Odometer	925871 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	GITI	5 mm
L/H Front Tyre	205/60 R16	GITI	5 mm
R/H Rear Tyre	205/60 R16	GITI	5 mm
L/H Rear Tyre	205/60 R16	GITI	5 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	16/04/2022	Inspection Date	19/04/2022
Survey held at	Blk 9 Sector C #01-42, Sin Ming Industrial Estate		
Repairer	BIFROST AUTO PTE LTD		
<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:		8 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3231P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BOOTLID	DENTED	2,174.90	2,174.90
1	BOOTLID RUBBER	DEFORMED	96.50	96.50
1	BOOTLID HINGE (RH)	TO REPAIR SEE LABOUR	284.60	-
1	BOOTLID LOCK UPPER	DAMAGED	114.90	114.90
1	BOOTLID LOCK LOWER	TO REPAIR SEE LABOUR	31.70	-
1	BOOTLID I40 EMBLEM (I40)	SERVICEABLE	67.90	-
1	BOOTLID 'H' EMBLEM	NECESSARY	63.10	63.10
1	BOOTLID CRDI PLATE	SERVICEABLE	52.40	-
1	BOOTLID LAMP (RH)	BROKEN	1,131.20	565.60
1	BOOTLID TRIMBOARD	NOT NECESSARY	343.90	-
11	BOOTLID TRIMBOARD CLIPS	NOT NECESSARY	11.00	-
1	BOOTLID LOWER GARNISH CHROME (I40)	SERVICEABLE	385.30	-
1	REAR BUMPER	DISTORTED	1,106.00	553.00
1	REAR BUMPER REINFORCEMENT BRACKET RH	SERVICEABLE	160.60	-
1	REAR BUMPER REINFORCEMENT	CRACKED	428.40	428.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER BRACKET	BROKEN	35.60	35.60
1	REAR BUMPER SPONGE	TORN	119.50	119.50
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
1	REAR BUMPER REFLECTOR LAMP (I40)	NOT NECESSARY	32.00	-
1	TAIL LAMP (RH)	BROKEN	697.80	697.80
1	TAIL LAMP QUARTER PANEL (RH)	DENTED	453.00	453.00
1	REAR PANEL	DENTED	526.70	526.70
1	REAR PANEL LOWER	TO REPAIR SEE LABOUR	495.50	-
1	REAR PANEL GARNISH	NOT NECESSARY	57.70	-
1	EXHAUST PIPE INSULATOR (RH)	NOT NECESSARY	117.10	-
1	EXHAUST SILENCER (RH)	NOT NECESSARY	1,935.40	-
1	REAR FENDER (RH)	DENTED	2,171.40	2,171.40
1	REAR TRAY LUGGS SIDE (RH)	NOT NECESSARY	232.60	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR FENDER AIR-DUCT (RH)	NOT NECESSARY	51.60	-
1	REAR FENDER TRIM BOARD (RH)	DEFORMED	688.75	688.75
1	REAR WINDSCREEN MOULDING	NECESSARY	51.80	51.80
1	RADIATOR GRILLE H EMBLEM	BROKEN	129.50	129.50
1	RADIATOR GRILLE	BROKEN	1,480.00	1,110.10
1	FRONT BUMPER COVER	DISTORTED / MTG CRACKED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	TORN	379.20	379.20
1	FRONT BUMPER REINFORCEMENT	DENTED	588.40	588.40
1	FRONT BUMPER CENTRE GRILLE	NO SUCH PARTS	178.60	-
1	FRONT BUMPER LIP	NOT NECESSARY	152.00	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$44.80	NOT NECESSARY	89.60	-
2	FRONT BUMPER BRACKET (LH/RH) @\$49.20	NOT NECESSARY	98.40	-
2	FRONT BUMPER RETAINER MOUNTING LH / RH @\$76.20	NOT NECESSARY	152.40	-
2	FRONT BUMPER GRILLE AIR DUCT (LH/RH) @\$126.20	NOT NECESSARY	252.40	-
1	HEADLAMP SUPPORT PANEL ASSY	BENT	907.40	907.40
2	HEADLAMP (LH/RH) @\$2776.00	MTG CRACKED	5,552.00	2,776.00
1	RADIATOR	NOT NECESSARY	1,637.20	-
2	RADIATOR GUARD (LH/RH) @\$76.50	NOT NECESSARY	153.00	-
2	RADIATOR BRACKET (LH/RH) @\$13.00	NOT NECESSARY	26.00	-
1	AIR CLEANER HOSE	NOT NECESSARY	432.60	-
1	AIR DUCT	NOT NECESSARY	171.70	-
1	AIRCON CONDENSER	NOT NECESSARY	947.80	-
1	INTER COOLER	NOT NECESSARY	1,032.50	-
	LESS 20% DISCOUNT		-5,956.35	-3,141.15
			23,825.40	12,564.60
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	BOOTLID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT / I40 PLATE (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	FRONT NUMBER PLATE (SN) }	CUT / CRACKED	25.00	45.00
1	FRONT NO. PLATE TRIM COVER (SN) }	BROKEN	30.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	COOLANT (SN)	NOT NECESSARY	45.00	-
			361.70	171.00
	<b>LABOUR</b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOTLID HINGE (RH), BOOTLID LOCK LOWER AND REAR PANEL LOWER.		1,800.00	800.00
	SPRAY PAINTING CHARGE.		1,600.00	800.00
	WIRING CHARGE.		100.00	30.00
	TUFF KOTE.		100.00	40.00
	TOWING CHARGE.	NOT NECESSARY	80.00	-
	REMOVE / REFIX CUSHON & UPHOLSTERY REAR.		150.00	80.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	80.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	40.00
	REMOVE / REFIX UNDERCARRIAGE (RR).	NOT NECESSARY	400.00	-
	RE-SET REAR ABS SYSTEM.	NOT NECESSARY	400.00	-
	REMOVE / REFIX FUEL TANK.	NOT NECESSARY	150.00	-
	REMOVE / REFIX EXHAUST PIPE.	NOT NECESSARY	150.00	-
	REMOVE / REFIX RADIATOR.	NOT NECESSARY	90.00	-
	REMOVE / REFIX AIRCON & REFILL GAS.	NOT NECESSARY	130.00	-
	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE.	NOT NECESSARY	550.00	-
			5,940.00	1,870.00
<b>GRAND TOTAL</b>			<b>30,127.10</b>	<b>14,605.60</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>8,600.00</b>

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ANG BRYAN TANI

Automotive Assessor / Investigator

**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 ..... 18/04/2022 16:21 (SGT)  
Date of Accident ..... 16/04/2022 08:30 (SGT)  
Exact Location of Accident ..... Joo Koon Cir, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD3231P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORT TRANSPORTATION PTE LTD  
Company Reg No ..... 199303821R  
Email Address ..... fleetsafety@cdgtaxi.com.sg  
Mobile Phone No ..... (Phone) +65-80109592  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... I40  
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 ..... 1685

### 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 ..... TAN KIM SOON  
NRIC No ..... S0832059D

Date Of Birth .....	20/04/1950
Occupation .....	Outdoor
Date Of Driving Pass .....	06/12/1978
Driving experience .....	43 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-80109592
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 39A MARGARET DRIVE #22-276
Address complement .....	-
Postcode .....	141039
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 16/04/2022 AT AROUND 0830HRS, I WAS DRIVING MY VEHICLE A SHD3231P ALONG THE RIGHT LANE OF JOO KOON CIRCLE. VEHICLE B SJA9761D WHO WAS DRIVING IN FRONT HAD SUDDENLY BROKEN DOWN AND HAD HIS HAZARD LIGHT ON. I WAS ABLE TO STOP MY VEHICLE ON TIME. SUDDENLY VEHICLE C YQ3097R REAR ENDED MY VEHICLE WHICH CAUSED ME TO BE PUSHED FORWARD AND COLLIDED ONTO VEHICLE B. THERE WAS DAMAGES TO THE FRONT AND REAR PORTION OF MY VEHICLE. I FEEL SLIGHT CHEST PAIN.

#### 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 .....	SJA9761D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-



Contact Number .....	(Phone) +65-92347518
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	YQ3097R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-89422236
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 .....	TAN KIM SOON
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	CHEST PAIN
Injured person in which vehicle? .....	SHD3231P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No



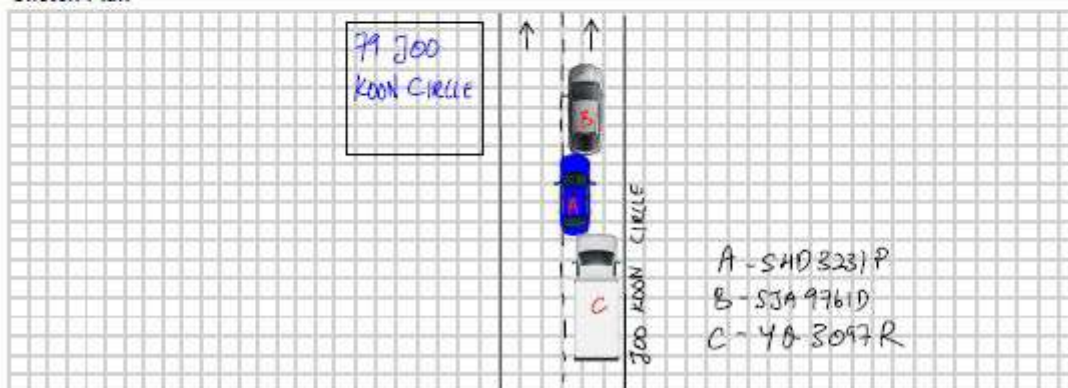
**SKETCH PLAN****IMPORTANT NOTICE**

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.
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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.  
(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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 16/4/22 12:30

Witnessed by Reporting Centre Personnel KHAIKUN

**Sketch Plan**

## Describe Circumstances of the Accident

ON 16/04/2022 AT AROUND 0830HRS, I WAS DRIVING MY VEHICLE A SHD3231P ALONG THE RIGHT LANE OF JOO KOON CIRCLE. VEHICLE B SJA9761D WHO WAS DRIVING IN FRONT HAD SUDDENLY BROKEN DOWN AND HAD HIS HAZARD LIGHT ON. I WAS ABLE TO STOP MY VEHICLE ON TIME. SUDDENLY VEHICLE C YQ3097R REAR ENDED MY VEHICLE WHICH CAUSED ME TO BE PUSHED FORWARD AND COLLIDED ONTO VEHICLE B. THERE WAS DAMAGES TO THE FRONT AND REAR PORTION OF MY VEHICLE. I FEEL SLIGHT CHEST PAIN.

## 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 16/4/22 8:30

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel KHAPUL





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### INSPECTION





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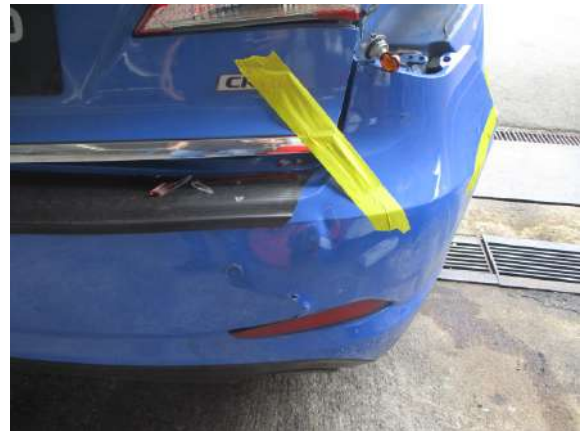


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### PHOTOGRAPHS FOR VEHICLE NO. SHD 3231P

### RE-INSPECTION







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### PHOTOGRAPHS FOR VEHICLE NO. SHD 3231P

### RE-INSPECTION

