



## 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. AC2203278

INV Date 30/05/2022

Reference CS/EQI22004184/Uqy3s2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SLJ 6706M

Insured Veh. SMR 5371Y

Claim No. DM22HO00694/JT

Policy No.

Accident Date 04/05/2022

Inspection Date 06/05/2022

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (7%)</b>	<b>11.20</b>
<b>Grand Total</b>	<b>171.20</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

**NSA**



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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/EQI22004184/Uqy3s2 Date: 30/05/2022 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SMR 5371Y	Veh. Inspected	SLJ 6706M
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00694/JT	Excess (\$)	0.00
Assign From	Jaime Tay	Assign Date	05/05/2022
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI AVANTE (A)	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	KMH DU41BR9U633843	Colour	RED
Odometer	501121 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/55 R16	TRIANGLE	6 mm
L/H Front Tyre	205/55 R16	TRIANGLE	6 mm
R/H Rear Tyre	205/55 R16	TRIANGLE	6 mm
L/H Rear Tyre	205/55 R16	TRIANGLE	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	04/05/2022	Inspection Date	06/05/2022
Survey held at	FASTECH AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883		
<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:		4 Working Days	



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Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLJ 6706M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	DEFORMED / TORN	645.20	488.10
1	FRONT BUMPER SIDE RETAINER N/S	CRACKED	48.50	48.50
1	SET FRONT BUMPER CLIPS	NECESSARY	50.00	50.00
1	FRONT BUMPER BEAM	TO REPAIR SEE LABOUR	322.00	-
1	HEADLAMP N/S	CRACKED	680.50	680.50
1	FRONT SUPPORT PANEL	CRACKED	725.10	725.10
1	FRONT FENDER N/S	TO REPAIR SEE LABOUR	398.00	-
1	FRONT FENDER INNER SHIELD N/S	NOT NECESSARY	166.00	-
1	SET FRONT FENDER INNER SHIELD CLIPS N/S	NECESSARY	50.00	50.00
1	FRONT SPORT RIM N/S	TO REPAIR SEE LABOUR	600.00	-
	LESS 20% DISCOUNT		-	-408.44
			3,685.30	1,633.76
	<b><u>LABOUR</u></b>			
	TO CHECK WIRING.		40.00	20.00
	TO SPRAY RUST PROOFING.	NOT NECESSARY	50.00	-
	TO CONDUCT WHEEL ALIGNMENT.		80.00	60.00
	TO REFILL AIR CON GAS.	NOT NECESSARY	100.00	-
	LABOUR FOR PANEL BEATING & REPLACED PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER BEAM, FRONT FENDER N/S AND FRONT SPORT RIM N/S.		700.00	600.00
	TO PUTTY & SPRAY PAINTING.		750.00	500.00
			1,720.00	1,180.00
<b>GRAND TOTAL</b>			<b>5,405.30</b>	<b>2,813.76</b>

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>2,250.00</b>
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Report Ref No. CS/EQI22004184/Uqy3s2

CHUA KANG SENG

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 replying 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 ..... 05/05/2022 15:50 (SGT)  
Date of Accident ..... 04/05/2022 15:50 (SGT)  
Exact Location of Accident ..... 272 Yishun Street 22, Block 272, Singapore 760272  
Additional Location Information ..... BLK 272 YISHUN STREET 22 CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLJ6706M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LIANG SHAN  
Company Reg No ..... 5XXXX004X  
Email Address ..... LIANGSHAN1998@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93865323  
Alternative Phone No ..... (Home) +65-93865323

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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 - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5096716554-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEN LIANGZHENG  
NRIC No ..... SXXXX146F



Date Of Birth .....	15/12/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	16/05/1996
Driving experience .....	26 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93865323
Alt. Phone Number .....	-
Email Address .....	LIANGSHAN1998@GMAIL.COM
Address .....	9 WOODLANDS DRIVE 72 #14-19
Address complement .....	-
Postcode .....	738093
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 - Major/Minor Rd
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MUHD SHARUL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 .....	SMR5371Y
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	EQ Insurance Company Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MUHD SHARUL
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLJ6706M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CHEN LIANGZHENG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLJ6706M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## Describe Circumstances of the Accident

Refer to the police report (T/20220505/7017)

## Declaration

We declare the foregoing particulars are true in every respect.

LIANG SHAN  
Co Reg No: 53353004XPolicyholder's Signature / Date &  
TimeDriver's Signature (If driver is not the policyholder) / Date  
& TimeWitnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20220505/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220505/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/05/2022 13:12		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEN LIANGZHENG			Address: 9 WOODLANDS DRIVE 72 #14-19 SINGAPORE 738093		
ID Type / ID No.: NRIC NO / S7372146F			Contact No.: Home/Office: Mobile: 93865323		
Nationality: SINGAPORE CITIZEN			Email: LIANGSHAN1998@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 15/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2022 15:50	Type of Location: Car Park
Location:  YISHUN STREET 22				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLJ6706M	Car	HYUNDAI	HD AVANTE 1.6			1
SMR5371Y	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20220505/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20220505/7017

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ6706M	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	MUHD SHARUL		ID No.	NIL
Related Vehicle	SLJ6706M (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	CHEN LIANGZHENG		ID No.	S7372146F
Related Vehicle	SLJ6706M (Car)		Contact No.	93865323
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	05/05/2022		Date	05/05/2022
No. of Days granted Medical Leave		05	Degree of	Serious

**Brief Details.**

ON 04.05.2022 AT ABOUT 15:50PM. I WAS TRAVELLING ALONG BLK 272 YISHUN STREET 22 CARPARK. I WAS TRAVELLING STRAIGHT. SUDDENLY, THE VEHICLE (SMR 5371Y) DASHED OUT FROM THE CARPARK LOT 702 AND HIT MY VEHICLE (SLJ 6706M) FRONT LEFT PORTION.

I VISITED A LIFE CLINIC PTE LTD AFTER THE ACCIDENT AND WAS GIVEN 5 DAYS MC.  
I FELT PAIN IN THE BACK OF MY NECK AND MY WAIST.



**SINGAPORE  
POLICE FORCE**



T/20220505/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220505/7017

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
05/05/2022 13:12

Classification Of Case:





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### PHOTOGRAPHS FOR VEHICLE NO. SLJ 6706M

### INSPECTION





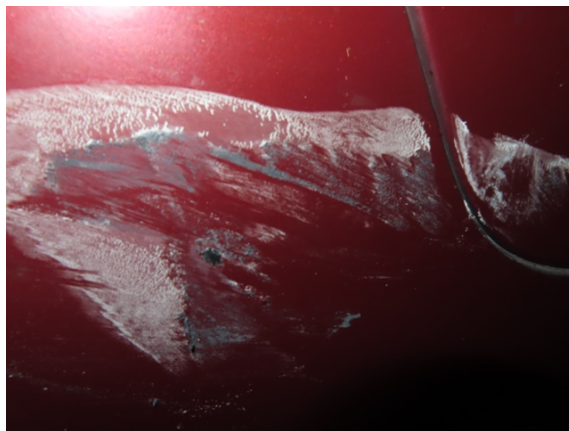


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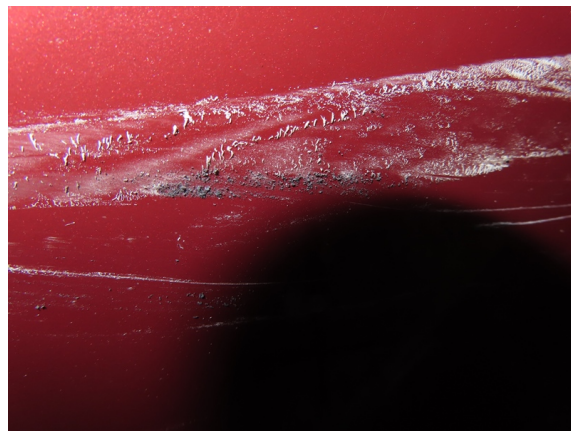
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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**PHOTOGRAPHS FOR VEHICLE NO. SLJ 6706M**

**RE-INSPECTION**







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**RE-INSPECTION**

