



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

INV No. AC2203704

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 15/06/2022
Reference CS/EQI22004365/Kqy3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SHD 5447X
Insured Veh. GBD 8143Z
Claim No. DM22HO00726/MT
Policy No. DMCPHQ21-001585
Accident Date 08/05/2022
Inspection Date 10/05/2022

Description	Total
Survey Inspection	230.00
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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/EQI22004365/Kqy3e2	Date: 15/06/2022
			Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBD 8143Z	Veh. Inspected	SHD 5447X	
Policy No.	DMCPHQ21-001585	Coverage (\$)	0.00	
Claim No.	DM22HO00726/MT	Excess (\$)	0.00	
Assign From	MELODY TEOH	Assign Date	10/05/2022	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS (A)	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JTDKB3FU203073724	Colour	M.P. WHITE / RED	
Odometer	415764 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FIRENZA	7 mm	
L/H Front Tyre	195/65 R15	FIRENZA	7 mm	
R/H Rear Tyre	195/65 R15	FIRENZA	9 mm	
L/H Rear Tyre	195/65 R15	FIRENZA	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	08/05/2022	Inspection Date	10/05/2022	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
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:			4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 5447X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	PANEL SUB-ASSY, FRONT DOOR, RH	BENT	1,300.70	1,300.70
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	SERVICEABLE	193.50	-
1	HANDLE ASSY, FRONT DOOR OUTSIDE RH	MTG CRACKED	390.60	390.60
1	HINGE ASSY, FRONT DOOR, LOWER RH	TO REPAIR SEE LABOUR	110.60	-
1	HINGE ASSY, FRONT DOOR, UPPER RH	TO REPAIR SEE LABOUR	97.50	-
1	TAPE, BLACK OUT, NO.1 FRT RH	NECESSARY	13.30	13.30
1	TAPE, BLACK OUT, NO.2 FRT RH	NECESSARY	43.50	43.50
1	TAPE, BLACK OUT, NO.3 FRT RH	NECESSARY	26.30	26.30
1	MOTOR ASSY, POWER WINDOW REGULATOR, FRT RH	JAMMED	926.00	926.00
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	DISTORTED	238.30	238.30
1	WEATHERSTRIP, FRONT DOOR, RH	SERVICEABLE	231.30	-
1	PANEL SUB-ASSY, REAR DOOR, RH	BENT	1,294.90	1,294.90
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH	SERVICEABLE	97.40	-
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH	SERVICEABLE	193.50	-
1	HINGE ASSY, REAR DOOR, LOWER RH	TO REPAIR SEE LABOUR	87.10	-
1	HINGE ASSY, REAR DOOR, UPPER LH	TO REPAIR SEE LABOUR	98.90	-
1	TAPE, BLACK OUT, NO.1 REAR RH	NECESSARY	21.90	21.90
1	TAPE, BLACK OUT, NO.2 REAR RH	NECESSARY	34.90	34.90
1	TAPE, BLACK OUT, NO.3 REAR RH	NECESSARY	15.40	15.40
1	MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH	SERVICEABLE	926.00	-
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH	SERVICEABLE	206.70	-
1	WEATHERSTRIP, REAR DOOR, RH	TORN	180.10	180.10
1	COVER, REAR BUMPER	TO REPAIR SEE LABOUR	442.60	-
1	SEAL, REAR BUMPER SIDE, RH	SERVICEABLE	88.50	-
1	FILLER, REAR BUMPER EXTENSION, RH	SERVICEABLE	123.70	-
1	PANEL SUB-ASSY, QUARTER, RH	TO REPAIR SEE LABOUR	871.50	-
1	MOULDING ASSY, BODY ROCKER PANEL, RH	SERVICEABLE	594.80	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	MIRROR ASSY, OUTER REAR VIEW, RH	SERVICEABLE	1,436.60	-
1	FENDER SUB-ASSY, FRONT RH	TO REPAIR SEE LABOUR	977.80	-
1	LINER, FRONT FENDER, RH	SERVICEABLE	206.70	-
1	EMBLEM, SIDE PANEL RH	NECESSARY	54.60	54.60
1	RIM	SERVICEABLE	1,900.10	-
	LESS 25% DISCOUNT		-3,356.33	-1,135.13
			10,068.97	3,405.37
	<u>SPECIAL NETT ITEMS</u>			
1	CLIP (FOR FRONT DOOR TRIM BOARD) (SN)	NOT NECESSARY	65.00	-
1	CLIP (FOR REAR DOOR TRIM BOARD) (SN)	NOT NECESSARY	65.00	-
1	REAR DOOR STICKER "6555-3333" (SN)	NECESSARY	100.00	60.00
1	FRT DOOR STICKER 'TRANSCAB' (SN)	NECESSARY	100.00	60.00
1	REAR DOOR ADVERTISEMENT (SN)	NECESSARY	200.00	100.00
1	FRONT DOOR ADVERTISEMENT (SN)	NECESSARY	200.00	100.00
1	TYRE (SN)	SERVICEABLE	350.00	-
1	FENDER LINER CLIP (SN)	NOT NECESSARY	65.00	-
1	FRT BUMPER CLIP (SN)	NOT NECESSARY	65.00	-
			1,210.00	320.00
	<u>LABOUR</u>			
	TO RUST-PROOFING AND APPLY UNDERCOAT OF THE AFFECTED AREAS.		250.00	60.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		1,800.00	1,100.00
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF HINGE ASSY, FRONT DOOR, LOWER RH, HINGE ASSY, FRONT DOOR, UPPER RH, HINGE ASSY, REAR DOOR, LOWER RH, HINGE ASSY, REAR DOOR, UPPER LH, COVER, REAR BUMPER, PANEL SUB-ASSY, QUARTER, RH AND FENDER SUB-ASSY, FRONT RH.		1,800.00	600.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF REAR FENDER PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
			4,790.00	1,780.00
GRAND TOTAL			16,068.97	5,505.37
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,400.00

Report Ref No. CS/EQI22004365/Kqy3e2

KONG SENG CHEONG

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	09/05/2022 12:59 (SGT)
Date of Accident	08/05/2022 20:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SENGKANG EAST WAY JUNCTION OF ANCHORVALE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5447X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	200303878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Taxi
Transmission	Auto
CC	1767

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	-

DRIVER

Name of Driver	TENG CHENG HWEE
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NRIC No	S1647031G
Date Of Birth	19/05/1964
Occupation	Outdoor
Date Of Driving Pass	25/03/1985
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97606727
Alt. Phone Number	-
Email Address	Claims@trancab.com.sg
Address	HDB Hougang, 551 Hougang Street 51 #12-166
Address complement	-
Postcode	530551
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	Collision - Cross Junction
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?	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
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG SENGKANG EAST WAY AFTER PASSING BY ANCHORVALE ROAD THIRD PARTY BEAT THE RED LIGHT AND MAKE A TURN TO SENGKANG EAST WAY. I TRY TO AVOID THE COLLISION BUT HE IS TRAVELLING TOO FAST HENCE COLLIDED ONTO MY RIGHT FRONT DOOR. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8143Z
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle

Name of Driver	TAN LIANG MENG
-	-1
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

PASSENGER 1

Name	P1
Gender	-

PASSENGER 2

Name	P2
Gender	-

PASSENGER 3

Name	P3
Gender	-

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.



VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
 ANG QI HAO, VICTOR

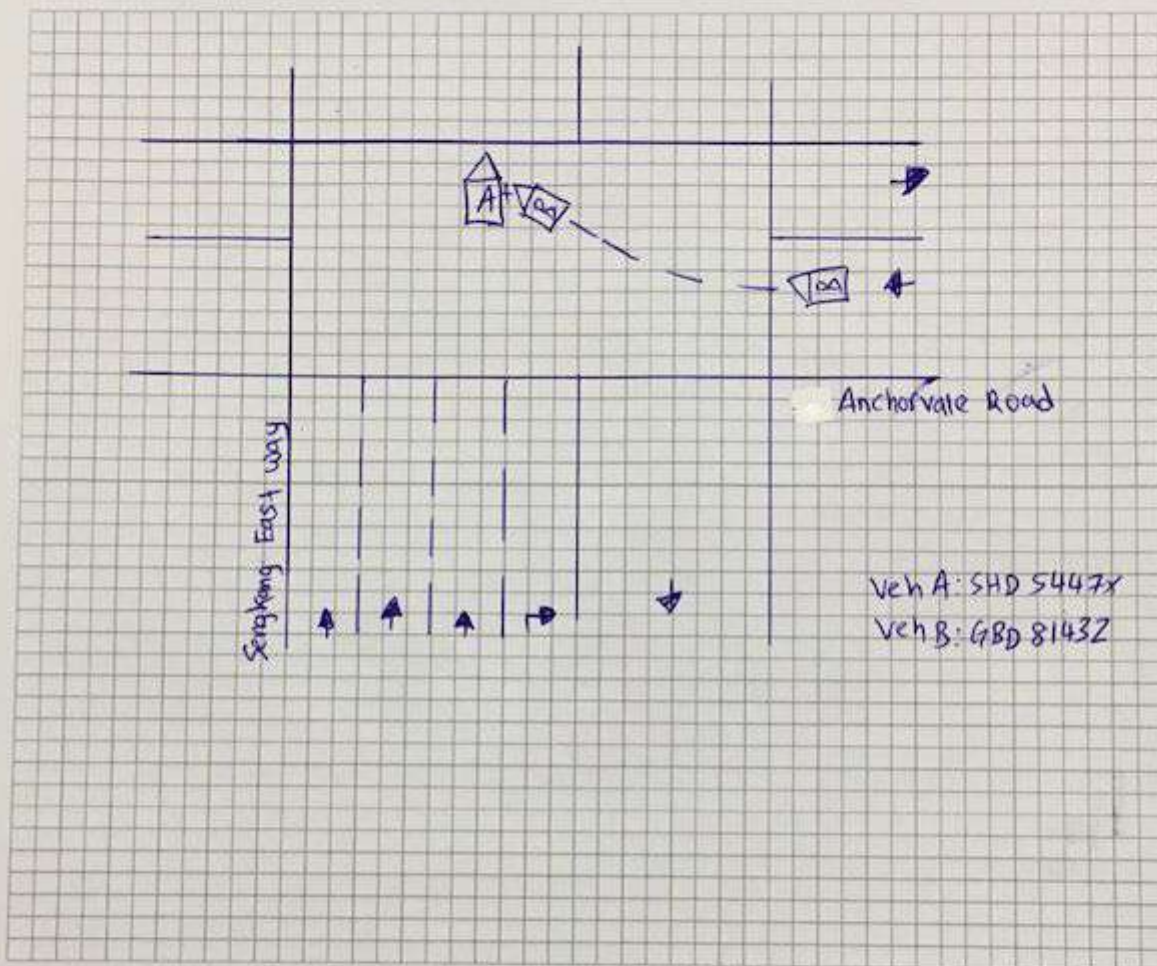
Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

Ver. 30042021

ACCIDENT DIAGRAM



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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



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PHOTOGRAPHS FOR VEHICLE NO. SHD 5447X

INSPECTION





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