



## 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. AC2204580

INV Date 25/07/2022

Reference CS/EQI22006383/Ucy3m4

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SMR 5973K

Insured Veh. GBG 4802R

Claim No. DM22HO00988 /JT

Policy No.

Accident Date 20/06/2022

Inspection Date 04/07/2022

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

**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/EQI22006383/Ucy3m4 Date: 25/07/2022  Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBG 4802R	Veh. Inspected	SMR 5973K
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00988 /JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	22/06/2022
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI AVANTE (A)	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2020
Chassis No.	KMHD841CMLU008372	Colour	SILVER
Odometer	35288 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	PIRELLI	6 mm
L/H Front Tyre	205/55 R16	PIRELLI	6 mm
R/H Rear Tyre	205/55 R16	PIRELLI	6 mm
L/H Rear Tyre	205/55 R16	PIRELLI	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	20/06/2022	Inspection Date	04/07/2022
Survey held at	HOCK WAH MOTOR WORKSHOP PTE LTD 3011 BEDOK INDUSTRIAL PARK E #01-2008 SINGAPORE 489977		
<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:		3 Working Days	



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMR 5973K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR DOOR LH - REPAIR (NPA) (SN)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER LH - REPAIR (NPA) (SN)	TO REPAIR SEE LABOUR	-	-
1	FRONT DOOR LH - REPAIR (NPA) (SN)	TO REPAIR SEE LABOUR	-	-
1	FRONT FENDER LH - REPAIR (NPA) (SN)	NOT NECESSARY	-	-
			-	-
	<b><u>LABOUR</u></b>			
	LABOUR TO REMOVE & REFIT NECESSARY PARTS. INCLUSIVE OF THE REPAIR OF REAR DOOR LH, REAR FENDER LH AND FRONT DOOR LH. }		300.00	-
	SPRAY PAINT ON THE AFFECTED AREAS. }		900.00	800.00
			1,200.00	800.00
<b>GRAND TOTAL</b>			<b>1,200.00</b>	<b>800.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>800.00</b>

Report Ref No. CS/EQI22006383/Ucy3m4

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 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 ..... 21/06/2022 10:10 (SGT)  
Date of Accident ..... 20/06/2022 12:05 (SGT)  
Exact Location of Accident ..... Near 13 Jln Ismail, Singapore 419268  
Additional Location Information ..... ALONG JALAN ISMAIL (NEAR LORONG MARICAN)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR5973K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUNINDAR JIT D/O SHER SINGH  
NRIC No ..... SXXXX162J  
Email Address ..... LONGAMARJIT@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-98361452  
Alternative Phone No ..... +65-98361452

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Avante  
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? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5115539873-02  
Cover Note Number ..... 15/01/2022-14/01/2023

### DRIVER

Name of Driver ..... AMARJIT SINGH  
NRIC No ..... SXXXX079E

Date Of Birth .....	02/09/1952
Occupation .....	Indoor
Date Of Driving Pass .....	23/09/2003
Driving experience .....	18 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97735474
Alt. Phone Number .....	-
Email Address .....	LONGAMARJIT@YAHOO.COM.SG
Address .....	13 LENGKONG DUA
Address complement .....	-
Postcode .....	417688
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MUNINDAR JIT D/O SHER SINGH
Gender .....	Female

#### 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 THE STATED DATE AND TIME, I WAS DRIVING ALONG JALAN ISMAIL (NEAR LORONG MARICAN). SUDDENLY VEHICLE B (GBG4802R) HAD HIT ONTO THE REAR LEFT PORTION OF MY VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG4802R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHOW CHENG SENG
Contact Number .....	(Phone) +65-96773796
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

## 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 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

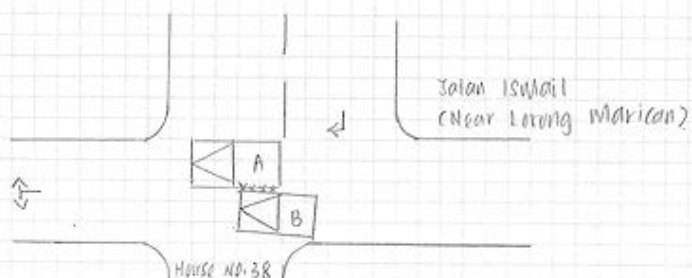


Witnessed by Reporting Centre Personnel

## Sketch Plan

Vehicle A : SMR 5973K

Vehicle B : ABG 4802R



## Describe Circumstances of the Accident

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

✓ Claim TP

Claim OD/TP at other workshop

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &amp; Time

Driver's Signature (if driver is not the policyholder) / Date &amp; Time



Witnessed by Reporting Centre Personnel





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### PHOTOGRAPHS FOR VEHICLE NO. SMR 5973K

### INSPECTION





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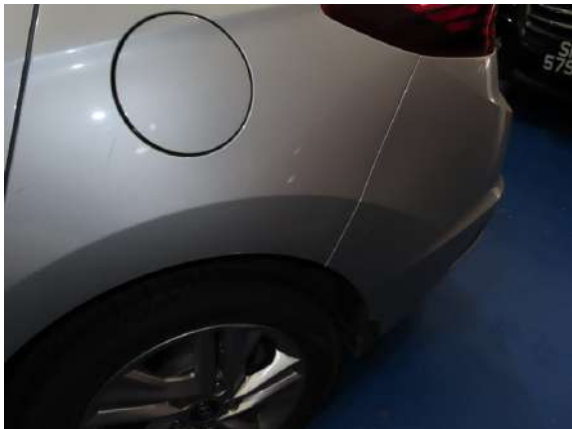


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**PHOTOGRAPHS FOR VEHICLE NO. SMR 5973K**

**RE-INSPECTION**

