



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. AC2204523

INV Date 22/07/2022

Reference CS/EQI22006402/Kcy3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SHD 82Y

Insured Veh. SKG 109D

Claim No. DM22HO00333/JS

Policy No. DMPPHQ21-003320

Accident Date 04/03/2022

Inspection Date 05/07/2022

| 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

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/EQI22006402/Kcy3m4 Date: 22/07/2022 Code: EQI | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SKG 109D | Veh. Inspected | SHD 82Y |
| Policy No. | DMPPHQ21-003320 | Coverage (\$) | 0.00 |
| Claim No. | DM22HO00333/JS | Excess (\$) | 0.00 |
| Assign From | NEO JIE SI | Assign Date | 05/07/2022 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | RENAULT LATITUDE (A) | c.c | 1995 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | VF1ABL15AUC282661 | Colour | METALLIC WHITE /RED |
| Odometer | 740161 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 215/60 R16 | SAILUN | 8 mm |
| L/H Front Tyre | 215/60 R16 | SAILUN | 8 mm |
| R/H Rear Tyre | 215/60 R16 | SAILUN | 6 mm |
| L/H Rear Tyre | 215/60 R16 | SAILUN | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 04/03/2022 | Inspection Date | 05/07/2022 |
| 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: | | 1.500 Working Days | |



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 82Y

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | BUMPER COVER REAR | TO REPAIR SEE LABOUR | 561.70 | - |
| 1 | BUMPER LOWER REAR | DENTED / CRACKED | 411.90 | 411.90 |
| 1 | BUMPER BRACKET CTR REAR | SERVICEABLE | 98.10 | - |
| 1 | BUMPER BRACKET SIDE RH REAR | SERVICEABLE | 82.10 | - |
| 1 | BUMPER RETAINER RH REAR | SERVICEABLE | 59.80 | - |
| 1 | BUMPER BEAM REAR | TO REPAIR SEE LABOUR | 547.80 | - |
| 1 | BUMPER BEAM BRACKET LH REAR | SERVICEABLE | 114.50 | - |
| 1 | BUMPER BEAM BRACKET RH REAR | SERVICEABLE | 114.50 | - |
| 1 | OUTER PANEL REAR (END PANEL) | TO REPAIR SEE LABOUR | 745.80 | - |
| 1 | OUTER PANEL REAR (END PANEL) TRIM | SERVICEABLE | 404.56 | - |
| | LESS 10% DISCOUNT | | -314.08 | -41.19 |
| | | | 2,826.68 | 370.71 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | SET PARKING AID (SN) | SERVICEABLE | 700.00 | - |
| 1 | SET REAR BUMPER CLIP (SN) | NOT NECESSARY | 66.00 | - |
| 1 | SET BUMPER BRACKET SIDE CLIP RH RR (SN) | NOT NECESSARY | 10.00 | - |
| 1 | SET BUMPER RETAINER RH CLIP RR (SN) | NOT NECESSARY | 20.00 | - |
| 1 | SET BUMPER BRACKET SIDE CLIP LH RR (SN) | NOT NECESSARY | 10.00 | - |
| 1 | SET BUMPER RETAINER CLIP LH RR (SN) | NOT NECESSARY | 20.00 | - |
| 1 | SET BUMPER LOWER REAR CLIP (SN) | NECESSARY | 66.00 | 66.00 |
| | | | 892.00 | 66.00 |
| <u>LABOUR</u> | | | | |
| | PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION. | | 3,000.00 | 220.00 |
| | PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF BUMPER COVER REAR, BUMPER BEAM REAR AND OUTER PANEL REAR (END PANEL). | | 3,000.00 | 120.00 |

Report Ref No. CS/EQI22006402/Kcy3m4



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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--------------------|--|---------------|---------------------------|-------------------|
| | TO RUST-PROOFING OF THE AFFECTED AREAS. | NOT NECESSARY | 170.00 | - |
| | TO REINSTALL REAR BUMPER PARKING SENSOR. | NOT NECESSARY | 170.00 | - |
| | TO TRANSFER OF BOOTLID FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST. | NOT NECESSARY | 170.00 | - |
| | TO REPAIR AND REALIGN REAR EXHAUST PIPE. | NOT NECESSARY | 170.00 | - |
| | TO DROP REAR EXHAUST BOX, RENEW THE SAME, TO REPAIR AND REALIGN CENTRE EXHAUST PIPE. | NOT NECESSARY | 170.00 | - |
| | TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST. | NOT NECESSARY | 170.00 | - |
| | TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST. | NOT NECESSARY | 170.00 | - |
| | TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT. | NOT NECESSARY | 220.00 | - |
| | TO CHECK ELECTRICAL LIGHTING CONCERNED. | NOT NECESSARY | 170.00 | - |
| | | | 7,580.00 | 340.00 |
| GRAND TOTAL | | | 11,298.68 | 776.71 |

| | | | |
|---|--|--|---------------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 600.00 |
|---|--|--|---------------|

Report Ref No. CS/EQI22006402/Kcy3m4

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 05/03/2022 18:34 (SGT)
Date of Accident 04/03/2022 13:47 (SGT)
Exact Location of Accident Singapore
Additional Location Information Slip rd of Toh Guan rd and Toh Guan rd east
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD82Y

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 Renault
Model LATITUDE 2.0L DCI AUTO D/AB 4DR 1998 62876666
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 1998

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 LIM ENG KHOONG
NRIC No S1767226F

| | |
|--|---------------------------|
| Date Of Birth | 26/11/1966 |
| Occupation | Outdoor |
| Date Of Driving Pass | 10/11/1987 |
| Driving experience | 34 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97962898 |
| Alt. Phone Number | - |
| Email Address | Claims@transcab.com.sg |
| Address | 236 Bukit Panjang ring rd |
| Address complement | #12-51 |
| Postcode | 670236 |
| 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 - 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? | 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

My vehicle SHD82Y was stationary along the slip road of Toh guan road towards Toh guan road east. While my vehicle was stationary while waiting for the on coming traffic to clear, suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SKG109D had collided onto my vehicle. We then move to the side road ahead to take some photos and exchange particulars. No injuries was involved at the scene.

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 | VIDEO FOOTAGE UPLOADED INTO TRANSCAB |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|---------------------------|
| Vehicle Registration Number | SKG109D |
| Vehicle Manufacturer | Ford |
| Vehicle Model | FOCUS ST 2.0 GTDI (M) 5DR |
| Vehicle Variant | - |
| Vehicle Colour | Blue |
| Vehicle Category | Private car |
| Name of Driver | Leo Shen Houn |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-93868854 |
| Address | Na |
| Address complement | Na |
| Postcode | Na |
| Insurance Company Name | - |
| Nature Of Damage | Na |
| Details of property damaged in accident | Na |
| No. Of Passenger (Including Driver) | 1 |

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**

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

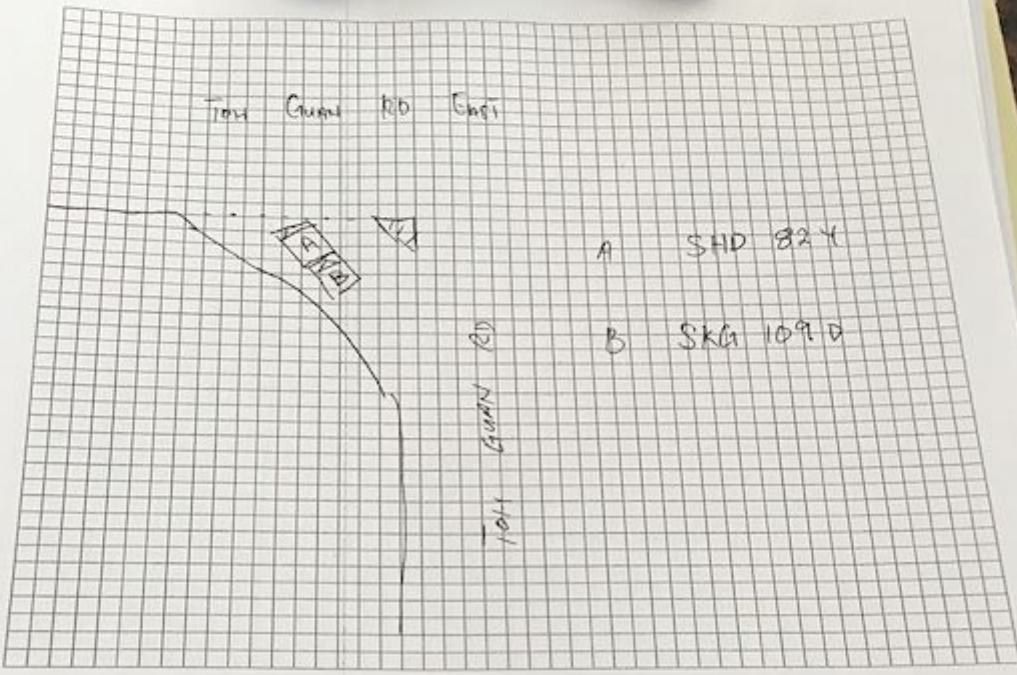
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

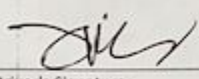
ACCIDENT DIAGRAM Ver. 30042021

Toll Guard Rd Engt



A SHD 824
B SKG 1090

Policyholder's Signature
Date & Time:



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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle SHD82Y was stationary along the slip road of Toh guan road towards Toh guan road east. While my vehicle was stationary while waiting for the on coming traffic to clear, suddenly I felt an impact coming from my rear bumper and discover that the 3rd party SKG109D had collided onto my vehicle. We then move to the side road ahead to take some photos and exchange particulars. No injuries was involved at the scene.

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
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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



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PHOTOGRAPHS FOR VEHICLE NO. SHD 82Y

INSPECTION





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