



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. AC2205569

INV Date 09/09/2022

Reference CS/EQI22008027/Kcy3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SHD 5243S

Insured Veh. SMT 8190Y

Claim No. DM22HO00774

Policy No.

Accident Date 14/05/2022

Inspection Date 22/08/2022

Description	Total
Survey Inspection	160.00
Digital Photographs	
Transportation	
Subtotal	160.00
GST (7%)	11.20
Grand Total	171.20

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/EQI22008027/Kcy3m4 Date: 09/09/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMT 8190Y	Veh. Inspected	SHD 5243S	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM22HO00774	Excess (\$)	0.00	
Assign From	LEE PEY SHY	Assign Date	22/08/2022	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS (A)	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JTDKB3FU503076679	Colour	M. P WHITE / RED	
Odometer	411461 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	WANLI	9 mm	
L/H Front Tyre	195/65 R15	WANLI	9 mm	
R/H Rear Tyre	195/65 R15	SAILUN	8 mm	
L/H Rear Tyre	195/65 R15	SAILUN	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/05/2022	Inspection Date	22/08/2022	
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:			2.500 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 5243S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	PANEL SUB-ASSY, FRONT DOOR, LH	TO REPAIR SEE LABOUR	1,300.70	-
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, LH	SERVICEABLE	193.50	-
1	COVER, FRONT DOOR OUTSIDE HANDLE, LH	SERVICEABLE	17.90	-
1	WEATHERSTRIP, FRONT DOOR, LH	SERVICEABLE	231.30	-
1	HINGE ASSY, FRONT DOOR, LOWER LH	TO REPAIR SEE LABOUR	110.60	-
1	HINGE ASSY, FRONT DOOR, UPPER LH	TO REPAIR SEE LABOUR	97.50	-
1	TAPE, BLACK OUT, NO.1 FRT LH	NOT NECESSARY	13.30	-
1	TAPE, BLACK OUT, NO.2 FRT LH	NOT NECESSARY	43.50	-
1	TAPE, BLACK OUT, NO.3 FRT LH	NOT NECESSARY	26.30	-
1	FENDER SUB-ASSY, FRONT LH	BENT	977.80	977.80
1	LINER, FRONT FENDER, LH	SERVICEABLE	210.30	-
1	RIM	SERVICEABLE	1,900.10	-
	LESS 25% DISCOUNT		-1,280.70	-244.45
			3,842.10	733.35
<u>SPECIAL NETT ITEMS</u>				
1	FENDER CLIP (SN)	NOT NECESSARY	65.00	-
1	FENDER LINER CLIP (SN)	NOT NECESSARY	65.00	-
1	TYRE (SN)	SERVICEABLE	350.00	-
1	SET DOOR WEATHERSTRIP CLIP (SN)	NOT CONSISTENT WITH THE IMPACT	65.00	-
1	FRT DOOR STICKER TRANSCAB (SN)	NECESSARY	100.00	60.00
1	FRT BUMPER CLIP (SN)	NOT NECESSARY	65.00	-
			710.00	60.00
<u>LABOUR</u>				
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF PANEL SUB-ASSY, FRONT DOOR, LH, HINGE ASSY, FRONT DOOR, LOWER LH & HINGE ASSY, FRONT DOOR, UPPER LH.		600.00	300.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		900.00	660.00
	TO RUST-PROOFING AND APPLY UNDERCOAT OF THE AFFECTED AREAS.		100.00	30.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	15.00
			2,150.00	1,005.00
GRAND TOTAL			6,702.10	1,798.35
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,450.00

Report Ref No. CS/EQI22008027/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	17/05/2022 11:08 (SGT)
Date of Accident	14/05/2022 14:30 (SGT)
Exact Location of Accident	Near 3 Redhill Cl, Block 3, Singapore 151003
Additional Location Information	JUNCTION OF JLN BUKIT MERAH AND BUKIT MERAH CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5243S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
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	NA

DRIVER

Name of Driver	WONG WENG WAH
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NRIC No	SXXXX969Z
Date Of Birth	30/01/1959
Occupation	Outdoor
Date Of Driving Pass	01/08/1980
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86468864
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	79 INDUS ROAD
Address complement	#11-479
Postcode	161079
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 - 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?	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	JOHNNY
Gender	Male

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 14/05/2022 AT ABOUT 1430 HOURS, I WAS TRAVELLING ALONG JLN BUKIT MERAH TOWARDS QUEENSWAY. WHEN I DRIVING AT THE MOST RIGHT LANE, SUDDENLY VEHICLE B TURNING OUT FROM BUKIT MERAH CENTRAL WITHOUT CHECKING AND COLLIDED ONTO LEFT SIDE OF MY VEHICLE.

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	SMT8190Y
Vehicle Manufacturer	Suzuki
Vehicle Model	Jimny

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98771197
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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
WONG JUN KEAT

Policyholder's Signature
Date & Time:

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

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

17/5/2022

ACCIDENT

021

BAST MERAH STATION

A. 34052439

B. 34052404

TIN BUKIT MERAH

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIN 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:

17/5/2022

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

WONG JUN KEAT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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PHOTOGRAPHS FOR VEHICLE NO. SHD 5243S

INSPECTION





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