



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. AC2304705

INV Date 20/07/2023

Reference CS/EQI22011492/Kcy3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. PC 8883K

Insured Veh. SKN 8581H

Claim No. DM22HO01954

Policy No.

Accident Date 10/11/2022

Inspection Date 21/04/2023

Description	Total
Survey Inspection	160.00
Digital Photographs	
Transportation	
Subtotal	160.00
GST (8%)	12.80
Grand Total	172.80

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/EQI22011492/Kcy3m4 Date: 20/07/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKN 8581H	Veh. Inspected	PC 8883K
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO01954	Excess (\$)	0.00
Assign From	JOSEPHINE WONG	Assign Date	16/11/2022
2. Vehicle Particulars & Condition			
Make & Model	SCANIA KIB4X2	c.c	12742
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	YS2K4X20001906241	Colour	WHITE / PINK
Odometer	602848 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	DURATURN	9 mm
L/H Front Tyre	295/80 R22.5	DURATURN	9 mm
R/H Rear Tyre	295/80 R22.5 (D)	DURATURN	9/9 mm
L/H Rear Tyre	295/80 R22.5 (D)	DURATURN	9/9 mm
4. Description of Damages			
THE BUS HAD COMPLETED ITS REPAIR WORKS AT THE TIME OF INSPECTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	10/11/2022	Inspection Date	21/04/2023
Survey held at	SC AUTO INDUSTRIES (S) PTE LTD 51, SENOKO ROAD SINGAPORE 758133		
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:		3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 8883K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	RHS FRONT PANEL TOP (SN)	BENT	600.00	600.00
1	ALUMINIUM PROFILE (SN)	NECESSARY	150.00	150.00
			750.00	750.00
	<u>LABOUR</u>			
	LABOUR FOR BODYWORK.		1,280.00	750.00
	SPRAY PAINTING.		1,200.00	1,000.00
			2,480.00	1,750.00
	GRAND TOTAL		3,230.00	2,500.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,000.00

Report Ref No. CS/EQI22011492/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 Actual 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	11/11/2022 17:53 (SGT)
Reported by	Driver
Date of Accident	10/11/2022 21:50 (SGT)
Exact Location of Accident	Singapore, Tg Katong Rd12
Additional Location Information	PAYAR LEBAR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8883K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RIDEWELL TRAVEL PTE LTD
Company Reg No	1XXXXX958D
Email Address	AHTEE78@GMAIL.COM
Mobile Phone No	(Phone) +65-97483300
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	12742

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V16573/VBS/R01

DRIVER

Name of Driver	TAN SHY WEE (CHEN SHIWEI)
NRIC No	SXXXX292A
Date Of Birth	02/08/1978
Occupation	Outdoor

Date Of Driving Pass	14/12/2000
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93880304
Alt. Phone Number	-
Email Address	AHTEE78@GMAIL.COM
Address	BLK 989D JURONG WEST STREET 93
Address complement	#11-663
Postcode	644989
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
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

I WAS DRIVING ALONG PAYA LEBAR RD. SUDDENLY VEHICLE NO: SKN8581H GONNA CHANGE TO MY LANE FROM MIDDLE LANE THEN SIDE SWIPE MY VEHICLE WHILE I DRIVE ALONG THE 3RD LANE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN8581H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

SL

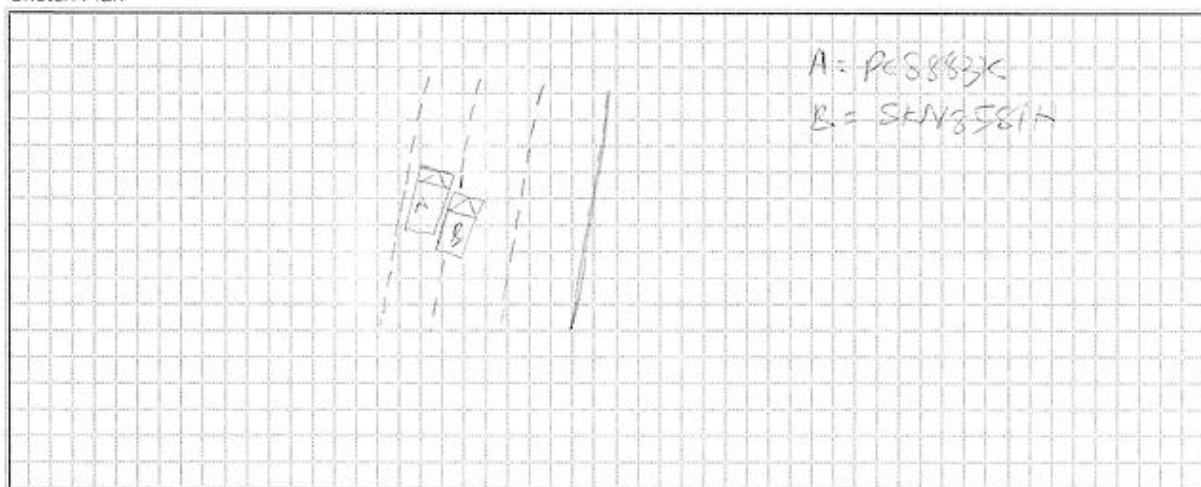
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

11/1/2022

[Signature]

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

I was driving along faya lebar rd. Suddenly vehicle no SKN5581H gonna change to my lane from middle lane then side swipe my vehicle while I drive along the 3rd lane.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

SL

11/11/2022

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PHOTOGRAPHS FOR VEHICLE NO. PC 8883K

INSPECTION





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