



## 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. AC2300494

INV Date 25/01/2023

Reference CS/EQI22013036/Dvy3m4

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SNB 4580P

Insured Veh. SFD 1348Z

Claim No. DM22HO02286

Policy No. DMCFHQ22-000070

Accident Date 29/12/2022

Inspection Date 30/12/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>230.00</b>
<b>GST (8%)</b>	<b>18.40</b>
<b>Grand Total</b>	<b>248.40</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/EQI22013036/Dvy3m4 Date: 25/01/2023 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SFD 1348Z	Veh. Inspected	SNB 4580P
Policy No.	DMCFHQ22-000070	Coverage (\$)	0.00
Claim No.	DM22HO02286	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	30/12/2022
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI TUCSON	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHJ3812VJU490514	Colour	RED
Odometer	67173 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	225/60 R17	PIRELLI	5 mm
L/H Front Tyre	225/60 R17	PIRELLI	5 mm
R/H Rear Tyre	225/60 R17	PIRELLI	5 mm
L/H Rear Tyre	225/60 R17	PIRELLI	5 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	29/12/2022	Inspection Date	30/12/2022
Survey held at	ALFRED AUTO SERVICES & SUPPLIES BLK 5035 ANG MO KIO 3 #01-355 ANG MO KIO INDUSTRIAL PARK 2 SINGAPORE 569538		
<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:		5 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SNB 4580P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT LH DOOR	BUCKLED	1,531.00	1,531.00
2	FRONT LH DOOR HINGER @ 155.00	NOT NECESSARY	310.00	-
1	FRONT LH DOOR STOPPER	NOT NECESSARY	69.00	-
1	FRONT LH DOOR MOULDING	NOT NECESSARY	98.80	-
1	FRONT LH DOOR OUTER HANDLE ASSY	NOT NECESSARY	391.00	-
1	FRONT LH DOOR LOCK	NOT NECESSARY	288.00	-
1	FRONT LH DOOR PROTECTOR	CUT	198.00	198.00
1	FRONT LH DOOR INNER SEAL	NOT NECESSARY	128.00	-
1	FRONT LH DOOR WEATHER SLIP	NECESSARY	399.00	189.20
1	FRONT LH DOOR FRAME RUBBER	NOT NECESSARY	425.00	-
1	REAR LH DOOR	BUCKLED	1,513.00	1,208.00
2	REAR LH DOOR HINGER @ 155.00	NOT NECESSARY	310.00	-
1	REAR LH DOOR STOPPER	NOT NECESSARY	69.00	-
1	REAR LH DOOR MOULDING	NOT NECESSARY	98.80	-
1	REAR LH DOOR OUTER HANDLE	NOT NECESSARY	368.00	-
1	REAR LH DOOR LOCK	NOT NECESSARY	275.00	-
1	REAR LH DOOR PROTECTOR	CUT	238.00	238.00
1	REAR LH DOOR INNER SEAL	NOT NECESSARY	128.00	-
1	REAR LH DOOR WEATHER SLIP	NECESSARY	389.00	169.00
1	REAR LH DOOR FRAME RUBBER	NOT NECESSARY	440.00	-
1	REAR LH CORNER STICKER	NOT NECESSARY	128.00	-
1	CENTRE DOOR FRAME PILLAR	NOT NECESSARY	3,028.00	-
1	LH STEP PANEL	NOT NECESSARY	1,130.00	-
2	LH STEP PANEL CHROME @ 195.00	NOT NECESSARY	390.00	-
2	DOOR SEAL SEALANT @ 60.00	NOT NECESSARY	120.00	-
	LESS 20% DISCOUNT		-	-706.64
			12,462.60	2,826.56
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET FRONT LH DOOR CHANNEL STICKER (3PCS) (SN)	NECESSARY	210.00	80.00
10	FRONT LH DOOR PROTECTOR CLIPS @ 6.00 (SN)	NECESSARY	60.00	15.00

Report Ref No. CS/EQI22013036/Dvy3m4



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR LH DOOR CHANNEL STICKER (3PCS) (SN)	NECESSARY	210.00	80.00
10	REAR LH DOOR PROTECTOR CLIPS @ 6.00 (SN)	NECESSARY	60.00	15.00
			540.00	190.00
	<b>LABOUR</b>			
	TO REMOVE & REFIT DOOR WIRING & CHECK ALL AFFECTED WIRE.		360.00	120.00
	TO REMOVE & REFIT INTERIOR GARNISH CUSHION & COVER.	NOT NECESSARY	300.00	-
	TO REMOVE & REFIT DOOR GLASS.	NOT NECESSARY	250.00	-
	TO WELDING, KNOCKING, STRAIGHTENING REPAIR & RENEW ALL ACCIDENT AFFECTED AREA.		1,800.00	200.00
	TO RESPRAY PAINTING ON INNER & OUTER PORTION & ALL ACCIDENT AFFECTED AREA.		1,800.00	500.00
	TO RUST PROOF ALL ACCIDENT AFFECTED AREA.		160.00	40.00
	TO RESEAL FRONT & REAR DOOR INNER SEAL.	NOT NECESSARY	200.00	-
			4,870.00	860.00
<b>GRAND TOTAL</b>			<b>17,872.60</b>	<b>3,876.56</b>

<b>RECOMMENDED COST OF REPAIRS</b>				<b>3,876.56</b>
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Report Ref No. CS/EQI22013036/Dvy3m4

ANG BRYAN TANI

Automotive Assessor / Investigator

**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 .....	30/12/2022 11:34 (SGT)
Reported by .....	Driver
Date of Accident .....	29/12/2022 13:35 (SGT)
Exact Location of Accident .....	18 Sin Ming Ln, Singapore 573960
Additional Location Information .....	MIDVIEW CITY CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB4580P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	AIK CHIN HIN PTE LTD
Company Reg No .....	20160840k
Email Address .....	KENTSALES_ACH@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-92384899
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Tucson
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MPC22A00237800

#### DRIVER

Name of Driver .....	WONG WAI KEEN
NRIC No .....	S8778476B
Date Of Birth .....	08/04/1987
Occupation .....	Outdoor

Date Of Driving Pass .....	30/11/2010
Driving experience .....	12 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-92384899
Alt. Phone Number .....	+65-97668377
Email Address .....	KENTSALES_ACH@HOTMAIL.COM
Address .....	BLK 572 ANG MO KIO AVE 3 #12-3363
Address complement .....	-
Postcode .....	560572
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Teck Ghee Neighbourhood Police Post
Police Station Address .....	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SFD1348Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown

Name of Driver .....	MOHAMAD JAZLADI BIN JUNAIDI
NRIC No .....	S9444454C
Contact Number .....	(Phone) +65-67863786
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	WONG WAI KEEN
Gender .....	Male
Phone No .....	(Phone) +65-92384899
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNB4580P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



SKETCH PLAN

VEH A: SNB4580P  
VEH B: SFD1348Z  
VEH C: -

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 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

*[Signature]*  
30/12/22 11.00 A.m

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



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

Sketch Plan

18 Sin Ming Lane, Midview City Car Park



ROC No.:  
201606840K

11.00.Am  
30/12/22



2



**SINGAPORE  
POLICE FORCE**



T/20221229/2067

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

1 of 3

Report No. T/20221229/2067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/12/2022 17:27		Vide Report No.:		Station Diary No.: 29
<b>Informant's Particulars</b>				
Name of Informant: WONG WAI KEEN		Address: APT BLK 572 ANG MO KIO AVENUE 3 #12-3363 SINGAPORE 560572		
ID Type / ID No.: NRIC NO / S8778476B		Contact No.: Home/Office: Mobile: 92384899		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 35	Date of Birth: 08/04/1987	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: CONSTRUCTION		Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2022 13:35	Type of Location: Car Park
Location:  SIN MING LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFD1348Z	Van					1
SNB4580P	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20221229/2067

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

2 of 3

Report No. T/20221229/2067

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG WAI KEEN	ID No.	S8778476B
Related Vehicle	SNB4580P (Car)	Contact No.	92384899
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (ANG MO KIO)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/12/2022	Date Discharge	29/12/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	MOHAMAD JAZLIADI BIN JUNAIDI	ID No.	S9444454C
Related Vehicle	NIL	Contact No.	87804311
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 29/12/2022 at about 1338hrs, I was driving my vehicle, SNB4580P, at the carpark of 24 Sin Ming Lane Midview City Singapore 573970. Suddenly, a private ambulance, SFD1348Z, came from loading and unloading bay from my left and collided onto my rear left passenger door. The driver came down and apologies to me and we exchanged particulars.

On the same day at about 1445hrs, I went Ang Mo Kio Polyclinic as I felt pain on my lower back. I was given 2 days MC

I wish to state that I do not have in-car camera at the point of time.



**SINGAPORE  
POLICE FORCE**



T/20221229/2067

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

3 of 3

Report No. T/20221229/2067

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

F /

SGT 2 TAN CHEE HEIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/12/2022 17:27

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168





## LKK Auto Consultants Pte Ltd

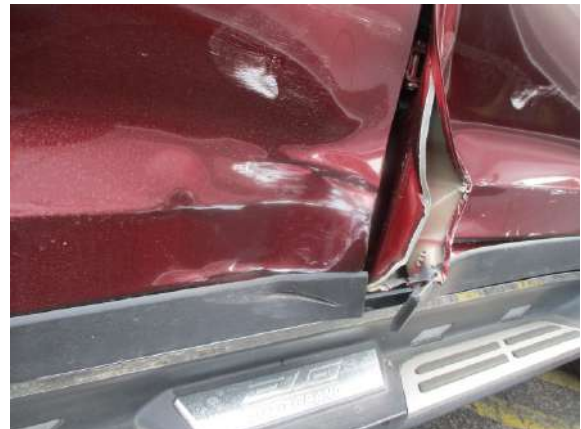
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### PHOTOGRAPHS FOR VEHICLE NO. SNB 4580P

### INSPECTION





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**PHOTOGRAPHS FOR VEHICLE NO. SNB 4580P**

**RE-INSPECTION**







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**PHOTOGRAPHS FOR VEHICLE NO. SNB 4580P**

**RE-INSPECTION**





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