



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

INV No. AC2201730

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 28/03/2022
Reference CS/EQI22002171/Rqy3n2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SHB 161M

Insured Veh. SGW 1670E

Claim No. DM22HO00352/JS

Policy No.

Accident Date 07/03/2022

Inspection Date 08/03/2022

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
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

HYN



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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/EQI22002171/Rqy3n2 Date: 28/03/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGW 1670E	Veh. Inspected	SHB 161M
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00352/JS	Excess (\$)	0.00
Assign From	NG CHEN HOW	Assign Date	08/03/2022
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS H B A	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU703090731	Colour	MAROON
Odometer	69449 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	SAILUN	6 mm
L/H Front Tyre	195/65 R15	SAILUN	6 mm
R/H Rear Tyre	195/65 R15	SAILUN	6 mm
L/H Rear Tyre	195/65 R15	SAILUN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	07/03/2022	Inspection Date	08/03/2022
Survey held at	STRIDES AUTOMOTIVE SERVICES PL. 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
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 Working Days	



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 161M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	COVER,FR BUMPER (DISC 25%)	DEFORMED	521.00	390.75
10	CLIPS PIECE,FRT & RR BUMPER @\$4.50 (DISC 25%)	NECESSARY	45.00	33.75
1	PAD,FRONT BUMPER (NO 1)(DISC 25%)	NECESSARY	40.70	30.53
1	PAD,FRONT BUMPER (NO 2)(DISC 25%)	NECESSARY	36.00	27.00
1	NUMBER PLATE (SN)	BENT	35.00	35.00
1	SUPPORT,FR BUMPER RH	NOT NECESSARY	80.10	-
1	SUPPORT,FR BUMPER LH	NOT NECESSARY	82.30	-
1	BRACKET,FR BUMPER	NOT NECESSARY	110.50	-
1	GRILLE RADIATOR	NOT NECESSARY	178.60	-
1	GRILLE SUB-ASSY	NOT NECESSARY	422.50	-
1	GRILLE SUB-ASSY,2	NOT NECESSARY	160.50	-
2	RETAINER,FR BUMPER,LH & RH @\$8.80	NOT NECESSARY	17.60	-
1	MOULDING,FRONT BUMPER SIDE,LH	NOT NECESSARY	95.60	-
1	ABSORBER,FR BUMPER LOWER	NOT NECESSARY	132.70	-
1	ABSORBER,FR BUMPER	NOT NECESSARY	80.20	-
1	REINFORCEMENT FRONT LOWER	NOT NECESSARY	246.10	-
1	REINFORCEMENT FRONT UPPER	NOT NECESSARY	716.60	-
1	UNIT,HEADLAMP,LH	NOT NECESSARY	2,637.60	-
1	LAMP ASSY,FOG,LH	NOT NECESSARY	237.10	-
1	COVER,ENGINE UNDER SIDE LH	NOT NECESSARY	80.10	-
1	NUMBER PLATE FRAME	NOT NECESSARY	25.00	-
1	LINER,FR FENDER,LH	NOT NECESSARY	210.30	-
1	EXTENSION SUB-ASSY,LH	NOT NECESSARY	120.10	-
			6,311.20	517.03
<u>LABOUR</u>				
	ANEL BEATING & BODY WORK.		676.00	200.00
	SPRAY PAINT.		378.00	200.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-

Report Ref No. CS/EQI22002171/Rqy3n2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO APPLY RUST-PROOFING ON AFFECTED AREA.	NOT NECESSARY	100.00	-
			1,314.00	400.00
GRAND TOTAL			7,625.20	917.03
RECOMMENDED COST OF REPAIRS				917.03

Report Ref No. CS/EQI22002171/Rqy3n2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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	08/03/2022 13:11 (SGT)
Date of Accident	07/03/2022 19:29 (SGT)
Exact Location of Accident	200 Jln Sultan, Singapore 199018
Additional Location Information	JALAN SULTAN / OUTSIDE TEXTILE CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB161M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Strides Taxi Pte Ltd
Company Reg No	1XXXXX369K
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	Taxi
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

DRIVER

Name of Driver	TOH LENG CHIANG
NRIC No	SXXXX730C

Date Of Birth	21/10/1980
Occupation	Outdoor
Date Of Driving Pass	28/04/1999
Driving experience	22 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
Address complement	-
Postcode	-
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	Side Swipe
Weather Conditions	Clear
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)	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?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - F/20220307/2097

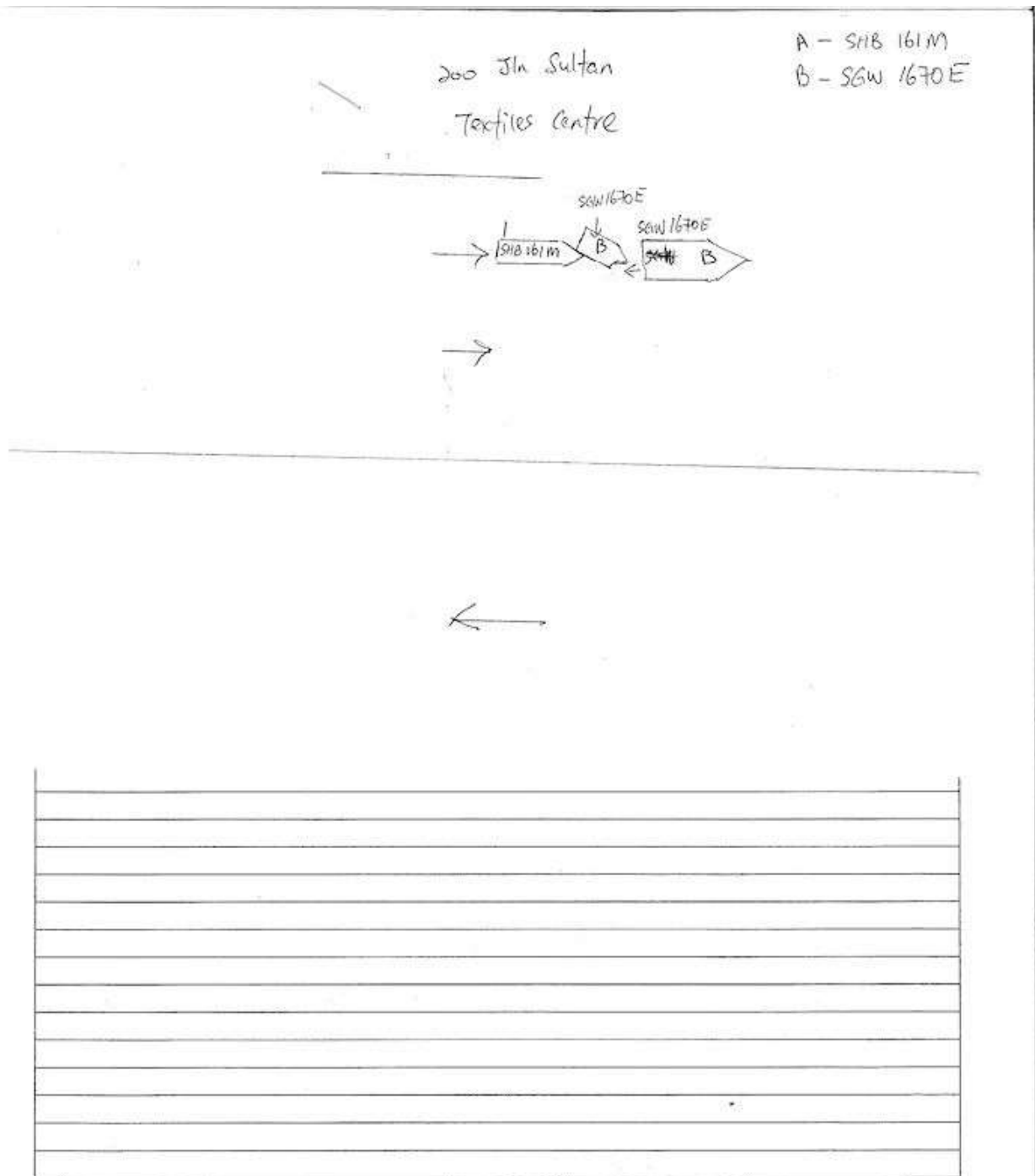
ATTACHMENT(S)

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	FILE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW1670E
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) -



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

8/3/2022

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

[Signature] 8.3.2022

Witnessed by Reporting Centre Personnel

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.

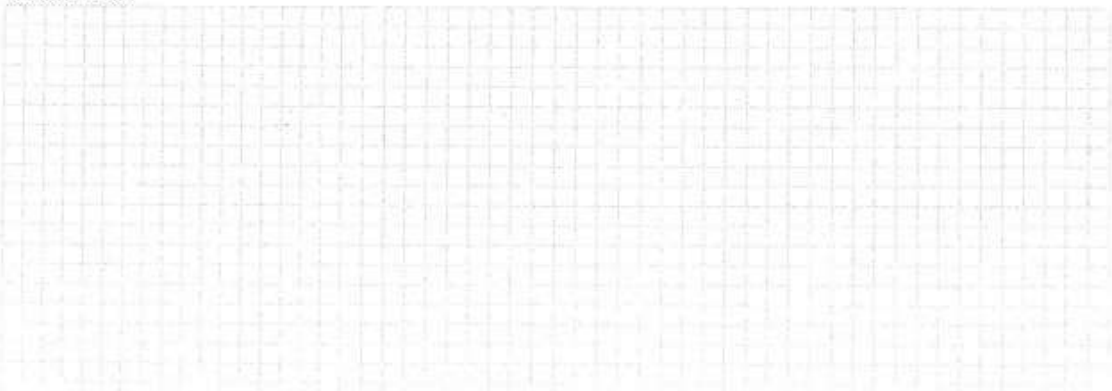


Policyholder's Signature / Date & Time

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

08/03/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



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PHOTOGRAPHS FOR VEHICLE NO. SHB 161M

INSPECTION





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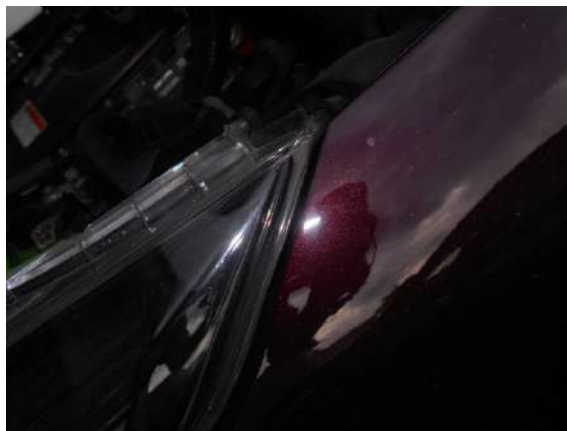


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RE-INSPECTION

