



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. AC2301363

INV Date 08/03/2023

Reference CS/EQI23002198/Kqy3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SHD 9885M

Insured Veh. GBE 7029Y

Claim No. DM23HO00478

Policy No.

Accident Date 28/02/2023

Inspection Date 01/03/2023

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (8%)	18.40
Grand Total	248.40

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/EQI23002198/Kqy3m4 Date: 08/03/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
	Insured Veh.	GBE 7029Y	Veh. Inspected	SHD 9885M
	Policy No.		Coverage (\$)	0.00
	Claim No.	DM23HO00478	Excess (\$)	0.00
	Assign From	JOSEPHINE WONG	Assign Date	01/03/2023
2. Vehicle Particulars & Condition				
	Make & Model	TOYOTA PRIUS (A)	c.c	1798
	Engine No.	HIDDEN	Year of Reg.	2020
	Chassis No.	JTDKB3FUX03091534	Colour	M. P. WHITE / RED
	Odometer	1798 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	8 mm
	L/H Front Tyre	195/65 R15	WANLI	8 mm
	R/H Rear Tyre	195/65 R15	GRENLANDER	9 mm
	L/H Rear Tyre	195/65 R15	GRENLANDER	9 mm
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information				
	Accident Date	28/02/2023	Inspection Date	01/03/2023
	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 Working Days	



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9885M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FENDER SUB-ASSY, FRONT RH	BENT	1,236.69	1,236.69
1	LINER, FRONT FENDER, RH	DISTORTED	255.36	255.36
1	EMBLEM, SIDE PANEL, RH	NECESSARY	68.88	68.88
1	HUB CAP	DENTED	222.08	222.08
1	RIM	SERVICEABLE	1,995.11	-
1	COVER, FRONT BUMPER	BUCKLED	659.40	659.40
1	SUPPORT, FRONT BUMPER SIDE, RH	DISTORTED	100.49	100.49
1	STAY SUB-ASSY, FRONT BUMPER, RH	SERVICEABLE	59.85	-
1	UNIT ASSY, HEADLAMP, RH	SERVICEABLE	3,325.56	-
1	JAR ASSY, WINDSHIELD WASHER	SERVICEABLE	276.15	-
	LESS 25% DISCOUNT		-2,049.89	-635.72
			6,149.68	1,907.18
<u>SPECIAL NETT ITEMS</u>				
1	FRT BUMPER CLIP (SN)	NECESSARY	65.00	60.00
2	FENDER LINER CLIP (SN)	NECESSARY	65.00	65.00
1	TYRE (SN)	SERVICEABLE	300.00	-
			430.00	125.00
<u>LABOUR</u>				
	TO RUST-PROOFING OF THE AFFECTED AREAS.		600.00	30.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		1,200.00	440.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME.		2,000.00	400.00
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTING AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		220.00	60.00

Report Ref No. CS/EQI23002198/Kqy3m4



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
			4,740.00	930.00
GRAND TOTAL			11,319.68	2,962.18
RECOMMENDED COST OF REPAIRS				2,962.18

Report Ref No. CS/EQI23002198/Kqy3m4

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	28/02/2023 15:57 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 12:15 (SGT)
Exact Location of Accident	Joo Seng Rd & Upper Aljunied Rd, Singapore
Additional Location Information	JUNCTION OF JOO SENG ROAD AND UPPER ALJUNIED ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9885M
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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	-

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	1798

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	YONG WEE LEK
NRIC No	SXXXX210E
Date Of Birth	07/05/1962
Occupation	Outdoor

Date Of Driving Pass	01/02/1980
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-97792158
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	861 TAMPINES AVE 5
Address complement	#11-577
Postcode	520861
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SUSAN LIMBU 97819460
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 28/2/2023 AT ABOUT 1215HOURS , I WAS TRAVELLING ALONG UPPER ALJUNIED ROAD TOWARDS BIDADARI PARK DR . WHEN I DRIVING AT MOST LEFT LANE , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO RIGHT FRONT SIDE OF MY VEHICLE .

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	WILL UPLOAD INTO TRANSCAB

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7029Y
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Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHAN TENG HIONG
NRIC No	SXXXX716F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YONG WEE LEK
Gender	Male
Phone No	(Phone) +65-97792158
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9885M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' law yers/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' law yers/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 law yers/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 28/2/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON 28/2/2023 AT ABOUT 1215HOURS , I WAS TRAVELLING
ALONG UPPER ALJUNIED ROAD TOWARDS BIDADARI PARK DR .
WHEN I DRIVING AT MOST LEFT LANE , SUDDENLY I FELT AN
IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO
RIGHT FRONT SIDE OF MY VEHICLE .

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 28/2/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

[illegible]



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PHOTOGRAPHS FOR VEHICLE NO. SHD 9885M

INSPECTION





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RE-INSPECTION

