



## 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. AC2303262

INV Date 24/05/2023

Reference CS/EQI23002754/Awy3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. PC 4884J

Insured Veh. SLN 6488X

Claim No. DM23HO00581/JT

Policy No.

Accident Date 15/03/2023

Inspection Date 28/03/2023

Description	Total
Survey Inspection	230.00
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

**KHM**



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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/EQI23002754/Awy3e2 Date: 24/05/2023  Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLN 6488X	Veh. Inspected	PC 4884J
Policy No.		Coverage (\$)	0.00
Claim No.	DM23HO00581/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	16/03/2023
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA HIACE COMMUTER	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KDH2230021731	Colour	SILVER
Odometer	454883 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195 R15C	MAXMILER	6 mm
L/H Front Tyre	195 R15C	MAXMILER	6 mm
R/H Rear Tyre	195 R15C	MAXMILER	6 mm
L/H Rear Tyre	195 R15C	MAXMILER	6 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	15/03/2023	Inspection Date	28/03/2023
Survey held at	HD PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, SINGAPORE 415875		
<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:		6 Working Days	



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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. PC 4884J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR SIDE PANEL LH	DENTED	1,984.00	1,780.00
1	REAR SIDE INNER LOWER PANEL LH	TO REPAIR SEE LABOUR	654.20	-
1	REAR SHOCK ABSORBER LH	NOT NECESSARY	439.00	-
1	REAR WHEEL HUP LH	NOT NECESSARY	390.00	-
1	REAR WHEEL HUP BEARING LH	NOT NECESSARY	187.00	-
1	REAR BUMPER	DEFORMED	479.00	479.00
2	REAR BUMPER SIDE RETAINER @\$55.00	NOT NECESSARY	110.00	-
2	TAIL LAMP @\$390.00	N/S CUT	780.00	390.00
2	TAILLAMP LOWER GARNISH @\$167.00	TO REPAIR SEE LABOUR	334.00	-
2	TAILLAMP LOWER GARNISH RETAINER @\$65.00	NOT NECESSARY	130.00	-
	LESS 25% DISCOUNT		-1,371.80	-662.25
			4,115.40	1,986.75
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	80.00	30.00
1	REAR BUMPER LOWER SPOILER (SPECIAL TYPE) (SN)	DEFORMED	1,800.00	900.00
1	REAR SIDE PANEL SEALANT LH (SN)	NECESSARY	150.00	60.00
1	REAR SIDE INNER LOWER PANEL LH SEALANT (SN)	NOT NECESSARY	80.00	-
1	SET REAR SIDE PANEL INNER TRIM CLIP LH (SN)	NECESSARY	60.00	30.00
1	REAR SIDE PANEL GLASS SEALANT LH (SN)	NECESSARY	80.00	40.00
1	REAR SIDE PANEL GLASS INNER SEAL LH (SN)	NECESSARY	60.00	30.00
1	SET TAIL LAMP CLIP (SN)	NECESSARY	60.00	10.00
1	SET TAILLAMP LOWER GARNISH CLIP (SN)	NOT NECESSARY	40.00	-
1	SPORT RIM WHEEL (SN)	BENT	1,200.00	450.00
1	REAR TYRE (SN)	NOT NECESSARY	480.00	-
1	BRAKE OIL (SN)	NOT NECESSARY	80.00	-
			4,170.00	1,550.00

Report Ref No. CS/EQI23002754/Awy3e2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	PANEL BEATING AND REPLACE PARTS. INCLUSIVE OF THE REPAIR OF REAR SIDE INNER LOWER PANEL LH AND TAILLAMP LOWER GARNISH.		2,200.00	600.00
	SPRAY PAINTING TO AFFECTED AREA.		1,800.00	700.00
	WIRNING, BULB CHECKING.		250.00	30.00
	REMOVE AND REFIX CUSHION SEAT / UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR,		650.00	80.00
	REMOVE AND REFIX SLIDING DOOR LH.	NOT NECESSARY	180.00	-
	CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	120.00	-
	REMOVE AND REFIX LINING & SEATS.	NOT NECESSARY	480.00	-
	REMOVE REFIX REAR UNDERCARRIAGE.	NOT NECESSARY	480.00	-
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT / CONTROL UNITS. RESET MEMORIES TO SPECIFICATIONS.	NOT NECESSARY	180.00	-
	REMOVE AND REFIX SIDE PANEL GLASS LH.		200.00	60.00
			6,540.00	1,470.00
	<b>GRAND TOTAL</b>		<b>14,825.40</b>	<b>5,006.75</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>4,000.00</b>

Report Ref No. CS/EQI23002754/Awy3e2

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 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	16/03/2023 08:58 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Thomson Road towards Marymount Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4884J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Kalam Travel & Coach Pte Ltd
Company Reg No	200414054D
Email Address	chong6217@gmail.com
Mobile Phone No	(Phone) +65-97685416
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	Commuter GL
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	Commercial vehicle
Transmission	Auto
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00020232201

### DRIVER

Name of Driver	Mohamed Bin Haidu
NRIC No	S1392375B
Date Of Birth	27/03/1959
Occupation	Outdoor

Date Of Driving Pass	31/05/1982
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88453929
Alt. Phone Number	-
Email Address	chong6217@gmail.com
Address	Blk 647 Ang Mo Kio Avenue 6
Address complement	#03-4879
Postcode	560647
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 - Change/cross lane
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to the attached statement.

#### 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	SLN6488X
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**

**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 willful 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]*

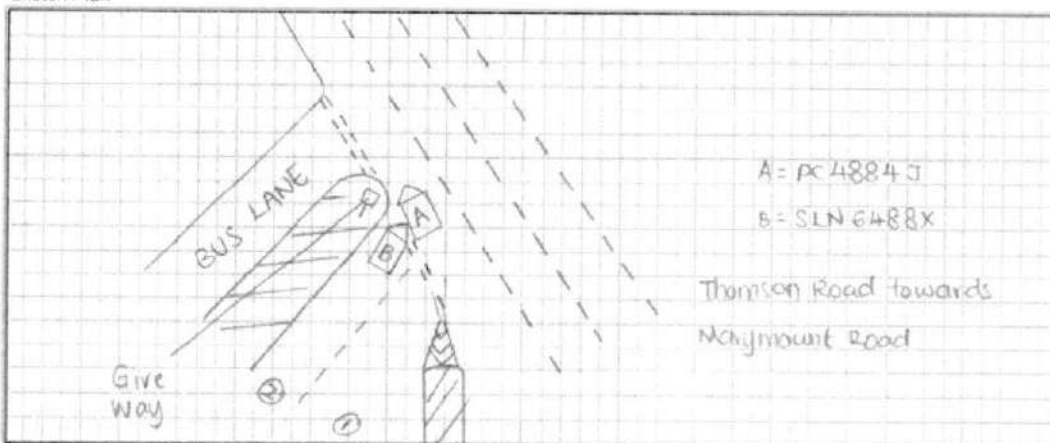
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*

16/03/2023

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

Sketch Plan





Describe Circumstance of the Accident

Refer to Attached

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

16/03/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

On 15.03.2023 at about 09:00 hours along Thomson Road towards Marymount Road. I was travelling straight on lane 3 at the above mentioned location and suddenly I heard a loud bang and felt an impact. When I alighted, I realised it was vehicle (B) from my left from lane 2 (along MacRitchie Viaduct) coming out without checking the oncoming traffic condition and giving way the major road, hence collided onto the rear left hand side portion of my vehicle (A).

Vehicle (A): PC 4884J

Vehicle (B): SLN 6488X

*[Handwritten signature]*



*[Handwritten signature]*

16/03/2023



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### PHOTOGRAPHS FOR VEHICLE NO. PC 4884J

### INSPECTION





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