

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

MND COMPLEX SINGAPORE 069110 INV No. AC2302593

INV Date 26/04/2023

Reference CS/EQI23003548/Uvy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SJP 8378E

Insured Veh. GBJ 9879X

Claim No. DM23HO00736

Policy No. DMCPHQ22-003685

Accident Date 03/04/2023

Inspection Date 05/04/2023

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
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

KHM



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

		Affiliated to Federation Internation	nale Des Experts En	Automol	oile
	EQ INSURANCE C	OMPANY LTD		Ref:	CS/EQI23003548/Uvy3e2
	5 MAXWELL ROAD #17-00 TOWER BL MND COMPLEXSI		I	Date:	26/04/2023
				Code:	EQI
1.		Policy Particulars	:- THIRD PARTY	CLAIM	
	Insured Veh.	GBJ 9879X	Veh. Inspected		SJP 8378E
	Policy No.	DMCPHQ22-003685	Coverage (\$)		0.00
	Claim No.	DM23HO00736	Excess (\$)		0.00
	Assign From	JOSEPHINE WONG	Assign Date		04/04/2023
2.		Vehicle Partic	culars & Condition	on	
	Make & Model	TOYOTA VIOS (A)	c.c		1497
	Engine No.	HIDDEN	Year of Reg.		2009
	Chassis No.	MR053HY9305106750	Colour		SILVER
	Odometer	317228 KM	Steering		IN ORDER
	Brakes	IN ORDER	Modification		SPORTS RIM
	General	GOOD			
3.		Condition	ons of Tyres		
		Size	Make		Balance
	R/H Front Tyre	185/60 R15	WEST LAKE		6 mm
	L/H Front Tyre	185/60 R15	WEST LAKE		6 mm
	R/H Rear Tyre	185/60 R15	WEST LAKE		6 mm
	L/H Rear Tyre	185/60 R15	WEST LAKE		6 mm
4.		Description	on of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE REA	AR O/S PORTION.		
	DAMAGES SEE DI	ETAILS.			
5.		General	Information		
	Accident Date	03/04/2023	Inspection Date)	05/04/2023
	Survey held at	FASTECH AUTO PTE LTD			
		1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883			
5a.		Re	emarks		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.	,	· ·	Days of Repair		
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:		6 Worki	ng Days
	1				



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJP 8378E

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	121.10	-
1	BOOTLID	TO REPAIR SEE LABOUR	755.10	-
1	BOOTLID REAR LOGO	NECESSARY	68.50	68.50
1	BOOTLID 'VIOS' EMBLEM	NECESSARY	52.00	52.00
1	BOOTLID 'J' EMBLEM	NECESSARY	60.00	60.00
1	BOOTLID WEATHERSTRIP	TWISTED	166.10	166.10
1	BOOTLID INNER LOCK	NOT NECESSARY	145.50	-
1	REAR BUMPER	DISTORTED	488.10	488.10
2	REAR BUMPER REFLECTORS @\$151.00	N/S NOT NECESSARY / O/S CRACKED	302.00	151.00
2	REAR BUMPER SIDE RETAINERS @\$105.00	O/S BENT	210.00	105.00
1	SET REAR BUMPER CLIPS	NECESSARY	50.00	50.00
1	REAR END PANEL	BADLY DENTED	719.90	689.20
1	REAR END PANEL TOP GARNISH	TWISTED	166.80	166.80
2	TAILLAMPS @\$355.10	N/S NOT NECESSARY / O/S CRACKED	710.20	355.10
2	TAILLAMP HOUSING PANELS @\$210.00	N/S TO REPAIR SEE LABOUR / O/S BENT	420.00	210.00
1	REAR FLOOR PANEL TOP BOARD	TORN	315.00	315.00
2	REAR FLOOR PANEL TOOLS SPONGES @\$399.10	N/S NOT NECESSARY / O/S DEFORMED	798.20	399.10
1	REAR FLOOR PANEL TOOLS SPONGE INNER	NOT NECESSARY	350.10	-
1	REAR SPARE TYRE SCREW CARRIER	NOT NECESSARY	66.80	-
1	REAR FENDER INNER TRIM O/S	DEFORMED / TWISTED	332.10	332.10
1	REAR FENDER O/S	TO REPAIR SEE LABOUR	899.10	-
	LESS 25% DISCOUNT		-1,799.15	-902.00
			5,397.45	2,706.00

Report Ref No. CS/EQI23003548/Uvy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	SPECIAL NETT ITEMS			
1	REAR END PANEL SEALANT (SN)	NECESSARY	50.00	50.00
1	REAR LICENCE PLATE (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER REVERSE SENSOR (SN)	MALFUNCTION	280.00	200.00
			380.00	250.00
	<u>LABOUR</u>			
	TO CHECK WIRING.		50.00	20.00
	TO DISMANTLE & REPLACED REVERSE SENSOR.		80.00	50.00
	TO TRANSFER BOOTLID MECHANISM.	NOT NECESSARY	80.00	-
	TO DISMANTLE & REFIX CUSHION UPHOLSTERY.		120.00	80.00
	TO DISMANTLE & REFIX REAR EXHAUST.	NOT NECESSARY	100.00	-
	TO DISMANTLE & REFIX FUEL TANK.	NOT NECESSARY	120.00	-
	TO SPRAY RUST PROOFING.		120.00	50.00
	LABOUR FOR PANEL BEATING & REPLACED PARTS. INCLUSIVE OF THE REPAIR OF BOOTLID, TAILLAMP HOUSING PANEL N/S AND REAR FENDER O/S.		1,200.00	880.00
	TO PUTTY & SPRAY PAINTING.		1,500.00	1,000.00
			3,370.00	2,080.00
	GRAND TOTAL		9,147.45	5,036.00
	DECOMMENDED COST OF LUMP SUM DEDAIDS			4 000 00

RECOMMENDED COST OF LUMP SUM REPAIRS		4,000.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/EQI23003548/Uvy3e2

CHUA KANG SENG

Licensed Appraiser

SK0U2345000M / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 05/04/2023 17:10 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (05/04/2023 17:10 (SGT))

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 witholding 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.

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 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 05/04/2023 17:10 (SGT) Reported by **Actual Driver** Date of Accident 03/04/2023 18:05 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TAMPINES AVENUE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SJP8378E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner FOO CHEE SENG, BENJI (FU ZHISHENG, BENJI) NRIC No S7937890I Fmail Address bfoo97@gmail.com Mobile Phone No (Phone) +65-97686603 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model **VIOS J AUTO** 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 Private car Transmission Auto CC 1497

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300565500 QMX

DRIVER

Name of Driver SOH HWEE BIN NRIC No S1377177D Date Of Birth 21/06/1959 Occupation Indoor

Date Of Driving Pass 03/05/1984 Driving experience 38 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-98446109 Alt. Phone Number Email Address sohhweebin@gmail.com Address 166 TAMPINES ST 12 #04-327 (S) 521166 Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured MOTHER-IN-LAW Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 **FOO JUN HEE** Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Was there any video captured by Car Camera?

Vehicle Registration Number	GBJ9879X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KRISHNAMOORTHY DHINESHKUMAR
Work Permit No	G2450458T
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFX3828L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver KEITH TAN GUO WEN NRIC No S9043704F 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

INVOITED I	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - - - SJP8378E
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - - - - - - - SJP8378E

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willul misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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;
- (ii) 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.

	AND.	(c, 949-No) (c) 1711460015
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) & Time	/ Date Witnessed by Reporting Centre
ketch Plan	- 166 II C	
	39 Miles	A: SJP 8378E
ÂI	1 Jan	B - GBJ 9879X
2	towards	C = SFX 3828 L
4 1 + +	PIE BVG	

& MOTO

Describe Circumstances of the Accident
On 03-04-2023 at about 6=05pm. I was travelling
along PIE towards Tampines Avenue I. I was stationary
9.
due to the front traffic. Suddenly, I felt an impact
from my vehicle rear portion. I was involved in a
The period feel for the first the fi
3 vehicles chain collision. Driver felt a bone back pain
T.(
and neck pain after the accident-
and the state of t
Please refer the police report = T/20230404/70 To
please reter the police report : 113030+0+1110-00

Declaration

We declare the foregoing particulars are true in every respect.

4/4/23

12.25

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

Witnessed by Reporting Centre Personnel



T/20230404/7056

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20230404/7056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2023 15:32		Made:	Vide Report No.:	Station Diary No.	
Informan	t's Partic	ulars	Migraphones in the discount		
Name of Informant: SOH HWEE BIN			Address: 166 TAMPINES STREET 12	#04-327 SINGAPORE 521166	
ID Type / ID No.: NRIC NO / S1377177D			Contact No.: Home/Office:	Mobile: 98446109	
Nationality: SINGAPORE CITIZEN		EN	Email: sohhweebin@gmail.com		
Sex: Age: Date of Birth: Female 63 21/06/1959			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation UNEMPL			Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Accid	The second secon		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2023 18:05	Type of Location Straight Road
Location: PIE				
Weather; Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	ion: ring Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBJ9879X	Van					0
SFX3828L	Car					0
SJP8378E	Car	ТОУОТА	VIOS J	Silver	Seriously Damaged	2





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20230404/7056

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CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SJP8378E	MSIG INSURANCE (SINGAPORE) PTE, LTD.	A300565500QMX	14/04/2022	13/04/2023			

Details of Perso	and the second s		Anthropis		//=1/2U		
Any Pedestrian I	nvolved: No						
No. of Pedestrian	Use of Pedestrian Crossing; NA						
Driver		Media de la					
Name	SOH HWEE BIN			ID No.		S1377177D	
Related Vehicle	SJP8378E (Car)			Conta	act No.	98446109	
Hospital/Clinic	NIL		Class Drivin Licen Expir	ng ce &	Class: 3 Date of Expiry: NIL		
Date	04/04/2023		Date	ate 04/04		1/2023	
No. of Days granted Medical Leave 03			Degree	of Serio		us	
Passenger			N Company of the Comp	No. of the same			
Name	FOO JUN HEE			ID No).	NIL	
Related Vehicle	NIL			Contact No.		NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: ,3 Date of Expiry: NIL	
Date	NIL		Date		NIL	NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL		

Brief Details

ON 03.04.2023 AT ABOUT 6:05PM. I WAS TRAVELLING ALONG PIE TOWARDS TAMPINES AVENUE 2. I (1ST VEHICLE) WAS STATIONARY DUE TO THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT FROM MY VEHICLE REAR PORTION, VEHICLE GBJ 9879X (2ND VEHICLE) HIT MY VEHICLE. THERE WAS ANOTHER VEHICLE SFX3828L (3RD VEHICLE). I INVOLVED IN A 3 VEHICLES CHAIN COLLISION.

I FELT BACK PAIN AND NECK PAIN. I VISITED INSYNC MEDICAL AFTER THE ACCIDENT. THE DOCTOR GAVEN ME 3 DAYS MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



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Report No. T/20230404/7056

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
04/04/2023 15:32

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168



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PHOTOGRAPHS FOR VEHICLE NO. SJP 8378E

INSPECTION















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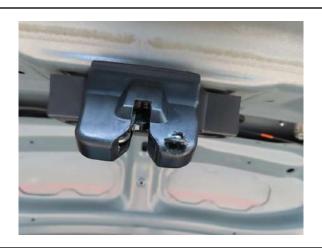














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RE-INSPECTION















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