

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. AC2304808

INV Date 27/07/2023

Reference CS/EQI23003904/Avy3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SLT 7520Y

Insured Veh. SLK 2339K

Claim No. DM23HO00738/JS

Policy No.

Accident Date 04/04/2023

Inspection Date 12/04/2023

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 Automo	bile
	EQ INSURANCE C	COMPANY LTD	Ref:	CS/EQI23003904/Avy3e2
	5 MAXWELL ROAI #17-00 TOWER BL MND COMPLEXSI		Date:	27/07/2023
			Code:	EQI
1.		Policy Particulars	:- THIRD PARTY CLAIN	Л
	Insured Veh.	SLK 2339K	Veh. Inspected	SLT 7520Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	DM23HO00738/JS	Excess (\$)	0.00
	Assign From	NEO JIE SI	Assign Date	12/04/2023
2.		Vehicle Partic	culars & Condition	
	Make & Model	B.M.W. 216I	c.c	1499
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	WBA2D920605E91613	Colour	WHITE
	Odometer	26657 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Condition	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	205/60 R16	CONTINENTAL	6 mm
	L/H Front Tyre	205/60 R16	CONTINENTAL	6 mm
	R/H Rear Tyre	205/60 R16	CONTINENTAL	6 mm
	L/H Rear Tyre	205/60 R16	CONTINENTAL	6 mm
4.		•	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE N/S	BODY.	
	DAMAGES SEE D	ETAILS.		
5.		General	Information	
	Accident Date	04/04/2023	Inspection Date	12/04/2023
	Survey held at	AKA AUTO PTE LTD		
		25 KAKI BUKIT ROAD 4, #05-36	, SYNERGY @ KB, SINGA	APORE 417800
5a.		Re	emarks	
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W		
5b.		Estimate	Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Work	ing Days



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

Page No.:1 of 1

#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLT 7520Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT LH FENDER	DENTED	786.00	786.00
1	FRONT LH FENDER INNER SHIELD	DEFORMED	201.00	201.00
1	FRONT LH DOOR	TO REPAIR SEE LABOUR	1,298.00	-
1	FRONT LH DOOR WEATHERSTRIPE	NOT NECESSARY	142.00	-
1	FRONT LH WHEEL RIM	NOT NECESSARY	1,258.00	-
	LESS 5% DISCOUNT		-184.25	-49.35
			3,500.75	937.65
	SPECIAL NETT ITEMS			
1	FRONT LH FENDER INNER SHIELD CLIPS (SN)	NECESSARY	30.00	30.00
			30.00	30.00
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT LH DOOR.		600.00	400.00
	SPRAY PAINTING.		800.00	500.00
	WIRING.		50.00	30.00
	TO APPLY TUFF COAT.		100.00	30.00
	TO TRANSFER DOOR FITTINGS.	NOT NECESSARY	150.00	-
	TO PERFORM WHEEL ALIGNMENT.	NOT NECESSARY	150.00	-
	TO APPLY CERAMIC COATING.	NOT NECESSARY	680.00	
			2,530.00	960.00
	GRAND TOTAL		6,060.75	1,927.65
	RECOMMENDED COST OF LUMP SUM REPAIRS			1,500.00

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) 1,500.00

Report Ref No. CS/EQI23003904/Avy3e2



**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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying 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 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.

- 4. The issue and acceptance of this is form by instrained 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 04/04/2023 16:30 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 04/04/2023 07:32 (SGT) Exact Location of Accident 531 Pasir Ris Dr 1, Block 531, Singapore 510531 Additional Location Information LOT 133. Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number **SLT7520Y** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG EE CHIN, CHARLES NRIC No SXXXX603I Email Address CHARLES.NEC@GMAIL.COM Mobile Phone No (Phone) +65-98440765 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 216i 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 - Claiming third party Vehicle Category Private car Transmission Auto

CC 1500

**INSURANCE COMPANY** 

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNPV2019-00017208-03

DRIVER

Name of Driver NG EE CHIN, CHARLES NRIC No SXXXX603I Date Of Birth 24/09/1982 Occupation Indoor

Date Of Driving Pass 18/03/2003 Driving experience 20 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-98440765 Alt. Phone Number Email Address CHARLES.NEC@GMAIL.COM Address BLK 531 PASIR RIS DR 1 #05-300 Address complement Postcode 510531 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 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 PLS REFER TO POLICE REPORT NO.T/20230404/7049. 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 **SLK2339K** 

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 carrectly 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
- Information provided must be as <u>Inuthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repud ate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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:
- 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 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 enquines 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

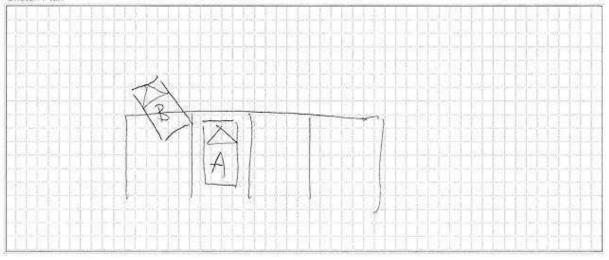
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents : (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyhelder) / Date & Town

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

#### Sketch Plan



1

Describe Circumstance of the Accident
refor to poline negurt
*

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

Policyholder's Signature / Date & Time

Dinyer's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Namé as in NRICAD card)

2



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20230404/7049

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2023 14:45		Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
Name of Informant: NG EE CHIN, CHARLES			Address: 531 PASIR RIS DRIVE 1 #0	5-300 SINGAPORE 510531			
ID Type / ID No.: NRIC NO / \$82286031			Contact No.: Home/Office:	Mobile: 98440765			
Nationality: SINGAPORE CITIZEN		EN	Email: CHARLES.NEC@GMAIL.COM				
Sex: Age: Date of Birth: Male 40 24/09/1982			Type of Informant: Vehicle Owner	50.500			
Race: Chinese			Language: English	Institution / School Name:			
Occupation:			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/04/2023 07:3	Type of Location Car Park
Location: PASIR RIS D	RIVE 1			
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
	***	Guillian and an		1

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT7520Y	Car	BMW	216i	White	Slightly Damaged	0

Details of V	ehicle Insurance			v - 1919
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT7520Y	FWD Singapore Pte. Ltd	PNPV2019- 00017208-03	10/11/2022	09/11/2023





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

2 of 3 Report No. T/20230404/7049

#### CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian	Cross	sing: NA
Vehicle Owner						
Name	NG EE CHIN, CHARLES		ID No.		S8228603I	
Related Vehicle	NIL			Contac	t No.	98440765
Hospital/Clinic	NIL		Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL	-n	Date		NIL	
No. of Days granted Medical Leave NIL			Degree o		NIL	

### Brief Details.

SLK2339K white Honda Shuttle is the said culprit.

Reversed into the left side my car, white BMW 216i, which was parked and unmanned at that time of incident. And then culprit drove off. Causing damage to my left front (passenger seat) door frame. Photo available.

Car cam showed footage of said incident. Video footage available (3.1MB).

Carpark area at the site of incident is tight, due to a construction going on, and offers little manoeuvring space.

This is an open air carpark at Block 531, Pasir Ris Dr 1, Lot 133. Culprit is believed to be parked at Lot 134. Time of incident according to car cam was 7.32am on 4 April 2023.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20230404/7049

3.01.3

Report No. T/20230404/7049

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145

NP168

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 14:45

Classification Of Case:



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

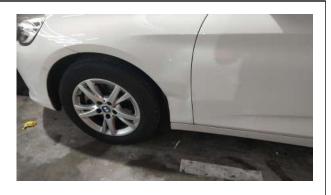
# PHOTOGRAPHS FOR VEHICLE NO. SLT 7520Y

# **INSPECTION**















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

TEL: 6256 3561 FAX: 6256 4315















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

TEL: 6256 3561 FAX: 6256 4315









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

# PHOTOGRAPHS FOR VEHICLE NO. SLT 7520Y

# **RE-INSPECTION**















51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315

