



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. AC2303497

INV Date 05/06/2023

Reference CS/EQI23004779/Kqy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SHD 5937Z

Insured Veh. GBA 5011G

Claim No. DM23HO00988/JT

Policy No. DMCPHQ22-002534

Accident Date 09/05/2023

Inspection Date 11/05/2023

Description	Total
Survey Inspection	300.00
Digital Photographs	
Transportation	
Subtotal	300.00
GST (8%)	24.00
Grand Total	324.00

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



LKK Auto Consultants Pte Ltd

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

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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/EQI23004779/Kqy3e2 Date: 05/06/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBA 5011G	Veh. Inspected	SHD 5937Z
Policy No.	DMCPHQ22-002534	Coverage (\$)	0.00
Claim No.	DM23HO00988/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	10/05/2023
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS (A)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JTDKB3FU003076959	Colour	M.P. WHITE / RED
Odometer	284704 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	GRENLANDER	8 mm
L/H Front Tyre	195/65 R15	GRENLANDER	8 mm
R/H Rear Tyre	195/65 R15	WANLI	5 mm
L/H Rear Tyre	195/65 R15	WANLI	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/05/2023	Inspection Date	11/05/2023
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:		7 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 5937Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	COVER, REAR BUMPER	BUCKLED	558.39	558.39
1	COVER, REAR BUMPER, LOWER	DENTED	19.43	19.43
1	GUARD, REAR BUMPER, CENTER	BENT	726.92	726.92
1	SEAL, REAR BUMPER SIDE, LH	SERVICEABLE	111.41	-
1	SEAL, REAR BUMPER SIDE, RH	SERVICEABLE	111.41	-
1	FILLER, REAR BUMPER EXTENSION, RH	SERVICEABLE	155.72	-
1	FILLER, REAR BUMPER EXTENSION, LH	SERVICEABLE	155.72	-
1	RETAINER, REAR BUMPER SIDE, LH	SERVICEABLE	147.11	-
1	RETAINER, REAR BUMPER SIDE, RH	SERVICEABLE	148.58	-
1	REINFORCEMENT SUB-ASSY, REAR BUMPER	BENT	419.90	419.90
1	COVER, FLOOR UNDER, RH	SERVICEABLE	220.50	-
1	COVER, FLOOR UNDER, LH	SERVICEABLE	304.92	-
1	COVER, REAR FLOOR	SERVICEABLE	290.43	-
1	BOX, DECK FLOOR, REAR	SERVICEABLE	133.25	-
1	BOX, DECK FLOOR, RH	SERVICEABLE	395.12	-
1	BOX, DECK FLOOR, LH	SERVICEABLE	394.38	-
1	BOARD, REAR FLOOR, NO.1	SERVICEABLE	654.78	-
1	COVER, DECK TRIM, REAR	SERVICEABLE	159.39	-
1	MOULDING SUB-ASSY, ROOF DRIP SIDE FINISH, REAR RH	MTG CRACKED	68.57	68.57
1	PANEL SUB-ASSY, BODY LOWER BACK	BENT	824.46	824.46
1	LENS & BODY, REAR COMBINATION LAMP, RH (UPPER)	SERVICEABLE	570.15	-
1	LENS & BODY, REAR LAMP, RH	SERVICEABLE	634.73	-
1	COVER, REAR COMBINATION LAMP, RH	SERVICEABLE	81.48	-
1	LENS & BODY, REAR COMBINATION LAMP, LH	SERVICEABLE	559.13	-
1	LENS & BODY, REAR LAMP, LH	SERVICEABLE	634.73	-
1	COVER, REAR COMBINATION LAMP, LH	SERVICEABLE	81.48	-
1	PANEL SUB-ASSY, BACK DOOR	TO REPAIR SEE LABOUR	1,443.86	-
1	SPOILER SUB-ASSY, REAR	SERVICEABLE	1,986.92	-
1	SEAL, REAR SPOILER	NOT NECESSARY	21.32	-

Report Ref No. CS/EQI23004779/Kqy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	STAY ASSY, BACK DOOR, LH	SERVICEABLE	305.66	-
1	STAY ASSY, BACK DOOR, RH	SERVICEABLE	305.66	-
1	HINGE ASSY, BACK DOOR, LH	TO REPAIR SEE LABOUR	77.18	-
1	HINGE ASSY, BACK DOOR, RH	TO REPAIR SEE LABOUR	77.18	-
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	WARPED / DENTED	1,171.38	1,171.38
1	PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2	NECESSARY	68.88	68.88
1	PLATE, BACK DOOR NAME, NO.1	NECESSARY	68.88	68.88
1	ORNAMENT SUB-ASSY, BACK DOOR	NECESSARY	90.30	90.30
1	COVER, FRONT BUMPER	BUCKLED	653.31	653.31
1	ABSORBER, FRONT BUMPER ENERGY	SERVICEABLE	100.17	-
1	REINFORCEMENT SUB-ASSY, FRONT BUMPER	SERVICEABLE	902.16	-
1	SUPPORT, FRONT BUMPER SIDE, LH	DISTORTED	100.49	100.49
1	SUPPORT, FRONT BUMPER SIDE, RH	SERVICEABLE	100.49	-
1	STAY SUB-ASSY, FRONT BUMPER, LH	SERVICEABLE	59.85	-
1	STAY SUB-ASSY, FRONT BUMPER, RH	SERVICEABLE	59.85	-
1	COVER, FRONT BUMPER HOLE, LH	SERVICEABLE	37.07	-
1	COVER, FRONT BUMPER HOLE, RH	SERVICEABLE	37.07	-
1	UNIT ASSY, HEADLAMP, LH	MTG CRACKED	3,325.56	3,325.56
1	UNIT ASSY, HEADLAMP, RH	SERVICEABLE	3,325.56	-
1	LAMP ASSY, FOG, LH	SERVICEABLE	1,200.78	-
1	LAMP ASSY, FOG, RH	SERVICEABLE	1,200.78	-
1	GRILLE, RADIATOR, LOWER NO.1	DISTORTED	214.41	214.41
1	GRILLE SUB-ASSY, RADIATOR	DISTORTED	436.38	436.38
1	EMBLEM ASSY, RADIATOR GRILLE	NECESSARY	114.98	114.98
1	CAP SUB-ASSY, AIR CLEANER	SERVICEABLE	680.30	-
1	CASE SUB-ASSY, AIR CLEANER	SERVICEABLE	288.02	-
1	BRACKET, FRONT BUMPER EXTENSION MOUNTING (ADDITIONAL)	CRACKED	130.31	130.31
1	MOULDING SUB-ASSY, ROOF TOP (ADDITIONAL)	CRACKED	829.50	829.50
	LESS 25% DISCOUNT		-6,994.09	-2,455.51
			20,982.26	7,366.54

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>SPECIAL NETT ITEMS</u>			
1	SET PARKING AID (SN)	DENTED	700.00	220.00
1	REAR BUMPER CLIP (SN)	NECESSARY	65.00	60.00
1	REAR SPOILER CLIP (SN)	NOT NECESSARY	65.00	-
1	BOOT STICKER TRANSCAB (SN)	NECESSARY	100.00	30.00
1	BOOT STICKER TEL NO. (SN)	NECESSARY	100.00	30.00
1	REAR LH BUMPER RETAINER CLIP (SN)	NOT NECESSARY	65.00	-
1	REAR RH BUMPER RETAINER CLIP (SN)	NOT NECESSARY	65.00	-
1	REAR BUMPER ADVERTISEMENT (SN)	NOT NECESSARY	100.00	-
1	FRT BUMPER CLIP (SN)	NECESSARY	65.00	60.00
1	FRT NUMBER PLATE WITH MOULDING (SN)	BENT	180.00	45.00
1	END PANEL INNER TRIM CLIP (SN)	NECESSARY	60.00	60.00
1	REAR BUMPER PROTECTOR (SN)	NOT NECESSARY	180.00	-
2	WINDSCREEN SEALANT (SN)	NOT NECESSARY	150.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	200.00	-
1	WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	130.00	-
			2,225.00	505.00
	<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	880.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF PANEL SUB-ASSY, BACK DOOR, HINGE ASSY, BACK DOOR, LH AND HINGE ASSY, BACK DOOR, RH.		2,000.00	800.00
	TO TRANSFER OF TAILGATE FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.		380.00	60.00
	TO REMOVE AND REFIT REAR W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	170.00	-
	TO TRANSFER OF TAILGATE FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF BOOTLID FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	50.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
			5,420.00	1,820.00
GRAND TOTAL			28,627.26	9,691.54
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				7,750.00

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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.

Trans-cab Auto Services Pte Ltd
No. 2 Ang Mo Kio Street 63 Singapore 569111
Tel Nc Fax No. : 62571330
CO./ GST Reg. No. 201019626G
SHD5937Z

AAD2305-

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

SUPPLEMENTARY

SHD5937Z

JTDKB3FU003076959

200303878K

TOYOTA

PRIUS

9/5/2023



GBA5011G/EQ

22/11/2018

PART

LIST

- 1 BRACKET, FRONT BUMPER EXTENSION MOUNTING
- 1 MOULDING SUB-ASSY, ROOF TOP

\$	<i>cm</i>	130.31	
\$	<i>cm</i>	829.50	
TOTAL \$		959.81	
25% \$		239.95	
\$		719.85	

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	09/05/2023 19:16 (SGT)
Reported by	Actual Driver
Date of Accident	09/05/2023 14:15 (SGT)
Exact Location of Accident	Near CQ8C+XF Singapore
Additional Location Information	BKE TOWARDS SLE BEFORE SLE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5937Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	200303878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS 5 DR HATCHBACK (AUTO)
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	LEE HIAN GUAN
NRIC No	S1492409D
Date Of Birth	31/03/1961
Occupation	Outdoor

Date Of Driving Pass	30/07/1981
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91384281
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Woodlands, 509 Woodlands Drive 14
Address complement	#09-03
Postcode	730509
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	P1
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 09/05/2023 AT ABOUT 1415HOURS , I WAS TRAVELLING ALONG BKE TOWARDS SLE . WHEN I SAW VEHICLE C APPLIED HIS BRAKE , THEN I STOPPED MY VEHICLE FOR WAITING . SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE AND MY VEHICLE HIT ONTO VEHICLE C .

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	SKS6691K
Vehicle Manufacturer	Toyota

Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POH TEE SAM
NRIC No	S6931974B
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	GBA5011G
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALAGARSAMY SUREAHKUMAR
NRIC No	G7982088T
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	LEE HIAN GUAN
Gender	Male
Phone No	(Phone) +65-91384281
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5937Z
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 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 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

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 09/05/2023 AT ABOUT 1415HOURS , I WAS TRAVELLING ALONG BKE TOWARDS SLE . WHEN I SAW VEHICLE C APPLIED HIS BRAKE , THEN I STOPPED MY VEHICLE FOR WAITING . SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE AND MY VEHICLE HIT ONTO VEHICLE C .

Declaration

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 9/5/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT

A hand-drawn sketch plan on graph paper. The plan shows a road layout with three vehicles labeled A, B, and C. Vehicle A is at the top, B is in the middle, and C is at the bottom. Arrows indicate the direction of travel. A ruler is placed at the top of the page for scale.

A: 84059372
 B: 32A5016
 C: 8K866A1K

Witnessed By Reporting Officer
 Wong Jun Keat

Witnessed by Reporting Centre
 Personnel

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

A 145 MAR 2017



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PHOTOGRAPHS FOR VEHICLE NO. SHD 5937Z

INSPECTION





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