



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. : SAC2400049

INV Date : 15-07-2024

Reference CS/EQI24060093/Unh3

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLB 9734D
Insured Veh. GBE 1304S
Claim No. DM24HO01353
Policy No.
Accident Date 10/06/2024
Inspection Date 13/06/2024

Description	Amount
Survey Inspection	160.00
Resurvey Inspection	0.00
Digital Photographs	0.00
Transportation	0.00
Sub-Total	160.00
GST (9%)	14.40
Grand Total	174.40

We shall be glad if you could forward the payment at your earliest 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

MS EQ INSURANCE COMPANY LTD
5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX SINGAPORE 069110

Ref: CS/EQI24060093/Unh3

Date: 13/06/2024

Code: EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 1304S	Veh. Inspected	SLB 9734D
Policy No.	-	Coverage	0
Claim No.	DM24HO01353	Excess	\$0.00
Assign From	CHIA KA WEI	Assign Date	13/06/2024

2. Vehicle Details

Make & Model	HONDA VEZEL (A)	C.C	1496
Engine No.	L15B4035326	Year of Reg.	27/04/2016
Chassis No.	RU11115350	Colour	WHITE
Odometer	196024 KM	Steering	IN ORDER
Brakes	IN ORDER	General	GOOD
Modification(s)	RIMS: SPORTS RIM		

3. Conditions of Tyres

	Size	Make	Balance (mm)
R/H Front Tyre	215/60R16	MICHELIN	6
L/H Front Tyre	215/60R16	MICHELIN	6
R/H Rear Tyre	215/60R16	YOKOHAMA	6
L/H Rear Tyre	215/60R16	YOKOHAMA	6

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

Accident Date	10/06/2024	Inspection Date	13/06/2024
Survey held at	SD CAR CARE CENTRE 2 KAKI BUKIT AVENUE 2 #01-29 KAKI BUKIT AUTOHUB SINGAPORE 417921		

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: 4 Working Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO SLB 9734D

REPLACEMENT OF PARTS				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	FRONT BUMPER	TORN	\$872.20	\$801.20
2	FRONT BUMPER SIDE RETAINERS - L/R @\$45.50	N/S CRACKED / O/S NOT NECESSARY	\$91.00	\$45.50
1	FRONT BONNET	NOT NECESSARY	\$1,054.60	\$0.00
2	FRONT BONNET HINGES - L/R @\$68.50	NOT NECESSARY	\$137.00	\$0.00
1	FRONT FENDER - LH	BADLY DENTED	\$582.20	\$582.20
1	FRONT FENDER WHEEL ARCH GARNISH	TORN	\$263.80	\$263.80
1	FRONT FENDER INNER SHIELD	TORN	\$175.90	\$175.90
1	FRONT FENDER WHEEL HOUSING - LH	TO REPAIR SEE LABOUR	\$690.80	\$0.00
1	FRONT GRILLE OUTER GARNISH	NOT NECESSARY	\$446.50	\$0.00
1	FRONT GRILLE BRACKET - LH	NOT NECESSARY	\$48.50	\$0.00
1	FRONT GRILLE BASE	NOT NECESSARY	\$346.50	\$0.00
1	FRONT HEADLAMP ASSY - LH	CRACKED	\$1,999.30	\$1,999.30
1	FRONT HEADLAMP LOWER BRACKET	CRACKED	\$68.60	\$68.60
1	FRONT SIDE PANEL LH	DENTED/BENT	\$196.60	\$196.60
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	\$560.90	\$0.00
	LESS 20.00% DISCOUNT		(\$1,506.88)	(\$826.62)
			\$6,027.52	\$3,306.48

Special Nett				
Qty	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	\$50.00	\$30.00
1	SET FRONT BUMPER INSULATOR CLIP (SN)	NOT NECESSARY	\$60.00	\$0.00
1	SET FRONT FENDER INNER SHIELD CLIP (SN)	NECESSARY	\$60.00	\$30.00
1	SET FRONT FENDER WHEEL ARCH GARNISH CLIP (SN)	NOT NECESSARY	\$60.00	\$0.00
			\$230.00	\$60.00

Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	TO CHECK FRONT ELECTRICAL WIRING		\$50.00	\$20.00
	TO RESPRAY UNDERCOATING		\$80.00	\$30.00
	TO RESPRAY PAINTING AND ETC		\$1,100.00	\$800.00



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Labour				
	Description of Parts	Condition	Workshop Estimate (\$)	Our Adjusted (\$)
	PANEL BEATING, CUT, WELD REMOVE & REPLACING ABOVE PARTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER WHEEL HOUSING - LH AND FRONT SUPPORT PANEL		\$900.00	\$550.00
			\$2,130.00	\$1,400.00
GRAND TOTAL			\$8,387.52	\$4,766.48
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			\$3,800.00
Report Ref No: CS/EQI24060093/Unh3				

CKS

MARCUS CHUA KANG SENG

Licensed Appraiser

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 First Submission	11/06/2024 12:36 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/06/2024 12:05 (SGT)
Exact Location of Accident	2 Lor 6 Toa Payoh, Singapore 319377
Additional Location Information	OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9734D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG MUI HUANG
NRIC No	S1828635A
Email Address	TRACYTANG58@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96258819
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120780159-03

DRIVER

Name of Driver	TANG MUI HUANG
NRIC No	S1828635A
Date Of Birth	20/07/1967
Occupation	Outdoor

Driving Pass Date	27/08/1991
Driving experience	32 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96258819
Alt. Phone Number	-
Email Address	TRACYTANG58@YAHOO.COM.SG
Address	APT BLK 40 CIRCUIT RD
Address complement	#09-493
Postcode	370040
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SLJ937C
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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 ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE1304S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-


Describe Circumstance of the Accident

On the mentioned date and time, ^{white} I was travelling straight.

Suddenly vehicle B reverse and collided onto the front left portion of my vehicle A.

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



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

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 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 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

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

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

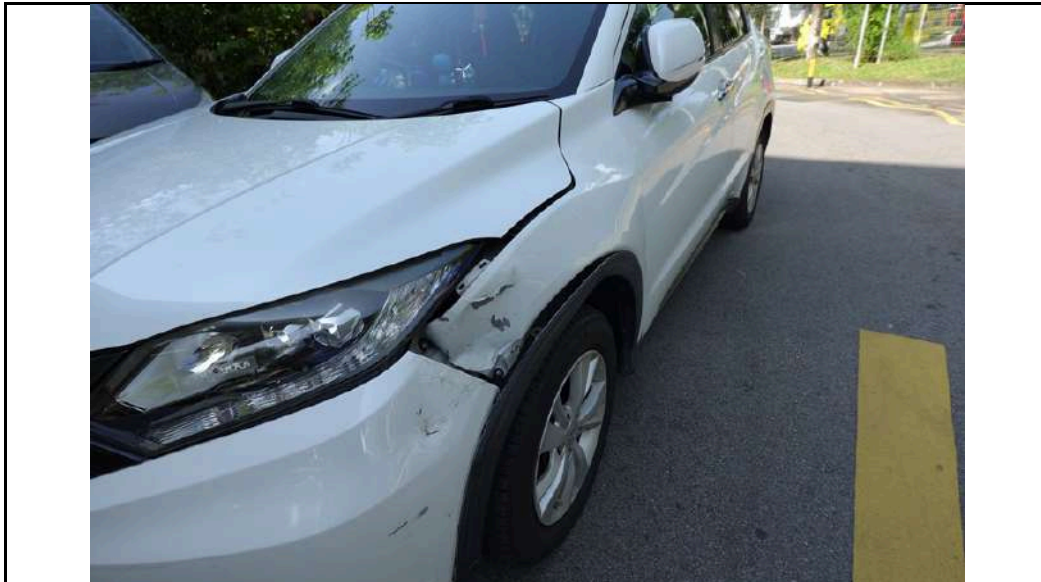
Sketch Plan

Scanned with CamScanner

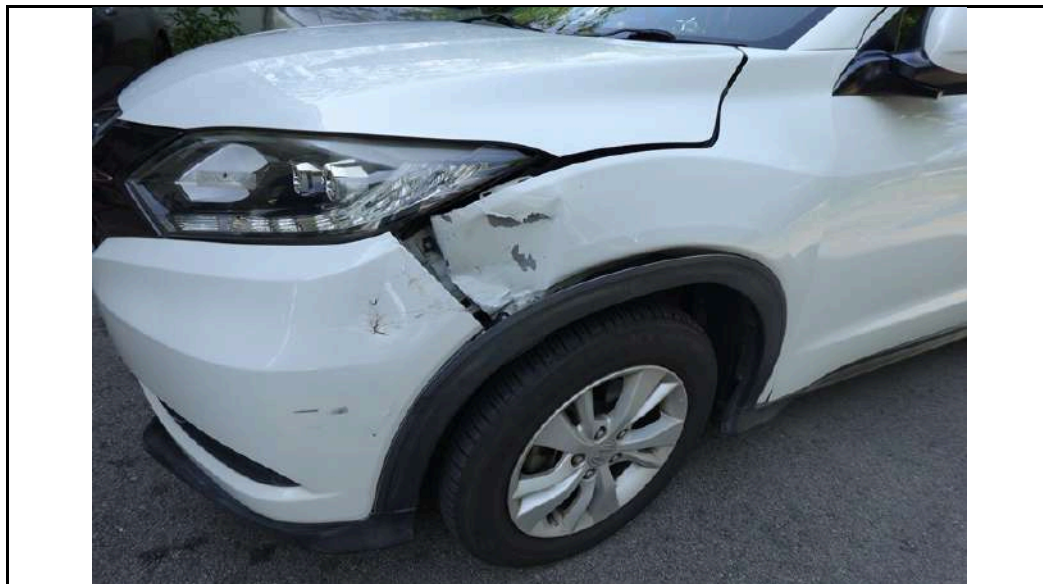
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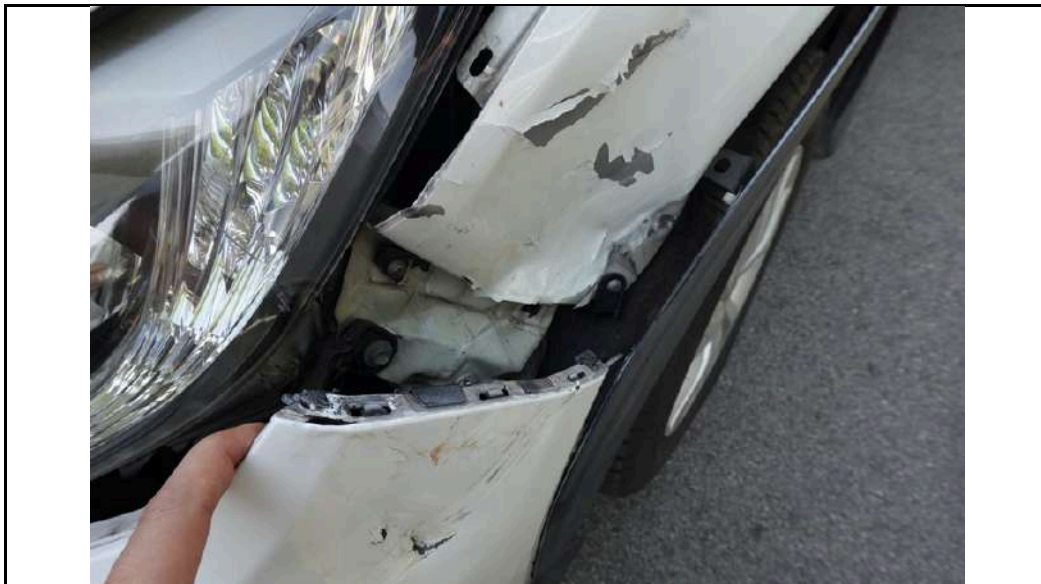
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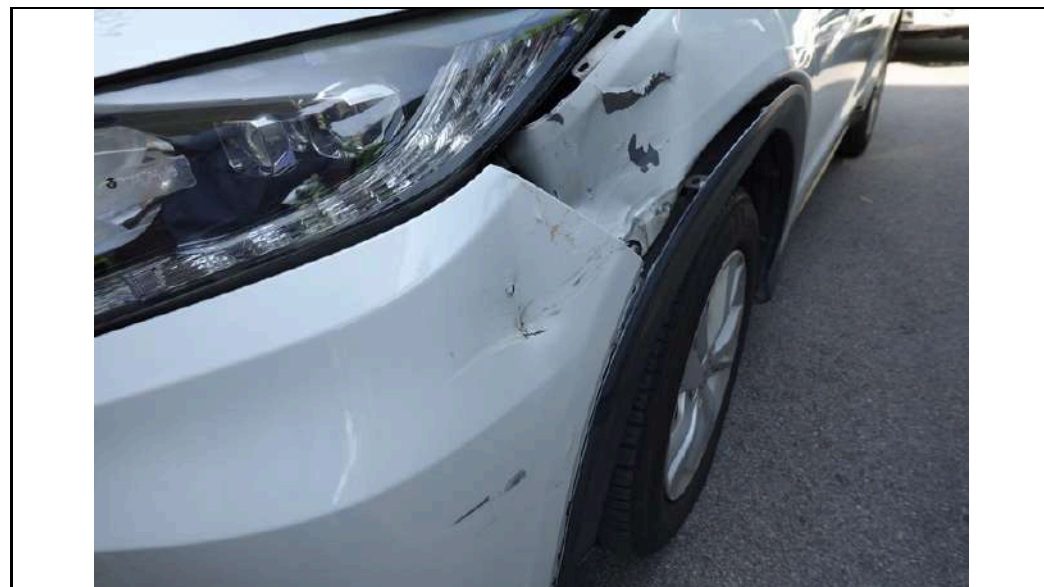
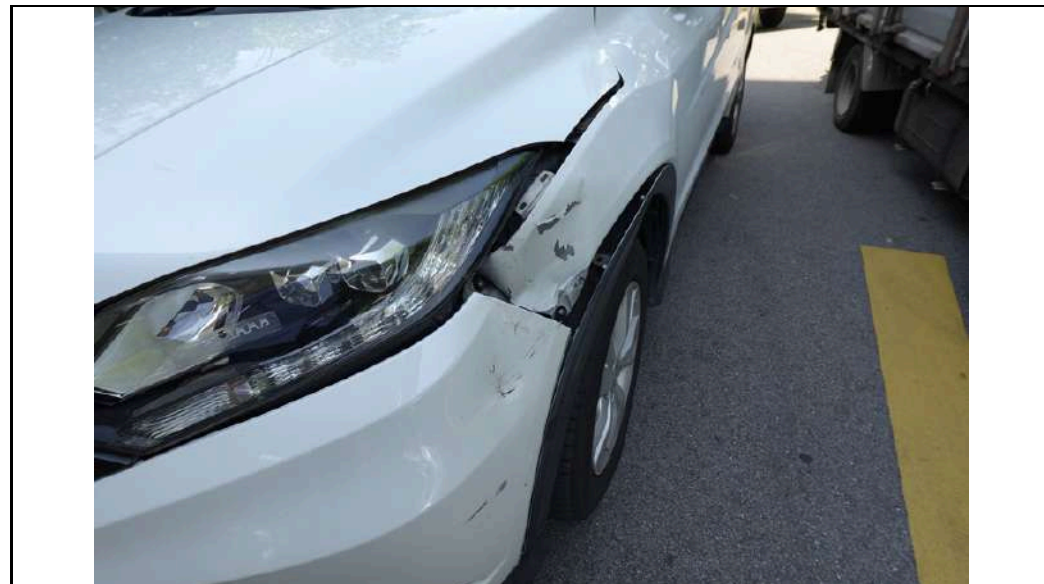
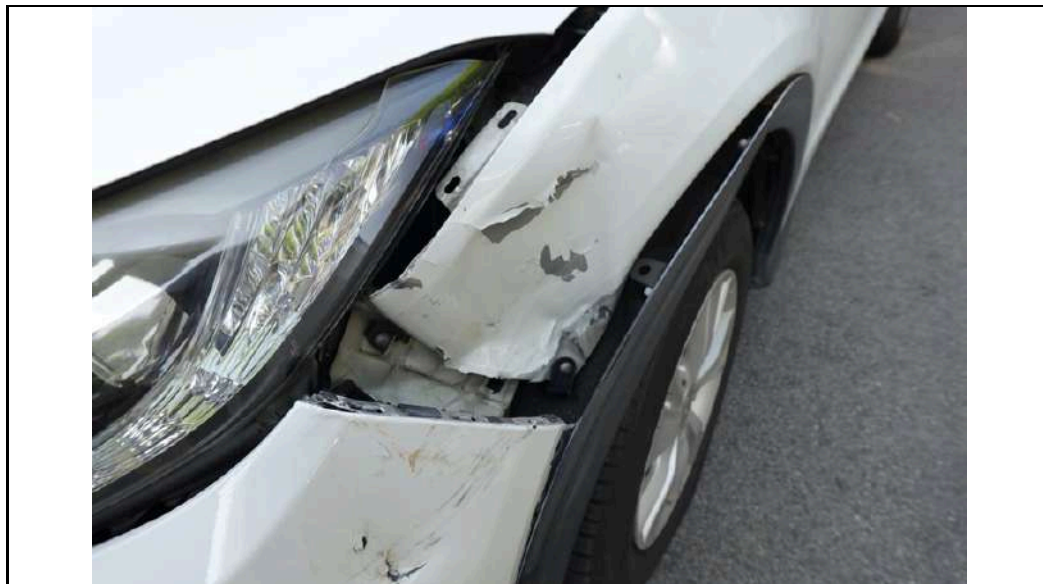
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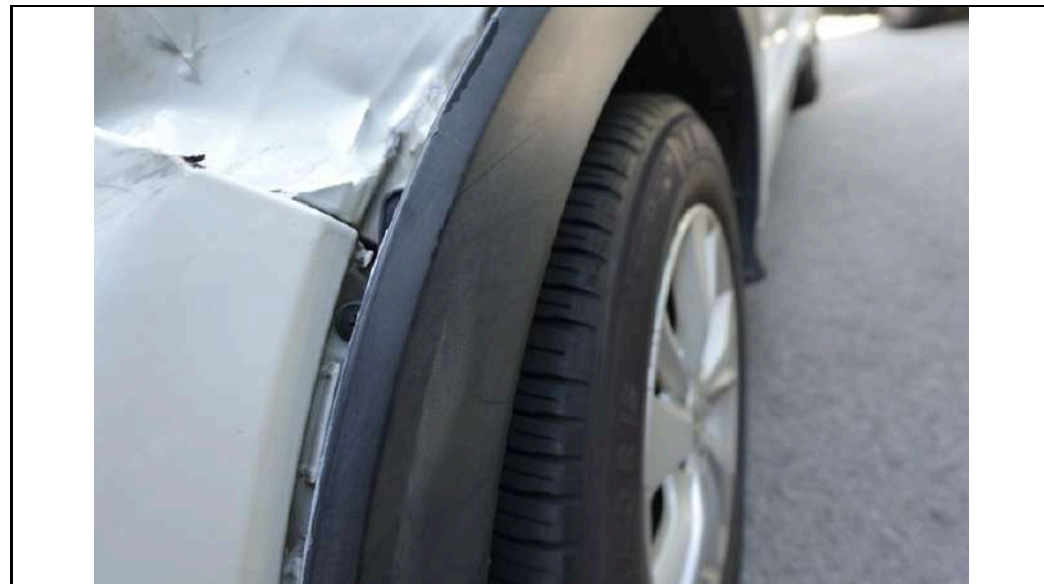
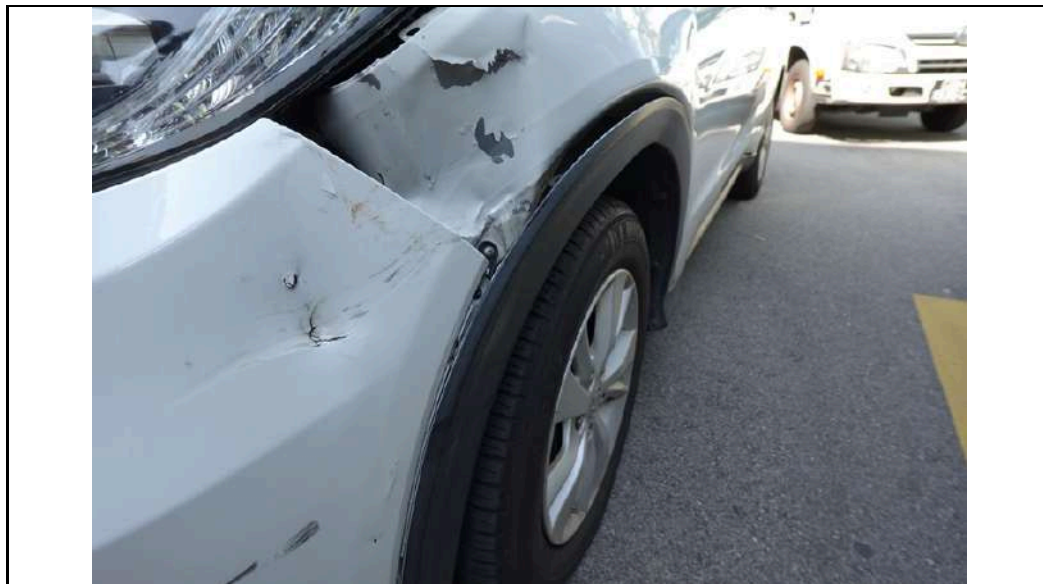
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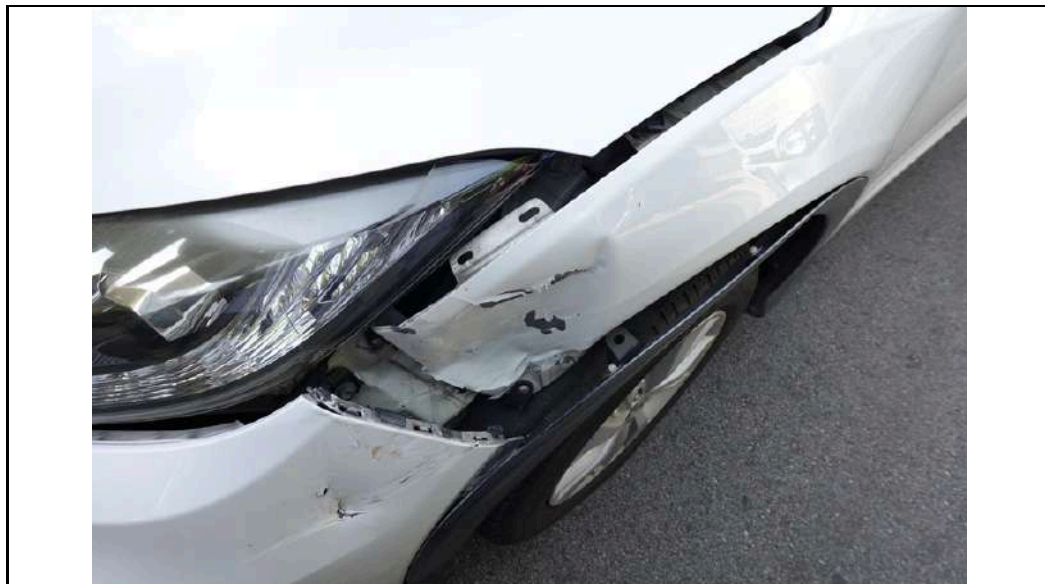
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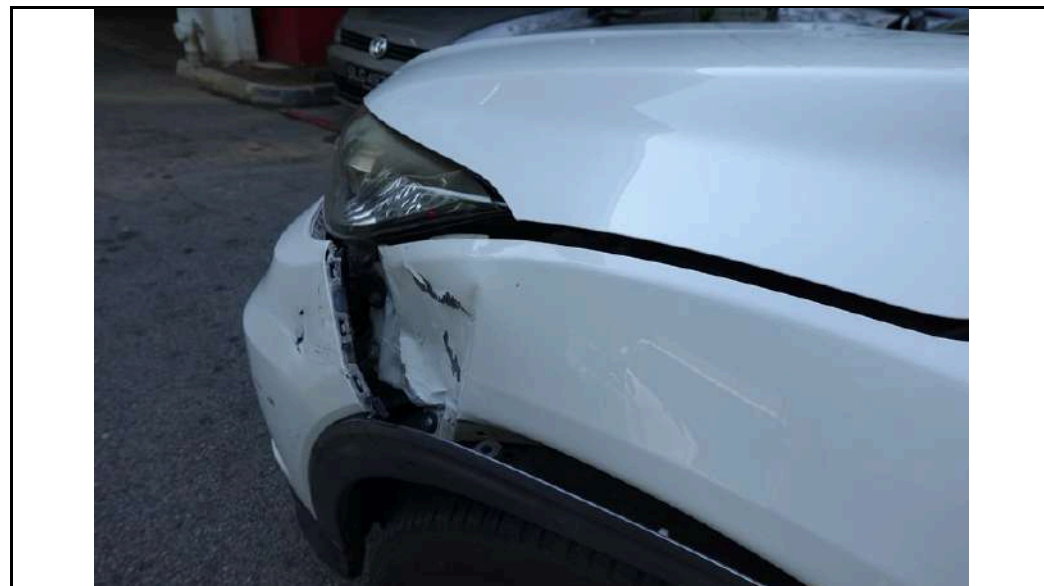
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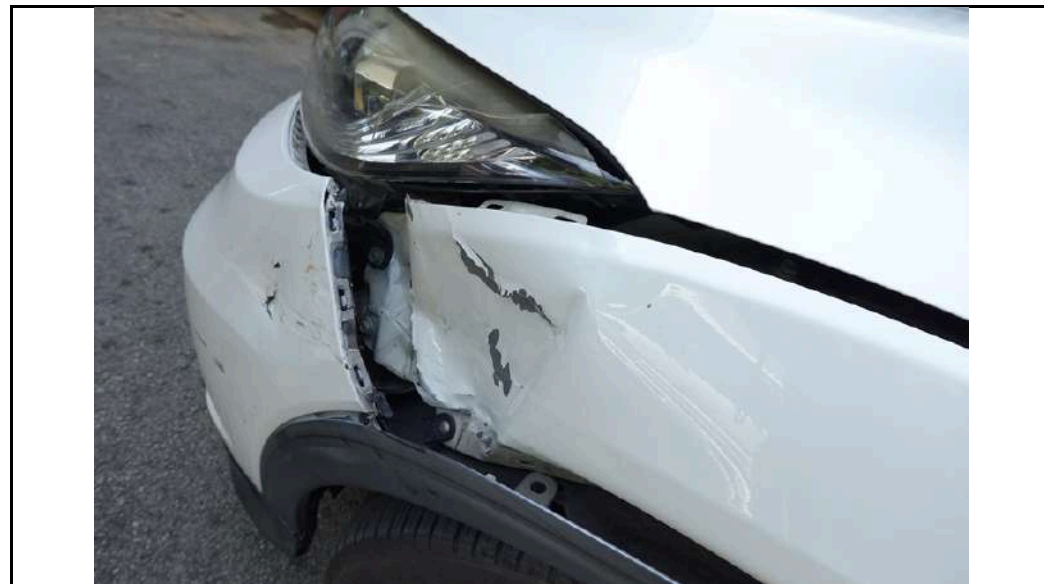
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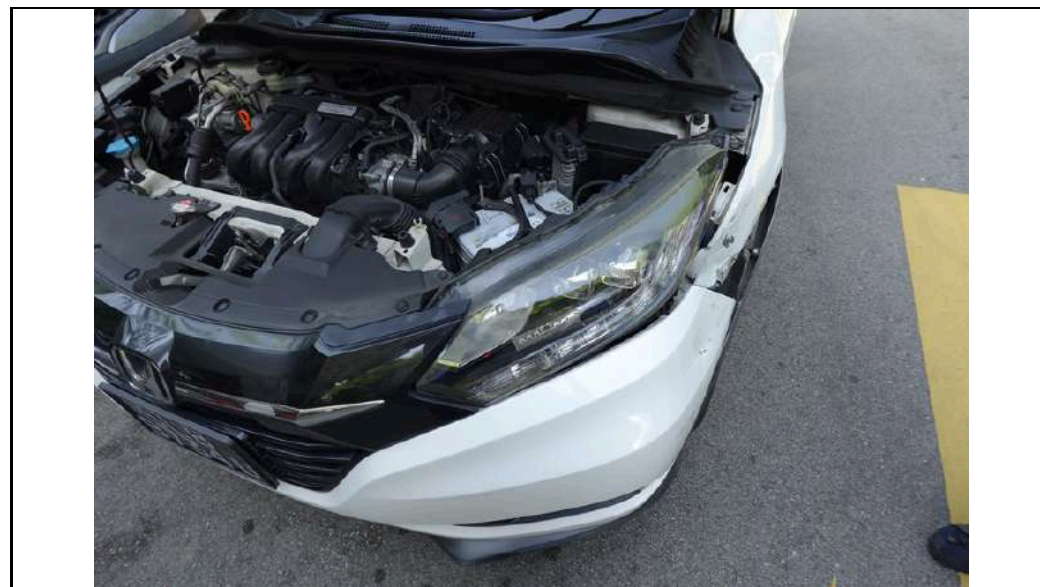
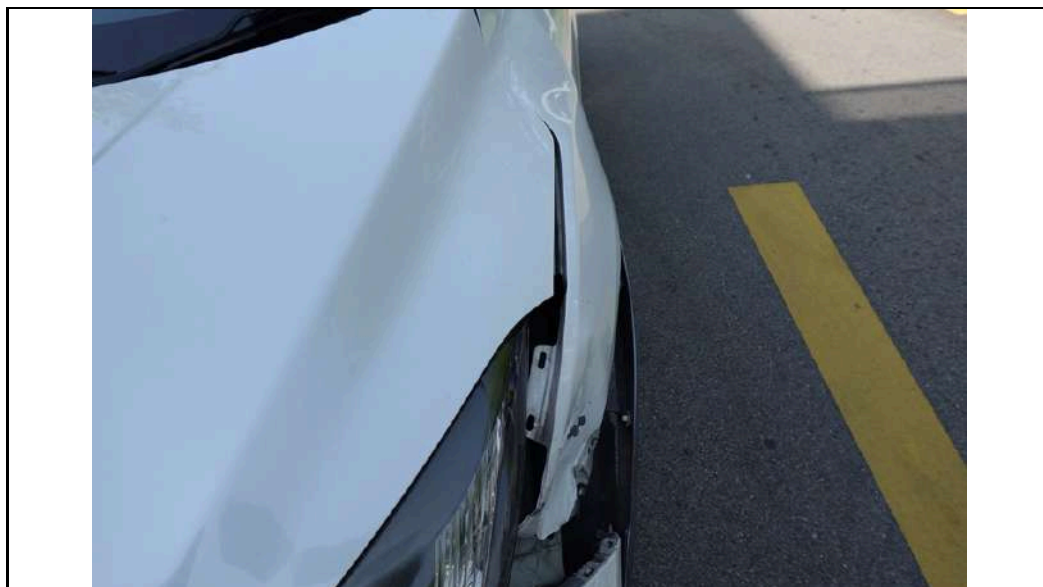
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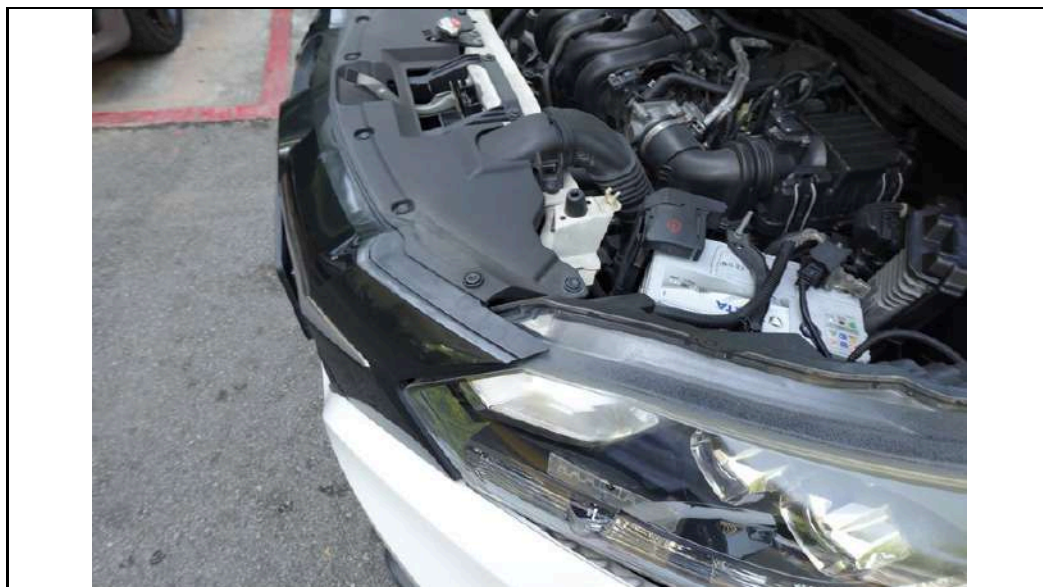
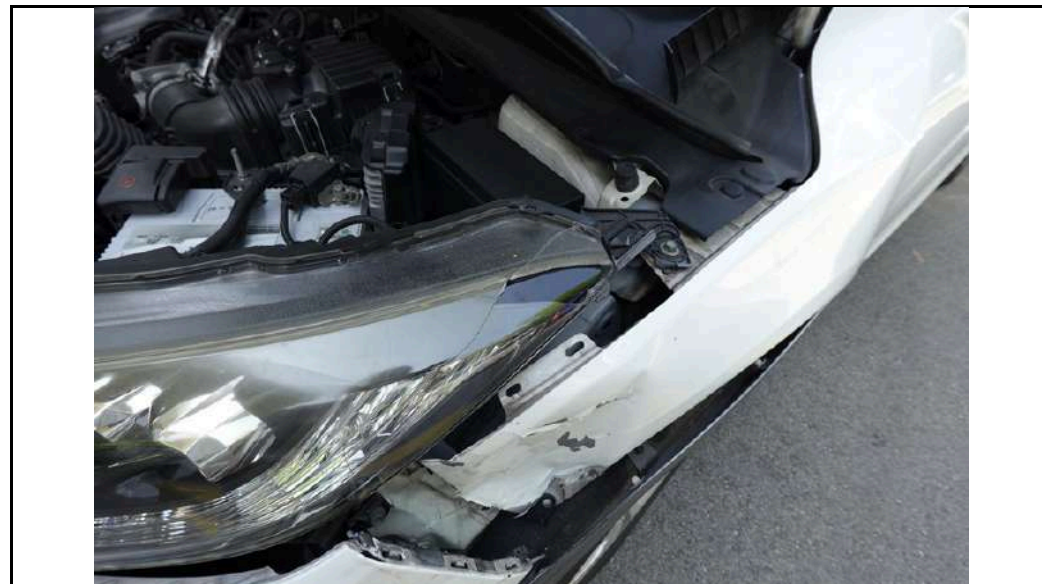
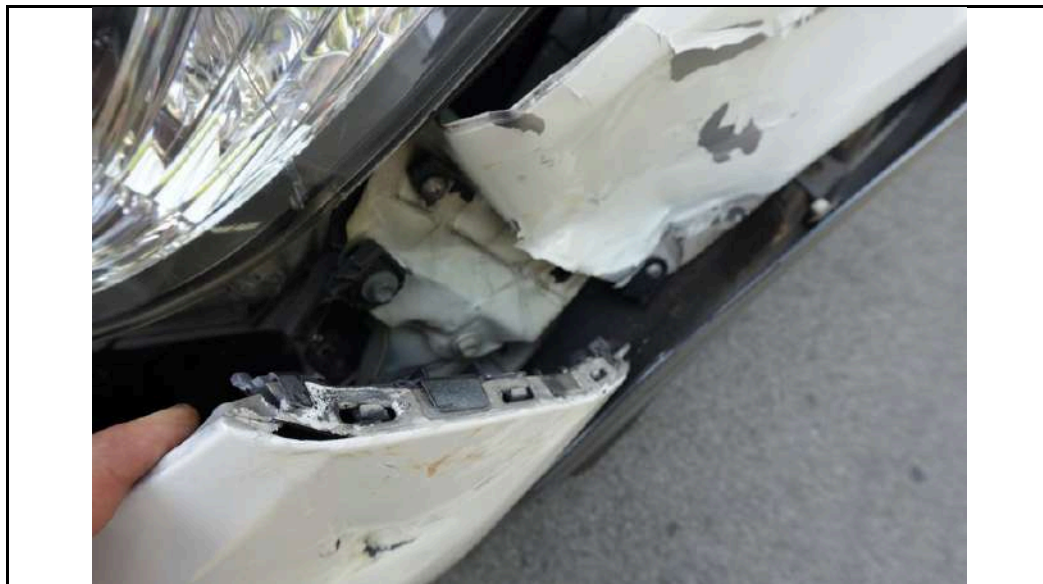
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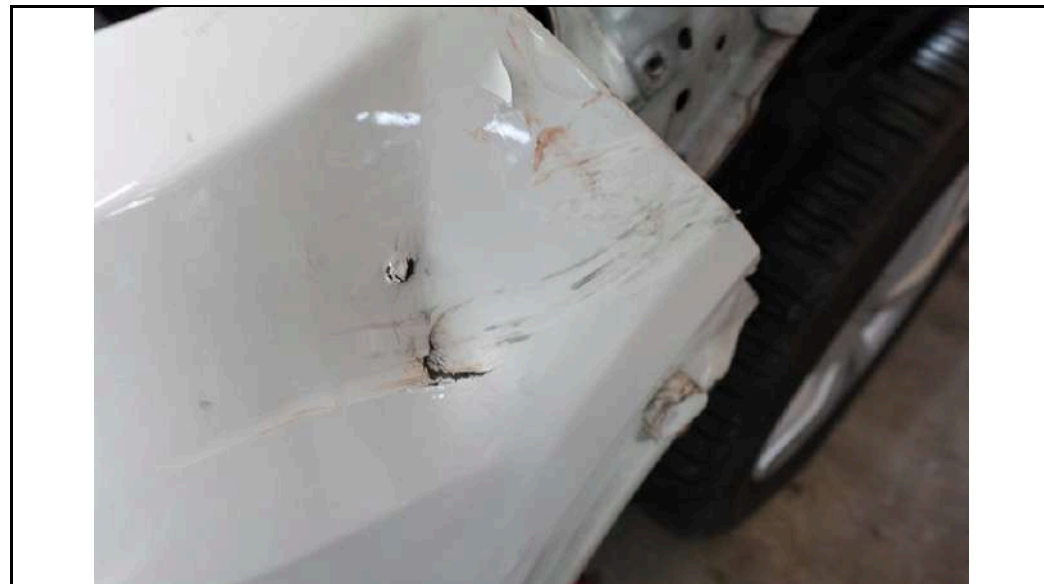
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REINSPECTION PHOTOS (Page 2 of 2)

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