

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. AC2007440

INV Date 06/11/2020

Reference CC3/EQI20011228/Kqf3e2

Code EQ1

PROFESSIONAL SERVICE FEE

Vehicle No. SJN 8576K

Insured Veh. SKW 8948L

Claim No. DM20HO01491/SG

Policy No.

Accident Date 11/10/2020

Inspection Date 14/10/2020

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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 IN	Q INSURANCE COMPANY LTD		Ref : CC3/EQI20011228/Kqf3e2		/Kqf3e2
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date :	06-11-2020		
	Code: EQI				
1.	T	Policy Particulars	1		
	Insured Veh.	SKW 8948L	1	spected	SJN 8576K
	Policy No.		Covera		0.00
	Claim No.	DM20HO01491/SG	Exces	• •	0.00
	Assign From	JOEL GOH	Assigr		14/10/2020
2.		Vehicle Partic	ulars &	Condition	
	Make & Model	TOYOTA WISH (A)	c.c		1794
	Engine No.	HIDDEN	Year o	f Reg.	2009
	Chassis No.	JTDER12W603001932	Colou	•	METALLIC GREY
	Odometer	380944	Steerin	ng	IN ORDER
	Brakes	IN ORDER	Modifi	cation	SPORTS RIM
	General	GOOD			
3.		Condition	ons of 1	Tyres	
		Size	Make		Balance
	R/H Front Tyre	205/55 R16	WEST	_AKE	9 mm
	L/H Front Tyre	205/55 R16	WEST	_AKE	9 mm
	R/H Rear Tyre	205/55 R16	WEST	_AKE	9 mm
	L/H Rear Tyre	205/55 R16	WEST	_AKE	9 mm
4.		Description	on of Da	ımages	
	THE VEHICLE SU	STAINED DAMAGES AT THE FRO	ONT POP	RTION.	
	DAMAGES SEE D	ETAILS.			
5.					
	Accident Date	11/10/2020	Inspec	tion Date	14/10/2020
	Survey held at	LOH HENG			
		BLK 176 #03-08 SIN MING DRIVE SINGAPORE 575721			
5a.		Re	emarks		
	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 NORI	MAL PERIOD FOR REPAIR:	ESTIMATED NORMAL PERIOD FOR REPAIR: 6 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJN 8576K

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BONNET	BENT	887.50	849.30
1	BONNET CHROME MOULDING	CRACKED	228.90	228.90
1	FRONT BONNET LOCK	BENT	104.60	104.60
1	FRONT BONNET HINGE RIGHT	DISTORTED	74.60	74.60
1	FRONT BONNET HINGE LEFT	DISTORTED	74.60	74.60
1	BONNET CABLE	SERVICEABLE	58.70	-
1	FRONT BUMPER	BENT	601.90	527.00
2	FRONT BUMPER RETAINER (RIGHT AND LEFT) @\$87.00	DISTORTED	174.00	174.00
1	FRONT BUMPER GRILL	CRACKED	274.10	167.30
1	FRONT BUMPER REINFORCEMENT	BENT	547.00	319.20
10	PANEL GARNISH CLIPS	NECESSARY	40.00	40.00
1	FRONT BUMPER SPONE	CRACKED	128.40	128.40
1	FRONT BUMPER GARNISH	CRACKED	93.00	93.00
1	BRACE PANEL FRONT	BENT	189.50	189.50
1	HEADLAMP RIGHT	MTG CRACKED	1,214.60	861.90
1	HEADLAMP LEFT	MTG CRACKED	1,214.60	861.90
1	FRONT SUPPORT PANEL	BENT	1,325.30	1,018.60
1	RADIATOR	BENT	1,685.00	1,543.00
1	AIR CON FAN MOTOR	SERVICEABLE	375.00	-
1	RADIATOR FAN MOTOR	JAMMED	375.00	375.00
1	RADIATOR COWLING	CRACKED	241.00	241.00
1	RADIATOR TOP GARNISH	DENTED	123.70	123.70
1	AIR CON CONDENDER	BENT	1,980.60	1,488.00
1	AIR CON DISCHARGE PIPE	BENT	394.10	366.00
1	AIR CON LIQUID PIPE	DENTED	547.00	408.00
1	AIR CON SUCTION PIPE	SERVICEABLE	375.00	-
	LESS 25% DISCOUNT		-3,331.93	-2,564.38
			9,995.77	7,693.12
	SPECIAL NETT ITEMS			
1	NO PLATE WITH CASING (SN)	BENT	60.00	45.00

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7,600.00

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
			60.00	45.00
	<u>LABOUR</u>			
	TO REMOVE AND REPLACE NEW PARTS, RESTRENGTHEN INNER CHASIS, FRONT SUPPORT PANEL, LOWER PANEL. REALIGNMENT BODY STRUCTURE.		1,100.00	700.00
	TO REMOVE AND REPLACE AIR-CON CONDENSER, REFILL AIR-CON GAS.		200.00	100.00
	REMOVE AND REPLACE WIRING HARNESS.	NOT NECESSARY	550.00	-
	TO RESPRAY + PUTTY ON DAMAGED PARTS.		1,100.00	900.00
	TOWING TO WORKSHOP.		60.00	50.00
	UNDER COATING AFTER REPAIR.		150.00	60.00
			3,160.00	1,810.00
	GRAND TOTAL		13,215.77	9,548.12

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RECOMMENDED COST OF LUMP SUM REPAIRS

(TO ITS PRE-ACCIDENT CONDITION)

KONG SENG CHEONG

Licensed Appraiser

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 wilful misrepresentation or witholding of material facts may allow insurance companies to requiring policy links. 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

	ACCIDENT STATEMENT	
Date Of Report	12/10/2020 11:39	
Date Of Accident	11/10/2020 18:45	
Exact Location Of Accident	INFRONT OF NO 47 JALAN BUROH (JURONG)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN8576K	
Insured/Policyholder		
Name Of Registered Owner	ONG KENG LEONG	
NRIC No	SXXXX016B	
Email Address	ONGKENGLEONG63@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96734204	
Alternative Phone No	OFFICE-NOPHONE	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	WISH 1.8 AUTO	
exact Purpose for which vehicle was being used me of accident	at PRIVATE HIRED	
re you claiming under your own insurance polic or repair to your vehicle?	y NO	
No, Please state action to be taken	THIRD PARTY	
ehicle Category	PRIVATE HIRE	

Insurance Company

FWD SINGAPORE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

PNCV2019-00000511-01 Policy Number 02/09/2020 TO 01/09/2021 Cover Note Number

Driver

ONG KENG LEONG Name of Driver

NRIC No SXXXX016B Date Of Birth 06/04/1963 Occupation **OUTDOOR** Date Of Driving Pass 08/01/1981

Driving Experience 39 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96734204

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address ONGKENGLEONG63@GMAIL.COM

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BLK 116 MARSILING RISE

ostcode

#01-376

730116

Was driver an employee of the Insured's Company NO

No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE WAS OVERRIDE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKW8948L

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

YONG CHEN THONG

NRIC/Passport Number

SXXXX588C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan Pg. 2

Date of accident: いいつつ		Jalan Burch (Jurony)
My Vehicle A: SJN 8576K	Vehicle B: SKW 8948L	Vehicle C:
SKETCH PLAN		
47 Jalan Buroh	A L	Jalan Buruh
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
While driv	ing along Jalan Burch	47, my vehicle
	0 0	1 1 D
was going strigh	f in my own lane. Th	he vehicle B
suldently turn	into my lane and bang	into the frunt of
my vehicle.		
Remarks: Please forward a cop My workshop: M/S Lob h	otor Claim OD/(Pat other works y of my efile accident report to: eng 0308 (Byahoo. Com. Se)	hop Reporting Only
Note: Please take note that you you own policy. Kindly check wi	r insurer have 14 days timeframe for you to th your own insurer for more information.	submit own damage claim under
DECLARATION I/We declare the foregoing particulars a	re true in every respect.	OR CO. TONIN
Policyholder's Signature Date & Time: GIARMC SteichPlanForm_V3	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: 2 10 2020 APPLIES MOTOR COMPANY



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PHOTOGRAPHS FOR VEHICLE NO. SJN 8576K

INSPECTION















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RE-INSPECTION

