



## 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. AC2007748  
INV Date 18/11/2020  
Reference CS/EQI20012041/R1vd3e2  
Code EQI



### PROFESSIONAL SERVICE FEE

Vehicle No. SMN 8049E  
Insured Veh. SLE 6612B  
Claim No. DM20HO01622/JT  
Policy No.  
Accident Date 28/10/2020  
Inspection Date 09/11/2020

Description	Total
Survey Inspection	160.00
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (7%)</b>	<b>11.20</b>
<b>Grand Total</b>	<b>171.20</b>

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 INSURANCE COMPANY LTD

Ref : CS/EQI20012041/R1vd3e2

5 MAXWELL ROAD  
#17-00 TOWER BLOCK  
MND COMPLEXSINGAPORE 069110

Date : 18-11-2020



Code : EQI

### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b>	SLE 6612B	<b>Veh. Inspected</b>	SMN 8049E
<b>Policy No.</b>		<b>Coverage (\$)</b>	0.00
<b>Claim No.</b>	DM20HO01622/JT	<b>Excess (\$)</b>	0.00
<b>Assign From</b>	JAIME TAY	<b>Assign Date</b>	03/11/2020

### 2. Vehicle Particulars & Condition

<b>Make &amp; Model</b>	MITSUBISHI ATTRAGE 1.2 CVT	<b>c.c</b>	1193
<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2019
<b>Chassis No.</b>	MMBSTA13AKH001716	<b>Colour</b>	BLACK
<b>Odometer</b>	21388	<b>Steering</b>	IN ORDER
<b>Brakes</b>	IN ORDER	<b>Modification</b>	SPORTS RIM
<b>General</b>	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
<b>R/H Front Tyre</b>	185/55 R15	BRIDGESTONE	5 mm
<b>L/H Front Tyre</b>	185/55 R15	BRIDGESTONE	5 mm
<b>R/H Rear Tyre</b>	185/55 R15	BRIDGESTONE	5 mm
<b>L/H Rear Tyre</b>	185/55 R15	BRIDGESTONE	5 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

<b>Accident Date</b>	28/10/2020	<b>Inspection Date</b>	09/11/2020
<b>Survey held at</b>	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD 209 PANDAN GARDENS SINGAPORE 609339		

### 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	<b>4 Working Days</b>
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMN 8049E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FACE,RR BUMPER (SN)	DEFORMED	748.00	748.00
1	BRACKET,RR BUMPER,RH (SN)	SERVICEABLE	28.00	-
1	BRACKET,RR BUMPER,LH (SN)	SERVICEABLE	28.00	-
1	MARK,THREE-DIA (SN)	NECESSARY	69.00	69.00
1	MARK,ATTRAGE (SN)	NECESSARY	21.00	21.00
1	SUNDRY (SN)	NECESSARY	20.00	20.00
			914.00	858.00
	<b><u>LABOUR</u></b>			
	RENEW REAR BUMPER,REPAIR REAR AIRDAM,BOOTLID.		1,650.00	960.00
	REMOVE & INSTALL PARKING SENSOR.		100.00	100.00
	SPRAY PAINT FOR REAR AIRDAM,REAR BUMPER,BOOTLID.		1,680.00	1,650.00
	CHECK WIRING & ELECTRICAL SYSTEM.		30.00	30.00
	TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST.		200.00	200.00
			3,660.00	2,940.00
<b>GRAND TOTAL</b>			<b>4,574.00</b>	<b>3,798.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>3,798.00</b>

Report Ref No. CS/EQI20012041/R1vd3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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 contract or tort, is accepted to any third party who may rely 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

### NOTICE

1. Correctly the details of the accident to speed up the claims process.
2. This report 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 withholding of material facts may allow insurance companies to state 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 Report	29/10/2020 10:43
Date Of Accident	28/10/2020 11:35
Exact Location Of Accident	BUONA VISTA FLYOVER EXIT TO AYE (TOWARDS CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8049E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUM E-SHAN
NRIC No	SXXXX256G
Email Address	CELESTELUM@LIVE.COM
Mobile Phone No	(LOCAL) +65-97966331
Alternative Phone No	OTHERS-97966331

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO TPY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00687460/01
Cover Note Number	

### Driver

Name of Driver	LUM E-SHAN
NRIC No	SXXXX256G
Date Of Birth	01/02/1976
Occupation	INDOOR
Date Of Driving Pass	22/03/2006
Driving Experience	14 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97966331
Fax Number	
Contact Number	OTHERS-97966331
Email Address	CELESTELUM@LIVE.COM

14 CHIOA CHU KANG GROVE #12-37

688209

Employee of the Insured's Company NO

Relationship of the Driver with the Insured OWNER

Registration Number of Driver's Own

-

-

-

Insurance Company of Driver's Own Vehicle

-

-

-

### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING

Road Surface WET

### 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  
ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)  
soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 3

Passenger 1

NAME: : LOY HENG

GENDER: : MALE

Passenger 2

NAME: : TAN AH MOY

GENDER: : FEMALE

### 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 ATTACHMENT

### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number SLE6612B

Vehicle Make/Model/Colour MAZDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver XIA DONG

NRIC/Passport Number SXXXX594B

Contact Number 90683385

Address

Postcode




## 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 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. 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 lodgment 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)**

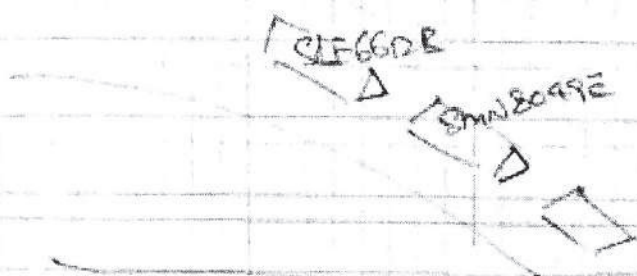
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



AVE → Changi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened on the filter in line to AVE towards Changi.  
I slow down and stopped behind the car in front of my car, queue  
to enter into AVE. SLEGGOR hit into my car back at this moment.  
After drive off, SLEGGOR driver texted to apologise for the incident.

Time of accident: 11:35hrs, 28 Oct 2020

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 & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





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PHOTOGRAPHS FOR VEHICLE NO. SMN 8049E

INSPECTION





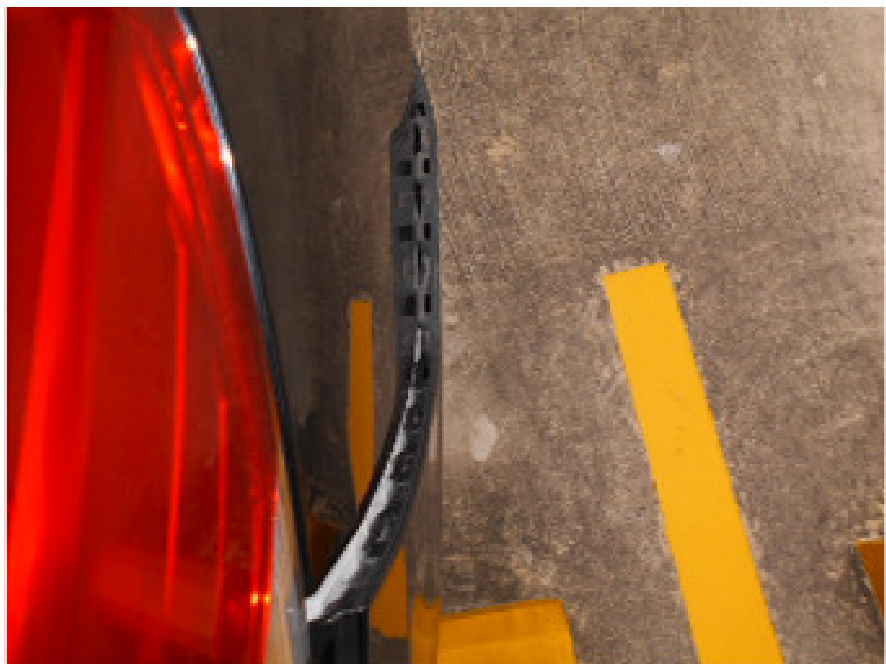
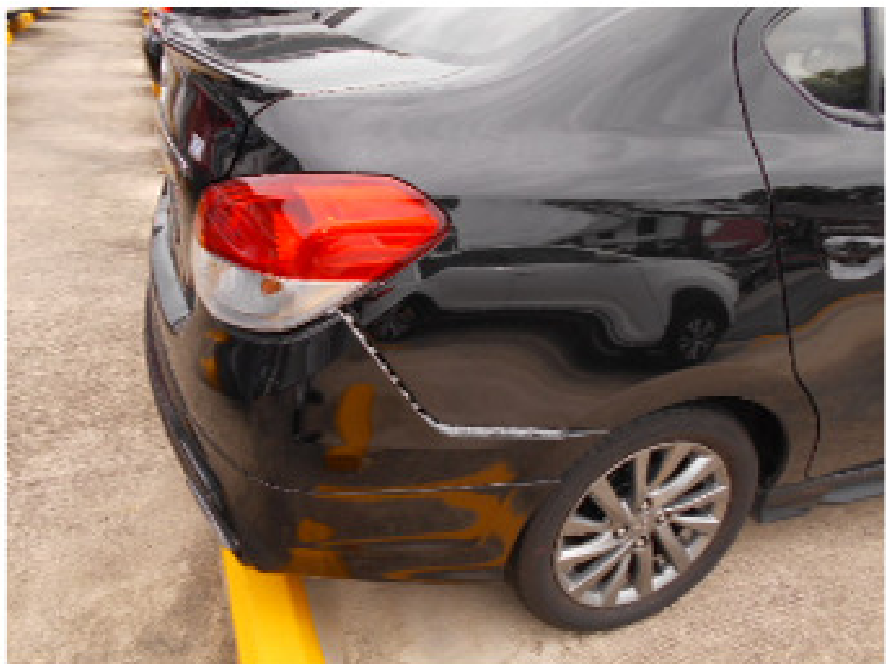


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