



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. AC2008036
INV Date 30/11/2020
Reference CC3/EQI20012646/Uvf3e2
Code EQI



PROFESSIONAL SERVICE FEE

Vehicle No. SMM 1298D
Insured Veh. GBD 9679M
Claim No. DM20HO01658/JG
Policy No. DMCPHQ20-002644
Accident Date 08/11/2020
Inspection Date 17/11/2020

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 INSURANCE COMPANY LTD		Ref : CC3/EQI20012646/Uvf3e2		
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 30-11-2020		
		Code : EQI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBD 9679M	Veh. Inspected	SMM 1298D	
Policy No.	DMCPHQ20-002644	Coverage (\$)	0.00	
Claim No.	DM20HO01658/JG	Excess (\$)	0.00	
Assign From		Assign Date	17/11/2020	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ E200 (A)	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	WDD2120342B296560	Colour	RED	
Odometer	118223	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/40 R18	BRIDGESTONE	6 mm	
L/H Front Tyre	245/40 R18	BRIDGESTONE	6 mm	
R/H Rear Tyre	265/35 R18	BRIDGESTONE	6 mm	
L/H Rear Tyre	265/35 R18	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	08/11/2020	Inspection Date	17/11/2020	
Survey held at	FASTECH AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883			
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. SMM 1298D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT DOOR N/S	DENTED / BENT	2,840.00	2,145.32
1	FRONT DOOR OUTER HANDLE N/S	TO REPAIR SEE LABOUR	325.00	-
1	FRONT DOOR INNER LOCK N/S	SERVICEABLE	420.00	-
1	FRONT DOOR INNER RUBBER N/S	NECESSARY	399.00	291.00
1	FRONT DOOR GLASS OUTER CHROME MOULDING N/S	NECESSARY	288.00	250.00
1	FRONT DOOR FRAME OUTER CHROME MOULDING N/S	NECESSARY	362.00	315.00
1	REAR DOOR N/S	DENTED / BENT	2,650.00	2,120.00
1	REAR DOOR OUTER HANDLE N/S	NOT NECESSARY	320.00	-
1	REAR DOOR INNER LOCK N/S	NOT NECESSARY	415.00	-
1	REAR DOOR INNER RUBBER N/S	NECESSARY	388.00	290.00
1	REAR DOOR GLASS OUTER CHROME MOULDING N/S	NECESSARY	285.00	248.00
1	REAR DOOR FRAME OUTER CHROME MOULDING N/S	NECESSARY	350.00	315.00
1	REAR FENDER N/S	TO REPAIR SEE LABOUR	2,650.00	-
1	SET REAR WINDSCREEN REPAIR KIT	NOT NECESSARY	250.00	-
1	REAR WHEEL HUB BEARING N/S	NOT NECESSARY	395.00	-
1	REAR SHOCK ABSORBER N/S	NOT NECESSARY	415.00	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	1,415.00	-
	LESS 10% DISCOUNT		-	-597.43
			14,167.00	5,376.89
<u>SPECIAL NETT ITEMS</u>				
1	REAR SPORT RIM N/S (SN)	CUT	1,200.00	800.00
			1,200.00	800.00
<u>LABOUR</u>				
	TO CHECK WIRING.		50.00	20.00
	TO TRANSFER BOTH DOOR MECHANISM.		180.00	120.00
	TO DISMANTLE & REFIX REAR WINDSCREEN.	NOT NECESSARY	150.00	-
	TO DISMANTLE & REFIX CUSHION UPHOLSTERY.		120.00	80.00
	TO RESET & REPROGRAMME SYSTEM.		150.00	50.00

Report Ref No. CC3/EQI20012646/Uvf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CONDUCT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	60.00
	TO DISMANTLE & REFIX REAR UNDERCARRIAGE.		150.00	-
	LABOUR FOR PANEL BEATING & REPLACED PARTS.INCLUSIVE OF THE REPAIR OF FRONT DOOR OUTER HANDLE N/S,REAR FENDER N/S AND REAR BUMPER.		1,000.00	580.00
	TO PUTTY & SPRAY PAINTING.		1,500.00	800.00
			3,420.00	1,710.00
GRAND TOTAL			18,787.00	7,886.89
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,300.00

Report Ref No. CC3/EQI20012646/Uvf3e2

CHUA KANG SENG

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

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. 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	11/11/2020 10:06
Date Of Accident	08/11/2020 13:45
Exact Location Of Accident	VEERASAMY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM1298D
Insured/Policyholder	
Name Of Registered Owner	LIM SWEE KIAT
NRIC No	SXXXX974I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96874385
Alternative Phone No	OTHERS-94813808

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 (R18)-2.0 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS012104
Cover Note Number	

Driver

Name of Driver	LIU JUNNONG VINCENT
NRIC No	SXXXX504I
Date Of Birth	19/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1999
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94813808
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	327 SEMBAWANG CRESCENT #01-26
Postcode	750327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : VICKY LEONG GENDER: : FEMALE
Passenger 2	NAME: : JAYVIER GENDER: : MALE

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

ON 08/11/20 AT AROUND 1.45PM, I WAS DRIVING STRAIGHT ALONG VEERASAMY ROAD AND I SAW VEH B STATIONARY AT THE LEFT LANE WITH HAZARD LIGHT ON. AS I DROVE PAST HIM, HE SUDDENLY REVERSED HIS LORRY AND TRY TO TURN INTO PARKING ON THE LEFT SIDE AND HIT MY LEFT SIDE.

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	GBD9679M
Vehicle Make/Model/Colour	TOYOTA DYNA / SILVER
Details Of Properties	VEH B
Vehicle Category	GOODS VEHICLE
Name of Driver	MURUGAIAH SHANMUGAUDEL
NRIC/Passport Number	GXXXX350R
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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.

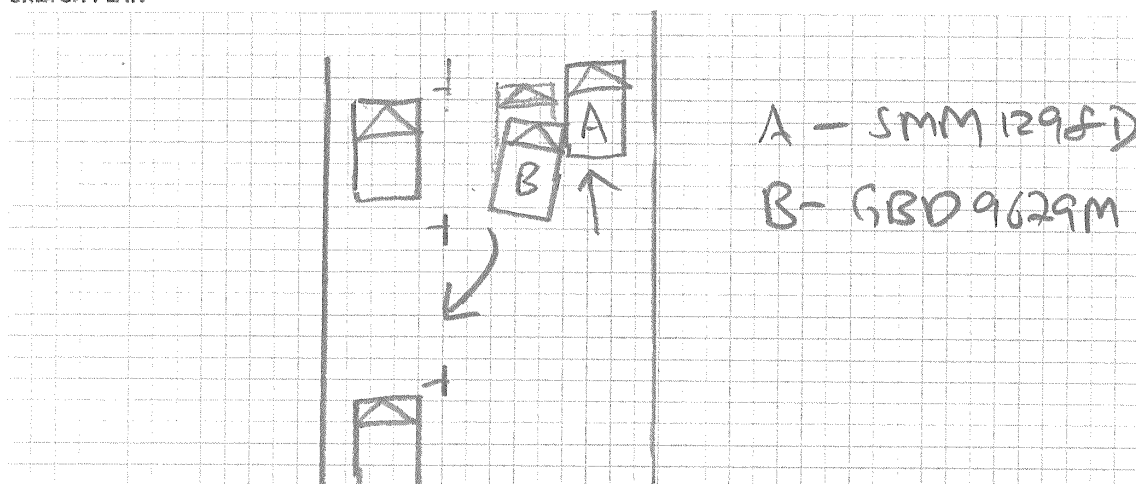
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 02/11/20 at around 1:45pm, I was driving straight along Veeravany Road and I saw Mr R stationary at the left lane with hazard light on. As I drove past him, he suddenly reversed his car and ~~turning~~ to turn into parking on the left side and hit my left side.

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)

Reporting Centre Personnel's Signature
Name:



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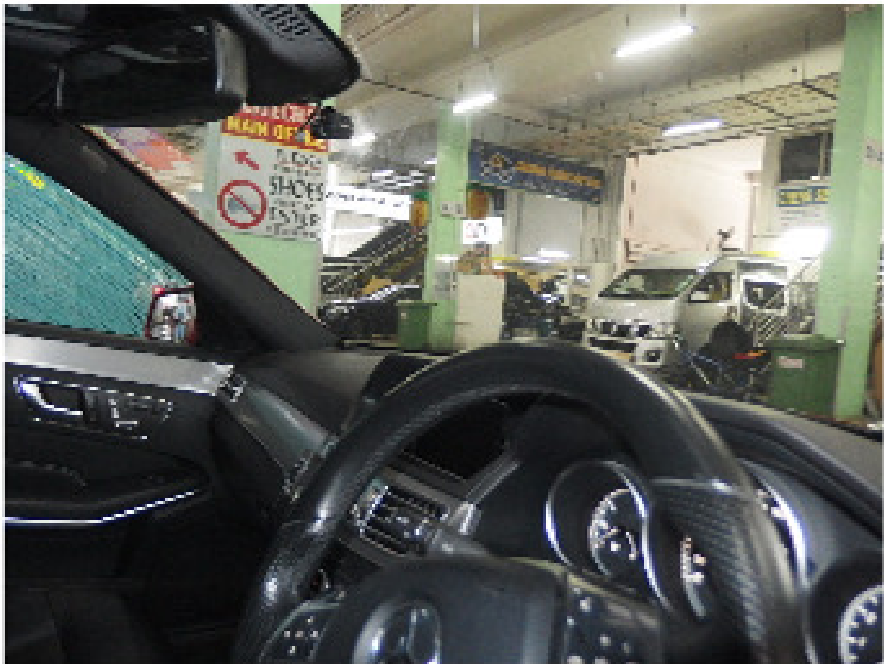
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PHOTOGRAPHS FOR VEHICLE NO. SMM 1298D

INSPECTION





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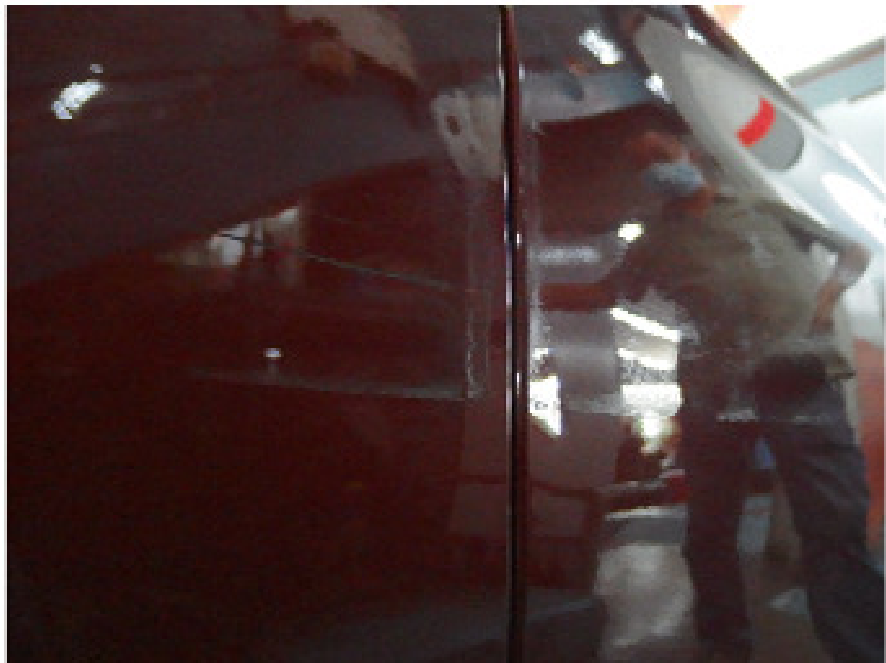
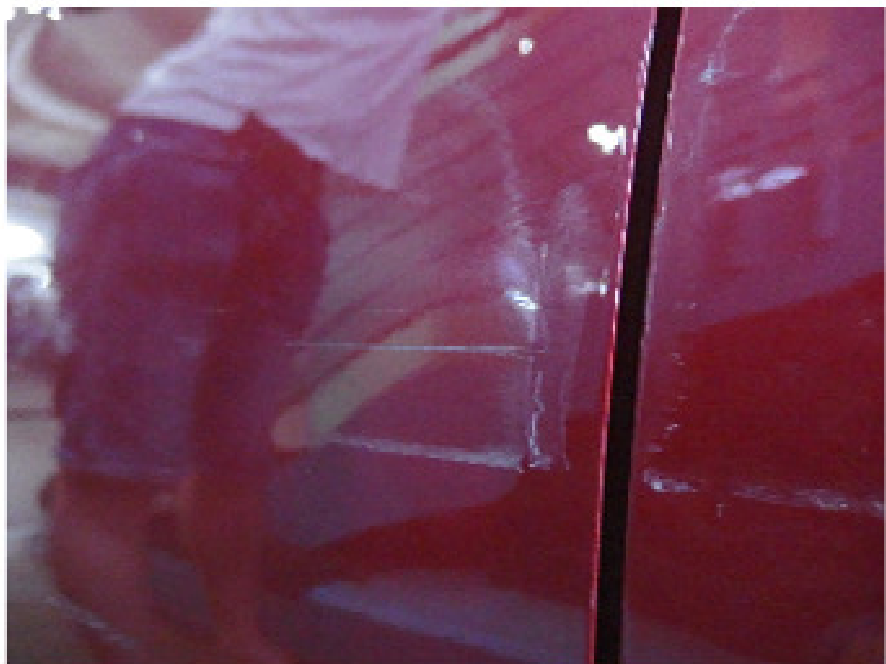


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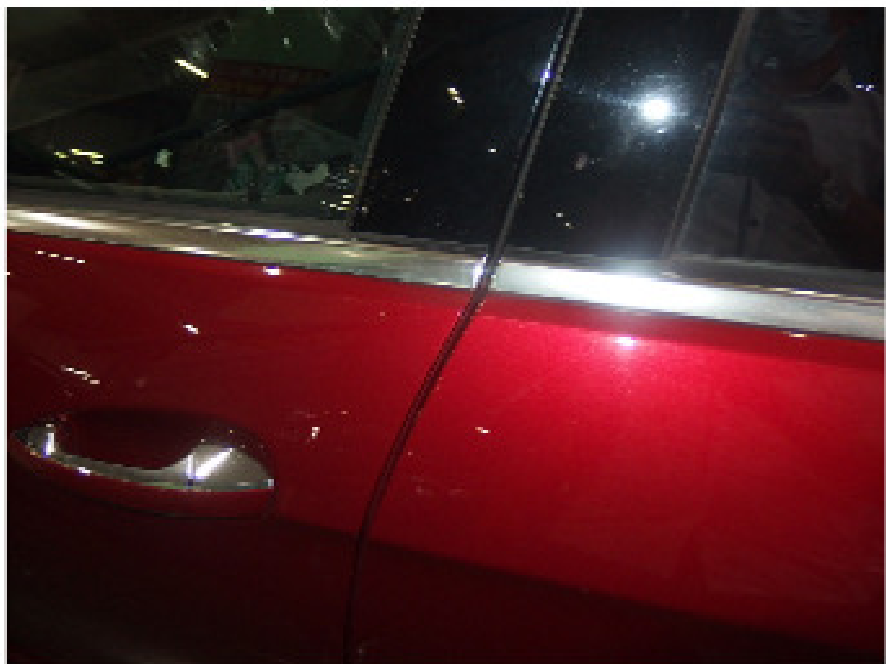
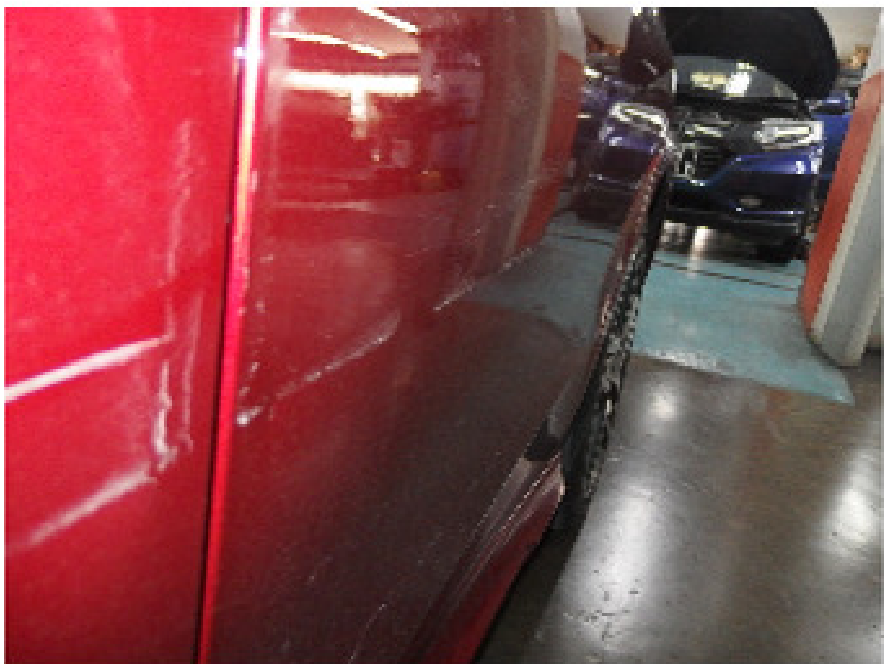
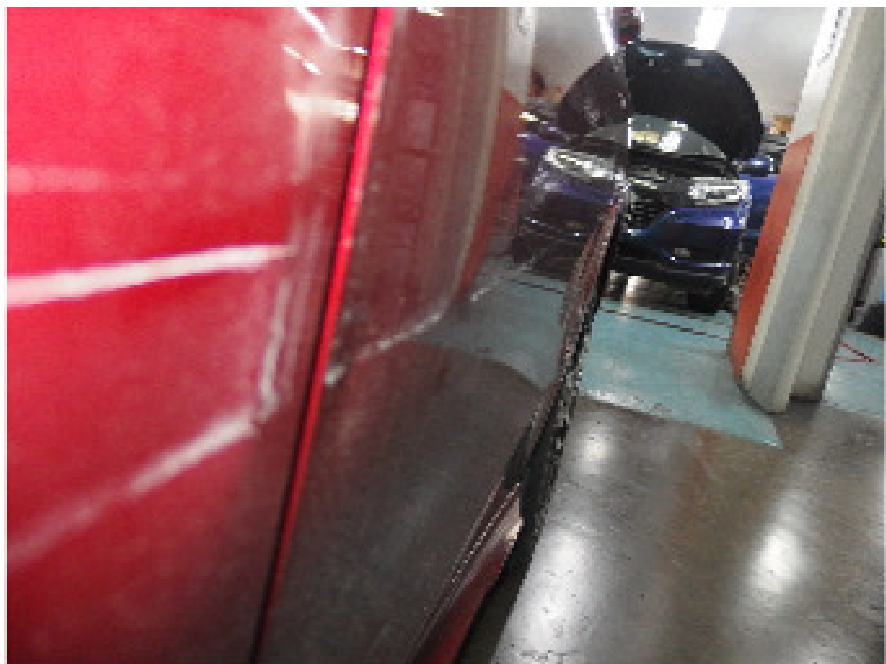


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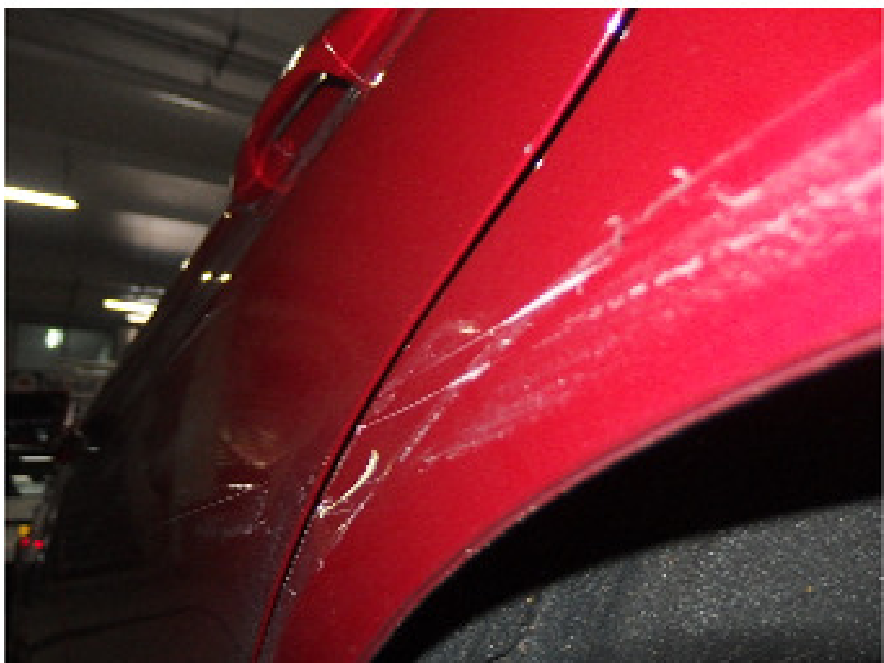


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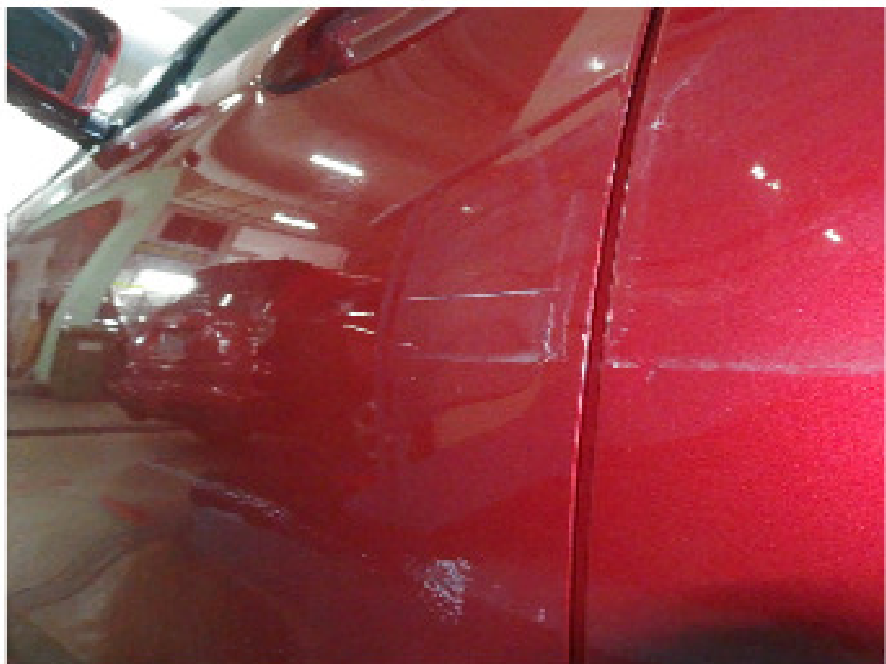
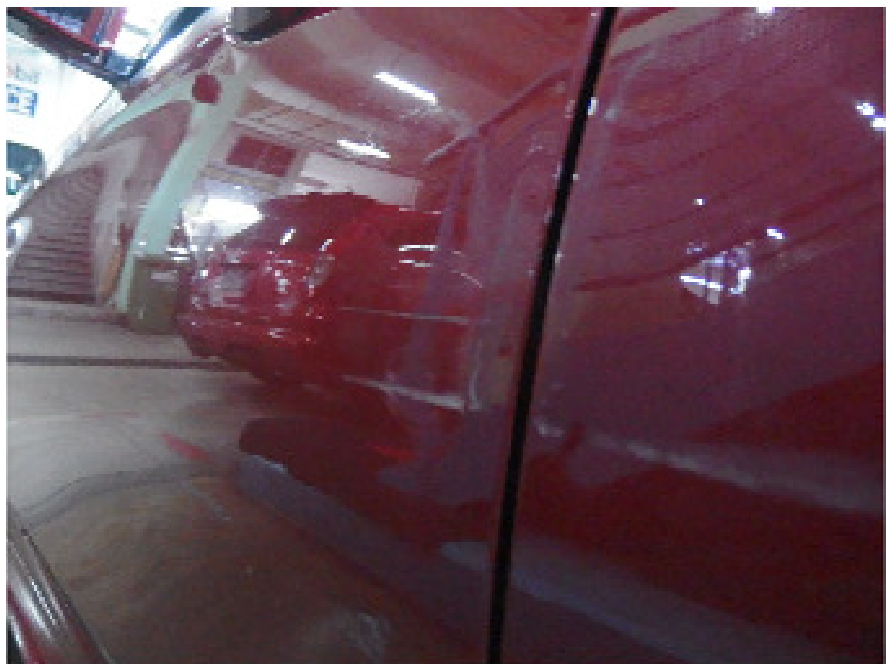


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RE-INSPECTION

