



## 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. AC2008629

INV Date 30/12/2020

Reference CS/EQI20013339/Uvd3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SF 3839X

Insured Veh. SLU 4185X

Claim No. DM20HO01797/JT

Policy No.

Accident Date 28/11/2020

Inspection Date 04/12/2020

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
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 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110			Ref: CS/EQI20013339/Uvd3e2 Date: 30/12/2020 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLU 4185X	Veh. Inspected	SF 3839X	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM20HO01797/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	03/12/2020	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MORRIS MINO	c.c	918	
Engine No.	HIDDEN	Year of Reg.	1951	
Chassis No.	SMM115776	Colour	WHITE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	165/70 R14	YOKOHAMA	6 mm	
L/H Front Tyre	165/70 R14	YOKOHAMA	6 mm	
R/H Rear Tyre	165/70 R14	YOKOHAMA	6 mm	
L/H Rear Tyre	165/70 R14	YOKOHAMA	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	28/11/2020	Inspection Date	04/12/2020	
Survey held at	HOCK WAH MOTOR WORKSHOP PTE LTD 3011 BEDOK INDUSTRIAL PARK E #01-2008 SINGAPORE 489977			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			4 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SF 3839X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BOOTLID (N)	BADLY DENTED	2,000.00	1,680.00
1	BOOTLID LOCK (N)	NOT NECESSARY	100.00	-
1	BOOTLID OUTER LOCK (N)	CRACKED	100.00	100.00
1	BOOTLID LOGO (N)	NOT NECESSARY	250.00	-
1	REAR BUMPER (N)	BENT	1,500.00	1,200.00
1	REAR BUMPER BRACKET RH (N)	NOT NECESSARY	90.00	-
1	REAR BUMPER BRACKET LH (N)	NOT NECESSARY	90.00	-
1	REAR BUMPER CHROME (N)	CRACKED	320.00	320.00
8	REAR BUMPER CHROME SCREW @\$15.00 (N)	NECESSARY	120.00	40.00
1	REAR BRAKE LAMP RH (N)	SERVICEABLE	200.00	-
1	REAR BRAKE LAMP CHROME COVER RH (N)	SERVICEABLE	150.00	-
1	REAR NUMBER PLATE LAMP (N)	NOT NECESSARY	100.00	-
1	BOOTLID RUBBER (N)	NOT NECESSARY	250.00	-
	LESS 10% DISCOUNT		-	-334.00
			5,270.00	3,006.00
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	END PANEL (NPA) (SN)	TO REPAIR SEE LABOUR	-	-
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	30.00	-
			30.00	-
	<b><u>LABOUR</u></b>			
	LABOUR TO REMOVE & REFIT NECESSARY PARTS. INCLUSIVE OF THE REPAIR OF END PANEL.		900.00	450.00
	SPRAY PAINT ON THE AFFECTED AREAS.		800.00	550.00
	ANTI-RUST COATING.		200.00	30.00
			1,900.00	1,030.00
	<b>GRAND TOTAL</b>		<b>7,200.00</b>	<b>4,036.00</b>



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			<b>3,200.00</b>
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Report Ref No. CS/EQI20013339/Uvd3e2

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 relying 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 Submission ..... 01/12/2020 10:43 (SGT)  
Date of Accident ..... 28/11/2020 17:40 (SGT)  
Exact Location of Accident ..... Near CTE, Singapore  
Additional Location Information ..... ALONG CTE TOWARDS THE SLIP ROAD OF ANG MO KIO AVE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SF3839X

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YOLANDA CHIN TSU-LI (YOLANDA CHEN SHULI)  
NRIC No ..... SXXXX042Z  
Email Address ..... TSU\_LI@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96815435  
Alternative Phone No ..... +65-96815435

#### VEHICLE PARTICULARS

Manufacturer ..... Morris  
Model ..... MINO  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 0083608270-16  
Cover Note Number ..... 01/05/2020 - 30/04/2021

#### DRIVER

Name of Driver ..... YOLANDA CHIN TSU-LI (YOLANDA CHEN SHULI)  
NRIC No ..... SXXXX042Z  
Date Of Birth ..... 11/04/1976

Occupation .....	Indoor
Date Of Driving Pass .....	14/03/1996
Driving experience .....	24 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96815435
Alt. Phone Number .....	+65-96815435
Email Address .....	TSU_LI@HOTMAIL.COM
Address .....	10 JALAN RIANG
Address complement .....	-
Postcode .....	358983
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	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 material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ISSAC YUEN
Gender .....	Male

#### PASSENGER 2

Name .....	FAITH YUEN
Gender .....	Female

#### 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 THE STATE DATE AND TIME, I WAS DRIVING ALONG THE SLIP ROAD EXIT OF CTE TOWARDS ANG MO KIO AVENUE 1. I HAD CHECKED ON MY RIGHT WHICH IS THE MAIN ROAD, THERE WERE ONCOMING VEHICLES, THEREFORE I APPLIED BRAKE AND CAME TO A COMPLETE STOP. SUDDENLY, I FELT AN IMPACT AND REALIZE VEHICLE B (SLU4185X) HAD HIT ONTO THE REAR OF MY VEHICLE.

#### 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	SLU4185X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YAP MIN YI, CHRISTOPHER
NRIC No	SXXXX433E
Contact Number	(Phone) +65-91444208
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


## 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.:







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### INSPECTION





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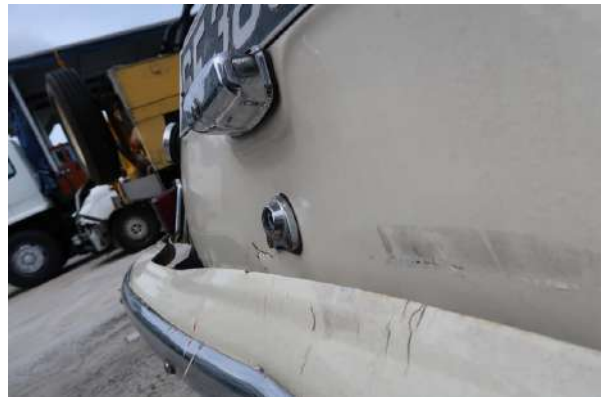


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