



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. AC2100685

INV Date 01/02/2021

Reference CS/EQI20014739/Avd3q2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SJD 1178A

Insured Veh. GBJ 1054L

Claim No. DM20HO01974-JG

Policy No.

Accident Date 26/12/2020

Inspection Date 04/01/2021

Description	Total
Survey Inspection	300.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	300.00
GST (7%)	21.00
Grand Total	321.00

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

LKM



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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/EQI20014739/Avd3q2 Date: 01/02/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBJ 1054L	Veh. Inspected	SJD 1178A
Policy No.		Coverage (\$)	0.00
Claim No.	DM20HO01974-JG	Excess (\$)	0.00
Assign From	JOEL GOH	Assign Date	30/12/2020
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA HARRIER	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTEKB3GH60J004852	Colour	WHITE
Odometer	17102 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/55 R18	BRIDGESTONE	6 mm
L/H Front Tyre	235/55 R18	BRIDGESTONE	6 mm
R/H Rear Tyre	235/55 R18	BRIDGESTONE	6 mm
L/H Rear Tyre	235/55 R18	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/12/2020	Inspection Date	04/01/2021
Survey held at	BORNEO MOTORS (S) PTE LTD 17 UBI ROAD 4 SINGAPORE 408611		
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:		6 Working Days	



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Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJD 1178A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	SUNDRIES (SN)	NECESSARY	30.00	30.00
1	COVE ,RR BUMPER (SN)	DEFORMED	904.00	904.00
1	SUPPORT ,RR BUMPER (SN)	NECESSARY	82.70	82.70
1	SUPPORT ,RR BUMPER (SN)	NECESSARY	82.70	82.70
1	COVER ,RR BUMPER (SN)	DEFORMED	466.00	466.00
10	CLIPS (SN)	NECESSARY	41.00	41.00
1	PLATE ,RR BUMPER RH (SN)	NOT NECESSARY	98.20	-
1	ABSORBER ,RR BUMPER (SN)	DEFORMED	122.60	122.60
1	REFLECTOR ASSY (SN)	NOT NECESSARY	59.80	-
1	R/RR BPR REFLECTOR ASSY (SN)	NOT NECESSARY	59.80	-
1	PANEL SUB-ASSY ,BODY (SN)	TO REPAIR SEE LABOUR	1,006.40	-
1	DAMPER ,SUSPENSION (SN)	BENT	1,343.10	1,343.10
1	PAN ,RR FLOOR (SN)	TO REPAIR SEE LABOUR	818.10	-
1	COVER ,DECK TRIM ,RR (SN)	NOT NECESSARY	438.30	-
1	BOARD ASSY ,DECK (SN)	NOT NECESSARY	885.50	-
1	BOARD SUB-ASSY (SN)	NOT NECESSARY	193.40	-
1	BOARD SUN-ASSY (SN)	NOT NECESSARY	156.50	-
1	TRAY SPARE WHEEL (SN)	NOT NECESSARY	782.20	-
1	BOX ,DECK FLOOR ,LH (SN)	NOT NECESSARY	640.50	-
1	BOX ,DECK FLOOR ,RH (SN)	NOT NECESSARY	444.20	-
1	PANEL ASSY ,DECK (SN)	NOT NECESSARY	718.00	-
1	PANEL ASSY ,DECK (SN)	NOT NECESSARY	718.00	-
1	PANEL SUB-ASSY ,BACK (SN)	DENTED	2,378.00	2,378.00
1	WEATHERSTRIP BACK (SN)	NOT NECESSARY	441.30	-
1	GLASS SUB-ASSY ,BACK (SN)	NECESSARY	1,218.20	1,218.20
1	MOULDING ,BACK (SN)	NECESSARY	51.90	51.90
1	BOARD ASSY ,BACK (SN)	NOT NECESSARY	578.50	-
1	LOCK ASSY ,BACK DOOR (SN)	NOT NECESSARY	974.00	-
1	STRIKER ASSY ,BACK (SN)	NOT NECESSARY	41.00	-

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Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	COVER ,BACK DOOR (SN)	NOT NECESSARY	31.50	-
1	EMBLEM ,SYMBOL (SN)	NECESSARY	57.30	57.30
1	PLATE ,BACK DOOR (SN)	NECESSARY	73.70	73.70
1	BADGE ASSY ,ENGINE MARK RHS (SN)	NECESSARY	17.52	17.52
1	ANTENNA ,ELECTRICAL (SN)	NOT NECESSARY	72.00	-
2	SENSOR ,ULTRASONIC (SN)	NOT NECESSARY	963.80	-
2	RETAINER ,ULTRASONIC (SN)	NECESSARY	42.60	42.60
4	RETAINER ,ULTRASONIC (SN)	NECESSARY	64.00	64.00
2	SIKA 182010 SIKA TACK GO (BLA) (SN)	NECESSARY	216.00	216.00
1	SIKA 207 G+P ADHESIVE PRIMER (SN)	NECESSARY	200.00	200.00
1	CARRIER ,SPARE (ADDITIONAL) (SN)	CRACKED	20.80	20.80
			17,533.12	7,412.12
	LABOUR			
	LABOUR FOR PLATINUM SHINEPRO & SHINE PER PANEL APPLICATION ON REAR ACCIDENT AREAS.		183.18	183.18
	DRILL HOLE & INSTALL REAR REVERSE SENSOR .		180.00	180.00
	CHECK LIGHTING & CONDUCT WATER LEAK TEST.		180.00	180.00
	REMOVE & INSTALL REAR COMPARTMENT CARPET GARNISH AND TRIMMING TO ASSIST REPAIR .		360.00	360.00
	SUPPLY SEALANT (NETT)-TAILGATE ,REAR END PANEL.		120.00	60.00
	REPLACE & INSTALL REAR WINDSCREEN GLASS .		462.00	462.00
	INSTALL REAR WINDSCREEN GLASS 3M SOLAR FILM.		350.00	350.00
	REMOVE & INSTALL REAR REVERSE CAMERA.		180.00	180.00
	TRANSFER & INSTALL COMPONENTS TO NEW TAILGATE.		360.00	360.00
	TO RESET ECU AND REPROGRAMME .		180.00	180.00
	REPLACE REAR ACCIDENT DAMAGED PARTS STRAIGHTEN & ALIGN REAR ACCIDENT AFFECTED AREAS.INCLUSIVE OF THE REPAIR OF PANEL SUB-ASSY ,BODY AND PAN ,RR FLOOR .		4,320.00	2,160.00
	RESPRAY JOB ON REAR ACCIDENT AFFECTED AREAS.		2,950.00	1,770.00
			9,825.18	6,425.18
GRAND TOTAL			27,358.30	13,837.30

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RECOMMENDED COST OF REPAIRS			13,837.30
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Report Ref No. CS/EQI20014739/Avd3q2

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 relying on this Report, in whole or in part, does so at his or her own risk.



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
17 UBI ROAD 4
SINGAPORE 408611, Tel no.: 6631 1188



TOYOTA

TAX INVOICE

Account Details		Account No.	Customer Details	
EQ Insurance Company Ltd 5 Maxell Road #17-00 Tower Block MND Complex Singapore 069110		S1000021 / ICEQI1	Mr Chong Yeow Hwee (Zhang Yaohui)	
		Document No. 39011385	6A Lincoln Road #21-13 Singapore 308366	
		Document Date 22/01/2021	Mobile: 91472072	

Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks
2019	ASU60R	ANTGT P1	30/07/2019	SJD1178A	12742	20594	67/DS/SJD1178A

Chassis No.	Engine No.	Terms	SA / Counter	Vehicle In	Collected On
JTEKB3GH60J004852	8ARZ164699	30	Sam San Joi	28/12/2020 17.22	08/01/2021 8.49

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
12	B	BP-LAB2 REPLACE REAR ACCIDENT DAMAGED PARTS STRAIGHTEN & ALIGN REAR ACCIDENT AFFECTED AREAS				2160.00
13	I	BP-RES2 RESPRAY JOB ON REAR ACCIDENT AFFECTED AR EAS				1770.00
14	1	T52159-48933 COVER, RR BUMPER	1.00	904.00		904.00
15	2	T52156-48050 SUPPORT, RR BUMPER	1.00	82.70		82.70
16	3	T52155-48050 SUPPORT, RR BUMPER	1.00	82.70		82.70
17	4	T52169-48100 COVER, RR BUMPER,	1.00	466.00		466.00
18	5	S52161-0K040 PIECE, RR BUMPER	10.00	4.10		41.00
19	6	T67005-48350 PANEL SUB-ASSY, BACK G	1.00	2378.00		2378.00
20	7	T68105-48905 GLASS SUB-ASSY, BACK	1.00	1218.20		1218.20
21	8	T75575-48040 MOULDING, BACK	1.00	51.90		51.90
22	9	T90975-02071 EMBLEM, SYMBOL	1.00	57.30		57.30
23	0	T75442-48140 PLATE, BACK DOOR	1.00	73.70		73.70
24	1	SPZQ31-13020 Badge Assy, Engine Mark RHS (AUD)	1.00	17.52		17.52
25	2	T89348-58070 A0 RETAINER, ULTRASONIC	2.00	21.30		42.60
26	3	T89348-58120 RETAINER, ULTRASONIC	4.00	16.00		64.00
27	4	T21000-20 SIKA 210002-0 TACK GO! (BLACK) SG	2.00	108.00		216.00
28	5	T21000-22 SIKA 210002-2 G+P 207 ADHESIVE PRIMER	1.00	200.00		200.00
29	6	T51931-47020 CARRIER, SPARE	1.00	20.80		20.80

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd			
	Please acknowledge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others	Less
			Amount Due

Customer Copy

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	28/12/2020 15:37 (SGT)
Date of Accident	26/12/2020 17:30 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1178A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG YEOW HWEE
NRIC No	SXXXX920G
Email Address	physchong@gmail.com
Mobile Phone No	(Phone) +65-91472072
Alternative Phone No	(Home) +65-91472072

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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 car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900130225
Cover Note Number	-

DRIVER

Name of Driver	WANG TAO
NRIC No	SXXXX862B
Date Of Birth	22/12/1982
Occupation	Indoor

Date Of Driving Pass	19/01/2011
Driving experience	9 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92260492
Alt. Phone Number	-
Email Address	physchong@gmail.com
Address	2A LINCOLN ROAD #23-08
Address complement	-
Postcode	308364
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHONG YUAN KAI
Gender	Male

PASSENGER 2

Name	CHONG JUN KAI
Gender	Male

PASSENGER 3

Name	VALDEMORO CHENG VALENZUELA
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ1054L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHUA BOON JIAT
NRIC No	SXXXX090B
Contact Number	(Phone) +65-98444516
Address	111B DEPOT ROAD #17-113
Address complement	-
Postcode	102111
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

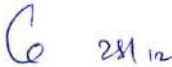
SKETCH PLAN

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.
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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:

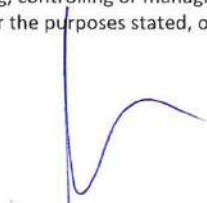
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

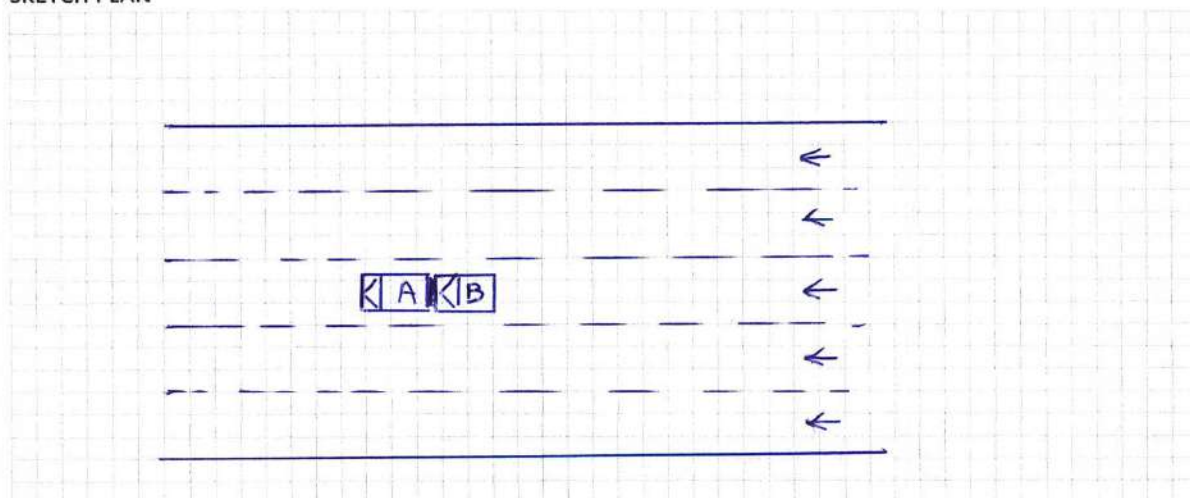


Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/12


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



- ① My car is moving along upper Thomson road north bound direction.
- ② While approaching the junction between Upper Thomson Road and Marymount Lane, I stopped the car in front of a stationary traffic. Suddenly vehicle 6B51054L driven by Chua Boon Jiat 88609090B solided into the rear of my car.

I/We declare the foregoing particulars are true in every respect.

Driver's Signature: Tao
(If driver is not the policyholder)
Date & Time: 28/12/20

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



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PHOTOGRAPHS FOR VEHICLE NO. SJD 1178A

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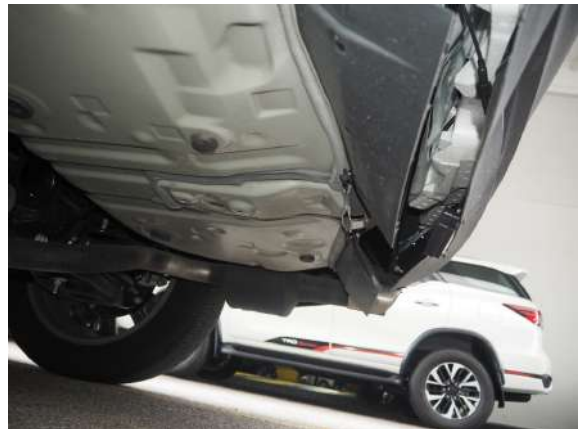


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RE-INSPECTION





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