



## 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. AC2101548

INV Date 11/03/2021

Reference CC3/EQI21001205/Aqf3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SCF 9896E

Insured Veh. SJR 7336Y

Claim No. DM21HO00122/SG

Policy No.

Accident Date 21/01/2021

Inspection Date 22/01/2021

Description	Total
Survey Inspection	300.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>300.00</b>
<b>GST (7%)</b>	<b>21.00</b>
<b>Grand Total</b>	<b>321.00</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: CC3/EQI21001205/Aqf3e2 Date: 11/03/2021 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJR 7336Y	Veh. Inspected	SCF 9896E	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO00122/SG	Excess (\$)	0.00	
Assign From		Assign Date	22/01/2021	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	SUBARU FORESTER	c.c	1998	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JF1SJGK85GG076472	Colour	WHITE	
Odometer	93789 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/55 R18	MICHELIN	6 mm	
L/H Front Tyre	225/55 R18	MICHELIN	6 mm	
R/H Rear Tyre	225/55 R18	MICHELIN	6 mm	
L/H Rear Tyre	225/55 R18	MICHELIN	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	21/01/2021	Inspection Date	22/01/2021	
Survey held at	CN MOTORS PTE LTD 1 KAKI BUKIT AVENUE 6 BLK C #01-41 AUTOBAY @ KAKI BUKIT SINGAPORE 417883			
<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:			8 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SCF 9896E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BOOT LID	NOT NECESSARY	1,192.30	-
2	REAR BOOT LID HINGE @\$55.00	NOT NECESSARY	110.00	-
2	REAR BOOT LID SHOCK ABSORBER @\$154.00	NOT NECESSARY	308.00	-
1	REAR BOOT LID EMBLEM LOGO	NECESSARY	65.00	65.00
1	REAR BOOT LID SUBARU LOGO	NECESSARY	68.00	68.00
1	REAR BOOT LID FORESTER LOGO	NECESSARY	68.00	68.00
1	REAR BOOT LID AWD LOGO	NECESSARY	65.00	65.00
1	REAR BOOT LID NUMBER PLATE	NOT NECESSARY	50.00	-
1	REAR BOOT LID INNER LOCK	DAMAGED	560.30	289.00
1	REAR BOOT LID WEATHERSTRIP	NOT NECESSARY	160.30	-
1	REAR BOOT LID INNER TRIM BOARD	NOT NECESSARY	220.30	-
10	REAR BOOT LID INNER TRIM BOARD CLIP @\$6.50	NOT NECESSARY	65.00	-
1	REAR BOOT LID WINDSCREEN SEAL	NOT NECESSARY	85.00	-
2	REAR BOOT LID WINDSCREEN SIDE SEAL @\$75.00	NOT NECESSARY	150.00	-
1	REAR BOOTLID REVERSE CAMERA	NOT NECESSARY	850.00	-
2	REAR TAIL LAMP @\$437.30	NOT NECESSARY	874.60	-
4	REAR TAIL LAMP CLIP @\$8.00	NOT NECESSARY	32.00	-
2	REAR TAIL LAMP PANEL @\$105.80	NOT NECESSARY	211.60	-
2	REAR TAIL LAMP LOWER BRACKET @\$28.00	NOT NECESSARY	56.00	-
1	REAR BUMPER	DEFORMED	980.30	980.30
10	REAR BUMPER CLIP @\$6.50	NECESSARY	65.00	30.00
2	REAR BUMPER SIDE RETAINER @\$38.00	NECESSARY	76.00	76.00
2	REAR BUMPER SIDE REFLECTOR @\$42.00	NOT NECESSARY	84.00	-
1	REAR BUMPER TOWING COVER	DEFORMED	22.00	22.00
1	REAR BUMPER REINFORCEMENT	BENT	320.80	320.80
2	REAR BUMPER REINFORCEMENT BRACKET @\$28.60	NOT NECESSARY	57.20	-
2	REAR FENDER @\$1060.40	TO REPAIR SEE LABOUR	2,120.80	-
2	REAR FENDER INNER TRIM BOARD @\$286.30	DEFORMED	572.60	572.60
16	REAR FENDER INNER TRIM BOARD CLIP @\$6.50	NECESSARY	104.00	60.00
1	REAR END PANEL	DENTED	589.00	589.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR END PANEL TOP GARNISH	DEFORMED	90.00	90.00
1	REAR SPARE TYRE PANEL	BUCKLED	832.40	832.40
1	REAR SPARE TYRE PANEL TOP COVER	DEFORMED	336.00	336.00
1	REAR SPARE TYRE PANEL & END PANEL SEALANT	NOT NECESSARY	450.00	-
1	REAR SPARE TYRE PANEL FOAM TOOL BOX	CRACKED	161.20	161.20
1	REAR SPARE TYRE PANEL UNDER FOAM	CRACKED	60.00	60.00
2	REAR EXHAUST @\$785.00	N/S BENT	1,570.00	785.00
1	REAR CENTRE EXHAUST	BENT	1,048.40	1,048.40
1	REAR EXHAUST ALUMINIUM COVER	NOT NECESSARY	86.00	-
2	REAR EXHAUST MOUNTING @\$23.10	NOT NECESSARY	46.20	-
	LESS 20% DISCOUNT		-	-1,303.74
			14,863.30	5,214.96
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER TOP FORESTER MOULDING (SN)	BENT	620.00	450.00
1	SET REAR BUMPER LOWER REINFORCEMENT (SN)	BENT	1,250.00	700.00
2	REAR BUMPER LOWER REINFORCEMENT BRACKET @ \$220.00 (SN)	BENT	440.00	200.00
1	REAR BUMPER REVERSE SENSOR (SN)	DAMAGED	380.00	200.00
1	GUM (SN)	NOT NECESSARY	60.00	-
			2,750.00	1,550.00
	<b><u>LABOUR</u></b>			
	TO REMOVE & REFIT CUSHION & TRIM BOARD.		280.00	180.00
	TO REMOVE & REFIT REVERSE SENSOR.		100.00	50.00
	TO REMOVE & REFIT REVERSE CAMERA.	NOT NECESSARY	180.00	-
	TO REMOVE & REFIT REAR & CENTRE EXHAUST.		380.00	200.00
	TO REMOVE & REFIT REAR WINDSCREEN.	NOT NECESSARY	150.00	-
	TO CHECK WIRING.		100.00	30.00
	TUFF KOTE.		150.00	120.00
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER.		2,400.00	1,200.00
	SPRAY PAINTING.		2,000.00	1,000.00
			5,740.00	2,780.00
	<b>GRAND TOTAL</b>		<b>23,353.30</b>	<b>9,544.96</b>

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<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>7,600.00</b>
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Report Ref No. CC3/EQI21001205/Aqf3e2

**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.**

## 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	22/01/2021 09:47 (SGT)
Date of Accident	21/01/2021 08:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE CTE EXIT.
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCF9896E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO KOK FAI PETER
NRIC No	SXXXX179B
Email Address	monachion@gmail.com
Mobile Phone No	(Phone) +65-96933169
Alternative Phone No	+65-96933169

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100483512
Cover Note Number	-

#### DRIVER

Name of Driver	TEO KOK FAI PETER
NRIC No	SXXXX179B
Date Of Birth	06/05/1968
Occupation	Indoor

Date Of Driving Pass	19/04/1990
Driving experience	30 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96933169
Alt. Phone Number	+65-96933169
Email Address	monachion@gmail.com
Address	BLK 94C BEDOK NTH AVE 4 #05-1399
Address complement	-
Postcode	462094
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	BERNARD TEO HOCK HON
Gender	Male

#### PASSENGER 2

Name	ADELINA HO SI YING
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

I WAS DRIVING ALONG PIE TOWARDS TUAS BEFORE CTE EXIT AT THE EXTREME RIGHT LANE OF 4 LANES, THE TRAFFIC AT THAT POINT OF TIME WAS VERY HEAVY, VEHICLES WERE MOVING AND STOPPING INTERMITTENTLY. AS THE CAR INFRONT OF ME HAD SLOWED DOWN AND STOPPED, I ALSO FOLLOWED SUIT. SUDDENLY I FELT A HUGE IMPACT FROM BEHIND. VEHICLE B COLLIDED INTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR7336Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	TEO KOK FAI PETER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCF9896E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

### INJURED 2

Name of injured person	ADELINE HO SI YING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCF9896E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

### INJURED 3

Name of injured person	BERNARD TEO HOCK HON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCF9896E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

## SKETCH PLAN

CN - EQ  
Adrian LHC


### 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.:

# SKETCH PLAN

						<p>A: SCF9896E</p> <p>B: SJR 7336Y</p> <p>PIE Towards Tuas b4 CTE EXIT</p>
47	48	49	50	51		

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE towards Tuas Before CTE Exit at the extreme right lane of 5 lanes.

The traffic at that point of time was very heavy, vehicles were moving and stopping intermittently.

As the car in front of me had slowed down and stopped, I also followed suit.

Suddenly, I felt a huge Impact from behind. Vehicle B collided into the rear portion of my vehicle and caused damages.

## 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. SCF 9896E

INSPECTION





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PHOTOGRAPHS FOR VEHICLE NO. SCF 9896E

RE-INSPECTION



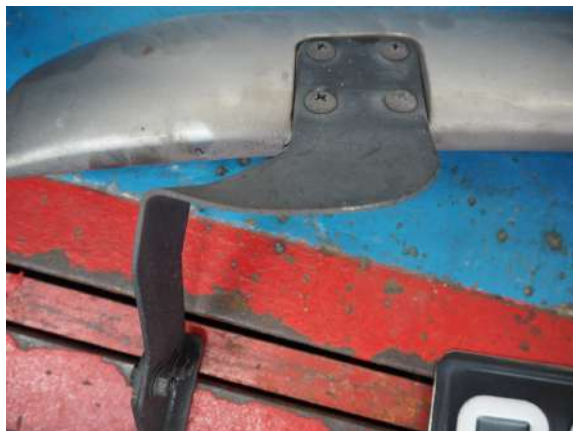


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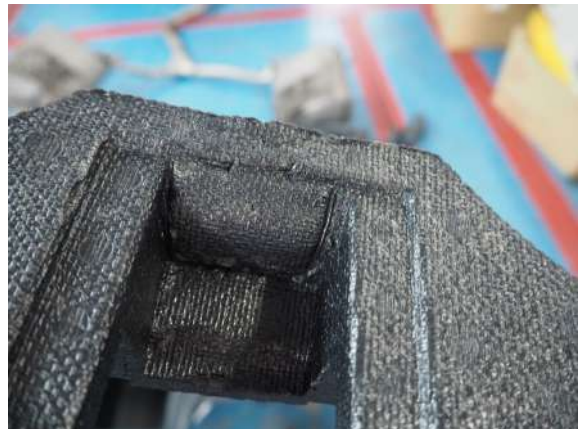
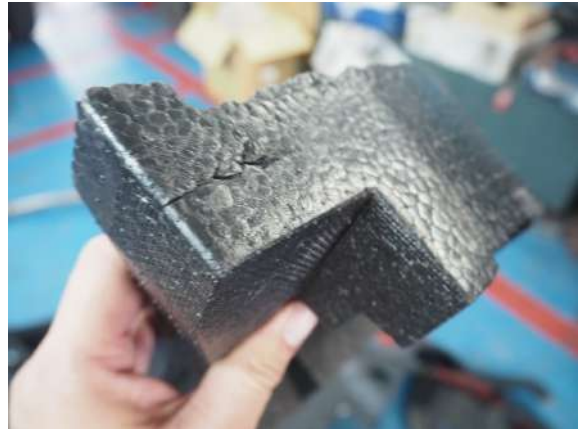


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