



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

INV No. AC2102133

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 31/03/2021
Reference CC3/EQI21001636/Aqf3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SJC 446M
Insured Veh. SLH 2189S
Claim No. DM21HO00183/SG
Policy No.
Accident Date 28/01/2021
Inspection Date 01/02/2021

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 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CC3/EQI21001636/Aqf3e2 Date: 31/03/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLH 2189S	Veh. Inspected	SJC 446M
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO00183/SG	Excess (\$)	0.00
Assign From		Assign Date	01/02/2021
2. Vehicle Particulars & Condition			
Make & Model	HONDA STREAM	c.c	1799
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	RN61054047	Colour	SILVER
Odometer	338420 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/50 R17	MICHELIN	6 mm
L/H Front Tyre	215/50 R17	MICHELIN	6 mm
R/H Rear Tyre	215/50 R17	MICHELIN	6 mm
L/H Rear Tyre	215/50 R17	MICHELIN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	28/01/2021	Inspection Date	01/02/2021
Survey held at	CN MOTORS PTE LTD 1 KAKI BUKIT AVENUE 6 BLK C #01-41 AUTOBAY @ KAKI BUKIT 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:		6 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJC 446M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BOOT LID	BUCKLED	1,171.30	903.00
2	REAR BOOT LID HINGES @\$68.10	NOT NECESSARY	136.20	-
2	REAR BOOT LID SHOCK ABSORBERS @\$168.70	NOT NECESSARY	337.40	-
1	REAR BOOT LID EMBLEM LOGO	NOT NECESSARY	31.70	-
1	REAR BOOT LID STREAM LOGO	NECESSARY	36.80	36.80
1	REAR BOOT LID RSZ LOGO	NECESSARY	43.60	43.60
1	REAR BOOT LID CENTER MOULDING	NOT NECESSARY	162.80	-
1	REAR BOOT LID NUMBER PLATE	NOT NECESSARY	50.00	-
1	REAR BOOT LID INNER LOCK	DAMAGED	125.10	125.10
1	REAR BOOT LID INNER RUBBER	CUT	122.50	122.50
1	REAR BOOT LID INNER TRIM BOARD	CRACKED	246.60	246.60
1	REAR WINDSCREEN SEAL	NECESSARY	92.10	92.10
2	REAR TAIL LAMP @\$362.50	CUT	725.00	725.00
6	REAR TAIL LAMP CLIPS @\$8.00	NECESSARY	48.00	20.00
1	REAR BUMPER	DEFORMED	860.90	689.00
2	REAR BUMPER SIDE RETAINER @\$38.40	NECESSARY	76.80	76.80
8	REAR BUMPER CLIPS @\$6.50	NECESSARY	52.00	30.00
1	REAR BUMPER TOWING COVER	DEFORMED	34.70	34.70
1	REAR END PANEL OUTER	DENTED	360.90	360.90
1	REAR END PANEL INNER	DENTED	186.90	186.90
1	REAR END PANEL TOP GARNISH	CRACKED	147.90	147.90
2	REAR FENDER INNER TRIM BOARD @\$385.30	O/S CRACKED	770.60	285.00
1	REAR FLOOR PANEL	NOT NECESSARY	1,451.00	-
2	REAR FLOOR PANEL TOP COVER @\$166.00	NOT NECESSARY	332.00	-
1	REAR END PANEL OUTER	REPEATED	366.90	-
1	REAR END PANEL INNER	REPEATED	205.90	-
1	REAR END PANEL TOP GARNISH	REPEATED	147.90	-
1	REAR FLOOR PANEL	REPEATED	1,451.00	-
2	REAR FLOOR PANEL TOP COVER @\$166.00	REPEATED	332.00	-
1	REAR FLOOR PANEL INNER TRIM GARNISH	NOT NECESSARY	230.10	-
1	REAR SPARE TYRE LOCK	NOT NECESSARY	285.30	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR EXHAUST	NOT NECESSARY	524.20	-
1	REAR CENTER EXHAUST	NOT NECESSARY	583.50	-
1	REAR EXHAUST CHROME PIPE	NOT NECESSARY	158.00	-
2	REAR EXHAUST MOUNTING @\$76.80	NOT NECESSARY	153.60	-
	LESS 20% DISCOUNT		-	-825.18
			12,041.20	3,300.72
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER REVERSE SENSOR (SN)	DAMAGED	350.00	200.00
			350.00	200.00
	<u>LABOUR</u>			
	TO REMOVE & REFIT REAR WINDSCREEN.		120.00	120.00
	GUM.		50.00	50.00
	TO REMOVE & REFIT REVERSE CAMERA.	NOT NECESSARY	180.00	-
	TO REMOVE & REFIT REVERSE SENSOR.		100.00	60.00
	TO REMOVE & REFIT REAR & CENTER EXHAUST.		380.00	80.00
	TO CHECK WIRING.		100.00	30.00
	TUFF KOTE.		150.00	100.00
	PANEL BEATING.		1,600.00	900.00
	SPRAY PAINTING.		1,600.00	900.00
			4,280.00	2,240.00
GRAND TOTAL			16,671.20	5,740.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,600.00

Report Ref No. CC3/EQI21001636/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.

CN-EG
- LKK-ADRIAN



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	29/01/2021 17:19 (SGT)
Date of Accident	28/01/2021 07:40 (SGT)
Exact Location of Accident	Near Buangkok E Dr, Singapore
Additional Location Information	BUANGKOK EAST DRIVE TOWARDS KPE(ECP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC446M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KEE SENG
NRIC No	SXXXX408A
Email Address	KENCHER446@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-94757233
Alternative Phone No	(Home) +65-94757233

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	Direct Asia
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MT/00735056/01
Cover Note Number	-

DRIVER

Name of Driver	TAN KEE SENG
NRIC No	SXXXX408A
Date Of Birth	07/05/1967
Occupation	Indoor

Date Of Driving Pass	18/10/1989
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94757233
Alt. Phone Number	(Home) +65-94757233
Email Address	KENCHER446@YAHOO.COM.SG
Address	BLK 322C SUMANG WALK #03-879
Address complement	-
Postcode	823322
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER SKETCH PLAN

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	SLH2189S
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDH598C
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)	1

SKETCH PLAN

	A: SJC 446m
	B: SLH 2189S
	C: SDH59BC
	Buangkok East Drive towards KPE (ECP)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Buangkok East Drive towards KPE (ECP) at the extreme right lane of 2 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 stopped, I also followed suit.

Suddenly, I felt an impact.

Veh "B" collided onto the rear portion of my vehicle and caused damages.

When I alight from my vehicle, I realised it was 3 car chain collision.

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: Kashyap
NRIC/PIN No.:

SKETCH PLAN

IMPORTANT NOTICE

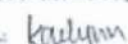
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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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PHOTOGRAPHS FOR VEHICLE NO. SJC 446M

INSPECTION





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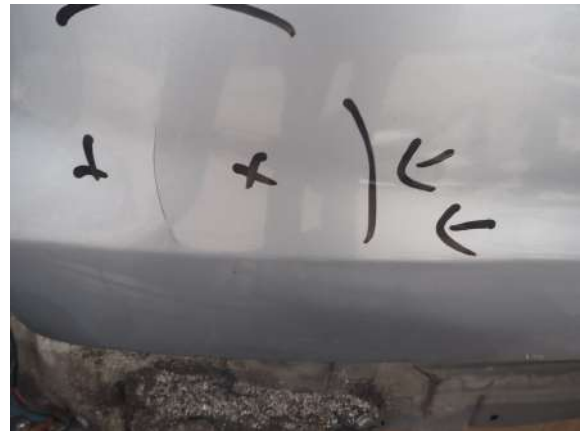
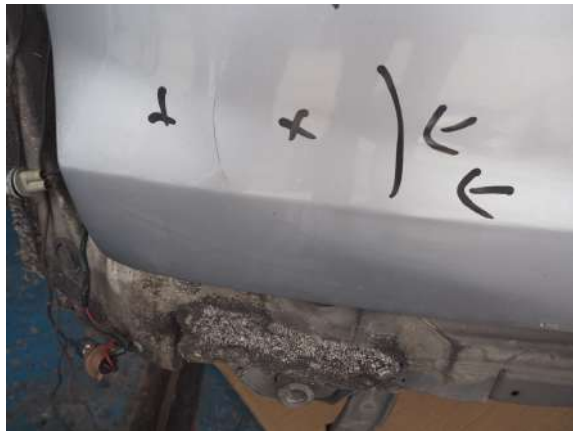
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RE-INSPECTION





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