



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. AC2104082

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

INV Date 10/06/2021
Reference CS/EQI21001724/Etd3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMQ 5183D

Insured Veh. SFA 6388R

Claim No. DM21HO00138/JT

Policy No.

Accident Date 21/01/2021

Inspection Date 16/03/2021

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: CS/EQI21001724/Etd3e2 Date: 10/06/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFA 6388R	Veh. Inspected	SMQ 5183D	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO00138/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	04/02/2021	
2. Vehicle Particulars & Condition				
Make & Model	KIA CERATO	c.c	1591	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KNAF3416MK5045246	Colour	BLUE	
Odometer	16893 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	KUMHO	5 mm	
L/H Front Tyre	205/55 R16	KUMHO	5 mm	
R/H Rear Tyre	205/55 R16	KUMHO	5 mm	
L/H Rear Tyre	205/55 R16	KUMHO	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/01/2021	Inspection Date	16/03/2021	
Survey held at	CYCLE & CARRIAGE KIA PTE LTD 209 PANDAN GARDENS SINGAPORE 609339			
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. SMQ 5183D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
1	COVER-RR BUMPER (SN)	DENTED	651.00	651.00
1	COVER-RR BUMPER LWR (SN)	CUT	241.00	241.00
1	COVER-RR BUMPER FOG LAMP, LH (SN)	NOT NECESSARY	19.00	-
1	LAMP ASSY-SIDE T/SIGNAL, LH (SN)	NOT NECESSARY	181.00	-
1	EXTN WIRING ASSY-BWS (SN)	NOT NECESSARY	207.00	-
1	BEAM-RR BUMPER (SN)	BROKEN	318.00	318.00
1	STAY-RR BUMPER LH (SN)	NOT NECESSARY	65.00	-
1	STAY-RR BUMPER RH (SN)	NOT NECESSARY	65.00	-
1	BRACKET-RR BEAM UPR MTG, LH (SN)	NOT NECESSARY	9.00	-
1	BRACKET-RR BEAM UPR MTG, RH (SN)	NOT NECESSARY	9.00	-
1	BRACKET-RR BEAM LWR, CTR (SN)	NOT NECESSARY	6.00	-
1	BRACKET-RR BEAM LWR MTG (SN)	NOT NECESSARY	6.00	-
1	BRACKET ASSY-RR BPR SIDE UPR (SN)	NOT NECESSARY	25.00	-
1	PANEL ASSY-TRUNK LID (SN)	DENTED	1,297.00	1,297.00
1	HINGE ASSY-TRUNK LID, LH (SN)	NOT NECESSARY	97.00	-
1	HINGE ASSY-TRUNK LID, RH (SN)	NOT NECESSARY	97.00	-
1	LOGO ASSY-KIA SUB (SN)	NECESSARY	32.00	32.00
1	EMBLEM-CERATO (SN)	NECESSARY	28.00	28.00
1	W/STRIP-TRUNK LID OPNG (SN)	NOT NECESSARY	100.00	-
1	LATCH ASSY-TRUNK LID (SN)	NOT NECESSARY	112.00	-
1	STRIKER ASSY-TRUNK LID (SN)	NOT NECESSARY	40.00	-
1	PANEL ASSY-BACK (SN)	TO REPAIR SEE LABOUR	324.00	-
1	TRIM ASSY-RR TRANSVERSE (SN)	NOT NECESSARY	41.00	-
10	CLIP (SN) (ADDITIONAL)	NECESSARY	20.00	20.00
			4,040.00	2,607.00
	<u>LABOUR</u>			
	RENEW RR BUMPER, BOOTLID & RR END PNL. INCLUSIVE OF THE REPAIR OF PANEL ASSY-BACK.		3,200.00	1,280.00
	RESPRAY RR BUMPER, RR END PNL & BOOTLID.		1,650.00	1,100.00

Report Ref No. CS/EQI21001724/Etd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE & REFIT BOOTLID COMPONENT.		320.00	320.00
	REMOVE & REFIT RR FLR BOARD, TRIM & CARPET TO GIVE WAY FOR REPAIR.	NOT NECESSARY	320.00	-
	CHECK WIRING ELECTRICAL SYSTEM.		50.00	50.00
	TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST.		280.00	280.00
	REMOVE & REFIT REVERSE SENSOR.		100.00	100.00
	SUPPLY REVERSE SENSOR.	NOT NECESSARY	280.00	-
	APPLY ANTI CORROSION ON AFFECTED AREAS.	NOT NECESSARY	120.00	-
	SUPPLY C&C BADGE.		40.00	40.00
	REPAIR REAR END PANEL. (ADDITIONAL)		200.00	200.00
			6,560.00	3,370.00
GRAND TOTAL			10,600.00	5,977.00
RECOMMENDED COST OF REPAIRS				5,977.00

Report Ref No. CS/EQI21001724/Etd3e2

CHEN TSUE YEE

Automotive Assessor

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.



CYCLE & CARRIAGE

INSURANCE CO. : EQ

Supplementary For Registration No.: SMQ 5183 D

	<u>Materials</u>	<u>Cost \$</u>
1	Clip (10 pcs)	20.00 / nec
	<u>Labour</u>	
1	Repair Rear End panel	200.00
		220.00
	7% GST	15.40
	Total	235.40

1
Thank You.

Yours faithfully
CYCLE & CARRIAGE KIA PTE LTD

Larry Songcuan
Customer Service
Cycle & Carriage
Pandan Gardens

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 14:03 (SGT)
Date of Accident	21/01/2021 17:19 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE EXITING JALAN BUKIT MERAH SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5183D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YANG KAYMOND
NRIC No	SXXXX511B
Email Address	YANGKAYMOND@GMAIL.COM
Mobile Phone No	(Phone) +65-97551133
Alternative Phone No	+65-97551133

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1900248453
Cover Note Number	-

DRIVER

Name of Driver	YANG KAYMOND
NRIC No	SXXXX511B
Date Of Birth	11/03/1992
Occupation	Indoor

Date Of Driving Pass	18/05/2012
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97551133
Alt. Phone Number	+65-97551133
Email Address	YANGKAYMOND@GMAIL.COM
Address	BLK 84B LORONG 2 TOA PAYOH #25-303
Address complement	-
Postcode	312084
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	Raining
Road Surface	Wet

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)	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 TO ATTACHMENT

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	SFA6388R
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)	-

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 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.

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.

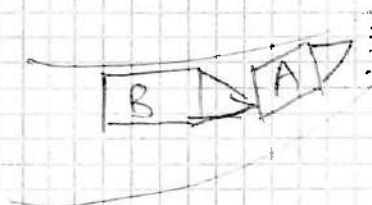

Policyholder's Signature / Date & Time

22/1/21
11:38H


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


Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

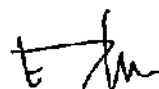
On 21/1/21 at 17:19H, I was exiting CTE at Jalan Bukit Merah exit, whilst waiting in line to turn left onto Jalan Bukit Merah Road, I was rear-ended by a vehicle from behind. My vehicle was stationary at that point.

Declaration

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

 22/1/21 16:33H
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SMQ 5183D

INSPECTION





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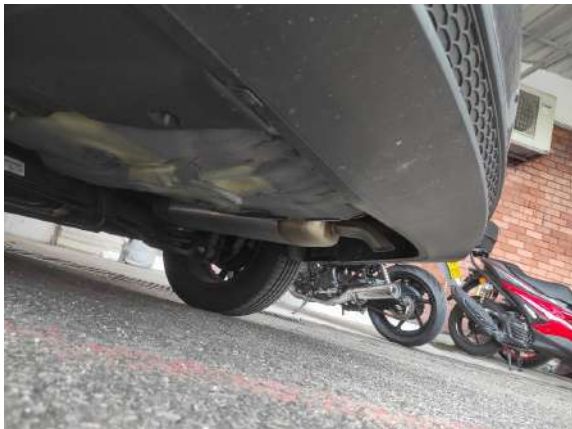


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RE-INSPECTION





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