



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. AC2101893

INV Date 23/03/2021

Reference CC3/EQI21001920/Aqf3q2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMX 5636C

Insured Veh. SKW 1508U

Claim No. DM21HO00184-JG

Policy No. DMPPHQ20-007185

Accident Date 31/01/2021

Inspection Date 02/02/2021

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

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: CC3/EQI21001920/Aqf3q2 Date: 23/03/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKW 1508U	Veh. Inspected	SMX 5636C
Policy No.	DMPPHQ20-007185	Coverage (\$)	0.00
Claim No.	DM21HO00184-JG	Excess (\$)	0.00
Assign From		Assign Date	02/02/2021
2. Vehicle Particulars & Condition			
Make & Model	BMW 520I	c.c	1997
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WBAXG12070DX49445	Colour	BLACK
Odometer	113441 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	275/30 R20	GOODYEAR	6 mm
L/H Front Tyre	275/30 R20	GOODYEAR	6 mm
R/H Rear Tyre	275/30 R20	GOODYEAR	6 mm
L/H Rear Tyre	275/30 R20	GOODYEAR	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	31/01/2021	Inspection Date	02/02/2021
Survey held at	ADVANCE AUTO GARAGE 23 KAKI BUKIT AVENUE 4 #04-01 AAS KAKI BUKIT CENTRE SINGAPORE 415933		
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:		7 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMX 5636C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
2	REAR NUMBER PLATE LAMP @\$80.00	NOT NECESSARY	160.00	-
1	REAR BUMPER	DEFORMED	1,563.00	1,563.00
2	REAR BUMPER SIDE HOLDER @\$124.00	NECESSARY	248.00	248.00
1	REAR BUMPER TOW COVER	DEFORMED	48.00	48.00
2	REAR BUMPER REFLECTOR @\$42.00	NOT NECESSARY	84.00	-
1	REAR BUMPER REINFORCEMENT	BENT	755.00	755.00
1	REAR BUMPER CENTRE GUIDE	CRACKED	198.00	198.00
1	REAR BUMPER ANTENNA SENSOR	NOT NECESSARY	198.00	-
1	REAR BUMPER KICK SENSOR	NOT NECESSARY	242.00	-
1	REAR BUMPER KICK SENSOR COVER	CRACKED	158.00	158.00
1	REAR BUMPER LOWER DIFFUSER	DEFORMED	189.00	189.00
4	REVERSE SENSOR @\$250.00	DAMAGED (2 PCS ONLY)	1,000.00	500.00
1	REAR END PANEL	DENTED	821.00	821.00
1	REAR END PANEL TOP GARNISH	DEFORMED	187.00	187.00
2	TAILLAMP @\$634.00	CRACKED	1,268.00	1,268.00
2	TAILLAMP PANEL @\$366.00	O/S DENTED	732.00	366.00
1	BOOTLID	DISTORTED	1,642.00	1,642.00
1	BOOTLID LOCK	DAMAGED	345.00	345.00
1	BOOTLID WEATHERSTRIPE	CUT	192.00	192.00
2	BOOTLID HINGE @\$106.00	BENT	212.00	212.00
2	BOOTLID REFLECTOR @\$385.00	CRACKED	770.00	770.00
1	BOOTLID INNER TRIM BOARD	DEFORMED	179.00	179.00
1	BOOTLID LOCK ACTUATOR	DAMAGED	395.00	395.00
1	BMW LOGO	NECESSARY	85.00	85.00
1	520I EMBLEM	NECESSARY	98.00	98.00
2	REAR FENDER INNER TRIM @\$366.00	O/S TORN	732.00	366.00
1	SPARE TYRE PANEL TOP COVER	DEFORMED	351.00	351.00
1	REAR EXHAUST PIPE	NOT NECESSARY	1,224.00	-
1	REAR EXHAUST MOUNTING	NOT NECESSARY	45.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-1,412.10	-1,093.60
			12,708.90	9,842.40
	<u>SPECIAL NETT ITEMS</u>			
1	REAR NUMBER PLATE (SN)	DEFORMED	30.00	30.00
1	REAR NUMBER PLATE HOLDER (SN)	DEFORMED	30.00	30.00
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	30.00
1	SET REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	20.00	20.00
1	SET REAR END PANEL SEALANT (SN)	NECESSARY	60.00	60.00
1	SET BOOTLID INNER TRIM CLIPS (SN)	NECESSARY	30.00	30.00
2	SET REAR FENDER INNER TRIM CLIPS @\$30.00 (SN)	NOT NECESSARY	60.00	-
			280.00	200.00
	<u>LABOUR</u>			
	PANEL BEATING,REMOVE AND REFIT PARTS.		1,600.00	1,000.00
	SPRAY PAINTING TO AFFECTED AREA.		1,400.00	900.00
	WIRING CHECK.		100.00	30.00
	TO APPLY TUFF COAT.		150.00	60.00
	TO REMOVE REVERSE SENSOR.		100.00	50.00
	TO REMOVE UPHOLSTERY.		150.00	60.00
	TO TRANSFER BOOTLID FITTINGS.		150.00	60.00
	TO REMOVE EXHAUST PIPE.	NOT NECESSARY	150.00	-
			3,800.00	2,160.00
GRAND TOTAL			16,788.90	12,202.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				9,700.00

Report Ref No. CC3/EQI21001920/Aqf3q2

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	01/02/2021 17:40 (SGT)
Date of Accident	31/01/2021 21:15 (SGT)
Exact Location of Accident	Lentor Ave, Singapore
Additional Location Information	LENTOR AVE FILTER LANE TO YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5636C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOKE KOK LEONG
NRIC No	SXXXX118Z
Email Address	tokkokking@gmail.com
Mobile Phone No	(Phone) +65-98483455
Alternative Phone No	+65-98483455

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	Hong Leong
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP316472
Cover Note Number	-

DRIVER

Name of Driver	LOKE KOK LEONG
NRIC No	SXXXX118Z
Date Of Birth	06/04/1979
Occupation	Indoor

Date Of Driving Pass	29/01/2001
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-98483455
Alt. Phone Number	+65-98483455
Email Address	tokkokking@gmail.com
Address	BLK 62 JALAN MATA AYER #04-14
Address complement	-
Postcode	759159
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	FIONA LEONG
Gender	Female

PASSENGER 2

Name	LOKE SHERRIANNE
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 31/01/2021 AT ABOUT 9.15PM, ALONG FILTER LANE TO YISHUN AVE 1 FROM LENTOR AVE. I STOPPED MY VEHICLE A BEFORE THE GIVE WAY LINE TO GIVE WAY TO MAIN TRAFFIC ALONG YISHUN AVE 1. SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR. WHEN I ALIGHTED, I REALISED IT WAS VEHICLE B WHO COLLIDED ONTO THE REAR PORTION OF MY VEHICLE A, CAUSING DAMAGES TO MY VEHICLE. I HAVE 2 OTHER PASSENGERS IN 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	SKW1508U
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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	VEHICLE B
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.

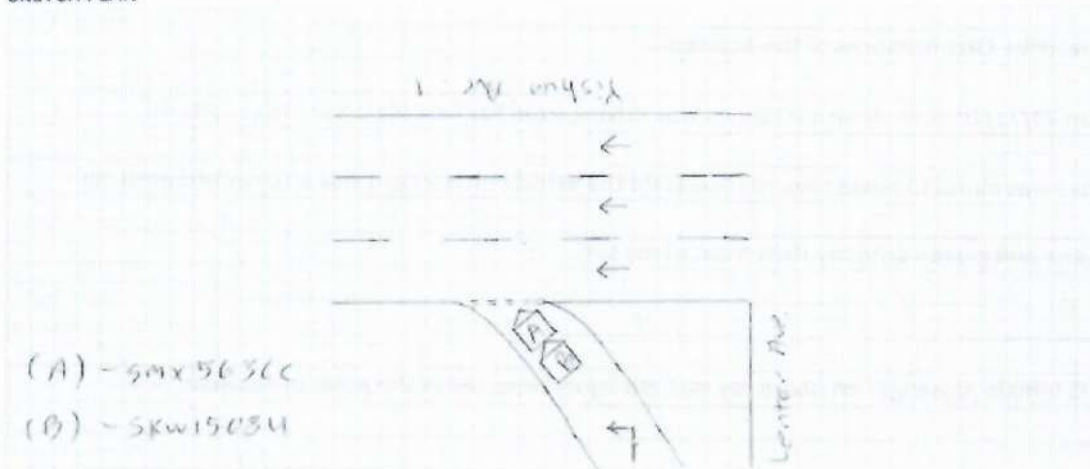
Policyholder's Signature
Date & Time:

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

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

ADVANCE
AUTO

SKETCH PLAN

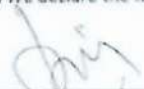


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 31/01/2021 @ about 9.15 P.M., along filter lane to Yishun Ave 1 from Lester Ave I stopped my Vehicle (A) before the give way line to give way to main traffic along Yishun Ave 1. Suddenly, I felt a great impact from the rear when I alighted, I realised it was Vehicle (B) who collided into the rear portion of my Vehicle (A), causing damages to my Vehicle. I have 2 other passengers in my Vehicle.

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. SMX 5636C

INSPECTION





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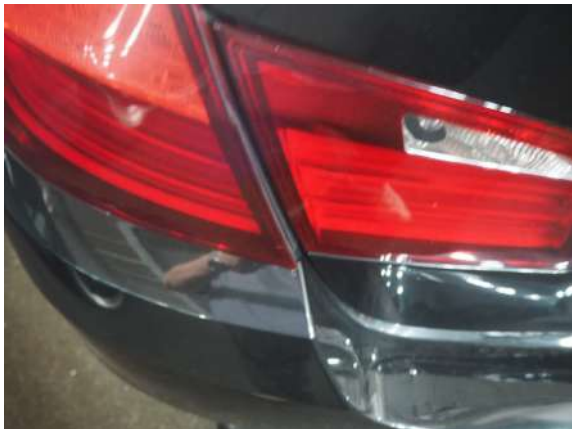


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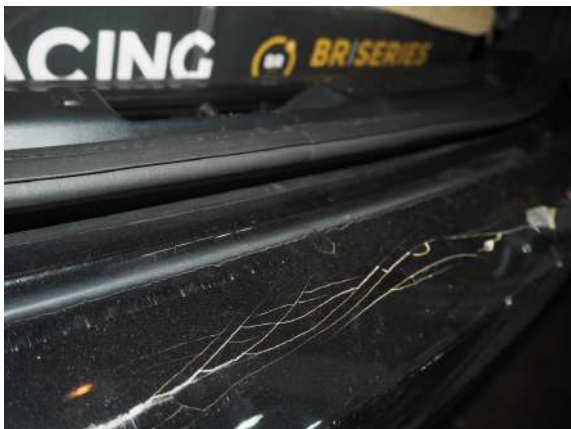


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PHOTOGRAPHS FOR VEHICLE NO. SMX 5636C

RE-INSPECTION





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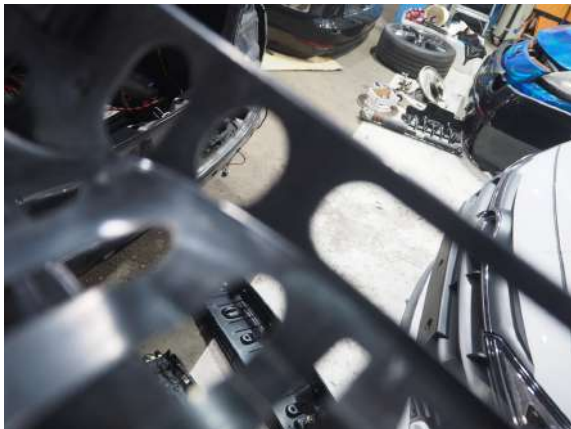


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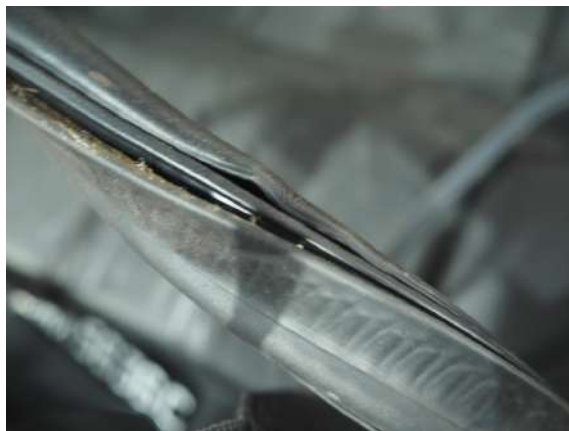


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