



## 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. AC2101255

INV Date 02/03/2021

Reference CS/EQI21002089/Uvf3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SJP 3490X

Insured Veh. SLP 2248M

Claim No. DM21HO00233/SG

Policy No.

Accident Date 09/02/2021

Inspection Date 15/02/2021

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>230.00</b>
<b>GST (7%)</b>	<b>16.10</b>
<b>Grand Total</b>	<b>246.10</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: CS/EQI21002089/Uvf3e2 Date: 02/03/2021 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLP 2248M	Veh. Inspected	SJP 3490X	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO00233/SG	Excess (\$)	0.00	
Assign From	JANICE GOH	Assign Date	15/02/2021	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	mitsubishi LANCER MIVEC (A)	c.c	1499	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JMYSRCY2A9U004128	Colour	BLUE	
Odometer	214415 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	205/60 R16	YOKOHAMA	6 mm	
L/H Front Tyre	205/60 R16	YOKOHAMA	6 mm	
R/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm	
L/H Rear Tyre	205/60 R16	YOKOHAMA	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	09/02/2021	Inspection Date	15/02/2021	
Survey held at	BLK 15 KAKI BUKIT RD 4, BARTLEY BIZ CENTRE #01-53			
Repairer	ZOOM AUTOWERKS PTE LTD			
<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:			5 Working Days	



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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJP 3490X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DENTED / TORN	845.20	845.20
2	REAR BUMPER SIDE RETAINER @\$65.00	N/S BENT	130.00	17.00
2	REAR BUMPER BRACKET @\$78.00	NO SUCH PARTS	156.00	-
2	REAR BUMPER REFLECTOR @\$128.00	N/S BROKEN	256.00	58.00
1	REAR BUMPER REINFORCEMENT	BENT	295.80	233.00
1	REAR BUMPER CLIPS	NECESSARY	60.00	50.00
1	REAR BOOTLID PANEL	TO REPAIR SEE LABOUR	836.90	-
1	REAR BOOTLID INNER LOCK	NOT NECESSARY	295.80	-
1	REAR BOOTLID CATCH	NOT NECESSARY	58.70	-
1	REAR BOOTLID LOGO	NOT NECESSARY	75.90	-
1	REAR BOOTLID NAME PLATE (LANCER)	NOT NECESSARY	78.50	-
1	REAR BOOTLID NAME PLATE (EX)	NOT NECESSARY	52.10	-
1	REAR BOOTLID NAME PLATE (MIVEC)	NOT NECESSARY	68.40	-
2	REAR BOOTLID LAMP @\$539.40	NOT NECESSARY	1,078.80	-
1	REAR BOOTLID WEATHER STRIP	TWISTED	197.80	141.00
2	REAR TAILLAMPS @\$765.60	NOT NECESSARY	1,531.20	-
1	REAR END PANEL	DENTED / TWISTED	756.70	406.00
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	165.80	-
1	REAR END PANEL TOP GARNISH CLIPS	NOT NECESSARY	60.00	-
1	REAR FENDERS (NPA)	TO REPAIR SEE LABOUR	-	-
2	REAR FENDER INNER SHIELD @\$176.00	NOT NECESSARY	352.00	-
1	REAR FENDER INNER SHIELD CLIPS	NOT NECESSARY	80.00	-
1	REAR SPARE TYRE TOP BOARD	TORN	265.40	182.00
1	REAR SPARE TYRE PANEL	NOT NECESSARY	980.00	-
1	REAR EXHAUST PIPE	NOT NECESSARY	824.70	-
1	REAR EXHAUST CHROME MUFFLER	NOT NECESSARY	175.40	-
3	REAR EXHAUST MOUNTING @\$48.00	NOT NECESSARY	144.00	-
	LESS 10% DISCOUNT		-982.11	-193.22
			8,838.99	1,738.98

Report Ref No. CS/EQI21002089/Uvf3e2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR END PANEL SEALANT (SN)	NECESSARY	80.00	50.00
1	REAR SPARE TYRE PANEL SEALANT (SN)	NOT NECESSARY	80.00	-
1	REAR EXHAUST GUM (SN)	NOT NECESSARY	120.00	-
1	REAR NUMBER PLATE W/BASE GARNISH (SN)	BENT	80.00	40.00
1	REVERSE CAMERA (SN)	NOT NECESSARY	450.00	-
1	REVERSE SENSOR (SN)	SHORTED	280.00	200.00
			1,090.00	290.00
	<b><u>LABOUR</u></b>			
	TO REMOVE,REPAIR & RENEW REAR AFFECTED ACCIDENT AREAS.INCLUSIVE OF THE REPAIR OF REAR BOOTLID PANEL AND REAR FENDERS.		1,500.00	700.00
	TO PUTTY,SPRAY PAINT ON AFFECTED ACCIDENT AREAS.		1,400.00	900.00
	TO REMOVE & INSTALL REAR EXHAUST TO FACILITATE REPAIRS.	NOT NECESSARY	150.00	-
	TO CHECK & RE-CONNECT ALL ELECTRICAL WIRING.		50.00	20.00
	TO REMOVE & INSTALL REAR BOOTLID COMPONENTS TRIM & GARNISH.	NOT NECESSARY	150.00	-
	TO REMOVE & INSTALL REAR FENDERS TRIM,GARNISH.		150.00	80.00
	TO CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	150.00	-
	TO RUST PROOF AFFECTED AREAS.		200.00	30.00
			3,750.00	1,730.00
	<b>GRAND TOTAL</b>		<b>13,678.99</b>	<b>3,758.98</b>

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>3,000.00</b>
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Report Ref No. CS/EQI21002089/Uvf3e2

CHUA KANG SENG

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 ..... 10/02/2021 16:08 (SGT)  
Date of Accident ..... 09/02/2021 10:10 (SGT)  
Exact Location of Accident ..... Lentor Ave, Singapore  
Additional Location Information ..... ALONG LENTOR AVENUE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJP3490X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GT CAR LEASING LIMITED LIABILITY PARTNERSHIP  
Company Reg No ..... TXXXXX913A  
Email Address ..... andyth78@gmail.com  
Mobile Phone No ..... (Phone) +65-81977199  
Alternative Phone No ..... (Home) +65-81977199

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5119684824  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN TUAN HENG  
NRIC No ..... SXXXX550Z  
Date Of Birth ..... 10/11/1978  
Occupation ..... Indoor

Date Of Driving Pass .....	22/07/2013
Driving experience .....	7 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81977199
Alt. Phone Number .....	-
Email Address .....	andyth78@gmail.com
Address .....	BLK 794 YISHUN RING ROAD
Address complement .....	#09-3464
Postcode .....	760794
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	4
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) .....	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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO 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 .....	SLP2248M
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) ..... 2

PASSENGER 1

Name ..... PASSENGER  
 Gender ..... Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SLJ8836H  
 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) ..... 2

PASSENGER 1

Name ..... PASSENGER  
 Gender ..... Female

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... FBN162T  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 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 ..... TAN TUAN HENG  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 5 DAYS MEDICAL LEAVE  
 Injured person in which vehicle? ..... SJP3490X  
 Were seat belts worn? ..... Yes

Was this injured conveyed to hospital by ambulance? ..... 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.

PT CAR  
LEASING

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.:

CH PLAN

Vehicle A: SJP3490X  
 Vehicle B: CLP2284M  
 Vehicle C: SLJ8836H  
 Motorcycle: FBN162T

Wentworth Avenue

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

DECLARATION

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

ST CAR  
LEASING

Policyholder's Signature  
Date & Time:

*Andy Tan*

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. SJP 3490X

### INSPECTION







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