



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. AC2102732

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

INV Date 19/04/2021
Reference CC3/EQI21002228/Aqd3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SML 107J
Insured Veh. SKU 4297T
Claim No. DM21HO00273/JT
Policy No.
Accident Date 10/02/2021
Inspection Date 15/02/2021

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/EQI21002228/Aqd3e2 Date: 19/04/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKU 4297T	Veh. Inspected	SML 107J	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO00273/JT	Excess (\$)	0.00	
Assign From		Assign Date	15/02/2021	
2. Vehicle Particulars & Condition				
Make & Model	HONDA SHUTTLE	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	GK82001792	Colour	GREY	
Odometer	65119 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	FIRENZA	6 mm	
L/H Front Tyre	185/60 R15	FIRENZA	6 mm	
R/H Rear Tyre	185/60 R15	FIRENZA	6 mm	
L/H Rear Tyre	185/60 R15	FIRENZA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/02/2021	Inspection Date	15/02/2021	
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:			8 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SML 107J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BOOT LID	DENTED	1,193.40	1,193.40
1	REAR R/H BOOT LID HINGE	NOT NECESSARY	55.10	-
1	REAR R/H BOOT LID SHOCK ABSORBER	NOT NECESSARY	165.90	-
1	REAR BOOT LID EMBLEM LOGO	NOT NECESSARY	37.40	-
1	REAR BOOT LID SHUTTLE LOGO	NECESSARY	55.00	55.00
1	REAR BOOT LID NUMBER PLATE	NOT NECESSARY	50.00	-
1	REAR BOOT LID CENTER CHROME MOULDING	NOT NECESSARY	383.10	-
1	REAR R/H BOOT LID SIDE REFLECTOR	CUT	340.80	340.80
1	REAR BOOT LID WINDSCREEN SEAL	NECESSARY	76.70	76.70
2	REAR BOOT LID WINDSCREEN SIDE MOULDING @ \$151.80	NECESSARY	303.60	185.00
1	REAR BOOT LID INNER LOCK	NOT NECESSARY	158.90	-
1	REAR BOOT LID INNER RUBBER	CUT	108.60	108.60
1	REAR BOOT LID INNER TRIM BOARD	NOT NECESSARY	320.20	-
1	REAR R/H TAIL LAMP	CUT	570.50	570.50
4	REAR TAIL LAMP CLIP @\$8.00	NECESSARY	32.00	20.00
1	REAR R/H TAIL LAMP LOWER BRACKET	NOT NECESSARY	210.80	-
1	REAR BUMPER	DEFORMED	1,209.60	985.00
1	REAR BUMPER FOAM	CRACKED	65.00	65.00
2	REAR BUMPER SIDE RETAINER @\$26.50	O/S DAMAGED	53.00	26.50
10	REAR BUMPER CLIP @\$3.90	NECESSARY	39.00	30.00
1	REAR BUMPER TOWING COVER	DEFORMED	25.00	25.00
1	REAR R/H BUMPER SIDE REFLECTOR	CUT	45.00	45.00
1	REAR R/H BUMPER SIDE REFLECTOR COVER	DEFORMED	90.60	90.60
1	REAR END PANEL	DENTED	631.50	631.50
1	REAR END PANEL TOP GARNISH	CRACKED	155.50	155.50
1	REAR END PANEL LOCK SWITCH	NOT NECESSARY	159.20	-
1	REAR R/H FENDER	BUCKLED	1,210.90	1,210.90
1	REAR R/H FENDER INNER TRIM BOARD	CRACKED	455.60	455.60
8	REAR FENDER INNER TRIM BOARD CLIP @\$6.50	NECESSARY	52.00	30.00
1	REAR SPARE TYRE PANEL	NOT NECESSARY	1,056.20	-

Report Ref No. CC3/EQI21002228/Aqd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR SPARE TYRE PANEL TOP COVER	DEFORMED	655.00	287.00
1	REAR SPARE TYRE PANEL INNER TOP COVER	NOT NECESSARY	608.00	-
1	REAR SPARE TYRE PANEL RUBBER COVER	NOT NECESSARY	286.00	-
1	REAR SPARE TYRE PANEL STORAGE BOX	CRACKED	322.00	322.00
1	REAR SPARE TYRE PANEL FOAM STORAGE BOX	NOT NECESSARY	265.00	-
1	REAR SPARE TYRE PANEL SPANNER BOX	NOT NECESSARY	295.40	-
1	REAR SPARE TYRE PANEL & END PANEL SEALANT	NOT NECESSARY	450.00	-
1	REAR EXHAUST	BENT	788.60	588.00
1	REAR CENTER EXHAUST	NOT NECESSARY	988.00	-
2	REAR EXHAUST MOUNTING @\$28.00	NOT NECESSARY	56.00	-
1	REAR EXHAUST ALUMINIUM COVER	NOT NECESSARY	107.60	-
	LESS 20% DISCOUNT		-	-1,499.52
			14,131.70	5,998.08
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER REVERSE SENSOR (SN)	DAMAGED	380.00	200.00
			380.00	200.00
	<u>LABOUR</u>			
	TO REMOVE & REFIT REVERSE SENSOR.		100.00	50.00
	TO REMOVE & REFIT REAR & CENTER EXHAUST.		380.00	80.00
	TO REMOVE & REFIT REAR CAMERA.		180.00	50.00
	TO REMOVE & REFIT REAR WINDSCREEN.		120.00	120.00
	GUM.		50.00	50.00
	TO CHECK WIRING.		100.00	30.00
	TOWING FEE.	NOT NECESSARY	150.00	-
	TUFF KOTE.		150.00	60.00
	PANEL BEATING.		1,800.00	1,200.00
	SPRAY PAINTING.		1,600.00	1,000.00
			4,630.00	2,640.00
	GRAND TOTAL		19,141.70	8,838.08

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			7,000.00
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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.

SKETCH PLAN

IMPORTANT NOTICE

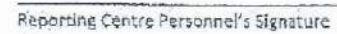
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

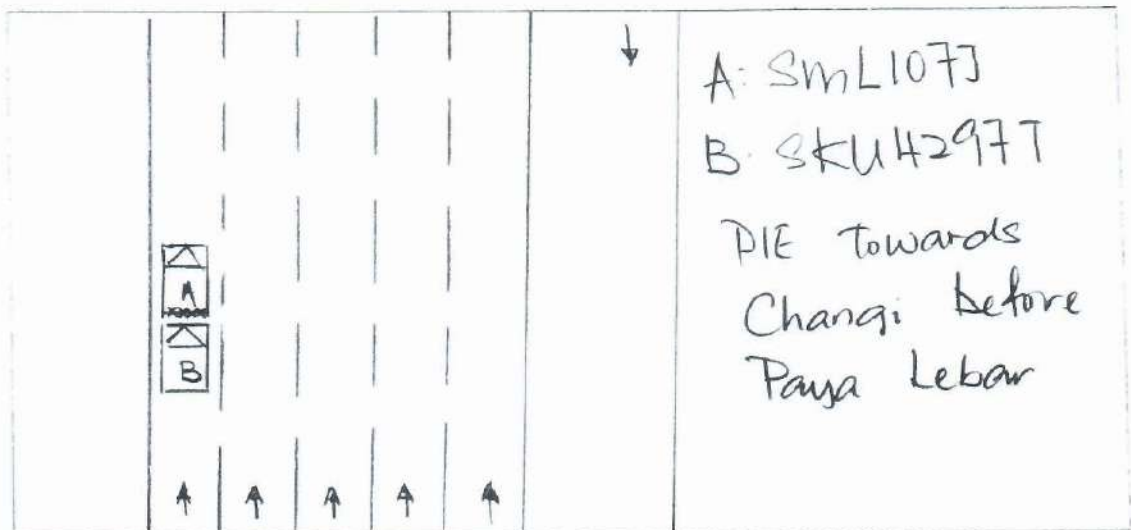

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

GIA's Sketch Plan Form 22



I authorized Convergence Automotive
 to email the Gia report to
 admin@nhtmotor.com / yunli@nhtmotor.com

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE toward Changi before Paya Lebar at extreme Left lane of 5 lanes.

The traffic at that point of view 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. Ven "B" collided onto the rear portion of my vehicle and caused damages.

After the accident, I alighted and driver "B" admitted his fault and advised me to claim against his insurance.

[Signature]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
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. SML 107J

INSPECTION



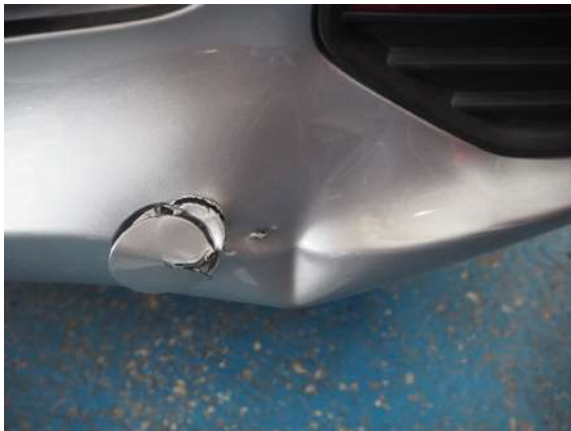


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PHOTOGRAPHS FOR VEHICLE NO. SML 107J

RE-INSPECTION



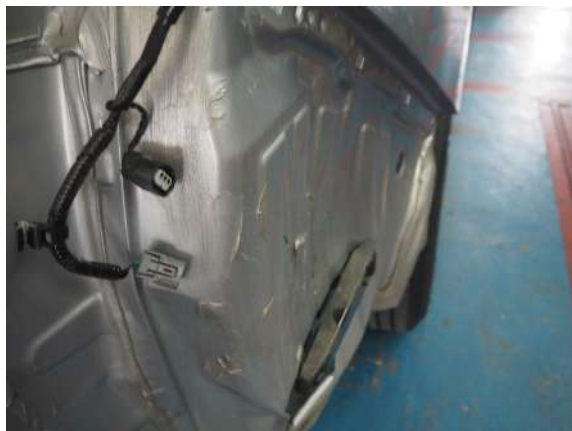


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