



## 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. AC2103021

INV Date 29/04/2021

Reference CS/EQI21004254/Uvf3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SGJ 70L  
Insured Veh. GBA 7133A  
Claim No. DM21HO00489/SG  
Policy No.  
Accident Date 27/03/2021  
Inspection Date 06/04/2021

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (7%)</b>	<b>11.20</b>
<b>Grand Total</b>	<b>171.20</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

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5 MAXWELL ROAD  
#17-00 TOWER BLOCK  
MND COMPLEXSINGAPORE 069110

Ref: CS/EQI21004254/Uvf3e2

Date: 29/04/2021

Code: EQI

### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b>	GBA 7133A	<b>Veh. Inspected</b>	SGJ 70L
<b>Policy No.</b>		<b>Coverage (\$)</b>	0.00
<b>Claim No.</b>	DM21HO00489/SG	<b>Excess (\$)</b>	0.00
<b>Assign From</b>	JANICE GOH	<b>Assign Date</b>	05/04/2021

### 2. Vehicle Particulars & Condition

<b>Make &amp; Model</b>	NISSAN X-TRAIL (A)	<b>c.c</b>	1997
<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2016
<b>Chassis No.</b>	JN1JANT32Z0001840	<b>Colour</b>	BLACK
<b>Odometer</b>	109105 KM	<b>Steering</b>	IN ORDER
<b>Brakes</b>	IN ORDER	<b>Modification</b>	SPORTS RIM
<b>General</b>	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
<b>R/H Front Tyre</b>	225/60 R18	BRIDGESTONE	6 mm
<b>L/H Front Tyre</b>	225/60 R18	BRIDGESTONE	6 mm
<b>R/H Rear Tyre</b>	225/60 R18	BRIDGESTONE	6 mm
<b>L/H Rear Tyre</b>	225/60 R18	BRIDGESTONE	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

<b>Accident Date</b>	27/03/2021	<b>Inspection Date</b>	06/04/2021
<b>Survey held at</b>	AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623		

### 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. SGJ 70L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	EMBLEM REAR X-TRAIL (N)	NECESSARY	110.00	110.00
1	EMBLEM REAR NISSAN (N)	NECESSARY	64.90	64.90
1	REAR BUMPER INNER PROTECTOR (N)	NOT NECESSARY	162.50	-
1	REAR BUMPER STAY LH (N)	NOT NECESSARY	195.60	-
1	REAR BUMPER STAY RH (N)	NOT NECESSARY	195.60	-
1	REAR BUMPER REINFORCEMENT (N)	NOT NECESSARY	596.20	-
1	REAR BUMPER LOWER CENTRE GRILLE (N)	NOT NECESSARY	117.50	-
1	REAR BUMPER SIDE BRKT LH (N)	NOT NECESSARY	38.80	-
1	REAR BUMPER SIDE BRKT RH (N)	NOT NECESSARY	38.90	-
12	CLIP REAR BUMPER @\$1.40 (N)	NECESSARY	16.80	16.80
1	REAR BUMPER FASCIA (N)	DISTORTED	693.10	693.10
	LESS 20% DISCOUNT		-445.98	-176.96
			<b>1,783.92</b>	<b>707.84</b>
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SUNDRIES (SN)	NOT NECESSARY	60.00	-
1	SENSOR - REVERSE (SN)	SERVICEABLE	250.00	-
			<b>310.00</b>	<b>-</b>
<b><u>LABOUR</u></b>				
	LABOR CHARGE TO REPAIR REAR PANEL, REAR TAIL GATE DOOR AND RENEW REAR BUMPER.		980.00	950.00
	CHARGES TO SPRAY PAINTING SAME.		850.00	750.00
	REMOVE AND INSTALL REVERSE SENSOR - RENEW IF NEC.		110.00	110.00
			<b>1,940.00</b>	<b>1,810.00</b>
<b>GRAND TOTAL</b>			<b>4,033.92</b>	<b>2,517.84</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>2,517.84</b>

Report Ref No. CS/EQI21004254/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	29/03/2021 09:43 (SGT)
Date of Accident	27/03/2021 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRASS BASH RD FILTER LANE > NICHOLL HIGHWAY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ70L
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED AMIRZAH BIN HAMZAH
NRIC No	SXXXX527J
Email Address	ROSHIDAH_HARON@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93828038
Alternative Phone No	(Home) +65-93828038

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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
Transmission	Auto
CC	2000

### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2013-00004193-02
Cover Note Number	-

### DRIVER

Name of Driver	ROSHIDAH BINTE HARON
NRIC No	SXXXX453J

Date Of Birth	26/03/1964
Occupation	Indoor
Date Of Driving Pass	17/01/1991
Driving experience	30 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93828038
Alt. Phone Number	-
Email Address	ROSHIDAH_HARON@HOTMAIL.COM
Address	70 PASIR RIS TERRACE
Address complement	-
Postcode	518714
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AMIRA BTE MOHAMED AMIRZAH
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

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

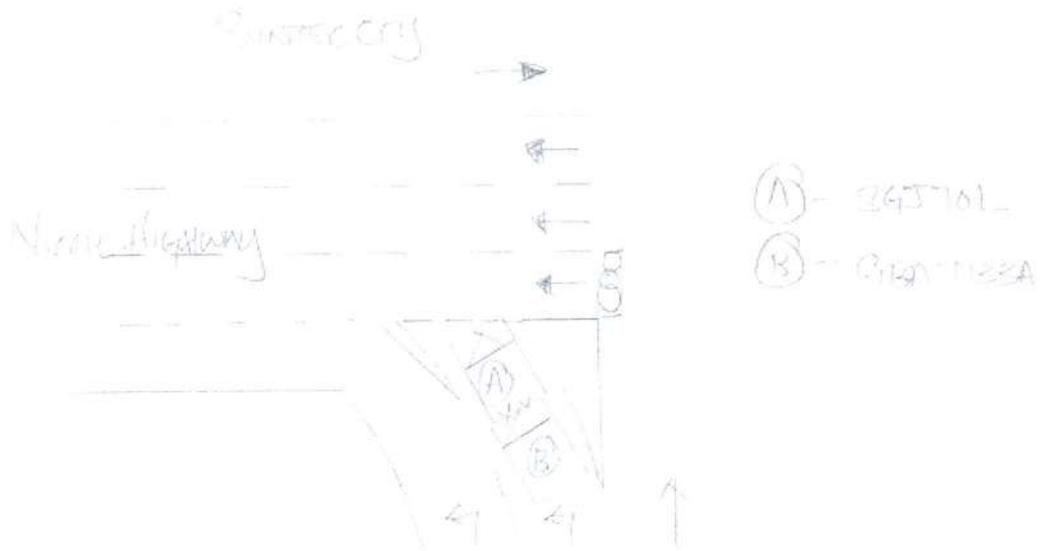
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA7133A
Vehicle Manufacturer	Opel
Vehicle Model	Combo
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	HO CHIA HAO
NRIC.No	SXXXX377G
Contact Number	(Phone) +65-97365792
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

3/13/2011

3457101 hit my car at a different lane from Berasah Road to Negeri Highway as I stopped for an believed the way out for my car as I was passing. He hit my car of my vehicle - the offing accident.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated time frame from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim IP
<input checked="" type="checkbox"/>	Claim OD (TP or other workshop)

DECLARATION

I/We declare the foregoing part fully and true & correct report

Participant's Signature  
Date & Time

Driver's Signature  
ID No. (if not the policy holder)  
Date & Time

Reporting Party's Name with Signature  
Name  
New No.



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## PHOTOGRAPHS FOR VEHICLE NO. SGJ 70L

## INSPECTION



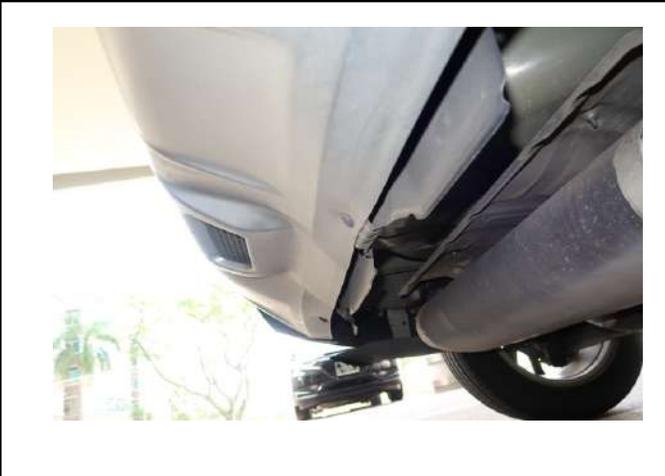


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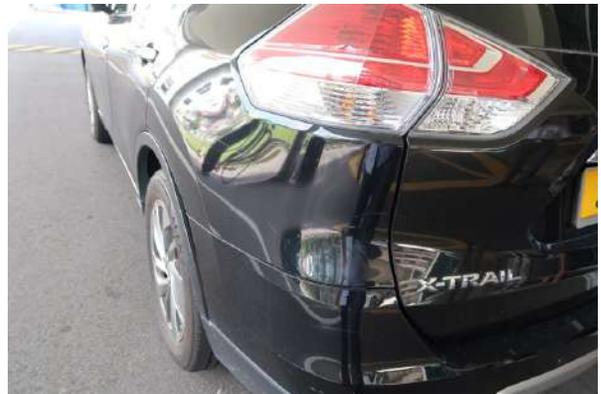


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RE-INSPECTION

