



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. AC2104536

INV Date 29/06/2021

Reference CS/EQI21005702/Ktf3q2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLN 9402Z

Insured Veh. SL 13A

Claim No. DM21HO00712-JG

Policy No. DMPPHQ20-004517

Accident Date 06/05/2021

Inspection Date 11/05/2021

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

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: CS/EQI21005702/Ktf3q2 Date: 29/06/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SL 13A	Veh. Inspected	SLN 9402Z
Policy No.	DMPPHQ20-004517	Coverage (\$)	0.00
Claim No.	DM21HO00712-JG	Excess (\$)	0.00
Assign From	JOEL GOH	Assign Date	11/05/2021
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA CAMRY (A)	c.c	2494
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MR053AK5004011888	Colour	METALLIC BLUE
Odometer	62311 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/55 R17	KUMHO	7 mm
L/H Front Tyre	215/55 R17	KUMHO	7 mm
R/H Rear Tyre	215/55 R17	KUMHO	7 mm
L/H Rear Tyre	215/55 R17	KUMHO	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/05/2021	Inspection Date	11/05/2021
Survey held at	CITY AUTO PTE LTD BLK 8, SIN MING IND. ESTATE #01-60/62 Sector C SINGAPORE 575643.		
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:		6 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLN 9402Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR RH FENDER	BENT	1,072.50	828.80
1	REAR WINDSCREEN GLASS MOULDING	NECESSARY	93.40	93.40
1	REAR BUMPER	BUCKLED	657.60	569.80
1	REAR BUMPER RH RETAINER	DISTORTED	110.50	110.50
1	REAR RH FENDER AIR DUCT	SERVICEABLE	135.70	-
1	REAR RH RIM	DENTED	2,190.40	2,190.40
1	REAR RH WHEEL BEARING	NOT NECESSARY	1,001.90	-
1	RH TAILLAMP	CUT	487.80	487.80
	LESS 25% DISCOUNT		-1,437.45	-1,070.18
			4,312.35	3,210.52
	<u>SPECIAL NETT ITEMS</u>			
1	REAR WINDSCREEN GLASS SEALANT (SN)	NECESSARY	40.00	40.00
			40.00	40.00
	<u>LABOUR</u>			
	TO REMOVE AND REFIT REAR TRIMS ,SEAT AND UPHOLSTERY .		150.00	100.00
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS .		150.00	120.00
	TO REMOVE & REFIT REAR RH WHEEL BEARING .	NOT NECESSARY	80.00	-
	TO SUPPLY PANEL SEALANT AND TO SEAL OFF ALL WELD SPOT SEAMS AND GAPS.		90.00	30.00
	TO SPRING RUBBERIZED UNDER-COATING.		120.00	30.00
	TO CONDUCT WHEEL ALIGNMENT.		65.00	60.00
	TO KNOCK JACKOUT DAMAGED PARTS ,PANEL BEATING ,WELDING ,ALIGN ,REFIX AND TO RENEW ACCIDENT PARTS.		900.00	600.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		600.00	450.00
			2,155.00	1,390.00
	GRAND TOTAL		6,507.35	4,640.52



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,700.00
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Report Ref No. CS/EQI21005702/Ktf3q2

A handwritten signature in black ink, appearing to be 'KSC'.

KONG SENG CHEONG

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	07/05/2021 16:42 (SGT)
Date of Accident	06/05/2021 17:45 (SGT)
Exact Location of Accident	Orchard Blvd, Singapore
Additional Location Information	Along Tomlinson road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9402Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOKYO CENTURY LEASING (SINGAPORE PTE LTD)
Company Reg No	1XXXXX535G
Email Address	ben@tcls.com.sg
Mobile Phone No	(Phone) +65-62208751
Alternative Phone No	+65-62208751

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	G300311726MCY
Cover Note Number	-

DRIVER

Name of Driver	SATOSHI SEKIGUCHI
Work Permit No	FXXXX868T

Date Of Birth	04/02/1967
Occupation	Indoor
Date Of Driving Pass	05/07/2005
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90104326
Alt. Phone Number	-
Email Address	Sekiguchi@skk.com.sg
Address	6 St Martin drive
Address complement	#03-15
Postcode	257992
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	Collision - Change/cross lane
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	Tomoko
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

I was traveling along Tomlinson road making a right turn onto orchard boulevard as I started turning third party vehicle which was on my right collided onto my vehicle right rear area. No injuries involved.

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	SL13A
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category	Private car
Name of Driver	THONG POH LIONG
NRIC No	SXXXX665E
Contact Number	(Phone) +65-97632368
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 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:

7 May 2021

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM Ver. 30042602

Vehicle A: SLN9402Z
Vehicle B: SL13A

Orchard Roadward

Tomlinson Road

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SABULLAH S/O SYED MASOOD

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
INSC/IN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Tomlinson road making a right turn onto orchard boulevard as I started turning third party vehicle which was on my right collided onto my vehicle right rear area. No injuries involved.

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: 7 May 2021

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

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

GIARMC SketchPlanForm_V3

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INSPECTION





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RE-INSPECTION

