

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. AC2108268

INV Date 30/11/2021

Reference CC3/EQI21006192/Aqcn2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMX 9325Z

Insured Veh. SDJ 118U

Claim No. DM21HO00595-JG

Policy No.

Accident Date 14/04/2021

Inspection Date 25/05/2021

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

HYN



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		Affiliated to Federation Internation	nale Des Experts En Auto	mobile	
	EQ INSURANCE COMPANY LTD Ref: CC3/EQI21006192/Aqci				
	5 MAXWELL ROAD #17-00 TOWER BL MND COMPLEXSI	OCK	Date		
			Cod	e: EQI	
1.		Policy Particulars :	- THIRD PARTY CLA	AIM	
	Insured Veh.	SDJ 118U	Veh. Inspected	SMX 9325Z	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	DM21HO00595-JG	Excess (\$)	0.00	
	Assign From		Assign Date	25/05/2021	
2.		Vehicle Partic	ulars & Condition		
	Make & Model	NISSAN FAIR LADY	c.c	3696	
	Engine No.	HIDDEN	Year of Reg.	2011	
	Chassis No.	JN1GAAZ34Z0600310	Colour	WHITE	
	Odometer	103305 KM	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	SPORTS RIM	
	General	GOOD			
3.		Condition	ons of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	245/40 R19	MICHELIN	6 mm	
	L/H Front Tyre	245/40 R19	MICHELIN	6 mm	
	R/H Rear Tyre	245/40 R19	MICHELIN	6 mm	
	L/H Rear Tyre	245/40 R19	MICHELIN	6 mm	
4.		Description	on of Damages		
	THE VEHICLE SUS	STAINED DAMAGES AT THE N/S	BODY.		
	DAMAGES SEE DE	ETAILS.			
5.		General	Information		
	Accident Date	14/04/2021	Inspection Date	25/05/2021	
	Survey held at	NEW HOCK TECK MOTOR PTE	LTD		
		1 KAKI BUKIT AVENUE 6 #01-43 SINGAPORE 417883	3 AUTOBAY @ KAKI BI	JKIT	
5a.		Re	emarks		
		N WAS CONDUCTED ON A"WIT E TO YOUR INSTRUCTIONS, WI			
5b.		Estimate I	Days of Repair		
	ESTIMATED NORM	MAL PERIOD FOR REPAIR:	4 Wo	orking Days	
		<u> </u>			



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMX 9325Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	NOT NECESSARY	978.90	-
1	FRONT BUMPER SIDE RETAINER LH	NOT NECESSARY	61.50	-
1	LH FRONT FENDER	DENTED	860.40	820.00
1	LH FRONT FENDER INNER SHIELD	NOT NECESSARY	134.60	-
1	LH FRONT DOOR	TO REPAIR SEE LABOUR	1,986.30	-
1	LH FRONT WINDMIRROR	NOT NECESSARY	558.30	-
2	LH FRONT DOOR HING @\$65.10	NOT NECESSARY	130.20	-
1	LH FRONT DOOR CHECKER	NOT NECESSARY	48.00	-
1	LH FRONT WEATHER STRIPE	NOT NECESSARY	164.00	-
	LESS 10% DISCOUNT		-492.22	-82.00
			4,429.98	738.00
1	LH FRONT FENDER EMBLEM (SN)	NECESSARY	105.80	84.00
	LESS 10% DISCOUNT		-10.58	-
			95.22	84.00
	SPECIAL NETT ITEMS			
1	SET ALL SPORT RIM (SN)	CUT	3,600.00	390.00
1	LH FRONT TYRE (SN)	NOT NECESSARY	320.00	-
1	FRONT BUMPER CLIPS (SN)	NOT NECESSARY	80.00	-
1	LH FRONT FENDER INNER SHIELD CLIPS (SN)	NOT NECESSARY	60.00	-
1	LH ROCKER PANEL GARNISH CLIPS (SN)	NOT NECESSARY	50.00	-
1	LH ROCKER PANEL GARNISH SEAL (SN)	NOT NECESSARY	120.00	-
1	LH ROCKER PANEL GARNISH (SN)	NOT NECESSARY	1,200.00	-
			5,430.00	390.00
	<u>LABOUR</u>			
	LABOUR FOR PANEL BEATING.INCLUSIVE OF THE REPAIR OF LH FRONT DOOR.		1,600.00	400.00
	LABOUR FOR SPRAYPAINTING.		2,200.00	700.00
	WIRING CHECK.	NOT NECESSARY	80.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO APPLY RUST/TUFF COAT PROOF ON ACCIDENT AREAS.	NOT NECESSARY	200.00	-
	TO CONDUCT ALL WHEEL ALIGNMENT.		250.00	80.00
	LABOUR FOR REMOVE & TRANSFER LH FRONT DOOR FITTING.	NOT NECESSARY	400.00	-
	TO CONDUCT WATER CHECK LEAKAGE.	NOT NECESSARY	120.00	-
			4,850.00	1,180.00
	GRAND TOTAL		14,805.20	2,392.00

RECOMMENDED COST OF LUMP SUM REPAIRS		1,900.00
(TO ITS PRE-ACCIDENT CONDITION)		·

Report Ref No. CC3/EQI21006192/Aqcn2



ADRIAN LING WAI PING

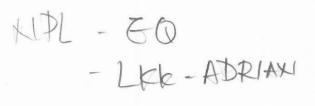
B.Eng, AMSOE, AMIRTE, AMSAE-A, M. MATAI

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

SM0M214F0003 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 15/04/2021 18:55 (SGT) SUBMITTED BY: Nitha VERSION: 1 (15/04/2021 18:55 (SGT))





SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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.

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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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/04/2021 18:55 (SGT) 14/04/2021 13:35 (SGT) Tg Pagar Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMX9325Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No. **Email Address** Mobile Phone No

CHIA WEE KIAT KELVIN SXXXX166Z kelvchia01@gmail.com (Phone) +65-92704417 +65-92704417

VEHICLE PARTICULARS

Alternative Phone No

Model Variant

Manufacturer

Nissan 370Z 3.7L MT ABS D/AB HID 2WD 2DR

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Private use

No - Claiming third party Private car Auto 3696

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 7210012231

DRIVER

Name of Driver NRIC No

CHIA WEE KIAT KELVIN SXXXX166Z



Date Of Birth 29/10/1984 Occupation Indoor Date Of Driving Pass 09/05/2005 15 YEARS AND 11 MONTHS Driving experience Gender Male (Phone) +65-92704417 Mobile Number Alt. Phone Number +65-92704417 kelvchia01@gmail.com **Email Address** 86 DAWSON ROAD Address Address complement 45-03 SKYVILLE @ DAWSON Postcode 141086 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 - Change/cross lane Weather Conditions Clear Dry Road Surface 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) 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SDJ118U

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 MR CHUA BEEN TECK

 Contact Number
 (Phone) +65-90059696

 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

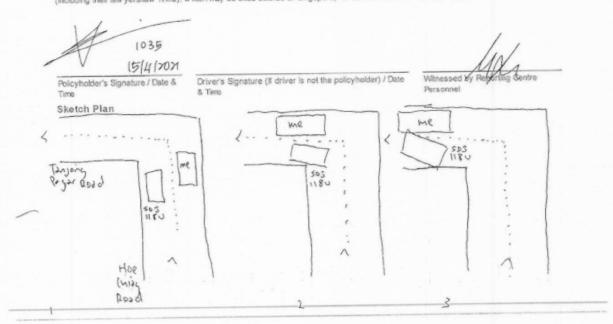
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



scribe Circumstances of the Accident
CENSE PLATE: SMX 93257 ACCIDENT DATE & TIME: 14th ATC: 1 2021 1:357m
ONTACT NUMBER: 92704417 E-MAIL ADDRESS: (CELVCLIS DI P guar) com
CATION: Tanjung Pager Road
there uss a car (SDS118U) on my lett (inside lane).
After making the left turn together into Tanjons Pagar Pood. SD3 1180 attend tried to surtain lanes to the Iright 1700 my lane. However he did not the CK while suftening lanes and knocked into the side of my Car. I was keeping within my lane the entire time. We got came out of our cars and he said "no choice", "Can we cettle prostery" to too He admitted that he had knocked into me. We exchange participas and left.
He contacted me to settle privately and told me he works for Liberty insusance. He seem to imply he would have a bigger advantage is I claimed his insurance and would be in my interest to settle privately. I checked with a morkshop for quantities and told him the analythe social ne will get back to be by never did after multiple attempts to ask him.
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.
Please state:
() Claim Own Policy (Claim Third Party () Claim OD/TP at other workshop () Reporting Only

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 15th AZL 5051

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed of Resorting Centre



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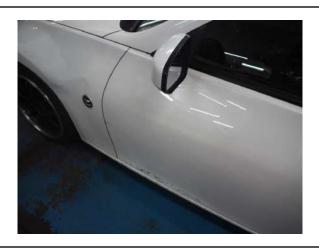
PHOTOGRAPHS FOR VEHICLE NO. SMX 9325Z

INSPECTION















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RE-INSPECTION















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