



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. AC2106470

INV Date 15/09/2021

Reference CS/EQI21006976/Aqf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SGR 6006S

Insured Veh. GBJ 9567X

Claim No. DM21HO00910-JG

Policy No.

Accident Date 21/06/2021

Inspection Date 30/06/2021

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

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/EQI21006976/Aqf3e2 Date: 15/09/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBJ 9567X	Veh. Inspected	SGR 6006S	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO00910-JG	Excess (\$)	0.00	
Assign From	JOEL GOH	Assign Date	24/06/2021	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI NICO	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KNACC81CVJ5114496	Colour	BLUE	
Odometer	88799 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/50 R17	GOODYEAR	6 mm	
L/H Front Tyre	225/50 R17	GOODYEAR	6 mm	
R/H Rear Tyre	225/50 R17	GOODYEAR	6 mm	
L/H Rear Tyre	225/50 R17	GOODYEAR	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/06/2021	Inspection Date	30/06/2021	
Survey held at	RYDER AUTO PTE LTD 2 KAKI BUKIT AVE 2 #02-19/22 KAKI BUKIT AUTOHUB SINGAPORE 417921			
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. SGR 6006S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DISTORTED	887.20	451.00
1	REAR BUMPER DIFFUSER	CUT	554.00	392.00
2	REAR BUMPER N/S GARNISH SILVER	CUT	122.00	122.00
1	REAR BUMPER ENFORCEMENT	NOT NECESSARY	709.00	-
1	REAR BUMPER N/S RETAINER	NOT NECESSARY	106.20	-
1	REAR BUMPER N/S REFLECTOR	CRACKED	122.40	122.40
1	REAR N/S TAIL LAMP	CRACKED	820.45	775.00
1	REAR N/S TAIL LAMP PANEL	TO REPAIR SEE LABOUR	530.45	-
1	REAR N/S BOOT LID LAMP	NOT NECESSARY	773.45	-
1	REAR 'NIRO' EMBLEM	NOT NECESSARY	75.40	-
1	REAR 'ECO YBRID' EMBLEM	NOT NECESSARY	60.60	-
1	REAR 'C & C' EMBLEM	NOT NECESSARY	65.00	-
1	REAR BOOT COVER EMBLEM	NOT NECESSARY	86.60	-
1	REAR N/S BUMPER WHEEL ARCH GARNISH (ADDITIONAL)	DEFORMED	45.00	45.00
1	REAR N/S BSD ASSEMBLY (ADDITIONAL)	DAMAGED	1,586.20	885.00
	LESS 10% DISCOUNT		-654.40	-279.24
			5,889.55	2,513.16
<u>SPECIAL NETT ITEMS</u>				
10	REAR BUMPER CLIPS (SN)	NECESSARY	60.00	30.00
1	SET REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
			340.00	30.00
<u>LABOUR</u>				
	TO DISMANTLE AND REPLACE DAMAGE PARTS. INCLUSIVE OF THE REPAIR OF REAR N/S TAIL LAMP PANEL.		800.00	300.00
	TO SPRAY PAINTING.		600.00	250.00
	TO REMOVE & REPLACE REAR REVERSE SENSOR.		80.00	50.00
	TO PROGRAME REAR REVERSE SENSOR.	NOT NECESSARY	180.00	-
	TO CHECK WIRING.		50.00	30.00

Report Ref No. CS/EQI21006976/Aqf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RE-SEAL ANTI-RUST.	NOT NECESSARY	50.00	-
	TO RESET AND PROGRAM BSD SYSTEM. (ADDITIONAL)		250.00	100.00
			2,010.00	730.00
GRAND TOTAL			8,239.55	3,273.16
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,500.00

Report Ref No. CS/EQI21006976/Aqf3e2

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.

2 Kaki Bukit Ave 2, #02-19/22 AutoHub @ Kaki Bukit, Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277 Fax: 67468277

SUPPLEMENTARY ESTIMATE OF REPAIR

Veh# : SGR6006S

Model: KIA NIRO HYBRID
(30/1/2017)

Accident Date : 21/6/2021

Location : FOUR STAR BUILDING CARPARK

3P: GBJ9567X (EQ)

S/Nos.	Qty	Description	List \$	S/Nett \$	Nett \$
1	1 pc	Rear n/s bumper wheel arch garnish <i>Rehnd</i>	45.00	-	
2	1 pc	Rear n/s BSD assembly <i>Rehnd.</i> 885	1,586.20	985	
		Sub-Total:	1,631.20	0.00	0.00
			20%	0%	10%
		After Less %:	1,304.96	0.00	0.00
		<u>Labour</u>			
1		To reset and program BSD system	100	250.00	
		Sub-Total:		250.00	
		Total:		1,554.96	
		After Less 20%:		1,243.97	

Chan

Chan San Choon
Director
DipEng, AAE MIMI,MSAE(Aust)

Adrian

30/06/21.

flg.



AL 8778 1999
24 hr accident call



*Supplementary : 1030
Less 20% : 824.*

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	22/06/2021 11:03 (SGT)
Date of Accident	21/06/2021 15:30 (SGT)
Exact Location of Accident	44 Kallang PI, Singapore 339172
Additional Location Information	Four Star Building Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR6006S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Gooh Leng Mian
NRIC No	SXXXX100I
Email Address	Raymond_gooh@yahoo.com.sg
Mobile Phone No	(Phone) +65-93859739
Alternative Phone No	+65-93859739

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
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	1580

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000078476-01
Cover Note Number	-

DRIVER

Name of Driver	Gooh Leng Mian
NRIC No	SXXXX100I

Date Of Birth	18/06/1968
Occupation	Indoor
Date Of Driving Pass	28/01/1993
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93859739
Alt. Phone Number	+65-93859739
Email Address	Raymond_gooh@yahoo.com.sg
Address	Blk.13 Sengkang East Avenue #10-11
Address complement	Singapore
Postcode	544805
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	Hit and run / Vandalism / Damaged whilst parked
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer Sketch Plan

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	GBJ9567X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

Describe Circumstances of the Accident

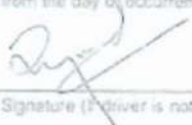
I WAS STATIONARY AT FOUR STAR BUILDING CARPARK. MOMENTS LATER, VEHICLE B REVERSED AND COLLIDED WITH MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

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 re-nudate 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 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' 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.

Policyholder's Signature / Date & Time

Sketch Plan

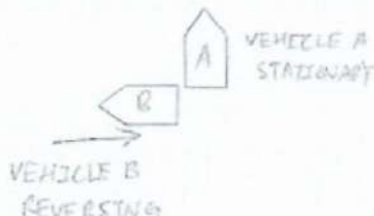
Driver's Signature (if driver is not the policyholder) / Date & Time

FOUR STAR BUILDING CARPARK

Witnessed by Reporting Centre Personnel

A: SGR60063

B: GBJ9567X





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PHOTOGRAPHS FOR VEHICLE NO. SGR 6006S

INSPECTION





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RE-INSPECTION





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