



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. AC2105925

INV Date 20/08/2021

Reference CS/EQI21006988/Aqf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMD 9055H
Insured Veh. SGW 4825G
Claim No. DM21HO00913/JT
Policy No. DMPPHQ21-004490
Accident Date 23/06/2021
Inspection Date 24/06/2021

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: CS/EQI21006988/Aqf3e2 Date: 20/08/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGW 4825G	Veh. Inspected	SMD 9055H
Policy No.	DMPPHQ21-004490	Coverage (\$)	0.00
Claim No.	DM21HO00913/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	24/06/2021
2. Vehicle Particulars & Condition			
Make & Model	KIA CERATO	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KNAF1416MK5010020	Colour	BLUE
Odometer	71827 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	6 mm
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	23/06/2021	Inspection Date	24/06/2021
Survey held at	JEC AUTO SERVICE PTE LTD 1 KAKI BUKIT AVENUE 6 #02-11 AUTOBAY 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:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMD 9055H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DISTORTED	575.20	575.20
2	REAR BUMPER SIDE HOLDER @\$28.00	NECESSARY	56.00	56.00
1	REAR BUMPER LOWER GARNISH	DISTORTED	284.70	284.70
2	REAR BUMPER LAMP @\$163.20	CRACKED	326.40	326.40
2	REAR BUMPER LAMP COVER @\$55.10	CRACKED	110.20	110.20
1	REAR BUMPER REINFORCEMENT	CRACKED	287.50	287.50
5	REAR BUMPER REINFORCEMENT BRACKET @\$18.00	DAMAGED	90.00	90.00
2	REAR BUMPER REINFORCEMENT STAY @\$82.60	DENTED	165.20	165.20
4	REVERSE SENSOR @\$150.00	DAMAGED (2PCS ONLY)	600.00	300.00
1	REAR END PANEL	DENTED	455.20	455.20
1	REAR END PANEL TOP GARNISH	DEFORMED	98.50	98.50
1	REAR END PANEL ANTENNA SENSOR	NOT NECESSARY	155.90	-
2	TAILLAMP @\$608.30	N/S CRACKED	1,216.60	608.30
1	BOOTLID	TO REPAIR SEE LABOUR	1,255.00	-
1	BOOTLID LOCK	NOT NECESSARY	101.40	-
1	BOOTLID WEATHERSTRIPE	NOT NECESSARY	95.90	-
1	KIA LOGO	NECESSARY	35.40	35.40
1	CERATO WORDING	NECESSARY	39.40	39.40
1	CYCLE AND CARRIAGE LOGO	NECESSARY	45.10	45.10
1	SPARE TYRE PANEL TOP BOARD	DEFORMED	260.90	260.90
1	REAR EXHAUST PIPE	NOT NECESSARY	758.40	-
1	REAR EXHAUST MOUNTING	NOT NECESSARY	32.10	-
1	REVERSE SENSOR WIRE HARNESS	CRACKED	187.40	187.40
	LESS 10% DISCOUNT		-	-392.54
			7,232.40	3,532.86
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER CLIPS (SN)	NECESSARY	30.00	30.00
1	REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	20.00	20.00

Report Ref No. CS/EQI21006988/Aqf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR END PANEL SEALANT (SN)	NECESSARY	60.00	60.00
			110.00	110.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOTLID.		1,200.00	700.00
	SPRAY PAINTING.		1,200.00	600.00
	WIRING.		50.00	30.00
	TO REMOVE REVERSE SENSOR.		100.00	50.00
	TO SPRAY TUFF COAT.		150.00	60.00
	TO REMOVE UPHOLSTERY.		150.00	60.00
	TO TRANSFER BOOTLID FITTINGS.		150.00	60.00
	TO REMOVE EXHAUST PIPE.	NOT NECESSARY	150.00	-
			3,150.00	1,560.00
GRAND TOTAL			10,492.40	5,202.86
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,100.00

Report Ref No. CS/EQI21006988/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.

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 23/06/2021 17:50 (SGT)
Date of Accident 23/06/2021 12:30 (SGT)
Exact Location of Accident Stevens Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD9055H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHONG KAH HEAN DAVIN
NRIC No S9446402A
Email Address DAVINNCHONG@GMAIL.COM
Mobile Phone No (Phone) +65-88168567
Alternative Phone No (Home) +65-88168567

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118601974
Cover Note Number -

DRIVER

Name of Driver CHONG KAH HEAN DAVIN
NRIC No S9446402A

Date Of Birth	08/12/1994
Occupation	Indoor
Date Of Driving Pass	21/10/2015
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88168567
Alt. Phone Number	(Home) +65-88168567
Email Address	DAVINNCHONG@GMAIL.COM
Address	APT BLK 571 ANG MO KIO AVE 3 #02-3255
Address complement	-
Postcode	560571
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SGW4825G
Vehicle Manufacturer	-

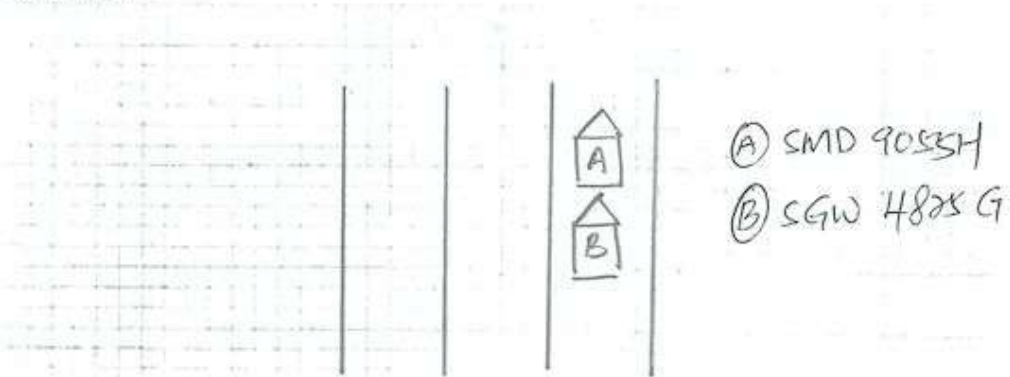
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHONG KAH HEAN DAVIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMD9055H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Devi

Policyholder's Signature
Date & Time:

STATE: ANDHRA PRADESH

Devi

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

[Signature]

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

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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/ID No.:

* PRINTED SIGNATURE PAGE 2



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PHOTOGRAPHS FOR VEHICLE NO. SMD 9055H

INSPECTION





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RE-INSPECTION





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