



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. AC2107410

INV Date 27/10/2021

Reference CS/EQI21007042/Kqf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SKV 8206A

Insured Veh. SLV 767M

Claim No. DM21HO00917/MT

Policy No. DMPPHQ21-004270

Accident Date 24/06/2021

Inspection Date 28/06/2021

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/EQI21007042/Kqf3e2 Date: 27/10/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLV 767M	Veh. Inspected	SKV 8206A
Policy No.	DMPPHQ21-004270	Coverage (\$)	0.00
Claim No.	DM21HO00917/MT	Excess (\$)	0.00
Assign From	MELODY TEOH	Assign Date	25/06/2021
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI ACCENT (A)	c.c	1368
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHCT41BTGU010845	Colour	METALLIC SILVER
Odometer	87043 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/65 R14	YOKOHAMA	8 mm
L/H Front Tyre	185/65 R14	YOKOHAMA	8 mm
R/H Rear Tyre	185/65 R14	YOKOHAMA	8 mm
L/H Rear Tyre	185/65 R14	YOKOHAMA	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	24/06/2021	Inspection Date	28/06/2021
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:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKV 8206A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	TAIL LAMP - RH	CUT	326.50	326.50
1	REAR BUMPER	CRACKED	418.60	406.40
1	REAR BUMPER LAMP RH	CRACKED	44.60	44.60
2	REAR BUMPER RETAINER @\$28.20	N/S DISTORTED	56.40	28.20
1	REAR END PANEL	BENT	499.30	499.30
1	REAR BOOT RUBBER	SERVICEABLE	79.50	-
1	REAR BUMPER REINFORCEMENT	CRACKED	376.50	365.40
1	REAR BOOT EMBLEM - LOGO	NOT NECESSARY	36.70	-
1	REAR BOOT EMBLEM - ACCENT	NOT NECESSARY	37.20	-
1	REAR LH WHEEL GUARD	NOT NECESSARY	43.20	-
1	REAR LH MUDFLAP	CRACKED	18.00	18.00
12	REAR BUMPER CLIP @\$2.00	NECESSARY	24.00	24.00
1	REAR BUMPER REINFORCEMENT LH BRACKET (ADDITIONAL)	BENT	34.00	34.00
	LESS 20% DISCOUNT		-398.90	-349.28
			1,595.60	1,397.12
	<u>SPECIAL NETT ITEMS</u>			
1	REVERSE SENSOR (SN)	SHORTED	250.00	200.00
			250.00	200.00
	<u>LABOUR</u>			
	TO KNOCK JACKOUT DAMAGED PARTS, PANEL BEATING, WELDING, ALIGN, REFIX AND TO RENEW ACCIDENT PARTS.		800.00	600.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		1,200.00	800.00
	TO REMOVE AND REFIT REAR TRIMS AND UPHOLSTERY.		90.00	60.00
	TO SUPPLY PANEL SEALANT AND TO SEAL OFF ALL WELD SPOT SEAM AND GAPS.		90.00	30.00
	TO SPRAY RUBBERIZED UNDER COATING.		120.00	30.00

Report Ref No. CS/EQI21007042/Kqf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PULL AND REALIGN REAR CHASSIS MEMBER.	NOT NECESSARY	250.00	-
			2,550.00	1,520.00
GRAND TOTAL			4,395.60	3,117.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,500.00

Report Ref No. CS/EQI21007042/Kqf3e2

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.



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Supplementary Estimate : QUOT202106-000818(00)

EQ INSURANCE COMPANY LIMITED

NO. 5

MAXWELL RD #17-00 SINGAPORE 069110

MND COMPLEX

SINGAPORE 069110

Contact : -

Fax No. : 62243903

Date : 25/06/2021

Vehicle No. : SKV8206A

Make/Model : HYUNDAI ACCENT (RB) 1.4 CVT
ABS D/AIRBAG 2WD

Mileage (km) : 87043

Chassis No. : KMHCT41BTGU010845

Accident Date : 24/06/2021 00:00:00

Claim No. : SLV767M

Reference : TP EQ

Policy No. : VPA/P1669249

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Rear bumper reinforcement LH bracket	1.0	34.00	34.00
	List Total :			34.00
	20% Discount S\$			6.80
				27.20

P- \$ 1,735.10

-20%

\$ 1,388.08

SH- \$ 200.00

L- \$ 1,730.00

supplementary- \$ 27.20

\$ 3,395.76

-20%

\$ 2,716.61

HS- \$ 2,700

5 Days.

E. & O.E.

Total S\$: 27.20

GST 7% S\$: 1.90

Amount Due S\$: 29.10


for CITY AUTO PTE LTD

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 24/06/2021 16:52 (SGT)
Date of Accident 24/06/2021 08:48 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AYE after Portsdown Ave
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV8206A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Koh Hwee Khim
NRIC No S0154975H
Email Address jiannan1982@gmail.com
Mobile Phone No (Phone) +65-86662636
Alternative Phone No (Home) +65-86662636

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Accent
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 1368

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VPA/P1669249
Cover Note Number -

DRIVER

Name of Driver Lim Jian Nan
NRIC No S8240493G

Date Of Birth	07/12/1982
Occupation	Indoor
Date Of Driving Pass	07/06/2002
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-86662636
Alt. Phone Number	-
Email Address	jiannan1982@gmail.com
Address	48 Lakeside Drive #03-31
Address complement	-
Postcode	648305
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Mother-in-law
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 vehicle 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 attached report.

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	SLV767M
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) -

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 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 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

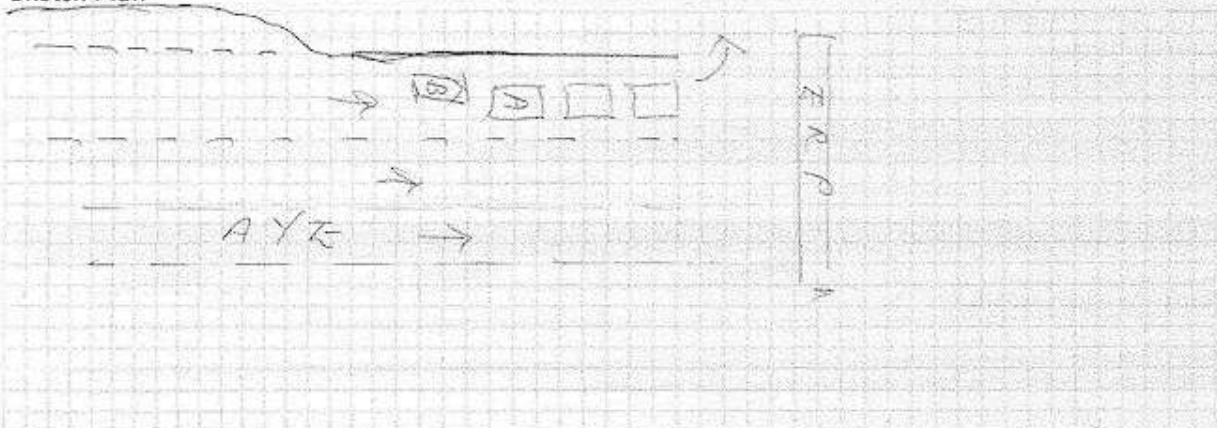
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving AYE towards Alexandra Rd
 when vehicle in front brake and stop
 I follow to stop, but vehicle behind
 did not brake on time and hit onto
 my rear portion.

Declaration

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

Witnessed by Reporting Centre
 Personnel

I, Koh Hwee Khim (NRIC/Passport/FIN/MP no: S 0154975 H),
owner of vehicle no, SKV 8206A, hereby authorize the driver,
Mr/Ms Linn Jian Nann (NRIC/Passport/FIN/MP no: S 82404936)
to make an accident report on my behalf.

Koh



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PHOTOGRAPHS FOR VEHICLE NO. SKV 8206A

INSPECTION





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RE-INSPECTION





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RE-INSPECTION

