



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

INV No. AC2105623

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 11/08/2021
Reference CS/EQI21007759/Atf3n2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLX 8542G
Insured Veh. GBK 5017M
Claim No. DM21HO01047/JT
Policy No.
Accident Date 18/07/2021
Inspection Date 21/07/2021

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 Internationale Des Experts En Automobile				
EQ INSURANCE COMPANY LTD 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110			Ref: CS/EQI21007759/Atf3n2	
			Date: 11/08/2021	
			Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBK 5017M	Veh. Inspected	SLX 8542G	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO01047/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	19/07/2021	
2. Vehicle Particulars & Condition				
Make & Model	HONDA SHUTTLE HYBRID	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	GP71208335	Colour	WHITE	
Odometer	66406 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/50 R16	DUNLOP	6 mm	
L/H Front Tyre	195/50 R16	DUNLOP	6 mm	
R/H Rear Tyre	195/50 R16	DUNLOP	6 mm	
L/H Rear Tyre	195/50 R16	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/07/2021	Inspection Date	21/07/2021	
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:			8 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLX 8542G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
2	FRONT BUMPER SIDE HOLDER @\$28.00	DAMAGED	56.00	56.00
1	FRONT BUMPER REINFORCEMENT	DISTORTED	420.90	420.90
1	FRONT BUMPER LOWER GRILLE	DEFORMED	152.00	152.00
1	FRONT BUMPER FOG LAMP LH	CRACKED	289.40	289.40
1	FRONT BUMPER FOG LAMP COVER LH	DEFORMED	148.20	148.20
1	FRONT BUMPER FOG LAMP TOP MOULDING LH	DEFORMED	56.00	56.00
1	FRONT GRILLE	CRACKED	395.40	395.40
1	FRONT GRILLE LOGO	NECESSARY	39.40	39.40
1	FRONT GRILLE CHROME MOULDING	NOT NECESSARY	231.80	-
1	FRONT GRILLE INNER BRACKET	CRACKED	65.60	65.60
2	HEADLAMP @\$2250.00	CRACKED	4,500.00	4,500.00
2	HEADLAMP LOWER BRACKET @\$91.80	N/S CRACKED	183.60	91.80
1	FRONT SUPPORT PANEL	BUCKLED	749.20	749.20
1	FRONT SUPPORT PANEL TOP COVER	NOT NECESSARY	95.90	-
2	FRONT FENDER @\$483.50	N/S BUCKLED	967.00	483.50
1	FRONT FENDER INNER SHIELD LH	TORN	145.00	145.00
1	AIR CON CONDENSER	WARPED	1,082.00	1,082.00
1	AIR CON FAN COWLING	CRACKED	121.90	121.90
1	AIR CON FAN MOTOR	NOT NECESSARY	330.00	-
1	AIR CON FAN BLADE	NOT NECESSARY	78.00	-
1	RADIATOR	DENTED	1,540.40	1,540.40
1	RADIATOR FAN COWLING	CRACKED	115.50	115.50
1	RADIATOR FAN MOTOR	NOT NECESSARY	219.40	-
1	RADIATOR FAN BLADE	NOT NECESSARY	78.40	-
1	AIR DUCT	DEFORMED	80.60	80.60
2	AIR GUIDE @\$34.50	NOT NECESSARY	69.00	-
2	HYBRID EMBLEM @\$68.00	NECESSARY	136.00	136.00
1	FRONT BUMPER	DISTORTED	1,050.00	1,050.00
	LESS 20% DISCOUNT		-	-2,343.76
			13,396.60	9,375.04

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>SPECIAL NETT ITEMS</u>			
1	COOLANT (SN)	NECESSARY	60.00	60.00
1	FRONT NUMBER PLATE (SN)	NOT NECESSARY	30.00	-
1	FRONT NUMBER PLATE HOLDER (SN)	NOT NECESSARY	30.00	-
1	FRONT BUMPER CLIPS (SN)	NECESSARY	30.00	30.00
1	FRONT GRILLE CLIPS (SN)	NECESSARY	20.00	20.00
1	FRONT SUPPORT PANEL TOP COVER CLIPS (SN)	NOT NECESSARY	20.00	-
			190.00	110.00
	<u>LABOUR</u>			
	PANEL BEATING.		1,800.00	1,200.00
	SPRAY PAINTING.		1,600.00	1,000.00
	WIRING.		100.00	30.00
	TO REMOVE CONDENSER AND TO TOP UP AIR CON GAS.		120.00	60.00
	TO REMOVE RADIATOR AND TO TOP UP COOLANT.		120.00	60.00
			3,740.00	2,350.00
GRAND TOTAL			17,326.60	11,835.04
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				9,400.00

Report Ref No. CS/EQ121007759/Atf3n2

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	19/07/2021 18:31 (SGT)
Date of Accident	18/07/2021 09:25 (SGT)
Exact Location of Accident	E Coast Park Service Rd, East Coast Park, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8542G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DAVID YEW CHUAN ZHU
NRIC No	SXXXX858I
Email Address	DAVIDYEW@LIANMINMIN.COM
Mobile Phone No	(Phone) +65-96343068
Alternative Phone No	(Home) +65-96343068

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	C0118546
Cover Note Number	-

DRIVER

Name of Driver	HENG KIA GAN
NRIC No	SXXXX486C

Date Of Birth	07/06/1969
Occupation	Indoor
Date Of Driving Pass	25/06/1993
Driving experience	28 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96343068
Alt. Phone Number	-
Email Address	DAVIDYEW@LIANMINMIN.COM
Address	APT BLK 230 PASIR RIS ST 21 #07-42
Address complement	-
Postcode	510230
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 on collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHYE BEE SIEW
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

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK5017M
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)

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:

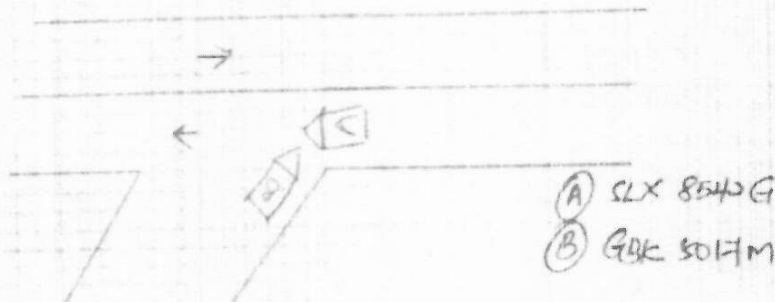
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



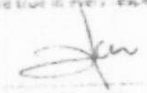
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

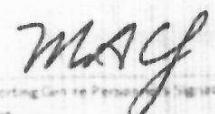
On Sunday Morning 18/7/2021 about 9.25am I was driving my car SLX 8542G traveling along East Coast Service Rd from Carpark C1 towards East Coast MacDonald direction, when I come across the slip Rd from Marine Parade Shaver a van number plate GBK 5017M suddenly turned out from the slip Rd on my left and I stopped my car and press my horns but the van just turn into my lane and hit very hard on my left side of my car before it come to a stop. My speed was at about 70km/h during the time of accident.

DECLARATION

I declare the foregoing particulars are true to my knowledge.


Policyholder's Signature
Date & Time:


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


Reporting Officer's Signature
Name:
Date & Time:



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PHOTOGRAPHS FOR VEHICLE NO. SLX 8542G

INSPECTION





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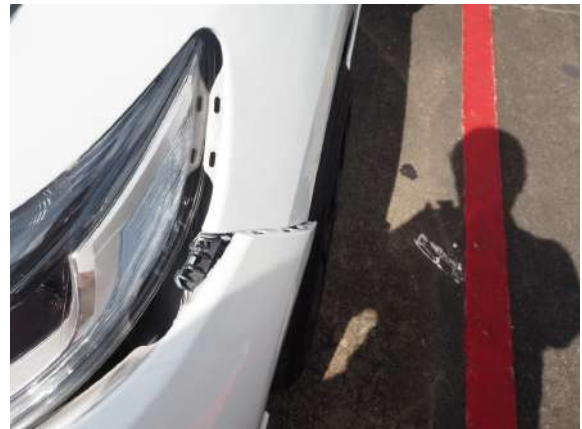
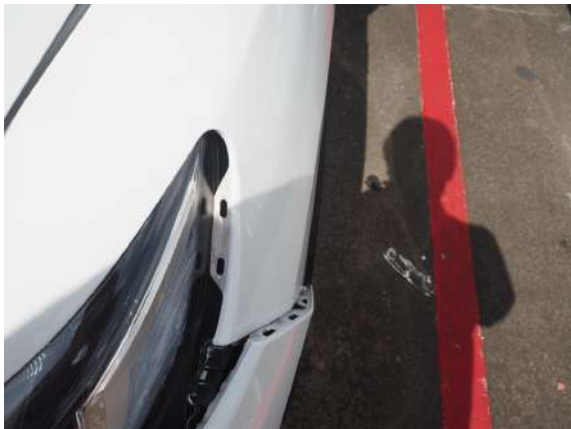


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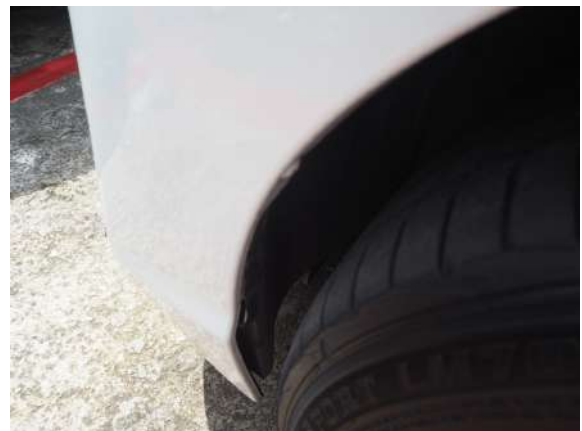


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RE-INSPECTION





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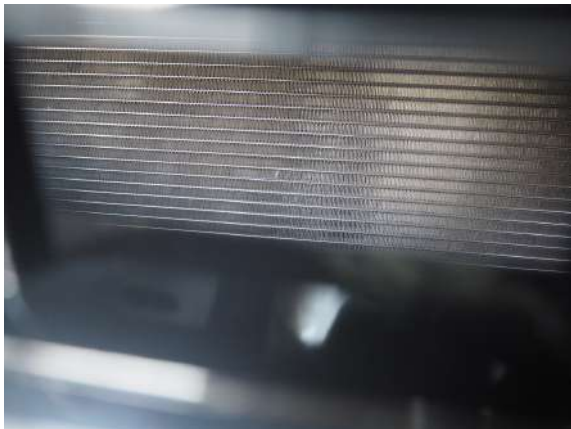
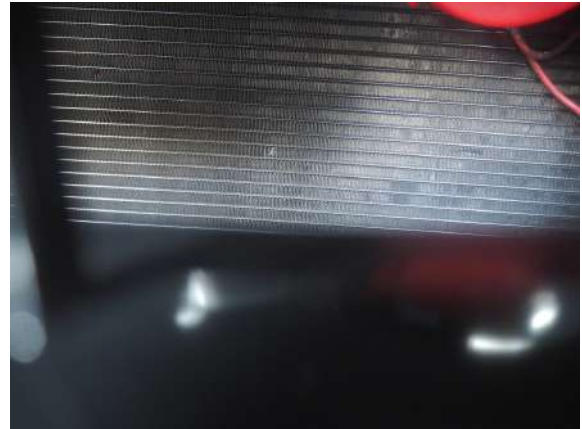


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