



## 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. AC2107406

INV Date 27/10/2021

Reference CS/EQI21008014/AGvf3n2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SMT 7949H  
Insured Veh. SGX 1010E  
Claim No. DM21HO01064-JG  
Policy No.  
Accident Date 19/07/2021  
Inspection Date 02/08/2021

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (7%)</b>	<b>11.20</b>
<b>Grand Total</b>	<b>171.20</b>

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 COMPLEX SINGAPORE 069110

Ref: CS/EQI21008014/AGvf3n2

Date: 27/10/2021

Code: EQI

### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b>	SGX 1010E	<b>Veh. Inspected</b>	SMT 7949H
<b>Policy No.</b>		<b>Coverage (\$)</b>	0.00
<b>Claim No.</b>	DM21HO01064-JG	<b>Excess (\$)</b>	0.00
<b>Assign From</b>	JOEL GOH	<b>Assign Date</b>	28/07/2021

### 2. Vehicle Particulars & Condition

<b>Make &amp; Model</b>	HONDA STREAM	<b>c.c</b>	1799
<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2006
<b>Chassis No.</b>	RN61012362	<b>Colour</b>	BLUE
<b>Odometer</b>	246612 KM	<b>Steering</b>	IN ORDER
<b>Brakes</b>	IN ORDER	<b>Modification</b>	SPORTS RIM
<b>General</b>	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
<b>R/H Front Tyre</b>	205/55 R16	PIRELLI	6 mm
<b>L/H Front Tyre</b>	205/55 R16	PIRELLI	6 mm
<b>R/H Rear Tyre</b>	205/55 R16	PIRELLI	6 mm
<b>L/H Rear Tyre</b>	205/55 R16	PIRELLI	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

<b>Accident Date</b>	19/07/2021	<b>Inspection Date</b>	02/08/2021
<b>Survey held at</b>	MCS GARAGE 10 KAKI BUKIT ROAD 2 #03-25 FIRST EAST CENTRE SINGAPORE 417868		

### 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: **3 Working Days**



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMT 7949H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	TAILGATE	DENTED	1,275.60	983.00
1	SET TAILGATE GLASS MOULDING	NECESSARY	121.30	121.30
1	TAILGATE EMBLEM "H"	NOT NECESSARY	48.80	-
1	TAILGATE EMBLEM "STREAM"	NECESSARY	58.60	58.60
1	TAILGATE OUTER GARNISH	NOT NECESSARY	181.90	-
1	TAILGATE INNER LOCK	DAMAGED	230.70	230.70
1	TAILGATE INNER PULL POCKET	NOT NECESSARY	86.60	-
1	TAILGATE INNER TRIM BOARD	NOT NECESSARY	311.50	-
1	TAILGATE W/STRIP	NOT NECESSARY	186.90	-
2	TAILGATE DAMPERS @\$181.20	NOT NECESSARY	362.40	-
2	TAILLAMPS-L/R @\$541.20	NOT NECESSARY	1,082.40	-
1	REAR BUMPER	DEFORMED	683.60	683.60
2	REAR BUMPER SIDE RETAINERS-L/R @\$48.80	NECESSARY	97.60	97.60
2	REAR BUMPER LOWER BRACKETS @\$81.50	BENT	163.00	163.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	560.90	-
1	REAR END PANEL GARNISH	NOT NECESSARY	211.30	-
1	REAR EXHAUST SILENCER	NOT NECESSARY	541.70	-
1	REAR SPARE WHEEL CARRIER	NOT NECESSARY	211.50	-
1	REAR SPARE WHEEL CARRIER LOCK CATCH	NOT NECESSARY	110.50	-
	LESS 20% DISCOUNT		-1,305.36	-467.56
			5,221.44	1,870.24
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET TAILGATE GLASS SEALANT (SN)	NECESSARY	80.00	60.00
1	SET REAR REVERSE SENSOR (SN)	DAMAGED	280.00	200.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	35.00	35.00
			395.00	295.00
<b><u>LABOUR</u></b>				
	TO CHECK REAR ELECTRICAL WIRING.		50.00	30.00
	TO REMOVE,REFIX REAR INTERIOR TRIMS TO ASSIST REPAIR.		120.00	40.00

Report Ref No. CS/EQI21008014/AGvf3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE,REFIX TAILGATE GLASS.		180.00	120.00
	TO REMOVE,REFIX REAR REVERSE SENSOR.		80.00	50.00
	TO RESPRAY UNDERCOATING.		100.00	30.00
	TO RESPRAY PAINTING AND ETC.		1,080.00	600.00
	PANEL BEATING,CUT,WELD REMOVE & REPLACING ABOVE PARTS.INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,200.00	600.00
			2,810.00	1,470.00
	<b>GRAND TOTAL</b>		<b>8,426.44</b>	<b>3,635.24</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>400.00</b>

Report Ref No. CS/EQI21008014/AGvf3n2

**Note: The repair cost reflected in the survey report (\$400) have already taken into consideration the pre-existing damaged sustained in a previous accident.**

**XING GUO QIANG**

**M.MATAI, AMSAE-A**

**Automotive Assessor**

**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 .....	21/07/2021 13:59 (SGT)
Date of Accident .....	19/07/2021 13:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF UPPER BUKIT TIMAH ROAD AND OLD JURONG ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT7949H

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FAST & FURIOUS AUTOMOTIVE
Company Reg No .....	53295371A
Email Address .....	NOEMAIL@EMAIL.COM
Mobile Phone No .....	(Phone) +65-82999970
Alternative Phone No .....	+65-82999970

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Stream
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 hire
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5118263312
Cover Note Number .....	drivo CLASSIC

### DRIVER

Name of Driver ..... MURUGASON S/O MUTHUSAMY

NRIC No .....	S7705800A
Date Of Birth .....	05/03/1977
Occupation .....	Indoor
Date Of Driving Pass .....	06/05/2010
Driving experience .....	11 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86268628
Alt. Phone Number .....	-
Email Address .....	murugason@msn.com
Address .....	BLK 477 TAMPINES STREET 43 #04-166
Address complement .....	-
Postcode .....	520477
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 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 .....	LIZAWATI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 .....	SGX1010E
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Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Outlander
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Private car
Name of Driver .....	ADRIAN
Contact Number .....	(Phone) +65-96893735
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	MURUGASON S/O MUTHUSAMY
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMT7949H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	LIZAWATI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMT7949H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 21/07/2021 / 13:41

Report No: MT/ \_\_\_\_\_ D.O.A: 19/07/2021  
Time: 13:25 hrs

Vehicle No: SMT7949H Reporting Type: \_\_\_\_\_

**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
- Use for complying with requirements under any regulations, laws or court orders.



21/07/21 / 13:41

Policyholder's Signature / Date & Time

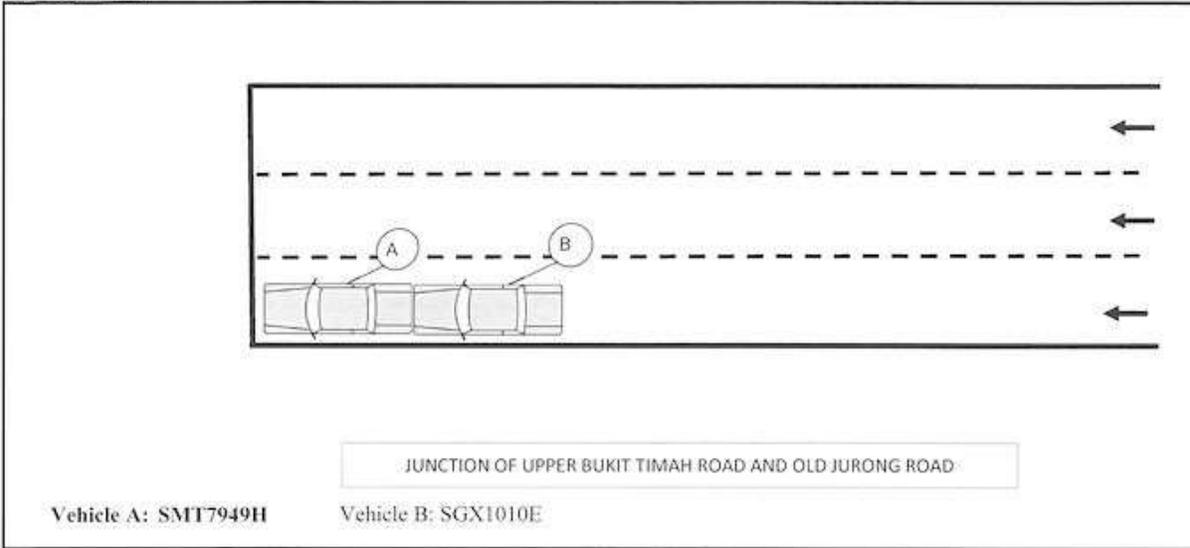
21/07/21 / 13:41

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

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN

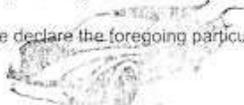


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20210720/2000

Declaration

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

  
Reg No: S320531/A  
21/07/21 / 13:41

Policyholder's Signature / Date & Time

  
21/07/21 / 13:41

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

  
Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel



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## PHOTOGRAPHS FOR VEHICLE NO. SMT 7949H

## INSPECTION





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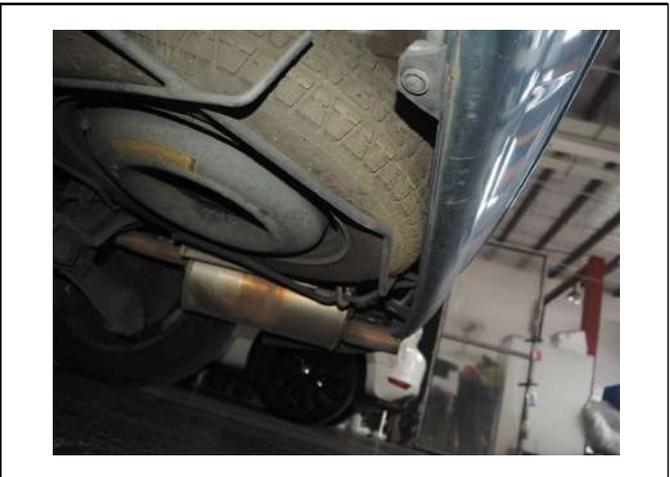
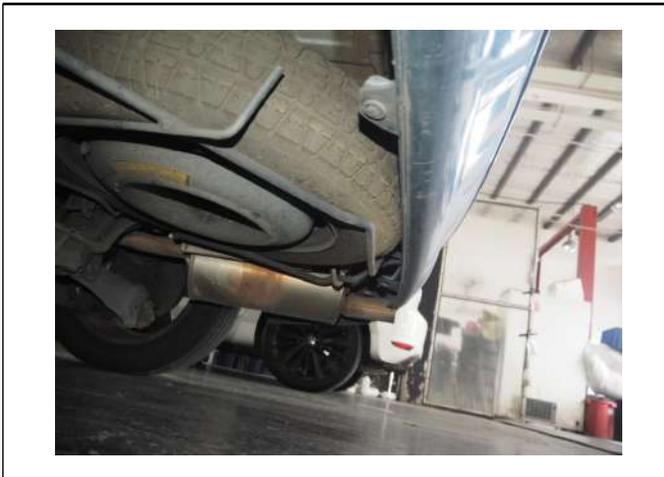


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## RE-INSPECTION

