



## 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. AC2107573

INV Date 03/11/2021

Reference CS/EQI21008168/Auf3n2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SNB 1851C

Insured Veh. YG 2223C

Claim No. DM21HO01123/MT

Policy No.

Accident Date 02/08/2021

Inspection Date 04/08/2021

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 COMPLEXSINGAPORE 069110			Ref: CS/EQI21008168/Auf3n2 Date: 03/11/2021 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	YG 2223C	Veh. Inspected	SNB 1851C	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO01123/MT	Excess (\$)	0.00	
Assign From	MELODY TEOH	Assign Date	03/08/2021	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MERCEDES BENZ GLB200	c.c	1332	
Engine No.	HIDDEN	Year of Reg.	2021	
Chassis No.	W1N2476872W050961	Colour	GREY	
Odometer	103 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	235/50 R19	PIRELLI	6 mm	
L/H Front Tyre	235/50 R19	PIRELLI	6 mm	
R/H Rear Tyre	235/50 R19	PIRELLI	6 mm	
L/H Rear Tyre	235/50 R19	PIRELLI	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	02/08/2021	Inspection Date	04/08/2021	
Survey held at	MODERN AUTOMOTIVE PTE LTD BLK 3023A UBI ROAD 1 #01-61 SINGAPORE 408717			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			3 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SNB 1851C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	1,350.00	-
1	REAR BUMPER SIDE RETAINER-RH	NOT NECESSARY	85.00	-
1	TAIL LAMP-RH	CRACKED	1,098.00	1,098.00
1	TAIL LAMP PANEL-RH	TO REPAIR SEE LABOUR	741.00	-
1	REAR FENDER-RH	TO REPAIR SEE LABOUR	2,850.00	-
1	REAR FENDER ARC GARNISH-RH	NOT NECESSARY	295.00	-
1	REAR FENDER GLASS C/W MOULDING-RH	NOT NECESSARY	895.00	-
	LESS 10% DISCOUNT		-731.40	-109.80
			6,582.60	988.20
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	30.00
1	SET REAR FENDER ARC GARNISH CLIPS-RH (SN)	NECESSARY	20.00	20.00
1	REAR FENDER GLASS SEALANT-RH (SN)	NOT NECESSARY	40.00	-
			110.00	50.00
	<b><u>LABOUR</u></b>			
	TO KNOCKING & PULL OUT REAR PORTION & RENEW ABOVE PARTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER,TAIL LAMP PANEL-RH AND REAR FENDER-RH.		800.00	500.00
	TO PUTTY & SPRAY UP PAINT WORKS.		600.00	500.00
	TO CHECK WIRING.		50.00	30.00
	TO REMOVE REVERSE SENSOR.	NOT NECESSARY	100.00	-
	TO REMOVE REAR FENDER GLASS.	NOT NECESSARY	100.00	-
			1,650.00	1,030.00
	<b>GRAND TOTAL</b>		<b>8,342.60</b>	<b>2,068.20</b>



RECOMMENDED COST OF REPAIRS			<b>2,068.20</b>
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Report Ref No. CS/EQI21008168/Auf3n2

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 .....	03/08/2021 12:33 (SGT)
Date of Accident .....	02/08/2021 19:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BLK 28 CASSIA CRESCENT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB1851C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TER MONG HOO
NRIC No .....	SXXXX704A
Email Address .....	termhtmh@gmail.com
Mobile Phone No .....	(Phone) +65-96469151
Alternative Phone No .....	+65-96469151

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	GLB200
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1332

#### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D21MTPV01010793
Cover Note Number .....	02/08/2021 TO 01/08/2022

#### DRIVER

Name of Driver .....	TER MONG HOO
NRIC No .....	SXXXX704A

Date Of Birth .....	10/11/1963
Occupation .....	Indoor
Date Of Driving Pass .....	12/09/1985
Driving experience .....	35 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96469151
Alt. Phone Number .....	+65-96469151
Email Address .....	termhthm@gmail.com
Address .....	40 POOLE ROAD SINGAPORE 437541
Address complement .....	-
Postcode .....	-
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 .....	Collided into Property
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 WITH 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 .....	YG2223C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	RAMALINGAM KALITHASAN (SEMEC ENTERPRISE PTE LTD)
Contact Number .....	(Phone) +65-67528887
Address .....	97876998 AGNES AU
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' law firms/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' law firms/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 law firms/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**

	<p>A: SNB 18451 C</p> <p>B: YGT 2223 C</p>
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## Describe Circumstances of the Accident

My car SNR1251C was stationary at blk  
 58 crossing crescent waiting for my passenger.  
 Suddenly, long YFT223C reverse without  
 checking and hit into my car rear right  
 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



## LKK Auto Consultants Pte Ltd

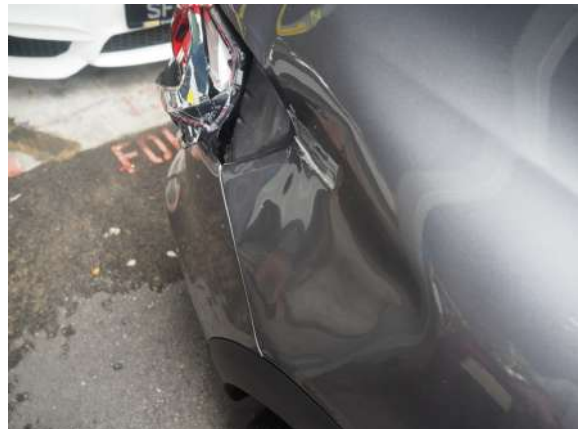
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**PHOTOGRAPHS FOR VEHICLE NO. SNB 1851C**

**INSPECTION**





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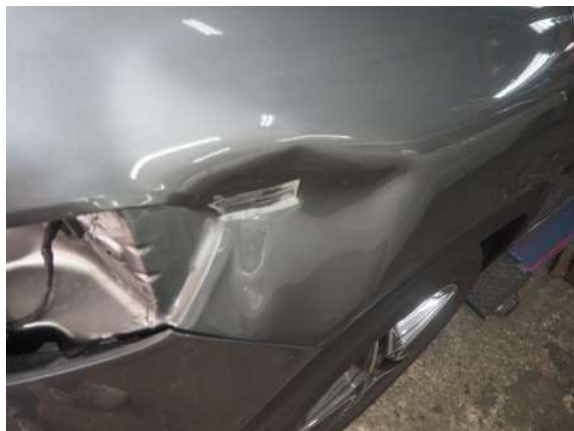
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### PHOTOGRAPHS FOR VEHICLE NO. SNB 1851C

### RE-INSPECTION





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