



## 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. AC2105956

INV Date 24/08/2021

Reference CS/EQI21008416/Uvf3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SLJ 1600S

Insured Veh. SMV 5737E

Claim No. DM21HO01158/JT

Policy No.

Accident Date 10/08/2021

Inspection Date 12/08/2021

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

**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/EQI21008416/Uvf3e2 Date: 24/08/2021 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SMV 5737E	Veh. Inspected	SLJ 1600S	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO01158/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	11/08/2021	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	VOLVO S60 (A)	c.c	1969	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	YV1FSA8CDH2426319	Colour	GREY	
Odometer	93977 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	215/50 R17	CONTINENTAL	7 mm	
L/H Front Tyre	215/50 R17	CONTINENTAL	7 mm	
R/H Rear Tyre	215/50 R17	CONTINENTAL	7 mm	
L/H Rear Tyre	215/50 R17	CONTINENTAL	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	10/08/2021	Inspection Date	12/08/2021	
Survey held at	FASTECH AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883			
<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. SLJ 1600S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DEFORMED / TORN	1,800.00	1,750.00
1	REAR BUMPER BOTTOM	DEFORMED	680.00	620.00
1	REAR BUMPER LOWER GARNISH	DEFORMED	588.00	545.00
2	REAR BUMPER PDC SENSORS @\$225.00	SHORTED (1PC ONLY)	450.00	191.00
1	SET REAR BUMPER CLIPS	NECESSARY	60.00	50.00
1	REAR BUMPER REINFORCEMENT	DENTED	1,210.00	915.00
1	REAR ANTENNA SENSOR	CRACKED	298.00	225.00
2	REAR EXHAUST CHROMES @\$250.00	TO REPAIR SEE LABOUR	500.00	-
1	REAR EXHAUST HEAT SHIELD	TO REPAIR SEE LABOUR	269.00	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	1,450.00	-
	LESS 5% DISCOUNT		-	-214.80
			7,305.00	4,081.20
	<b><u>LABOUR</u></b>			
	TO CHECK WIRING.		50.00	20.00
	TO DISMANTLE & REPLACED REAR PDC SENSOR.		80.00	50.00
	TO DISMANTLE & REFIX REAR GARNISH UPHOLSTERY.	NOT NECESSARY	120.00	-
	TO SPRAY RUST PROOFING.	NOT NECESSARY	50.00	-
	LABOUR FOR PANEL BEATING & REPLACED PARTS. INCLUSIVE OF THE REPAIR OF REAR EXHAUST CHROMES, REAR EXHAUST HEAT SHIELD AND REAR END PANEL.		800.00	400.00
	TO PUTTY & SPRAY PAINTING.		900.00	500.00
			2,000.00	970.00
	<b>GRAND TOTAL</b>		<b>9,305.00</b>	<b>5,051.20</b>

Report Ref No. CS/EQI21008416/Uvf3e2



<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>4,000.00</b>
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Report Ref No. CS/EQI21008416/Uvf3e2

**CHUA KANG SENG**

**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	10/08/2021 20:04 (SGT)
Date of Accident	10/08/2021 14:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS JURONG (BEFORE PAYA LEBAR EXIT)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1600S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MICHAEL CHONG CHEE KEONG
NRIC No	SXXXX880I
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-82010557
Alternative Phone No	(Home) +65-82010557

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	Manual
CC	1969

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V14385/VPE/R01
Cover Note Number	-

#### DRIVER

Name of Driver	MICHAEL CHONG CHEE KEONG
NRIC No	SXXXX880I

Date Of Birth	15/05/1966
Occupation	Indoor
Date Of Driving Pass	21/01/1988
Driving experience	33 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82010557
Alt. Phone Number	(Home) +65-82010557
Email Address	JASONKCAPL@GMAIL.COM
Address	21 JALAN PACHELI
Address complement	-
Postcode	557359
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	Chain 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	3
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)	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 TO ATTACHMENT

#### 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	SMV5737E
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNA9390T
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	MICHAEL CHONG CHEE KEONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ1600S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 reudiate 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.

#### E. 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 yers/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/final 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 yers/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 yers/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

[illegible]



**Describe Circumstances of the Accident**

On 10/08/2021 at about 14:45PM, I was travelling along PIE towards Jurong (Before Paya Lebar Exit). I slowed down due to the front vehicle. Suddenly, I felt an impact from my rear and I realised I was involved in a 3 vehicles chain collision.

**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



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### PHOTOGRAPHS FOR VEHICLE NO. SLJ 1600S

### INSPECTION





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### RE-INSPECTION





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