



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. AC2106960

INV Date 07/10/2021

Reference CS/EQI21008513/Uuf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SKX 8685P

Insured Veh. SMA 923C

Claim No. DM21HO01177-JG

Policy No.

Accident Date 12/08/2021

Inspection Date 16/08/2021

Description	Total
Survey Inspection	160.00
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/EQI21008513/Uuf3e2 Date: 07/10/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMA 923C	Veh. Inspected	SKX 8685P
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO01177-JG	Excess (\$)	0.00
Assign From	JOEL GOH	Assign Date	13/08/2021
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA COROLLA ALTIS (A)	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	MR053REH104540358	Colour	GREY
Odometer	92038 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55 R16	MICHELIN	7 mm
L/H Front Tyre	205/55 R16	MICHELIN	7 mm
R/H Rear Tyre	205/55 R16	MICHELIN	7 mm
L/H Rear Tyre	205/55 R16	MICHELIN	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/08/2021	Inspection Date	16/08/2021
Survey held at	JIN AUTO SERVICES PTE LTD BLK 14 DEFU LANE 10 #01-412 SINGAPORE 539195		
5a. Remarks			
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS.. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKX 8685P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT RH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT RH SIDE SIGNAL LAMP	MISSING	63.40	63.40
1	FRONT RH SIDE MIRROR COVER	MISSING	89.40	89.40
	LESS 25% DISCOUNT		-38.20	-38.20
			114.60	114.60
	<u>LABOUR</u>			
	SPRAY PAINTING.		280.00	250.00
	LABOUR CHARGE. INCLUSIVE OF THE REPAIR OF FRONT RH FENDER.		200.00	100.00
			480.00	350.00
	GRAND TOTAL		594.60	464.60
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)			464.60

Report Ref No. CS/EQI21008513/Uuf3e2

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 13/08/2021 10:40 (SGT)
Date of Accident 12/08/2021 14:20 (SGT)
Exact Location of Accident Moulmein Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX8685P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM WEE KIAT
NRIC No SXXXX955F
Email Address wklim8@hotmail.com
Mobile Phone No (Phone) +65-81630800
Alternative Phone No (Home) +65-81630800

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant ALTIS CLASSIC 1.6 CVT
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 1598

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5111507491-01
Cover Note Number -

DRIVER

Name of Driver LIM WEE KIAT
NRIC No SXXXX955F

Date Of Birth	19/05/1978
Occupation	Indoor
Date Of Driving Pass	04/07/2009
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81630800
Alt. Phone Number	(Home) +65-81630800
Email Address	wklim8@hotmail.com
Address	BLK 618D PUNGGOL DRIVE #11-737
Address complement	-
Postcode	824618
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	Collision - Change/cross lane
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?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was along Moulmein Road. Traffic was heavy . My vehicle was stationary as the traffic is very heavy and i'm waiting for my turn to move. Suddenly, vehicle B came by and it's side mirror has hit to my side mirror. My vehicle vehicle was not moving at all. Vehicle B did not stopped too. As result, my right hand side mirror is damaged and my front side portion is damaged too (scratches). No one was injured.

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	SMA923C
Vehicle Manufacturer	BMW
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

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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 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/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 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 used outside of Singapore, for one or more of the above Purposes.

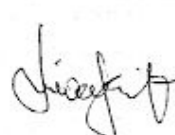

Policyholder's Signature / Date & Time

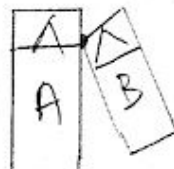
Sketch Plan


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


Witnessed by Reporting Centre Personnel

DOA: 12/08/2021, 14:20PM





A: SKX 8655P

B: SMA 923.

Describe Circumstances of the Accident

I was along Moulmein Road. Traffic was heavy. My vehicle ~~was~~ stationary as the traffic is very heavy and I'm waiting for my turn to move. Suddenly, Vehicle B came by and its side mirror has hit to my side mirror. My vehicle was not moving at all. Vehicle B did not stopped too. As result, my right hand side mirror is damaged and my front side portion is damaged too. (scratches).
No one was injured.


[Signature]

Declaration

We declare the foregoing particulars are true in every respect

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 
Witnessed by Reporting Centre Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SKX 8685P

INSPECTION





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