



## 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. AC2107660

INV Date 08/11/2021

Reference CS/EQI21008859/Gtf3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SKV 2962P

Insured Veh. GBJ 8780C

Claim No. DM21HO01226/MT

Policy No. DMCPHQ20-003564

Accident Date 20/08/2021

Inspection Date 24/08/2021

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>230.00</b>
<b>GST (7%)</b>	<b>16.10</b>
<b>Grand Total</b>	<b>246.10</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/EQI21008859/Gtf3e2 Date: 08/11/2021 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBJ 8780C	Veh. Inspected	SKV 2962P
Policy No.	DMCPHQ20-003564	Coverage (\$)	0.00
Claim No.	DM21HO01226/MT	Excess (\$)	0.00
Assign From	MELODY TEOH	Assign Date	24/08/2021
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	NISSAN QASHQAI	c.c	1197
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	SJNFEAJ11U1462981	Colour	RED
Odometer	58473 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	215/60 R17	LING LONG	6 mm
L/H Front Tyre	215/60 R17	LING LONG	6 mm
R/H Rear Tyre	215/60 R17	LING LONG	6 mm
L/H Rear Tyre	215/60 R17	LING LONG	6 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	20/08/2021	Inspection Date	24/08/2021
Survey held at	KAI LIANG MOTOR SERVICE BLK 1 KAKI BUKIT AVE 6 #01-101 AUTOBAY @KAKI BUKIT 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:		5 Working Days	



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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKV 2962P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BOOT DOOR (N)	BUCKLED	3,368.90	2,936.80
1	REAR BUMPER (N)	TORN	796.70	717.00
1	BUMPER SIDE BRACKET (N)	NOT NECESSARY	48.90	-
1	BUMPER REINFORCEMENT (N)	TO REPAIR SEE LABOUR	691.50	-
1	REAR WINDSCREEN GLASS AND WINDSCREEN MOULDING (N)	SCRATCHED	1,306.80	930.00
1	REAR BOOT LOWER END PENAL (INNER AND OUTER) (N)	TO REPAIR SEE LABOUR	482.60	-
1	REAR DOOR INNER LOCK AND LOCK MOTOR (N)	NOT NECESSARY	190.50	-
1	REVERSE CAMERA (N)	NOT NECESSARY	350.00	-
1	NUMBER PLATE LAMP GARNISH (N)	DEFORMED	249.30	249.30
2	REAR LAMP @\$295.30 (N)	NOT NECESSARY	590.60	-
1	REAR RUNNER STRIP (N)	NOT NECESSARY	230.00	-
	LESS 10% DISCOUNT		-	-483.31
			8,305.80	4,349.79
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REVERSE SENSOR (SN)	DAMAGED	480.00	200.00
1	REAR WINDSCREEN GUM (SN)	NECESSARY	120.00	30.00
			600.00	230.00
	<b><u>LABOUR</u></b>			
	CHANGE REAR LAMP, REVERSE SENSOR, CAMERA WIRING LABOUR.		200.00	40.00
	CHANGE REAR WINDSCREEN LABOUR.		150.00	120.00
	KNOCKING & WELDING BODY WORKS. INCLUSIVE OF THE REPAIR OF BUMPER REINFORCEMENT AND REAR BOOT LOWER END PENAL (INNER AND OUTER).		1,000.00	400.00
	RE-SPRAY PAINT WORK.		950.00	600.00
	APPLY ANTI RUST ON AFFECT PARTS.	NOT NECESSARY	180.00	-
			2,480.00	1,160.00
	<b>GRAND TOTAL</b>		<b>11,385.80</b>	<b>5,739.79</b>

Report Ref No. CS/EQI21008859/Gtf3e2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			<b>4,600.00</b>
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Report Ref No. CS/EQI21008859/Gtf3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

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 ..... 20/08/2021 18:59 (SGT)  
Date of Accident ..... 20/08/2021 12:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Bedok North Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKV2962P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Yong Mee Keow  
NRIC No ..... S1241218E  
Email Address ..... info@indusmat.com.sg  
Mobile Phone No ..... (Phone) +65-98305962  
Alternative Phone No ..... +65-98305962

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Qashqai  
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 ..... 1198

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 21\*MR000012-R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Yong Mee Keow  
NRIC No ..... S1241218E

Date Of Birth .....	06/02/1957
Occupation .....	Indoor
Date Of Driving Pass .....	30/12/1982
Driving experience .....	38 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98305962
Alt. Phone Number .....	+65-98305962
Email Address .....	info@indusmat.com.sg
Address .....	Blk102 Bedok North Ave 4 #03-2046
Address complement .....	-
Postcode .....	460102
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 - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 to attached report

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	With workshop
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ8780C
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

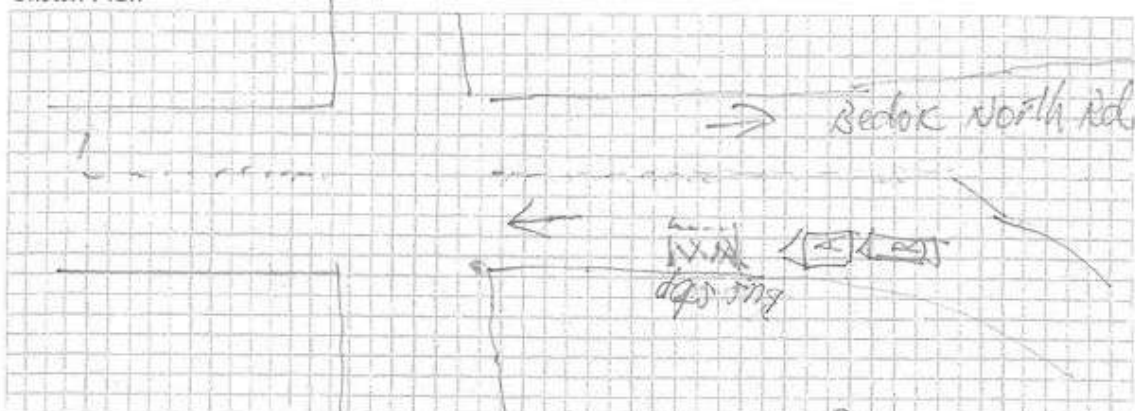
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to renew 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' 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.

11/11 11/11 20/8/21  
Policyholder's Signature Date & Time

11/11 20/8/21 1418hrs  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan



A. 6KV 2962 P  
B. 6BJ 8780 C



Describe Circumstances of the Accident

I was driving along Bedok North Road and stopped to let the bus filter out on the yellow box. Suddenly vehicle GBJ 8780 C knocked my car rear.

Declaration

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

1V1g  
Policyholder's Signature / Date & Time

1V1g - 26/8/24 1418 hrs.  
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SKV 2962P

INSPECTION





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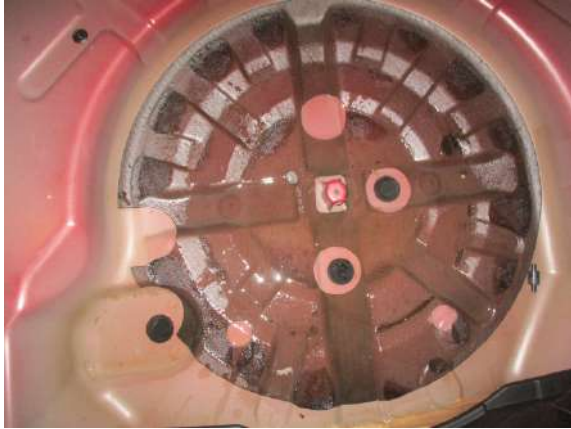


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**PHOTOGRAPHS FOR VEHICLE NO. SKV 2962P**

**RE-INSPECTION**





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### PHOTOGRAPHS FOR VEHICLE NO. SKV 2962P

### RE-INSPECTION

