



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. AC2108202

INV Date 26/11/2021

Reference CS/EQI21008952/Gtf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMW 1722T

Insured Veh. GBA 3998Y

Claim No. DM21HO01229-JG

Policy No. DMCFHQ21-000032

Accident Date 20/08/2021

Inspection Date 26/08/2021

Description	Total
Survey Inspection	230.00
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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/EQI21008952/Gtf3e2 Date: 26/11/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBA 3998Y	Veh. Inspected	SMW 1722T
Policy No.	DMCFHQ21-000032	Coverage (\$)	0.00
Claim No.	DM21HO01229-JG	Excess (\$)	0.00
Assign From	JOEL GOH	Assign Date	25/08/2021
2. Vehicle Particulars & Condition			
Make & Model	HONDA FIT 1.5	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2020
Chassis No.	GP53416103	Colour	SILVER
Odometer	11534 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/45 R16	BRIDGESTONE	6 mm
L/H Front Tyre	205/45 R16	BRIDGESTONE	6 mm
R/H Rear Tyre	205/45 R16	BRIDGESTONE	6 mm
L/H Rear Tyre	205/45 R16	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/08/2021	Inspection Date	26/08/2021
Survey held at	Blk 3011 Bedok North Avenue 4 #01-2008/2010/201		
Repairer	HOCK WAH MOTOR WORKSHOP PTE LTD		
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:		6 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMW 1722T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	TAILGATE	BUCKLED	885.40	885.40
1	TAILGATE LOCK	NOT NECESSARY	98.10	-
1	TAILGATE RUBBER	TWISTED	92.30	92.30
1	TAILGATE OUTER CHROME	* CHECK	166.50	-
1	TAILGATE INNER GARNISH TRIMBOARD	* CHECK	98.00	-
1	TAILGATE EMBLEM	NECESSARY	24.70	24.70
1	TAILGATE LOGO - FIT	NECESSARY	30.10	30.10
1	TAILGATE LOGO - HYBRID	* CHECK	75.00	-
1	TAILGATE ABSORBER RH	NOT NECESSARY	113.60	-
1	TAILGATE ABSORBER LH	NOT NECESSARY	113.60	-
1	TAILGATE WINDSCREEN MOULDING	NECESSARY	138.00	138.00
1	TAILGATE LAMP RH (NPA)	* CHECK	-	-
1	REAR FENDER RH	BUCKLED	608.10	608.10
1	REAR FENDER INNER TRIMBOARD RH	* CHECK	210.50	-
1	REAR FENDER INNER SHIELD RH	DEFORMED	98.40	98.40
1	SPARE TYRE PANEL	* CHECK	905.40	-
1	SPARE TYRE TOP TRIMBOARD	* CHECK	229.10	-
1	TAILLAMP RH	DISTORTED	422.00	422.00
1	TAILLAMP PANEL RH	BUCKLED	95.50	95.50
4	TAILLAMP CLIP @\$4.20	NECESSARY	16.80	16.80
1	REAR FLOOR SIDE PANEL RH	* CHECK	190.10	-
1	END PANEL	* CHECK	388.20	-
1	END PANEL TOP GARNISH	* CHECK	111.80	-
1	REAR BUMPER	DEFORMED	826.40	826.40
1	REAR BUMPER RETAINER RH	CUT	16.00	16.00
1	REAR BUMPER RETAINER LH	NOT NECESSARY	16.00	-
1	REAR BUMPER BRACKET RH	* CHECK	14.00	-
1	REAR BUMPER BRACKET LH	NOT NECESSARY	14.00	-
1	REAR BUMPER CENTER LOWER GARNISH	* CHECK	50.60	-
1	REAR BUMPER REFLECTOR RH	* CHECK	48.60	-
1	REAR BUMPER REFLECTOR GARNISH RH	CUT	47.60	47.60

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER REINFORCEMENT (NPA)	* CHECK	-	-
1	REAR BUMPER QUARTER GLASS RH (NPA)	NECESSARY	-	-
1	REAR WHEEL BEARING RH	NOT NECESSARY	306.60	-
1	REAR AXLE (NPA)	NOT NECESSARY	-	-
1	REAR CENTRAL LOCK SENSOR (NPA)	* CHECK	-	-
1	REAR WHEEL RIM RH	NOT NECESSARY	895.10	-
	LESS 20% DISCOUNT		-1,469.22	-660.26
			5,876.88	2,641.04
	<u>SPECIAL NETT ITEMS</u>			
1	SPARE TYRE RUBBER CARPET (SN) (NPA)	* CHECK	-	-
2	WINDSCREEN SEALANT @\$24.00 (SN)	NECESSARY	48.00	48.00
1	REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	REAR TYRE RH (SN)	NOT NECESSARY	380.00	-
1	REVERSE CAMERA (SN)	NOT NECESSARY	580.00	-
1	REAR DOOR RH (SN) (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR CHASSIS RH (SN) (NPA)	TO REPAIR SEE LABOUR	-	-
			1,288.00	48.00
	<u>LABOUR</u>			
	LABOUR TO REMOVE & REFIT NECESSARY PARTS. INCLUSIVE OF THE REPAIR OF REAR DOOR RH AND REAR CHASSIS RH.		1,200.00	800.00
	SPRAY PAINT ON THE AFFECTED AREAS.		1,200.00	1,000.00
	ANTI-RUST COATING.		150.00	60.00
	TO REMOVE & REFIT WINDSCREEN.		180.00	120.00
	TO REMOVE & REFIT REVERSE SENSOR.		150.00	40.00
	WIRING.		40.00	20.00
	TO REMOVE & REFIT UNDERCARRIAGE.	NOT NECESSARY	350.00	-
	FOUR WHEEL ALIGNMENT.	NOT NECESSARY	180.00	-
	TO REMOVE & REFIT CUSHION & UPHOLSTERY.		200.00	80.00
			3,650.00	2,120.00
	GRAND TOTAL		10,814.88	4,809.04

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RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$1990.24 NETT)			4,809.04
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Report Ref No. CS/EQI21008952/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 replying 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 10:24 (SGT)
Date of Accident 20/08/2021 08:30 (SGT)
Exact Location of Accident Near Bedok Nth Stn Exit B, Singapore
Additional Location Information BEDOK NORTH ROAD NEAR BLK708
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW1722T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner QUEK EE SENG
NRIC No S9038039G
Email Address quekeeseng@gmail.com
Mobile Phone No (Phone) +65-96623544
Alternative Phone No +65-96623544

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119576149
Cover Note Number 05/11/2020 - 04/11/2021

DRIVER

Name of Driver QUEK EE SENG
NRIC No S9038039G

Date Of Birth	10/10/1990
Occupation	Indoor
Date Of Driving Pass	07/12/2012
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96623544
Alt. Phone Number	+65-96623544
Email Address	quekeeseng@gmail.com
Address	BLK732 TAMPINES STREET 71
Address complement	#13-119
Postcode	520732
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SYLVENE
Gender	Female

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

ON THE STATED DATE & TIME AT THE SAID LOCATION, I CHANGED MY LANE TO LEFT WITH SIGNAL ON AFTER CHECKING THE TRAFFIC FLOW WAS CLEAR. OUT OF SUDDEN, I FELT AN IMPACT FROM BEHIND AND NOTICED THAT VEHICLE B (GBA3998Y) AND BANG ONTO MY REAR RIGHT PORTION OF VEHICLE.

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	GBA3998Y
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)	1

SKETCH PLAN

IMPORTANT NOTICE

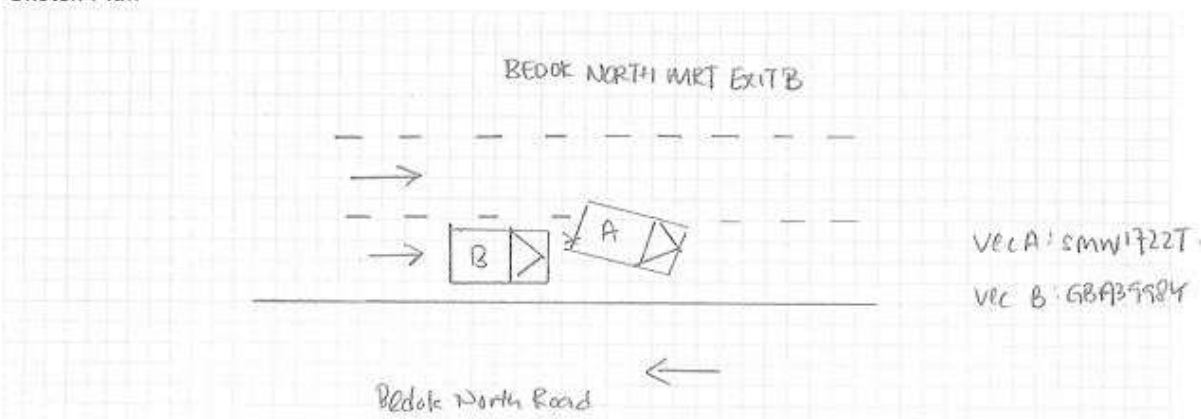
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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



Describe Circumstances of the Accident

REFER SIA REPORT.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input checked="" type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD/TP at other workshop

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. SMW 1722T

INSPECTION





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