



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

INV No. AC2106933

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 06/10/2021
Reference CS/EQI21009764/Uqf3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBB 4837S
Insured Veh. SKE 8798Y
Claim No. DM21HO01385/MT
Policy No. DMPPHQ21-002762
Accident Date 16/09/2021
Inspection Date 20/09/2021

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
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/EQI21009764/Uqf3e2 Date: 06/10/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKE 8798Y	Veh. Inspected	GBB 4837S	
Policy No.	DMPPHQ21-002762	Coverage (\$)	0.00	
Claim No.	DM21HO01385/MT	Excess (\$)	0.00	
Assign From	MELODY TEOH	Assign Date	19/09/2021	
2. Vehicle Particulars & Condition				
Make & Model	KIA 2900L	c.c	2902	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	KNCSE014297385009	Colour	WHITE	
Odometer	225726 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15	MAXMILER	6 mm	
L/H Front Tyre	195 R15	MAXMILER	6 mm	
R/H Rear Tyre	155 R12C (D)	MAXMILER	6/6 mm	
L/H Rear Tyre	155 R12C (D)	MAXMILER	6/6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	16/09/2021	Inspection Date	20/09/2021	
Survey held at	Blk 15 Kaki Bukit Road 4, Bartley Biz #01-53			
Repairer	ZOOM AUTOWERKS 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:			4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBB 4837S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE PANEL	DENTED / BENT	1,945.20	1,150.00
2	TAILGATE STOPPER RUBBER @\$42.10	N/S TORN	84.10	42.10
2	TAILGATE STOPPER BRACKET @\$194.70	N/S BENT	389.40	194.70
2	TAILGATE LOWER "L" PANEL @\$145.80	NO SUCH PARTS	291.60	-
2	TAILGATE HINGES @\$48.70	NO SUCH PARTS	97.40	-
2	TAILGATE SIDE LOCK @\$68.70	NOT NECESSARY	137.40	-
2	TAILGATE SAFETY LOCK @\$142.70	TO REPAIR SEE LABOUR	285.40	-
1	TAILGATE LOWER MEMBER	DENTED / BENT	786.10	786.10
2	TAILLAMP @\$497.20	N/S CRACKED	994.40	220.00
2	TAILLAMP BRACKET @\$196.50	NO SUCH PARTS	393.00	-
1	REAR STEP PANEL	TO REPAIR SEE LABOUR	486.20	-
1	SIDE GATE LH	TO REPAIR SEE LABOUR	986.50	-
	LESS 10% DISCOUNT		-687.67	-239.29
			6,189.03	2,153.61
<u>SPECIAL NETT ITEMS</u>				
1	TAILGATE LOWER MEMBER SEALANT (SN)	NOT NECESSARY	80.00	-
1	TAILGATE STICKER (70KM/H) (SN)	NECESSARY	35.00	10.00
1	TAILGATE STICKER (13PAX) (SN)	NECESSARY	35.00	10.00
1	REAR NUMBER PLATE (SN)	SCRATCHED	35.00	35.00
1	REVERSE SENSOR WITH MODULE (SN)	NOT FITTED	280.00	-
			465.00	55.00
<u>LABOUR</u>				
	TO REMOVE, REPAIR & RENEW REAR AFFECTED ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF TAILGATE SAFETY LOCK, REAR STEP PANEL AND SIDE GATE LH.		1,200.00	800.00
	TO PUTTY, SPRAY PAINT ON AFFECTED ACCIDENT AREAS.		1,200.00	700.00
	TO CHECK & RE-CONNECT ALL ELECTRICAL WIRING.		50.00	20.00

Report Ref No. CS/EQI21009764/Uqf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE & INSTALL REAR TAILGATE COMPONENTS TRIM & ATTACHMENT.	NOT NECESSARY	150.00	-
	TO RE-POSITION & ALIGN REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TO RUST PROOF AFFECTED AREAS.		200.00	60.00
			2,920.00	1,580.00
GRAND TOTAL			9,574.03	3,788.61
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,000.00

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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 17/09/2021 18:32 (SGT)
Date of Accident 16/09/2021 18:00 (SGT)
Exact Location of Accident Sembawang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB4837S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KIAN YEO BUILDERS PTE. LTD
Company Reg No 201837534R
Email Address zoomautowerks@gmail.com
Mobile Phone No (Phone) +65-62415193
Alternative Phone No (Office) +65-62415193

VEHICLE PARTICULARS

Manufacturer Kia
Model KIA 2900L 5
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2902

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCVSNW00004222101
Cover Note Number -

DRIVER

Name of Driver MA JIANYUE
Passport No/FIN G8287878K

Date Of Birth	18/10/1972
Occupation	Indoor
Date Of Driving Pass	22/09/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-62415193
Alt. Phone Number	-
Email Address	zoomautowerks@gmail.com
Address	2A MARGARET ROAD
Address complement	#05-01
Postcode	438073
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKE8798Y
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) -

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 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.

KIAN YEO

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

On the stated date & time, I, vehicle 'A',
 GBB4837S, was stationary along the stated vehicle
 due to red light. As the traffic light turns green
 , before I could move off, vehicle 'B', SKE 8798Y,
 collided onto my vehicle's rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

KIAN YEO
 Policyholder's Signature / Date &
 Time

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

[Signature] 17/09/20
 Witnessed by Reporting Centre
 Personnel



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INSPECTION





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RE-INSPECTION

