



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. AC2107407

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

INV Date 27/10/2021
Reference CS/EQI21010416/Uuf3n2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLQ 2781J
Insured Veh. SNA 2824E
Claim No. DM21HO01507/MT
Policy No.
Accident Date 08/10/2021
Inspection Date 12/10/2021

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

HYN



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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/EQI21010416/Uuf3n2 Date: 27/10/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SNA 2824E	Veh. Inspected	SLQ 2781J
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO01507/MT	Excess (\$)	0.00
Assign From	MELODY TEOH	Assign Date	11/10/2021
2. Vehicle Particulars & Condition			
Make & Model	NISSAN X-TRAIL (A)	c.c	1997
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JN1JANT32Z0003237	Colour	RED
Odometer	77013 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/60 R18	BRIDGESTONE	6 mm
L/H Front Tyre	225/60 R18	BRIDGESTONE	6 mm
R/H Rear Tyre	225/60 R18	BRIDGESTONE	6 mm
L/H Rear Tyre	225/60 R18	BRIDGESTONE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/10/2021	Inspection Date	12/10/2021
Survey held at	AUTOLUTION INDUSTRIAL PTE LTD 19 UBI ROAD 4 SINGAPORE 408623		
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. SLQ 2781J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	EMBLEM RR X-TRAIL (N)	NECESSARY	110.00	110.00
1	EMBLEM RR NISSAN (N)	NECESSARY	64.90	64.90
10	CLIP RR BUMPER @\$1.30 (N)	NECESSARY	13.00	13.00
1	LOWER CENTER FINISHER RR BUMPER (N)	MISSING	117.50	117.50
1	LH SIDE BRACKET RR BUMPER (N)	NOT NECESSARY	38.80	-
1	RH SIDE BRACKET RR BUMPER (N)	NOT NECESSARY	38.90	-
1	REINFORCEMENT RR BUMPER (N)	NOT NECESSARY	596.20	-
1	REAR BUMPER (N)	DISTORTED	693.10	693.10
	LESS 20% DISCOUNT		-334.48	-199.70
			1,337.92	798.80
	<u>SPECIAL NETT ITEMS</u>			
1	REAR LICENCE PLATE (SN)	NOT NECESSARY	60.00	-
1	SUNDRIES (SN)	NOT NECESSARY	100.00	-
1	SET SENSOR-REVERSE (SN)	SHORTED	250.00	250.00
			410.00	250.00
	<u>LABOUR</u>			
	LABOR CHARGES TO REPAIR RR END PANEL & HATCHBACK DOOR,RENEW REAR BUMPER.		1,560.00	1,170.00
	CHARGES TO SPRAY PAINTING RR END PANEL,HATCHBACK DOOR AND REAR BUMPER.		1,500.00	750.00
	RENEW REVERSE SENSOR.		110.00	110.00
	COMPUTER CHECK DIAGNOSIS (CHECK ENGINE WARNING LIGHT ON).		120.00	120.00
	REMOVE AND INSTALL BOTH RR COMB LAMP AND CHECK REAR WIRING SYSTEM.		48.00	48.00
			3,338.00	2,198.00
	GRAND TOTAL		5,085.92	3,246.80



RECOMMENDED COST OF REPAIRS			3,246.80
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Report Ref No. CS/EQI21010416/Uuf3n2

A handwritten signature in black ink, appearing to be 'Chua Kang Seng'.

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	11/10/2021 09:29 (SGT)
Date of Accident	08/10/2021 15:40 (SGT)
Exact Location of Accident	Near 114 Balestier Rd, Singapore 329679
Additional Location Information	CTE AFTER MOULMEIN EXIT TOWARDS ORCHARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2781J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LYE MAY FUN
NRIC No	S8012585B
Email Address	MAYLYE@GMAIL.COM
Mobile Phone No	(Phone) +65-98430365
Alternative Phone No	(Home) +65-98430365

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700023745-04
Cover Note Number	-

DRIVER

Name of Driver	LYE MAY FUN
NRIC No	S8012585B

Date Of Birth	10/05/1980
Occupation	Indoor
Date Of Driving Pass	30/11/2000
Driving experience	20 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98430365
Alt. Phone Number	(Home) +65-98430365
Email Address	MAYLYE@GMAIL.COM
Address	12 LENTON TERRACE
Address complement	-
Postcode	788907
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

PASSENGER 1

Name	Tan Ian-Cheng
Gender	Male

PASSENGER 2

Name	Corey
Gender	Male

PASSENGER 3

Name	Tan Shay-Na
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

SEE ATTACHED SKETCH PLAN AND PHOTO

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	SNA2824E
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	CHIA MIN HAN
NRIC No	S9523745B
Contact Number	(Phone) +65-96379156
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	COLLISION-HEAD TO REAR
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.

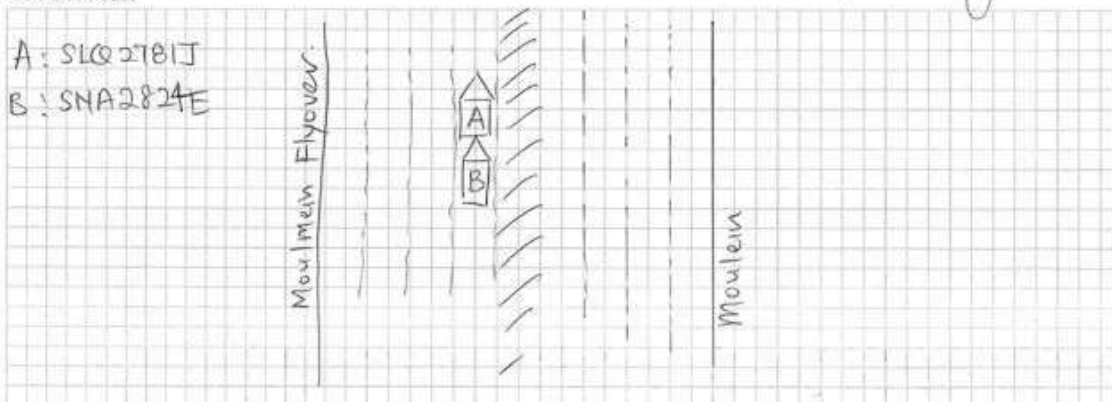
[Signature]

Policyholder's Signature / Date & Time

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

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6450 9966 FAX: 68467483

Witnessed by Reporting Centre
Personnel *[Signature]* AIFAS?

Sketch Plan

Describe Circumstances of the Accident

on the 1st lane straight toward kampune Java tunnel on the flyover

I was driving along CTE_A on 8 Oct around 3.40pm towards Orchard. I noticed the car in front of me braking and. I was travelling within the speed limit. There were many cars travelling on CTE at that point of time. It was not rainy nor the roads were wet and slippery. Roads were dry. No congestion on the roads and traffic was smooth. When I saw the car in front of me braking, I followed suit and applied brakes. It seemed like the car in front of him had brake abruptly and ~~the brakes~~ he ~~too~~ too braked. I applied brakes in time and braked but felt a strong impact after which causing my car to ~~move~~ jerk forward as ~~I was ready to drive off~~ the car in front of me drove off. There were 3 other children in my car.



Declaration

We declare the foregoing particulars are true in every respect.

 8:49am
11 Oct '21
Policyholder's Signature / Date & Time

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

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9686 FAX: 68467483


Witnessed by Reporting Centre Personnel 



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PHOTOGRAPHS FOR VEHICLE NO. SLQ 2781J

INSPECTION





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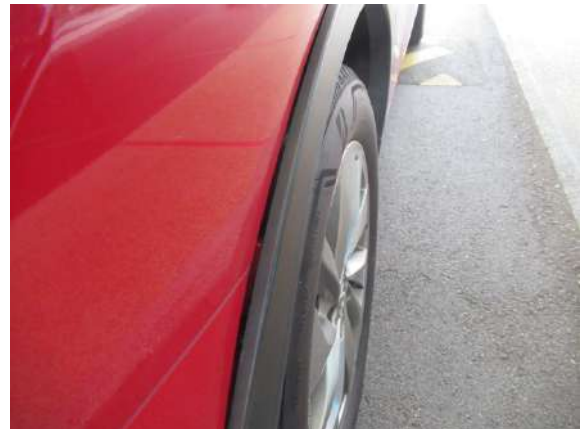
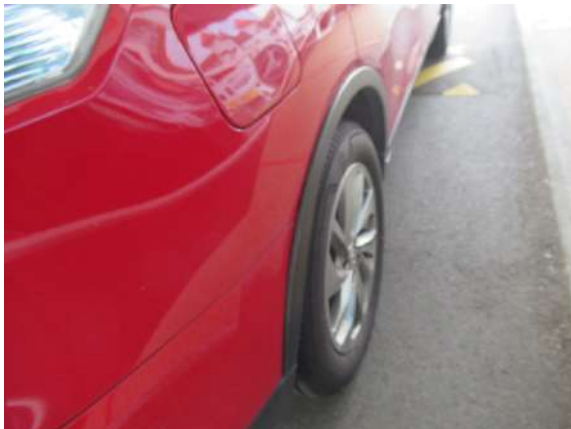


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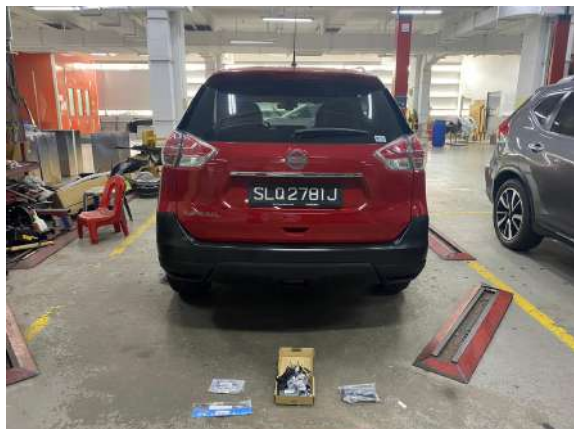
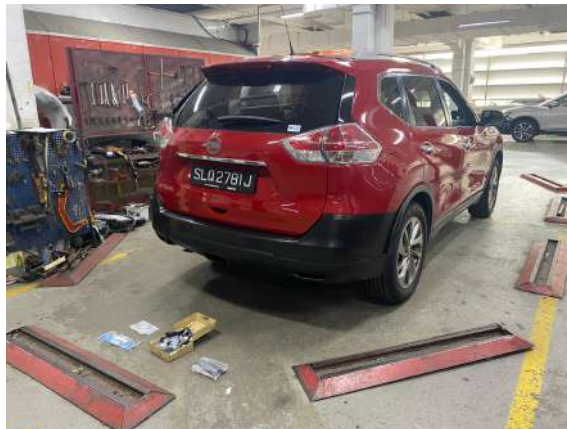
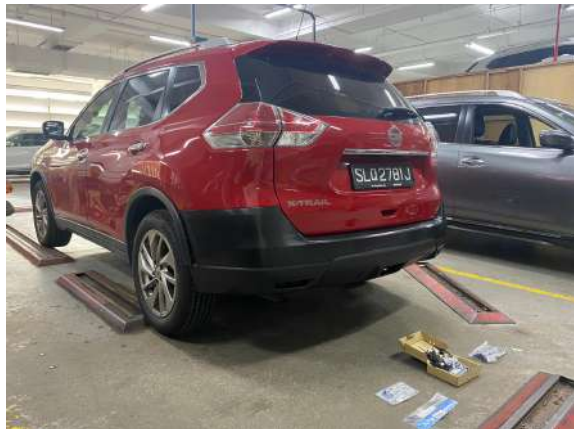
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PHOTOGRAPHS FOR VEHICLE NO. SLQ 2781J

RE-INSPECTION





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