



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. AC2108087

INV Date 22/11/2021

Reference CS/EQI21010449/Uuf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SKV 3905Z

Insured Veh. GBE 3458T

Claim No. DM21HO01506-JG

Policy No. DMCPHQ20-004013

Accident Date 08/10/2021

Inspection Date 13/10/2021

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

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/EQI21010449/Uuf3e2 Date: 22/11/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBE 3458T	Veh. Inspected	SKV 3905Z	
Policy No.	DMCPHQ20-004013	Coverage (\$)	0.00	
Claim No.	DM21HO01506-JG	Excess (\$)	0.00	
Assign From	JOEL GOH	Assign Date	12/10/2021	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN QASHQAI (A)	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	SJNFEAJ11U1466105	Colour	BROWN	
Odometer	121626 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R17	BRIDGESTONE	7 mm	
L/H Front Tyre	215/60 R17	BRIDGESTONE	7 mm	
R/H Rear Tyre	215/60 R17	BRIDGESTONE	7 mm	
L/H Rear Tyre	215/60 R17	BRIDGESTONE	7 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	13/10/2021	
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:		3 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKV 3905Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LH STAY RR BUMPER (N)	NOT NECESSARY	141.00	-
1	RH STAY RR BUMPER (N)	NOT NECESSARY	141.00	-
1	REINFORCEMENT REAR BUMPER (N)	NOT NECESSARY	691.50	-
1	RH SIDE BRACKET REAR BUMPER (N)	NOT NECESSARY	38.90	-
1	LH SIDE BRACKET RR BUMPER (N)	NOT NECESSARY	38.90	-
1	ENERGY ABSORBER RR BUMPER (N)	NOT NECESSARY	155.60	-
10	CLIP REAR BUMPER @\$1.30 (N)	NECESSARY	13.00	13.00
1	TOW HOOK COVER RR BUMPER (N)	TORN	18.80	18.80
1	REAR BUMPER (N)	TORN	876.40	876.40
	LESS 20% DISCOUNT		-423.02	-181.64
			1,692.08	726.56
<u>SPECIAL NETT ITEMS</u>				
1	SENSOR-REVERSE (SN)	SERVICEABLE	250.00	-
1	SUNDRIES (SN)	NOT NECESSARY	100.00	-
1	REAR LICENCE PLATE (SN)	NOT NECESSARY	60.00	-
			410.00	-
<u>LABOUR</u>				
	LABOR CHARGES TO REPAIR RR END PANEL, RENEW REAR BUMPER.		1,170.00	390.00
	CHARGES TO SPRAY PAINTING RR END PANEL AND REAR BUMPER.		750.00	250.00
	REMOVE AND INSTALL BOTH RR COMB LAMP AND CHECK RR WIRING SYSTEM.		48.00	48.00
	COMPUTER CHECK DIAGNOSIS.	NOT NECESSARY	120.00	-
	REMOVE AND INSTALL REVERSE SENSOR.		110.00	110.00
			2,198.00	798.00
GRAND TOTAL			4,300.08	1,524.56



RECOMMENDED COST OF REPAIRS			1,524.56
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Report Ref No. CS/EQI21010449/Uuf3e2

A handwritten signature in black ink, appearing to read 'Chua'.

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	09/10/2021 09:57 (SGT)
Date of Accident	08/10/2021 15:45 (SGT)
Exact Location of Accident	Near 850 New Upper Changi Rd, Singapore 467352
Additional Location Information	NEW UPPER CHANGI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV3905Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAYADI BIN AHMAD
NRIC No	SXXXX960C
Email Address	KAYADI.AHMAD.1956@GMAIL.COM
Mobile Phone No	(Phone) +65-91261760
Alternative Phone No	(Home) +65-91261760

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1200

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100428459-06
Cover Note Number	-

DRIVER

Name of Driver	KAYADI BIN AHMAD
NRIC No	SXXXX960C

Date Of Birth	02/12/1956
Occupation	Indoor
Date Of Driving Pass	11/10/1999
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-91261760
Alt. Phone Number	(Home) +65-91261760
Email Address	KAYADI.AHMAD.1956@GMAIL.COM
Address	APT BLK 263 TAMPINES STREET 21
Address complement	#03-152
Postcode	520263
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)	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

SEE ATTACHED SKETCH PLAN AND PHOTO

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	GBE3458T
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THOMAS
Contact Number	(Phone) +65-88741312
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 **repudiate policy liability**.
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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.

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408627
TEL: 6490 1665 FAX: 65467483

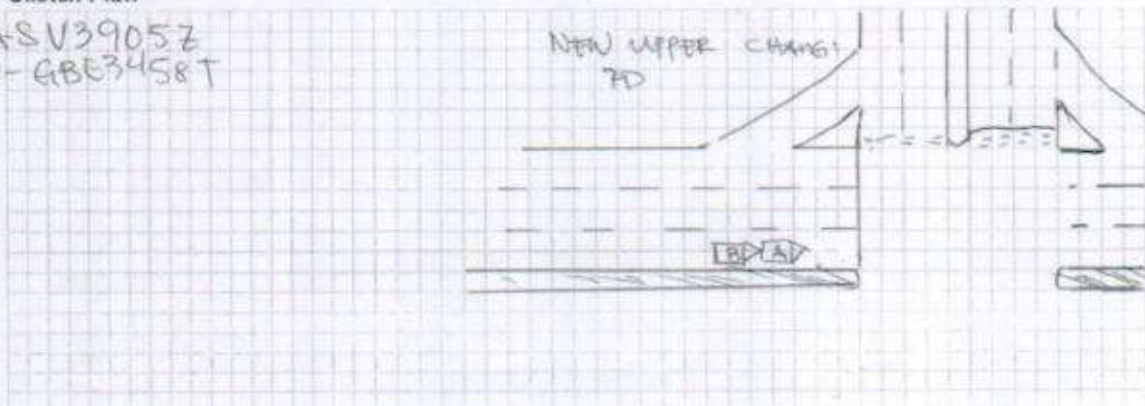
[Signature] 9/10/21
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel *[Signature]* A/PTN

Sketch Plan

ASV3905Z
P-GBE3458T



Describe Circumstances of the Accident

I stop my 'vehicle A' at the traffic light while waiting for the Red light to change to Green. Suddenly 'vehicle B' hit my vehicle 'A' at the rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

9/10/21
Policyholder's Signature / Date & Time

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

WITNESS INDUSTRIAL PTE LTD.
10, GUNHARD 4
SINGAPORE 408821
Tel: 65457483 Fax: 65457483
[Signature]
Witnessed by Reporting Centre
Personnel: CHWEI ALBERTO



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PHOTOGRAPHS FOR VEHICLE NO. SKV 3905Z

INSPECTION





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RE-INSPECTION

