



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. AC2107493

INV Date 29/10/2021

Reference CS/EQI21010725/Euf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMU 8771R

Insured Veh. SJR 2398B

Claim No. DM21HO01547/MT

Policy No. DMPPHQ20-008214

Accident Date 15/10/2021

Inspection Date 20/10/2021

| Description | Total |
|---------------------|---------------|
| Survey Inspection | 230.00 |
| Resurvey Inspection | |
| 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/EQI21010725/Euf3e2 Date: 29/10/2021 Code: EQI | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJR 2398B | Veh. Inspected | SMU 8771R |
| Policy No. | DMPPHQ20-008214 | Coverage (\$) | 0.00 |
| Claim No. | DM21HO01547/MT | Excess (\$) | 0.00 |
| Assign From | MELODY TEOH | Assign Date | 19/10/2021 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | VOLKSWAGEN TOURAN | c.c | 1395 |
| Engine No. | HIDDEN | Year of Reg. | 2020 |
| Chassis No. | WVGZZZ1TZKW072608 | Colour | BLUE |
| Odometer | 17027 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 215/55 R17 | PIRELLI | 5 mm |
| L/H Front Tyre | 215/55 R17 | PIRELLI | 5 mm |
| R/H Rear Tyre | 215/55 R17 | PIRELLI | 5 mm |
| L/H Rear Tyre | 215/55 R17 | PIRELLI | 5 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 15/10/2021 | Inspection Date | 20/10/2021 |
| Survey held at | VOLKSWAGEN GROUP SINGAPORE PTE LTD 247 ALEXANDRA ROAD SINGAPORE 159934 | | |
| 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: | | 5 Working Days | |



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMU 8771R

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 2 | 1K WINDOW ADHESIVE (SN) | NECESSARY | 102.60 | 102.60 |
| 1 | ALL PURPOSE CLEANER (SN) | NECESSARY | 97.65 | 97.65 |
| 1 | PRIMER (SN) | NECESSARY | 28.52 | 28.52 |
| 1 | ACTIAVTOR FOR PRECOATED W (SN) | NECESSARY | 26.23 | 26.23 |
| 2 | APPLICATOR (SN) | NECESSARY | 20.94 | 20.94 |
| 1 | HECKKLAPPE REAR BOOT LID (SN) | NECESSARY | 2,305.10 | 2,305.10 |
| 1 | SPOILER SATIN BLACK REAR W/SCREEN SIDE TRIM LH (SN) | NECESSARY | 267.95 | 267.95 |
| 1 | SPOILER SATIN BLACK REAR W/SCREEN SIDE TRIM RH (SN) | NECESSARY | 280.34 | 280.34 |
| 1 | PACKING ADHESIVE RR NUMBER PLATE PACKING (SN) | NECESSARY | 30.60 | 30.60 |
| 2 | RIVETTED CAP NUT (SN) | NECESSARY | 5.00 | 5.00 |
| 1 | HOOD LATCH BOOT LID LOCK (SN) | NOT NECESSARY | 175.26 | - |
| 1 | VW SIGN BLACK / BRIGHT CHRO (SN) | NECESSARY | 108.68 | 108.68 |
| 1 | INSCRIPTION BRIGHT CHROME NAME PLATE - TOURAN (SN) | NECESSARY | 74.51 | 74.51 |
| 1 | ADDITIONAL BRAKE LIGHT WI 3RD BRAKELIGHT (SN) | NECESSARY | 229.42 | 229.42 |
| 1 | COVER FOR BUMPER PRIMED (SN) | DENTED | 1,443.25 | 1,443.25 |
| 1 | SPOILER SATIN BLACK (SN) | CUT | 332.69 | 332.69 |
| 1 | BUMPER REINFORCEMENT (SN) | DENTED | 552.19 | 552.19 |
| 1 | ATTACHMENT STRIP BUMPER CTR BRACKET (SN) | NOT NECESSARY | 65.63 | - |
| 1 | GUIDE PIECE LHR BUMPER BRACKET (UPPER) (SN) | NOT NECESSARY | 42.63 | - |
| 1 | GUIDE PIECE RHR BUMPER BRACKET (UPPER) (SN) | NOT NECESSARY | 42.63 | - |
| 1 | GUIDE PIECE LHR BUMPER BRACKET (SIDE) (SN) | NOT NECESSARY | 34.85 | - |
| 1 | GUIDE PIECE RHR BUMPER BRACKET (SIDE) (SN) | NOT NECESSARY | 34.85 | - |
| 1 | REAR NUMBER PLATE (SN) | DENTED | 80.00 | 80.00 |
| 1 | REVERSE SENSOR (SN) | NOT NECESSARY | 400.00 | - |
| | | | 6,781.52 | 5,985.67 |
| <u>LABOUR</u> | | | | |
| B&P CHECK SHORT CIRCUIT / HARNESS REPAIR. | | | 280.00 | 280.00 |
| B&P DIAGNOSIS AND PROGRAMMING. | | | 480.00 | 480.00 |

Report Ref No. CS/EQI21010725/Euf3e2



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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|------------------------------|-----------|---------------------------|-------------------|
| | LABOUR. | | 4,200.00 | 1,680.00 |
| | SPRAY PAINT. | | 4,000.00 | 1,600.00 |
| | R&R REAR W/SCREEN. | | 840.00 | 840.00 |
| | TRANSFER BOOT LID MECHANISM. | | 840.00 | 420.00 |
| | REAR WATER LEAK TEST. | | 150.00 | 150.00 |
| | | | 10,790.00 | 5,450.00 |
| GRAND TOTAL | | | 17,571.52 | 11,435.67 |
| RECOMMENDED COST OF REPAIRS | | | | 11,435.67 |

Report Ref No. CS/EQI21010725/Euf3e2

CHEN TSUE YEE

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 16/10/2021 15:04 (SGT)
Date of Accident 15/10/2021 18:26 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG YISHUN CENTRAL TOWARDS YISHUN AVE 5 BEFORE JUNCTION OF YISHUN AVE 2.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU8771R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KWAN KEN WEE
- S8730147H
Email Address Ken@live.com.sg
Mobile Phone No (Phone) +65-96515347
Alternative Phone No +65-96515347

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Touran
Variant 1.4 TSI
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 1390

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 11071279
Cover Note Number -

DRIVER

Name of Driver KWAN KEN WEE

| | |
|--|------------------------|
| - | S8730147H |
| Date Of Birth | 29/09/1987 |
| Occupation | Indoor |
| Date Of Driving Pass | 18/08/2006 |
| Driving experience | 15 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96515347 |
| Alt. Phone Number | +65-96515347 |
| Email Address | Ken@live.com.sg |
| Address | 813A, YISHUN RING ROAD |
| Address complement | #13-4401 |
| Postcode | S761813 |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------|
| Name | MIKA |
| 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 DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE SECOND LANE FROM THE RIGHT., AND MADE A STOP BEHIND ONE RED VEHICLE, AS THE TRAFFIC LIGHT IN FRONT WAS RED. WHEN THE LIGHT TURNED GREEN, AND WHEN THE VEHICLE IN FRONT OF ME MOVED, I FOLLOWED SUIT. AT A DISTANCE. THEN WHEN THE RED VEHICLE MADE ANOTHER STOP IN FRONT OF MY VEHICLE, TO GIVE WAY TO A VEHICLE, AGAIN I FOLLOWED SUIT AND WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED, BUT I HAVE MY DAUGHTER IN SIDE MY VEHICLE WHEN THIS ACCIDENT HAPPENED AND I WILL MONITOR HER CONDITION. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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
Was there any audio recorded?

WILL UPLOADED INTO FILEZILLA
No

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | SJR2398B |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Corolla |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LEW TOH KWAN |
| NRIC No | S2608983B |
| Contact Number | (Phone) +65-91283664 |
| 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



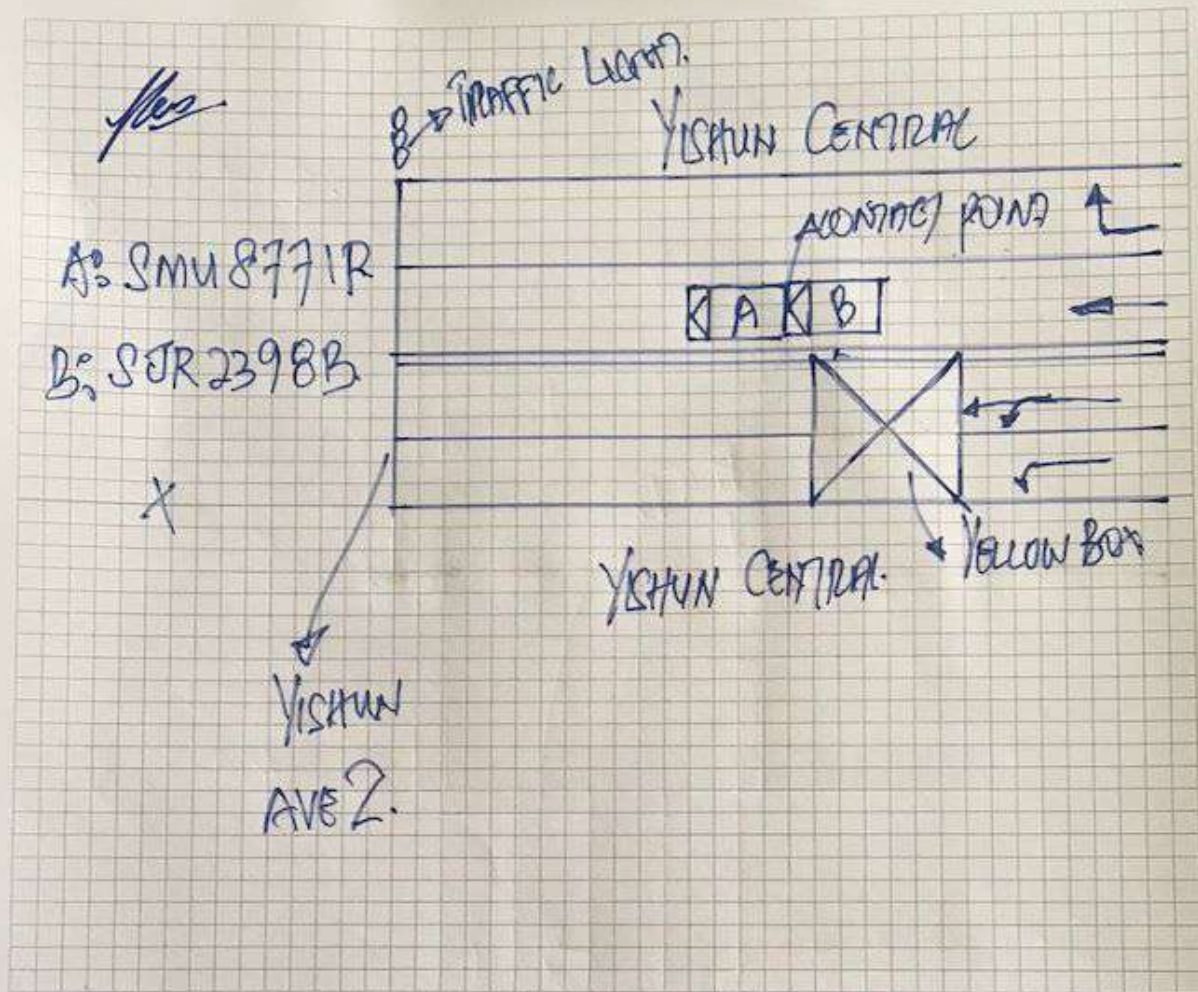
Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM



X *Ken*
 Policyholder's Signature
 Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
 REPORTING OFFICER
 HASHIM BIN KAMARI

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE SECOND LANE FROM THE RIGHT., AND MADE A STOP BEHIND ONE RED VEHICLE, AS THE TRAFFIC LIGHT INFRONT WAS RED. WHEN THE LIGHT TURNED GREEN, AND WHEN THE VEHICLE INFRONT OF ME MOVED, I FOLLOWED SUIT. AT A DISTANCE. THEN WHEN THE RED VEHICLE MADE ANOTHER STOP IN FRONT OF MY VEHICLE, TO GIVE WAY TO A VEHICLE, AGAIN I FOLLOWED SUIT AND WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED, BUT I HAVE MY DAUGHTER IN SIDE MY VEHICLE WHEN THIS ACCIDENT HAPPENED AND I WILL MONITOR HER CONDITION. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

DECLARATION

I/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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

5(A)RM SketchPlanForm_V3

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PHOTOGRAPHS FOR VEHICLE NO. SMU 8771R

INSPECTION





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PHOTOGRAPHS FOR VEHICLE NO. SMU 8771R

RE-INSPECTION





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