



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. AC2108283

INV Date 01/12/2021

Reference CS/EQI21010785/Uvf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLE 2968B

Insured Veh. GZ 3962J

Claim No. DM21HO01136-JG

Policy No. DMCFHQ21-000057

Accident Date 04/08/2021

Inspection Date 29/10/2021

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/EQI21010785/Uvf3e2 Date: 01/12/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GZ 3962J	Veh. Inspected	SLE 2968B
Policy No.	DMCFHQ21-000057	Coverage (\$)	0.00
Claim No.	DM21HO01136-JG	Excess (\$)	0.00
Assign From	JOEL GOH	Assign Date	20/10/2021
2. Vehicle Particulars & Condition			
Make & Model	MAZDA 3 SP (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JM6BM42A8G0342341	Colour	GREY
Odometer	82718 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	MICHELIN	7 mm
L/H Front Tyre	205/60 R16	MICHELIN	7 mm
R/H Rear Tyre	205/60 R16	MICHELIN	7 mm
L/H Rear Tyre	205/60 R16	MICHELIN	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	04/08/2021	Inspection Date	29/10/2021
Survey held at	5 Ubi Close		
Repairer	EUROKARS HABITAT 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:		3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLE 2968B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER (SN)	DENTED / DEFORMED	1,047.30	1,047.30
1	COVER TOWING LH (SN)	DEFORMED	16.50	16.50
1	BRACKET CENTER REAR BUMPER (SN)	NECESSARY	5.40	5.40
1	REINFORCEMENT REAR (SN)	DENTED	564.20	564.20
3	TAPE, PROTECTOR (SN)	NECESSARY	25.80	25.80
2	RETAINER S.S ULTRASONIC CENTER (SN)	NECESSARY	36.40	36.40
2	SENSOR, ULTRASONIC CENTER (SN)	NOT NECESSARY	407.20	-
4	RIVET (SN)	NECESSARY	18.00	18.00
2	CLIP (SN)	NECESSARY	6.80	6.80
4	FASTENER (SN)	NECESSARY	12.00	12.00
4	GROMMET, SCREW (SN)	NECESSARY	10.80	10.80
1	REFLECTOR LH (SN)	NOT NECESSARY	53.00	-
1	GASKET TAIL LAMP RH (SN)	NECESSARY	22.00	22.00
1	GASKET TAIL LAMP LH (SN)	NECESSARY	22.00	22.00
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
			2,297.40	1,807.20
<u>LABOUR</u>				
TO REPLACE REAR BUMPER.			1,320.00	660.00
TO RESPRAY REAR BUMPER AND REAR REINFORCEMENT.			1,260.00	630.00
TO TRANSFER REVERSE SENSORS.			660.00	180.00
TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			250.00	120.00
TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.			300.00	150.00
			3,790.00	1,740.00
GRAND TOTAL			6,087.40	3,547.20



RECOMMENDED COST OF REPAIRS			3,547.20
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Report Ref No. CS/EQI21010785/Uvf3e2

A handwritten signature in black ink, appearing to be 'Chua' followed by a stylized 'K' and 'S'.

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	04/08/2021 10:10 (SGT)
Date of Accident	04/08/2021 07:00 (SGT)
Exact Location of Accident	Near 715 Hougang Ave 2, Singapore
Additional Location Information	HOUGANG AVE 10 TURNING INTO HOUGANG AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE2968B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE KAH HAU
NRIC No	S8286199H
Email Address	kahhau@gmail.com
Mobile Phone No	(Phone) +65-97290499
Alternative Phone No	+65-97290499

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1999

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE KAH HAU
NRIC No	S8286199H

Date Of Birth	19/04/1982
Occupation	Indoor
Date Of Driving Pass	17/02/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97290499
Alt. Phone Number	+65-97290499
Email Address	kahhau@gmail.com
Address	BK 30 FERNVALE LINK
Address complement	-
Postcode	-
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	LEE EE XANE
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

ATTACHMENT(S)

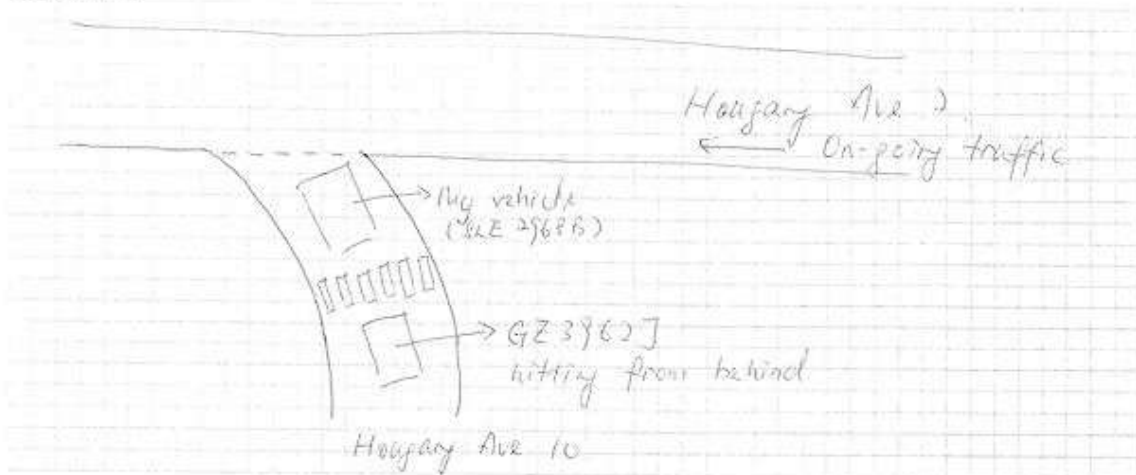
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ3962J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle

Name of Driver	WANG HONGYU
Work Permit No	07725319
Contact Number	(Phone) +65-81203228
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 7.00 am, I was on my way sending my daughter to school as usual. Stopping at the junction of Hougang Ave 10, giving way to on-going traffic from Hougang Avenue 2, my vehicle was hit by another vehicle from behind. ~~that~~ The mentioned vehicle is a commercial vehicle with registration no. GZ 3962J. The van is white in color ~~with~~ with company logo Polar Puffs & cakes on it. Observed dents ^{and scratches} at the rear of my vehicle and minor scratches and dents at another vehicle. There was no injuries nor any damages to government properties. In order not to obstruct the busy traffic, we have moved our vehicle to the road side and exchange our particulars. I was advised to report the accident at Mazda service center by an ATF agent over the phone.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature

Date & Time:
04-Aug-2021
9.38 am


Driver's Signature
(If driver is not the policyholder)

Date & Time:
04-Aug-2021
9.38 am

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

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:

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



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INSPECTION





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RE-INSPECTION





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RE-INSPECTION

