



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. AC2200222

INV Date 11/01/2022

Reference CS/EQI21011218/Etf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMT 7034Y
Insured Veh. GBK 5636B
Claim No. DM21HO01628-JT
Policy No.
Accident Date 01/11/2021
Inspection Date 08/11/2021

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/EQI21011218/Etf3e2 Date: 11/01/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBK 5636B	Veh. Inspected	SMT 7034Y
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO01628-JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	03/11/2021
2. Vehicle Particulars & Condition			
Make & Model	SKODA OCTAVIA	c.c	1395
Engine No.	HIDDEN	Year of Reg.	2020
Chassis No.	TMBBC7NE3L0019725	Colour	GREY
Odometer	17290 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55 R16	NEXEN	5 mm
L/H Front Tyre	205/55 R16	NEXEN	5 mm
R/H Rear Tyre	205/55 R16	NEXEN	5 mm
L/H Rear Tyre	205/55 R16	NEXEN	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	01/11/2021	Inspection Date	08/11/2021
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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMT 7034Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	HOOD FRT BONNET (SN)	DENTED	1,462.31	1,462.31
1	FLAP HINGE BONNET HINGE LH (SN)	NOT NECESSARY	39.19	-
1	FLAP HINGE BONNET HINGE RH (SN)	NOT NECESSARY	39.19	-
1	HOOD LATCH BONNET LATCH (SN)	NOT NECESSARY	94.30	-
1	HOOD LATCH BONNET LOCK (SN)	BENT	102.40	102.40
20	CLIP BONNET SEAL CLIP (SN)	NECESSARY (19PCS ONLY)	11.40	10.83
1	SKODA EMBL BONNET EMBLER (SN)	NECESSARY	63.90	63.90
1	COVER FOR FRT BUMPER (SN)	NOT NECESSARY	1,338.93	-
1	SUPPORT PA BUMPER INNER BRACKET LH (SN)	NOT NECESSARY	53.51	-
1	SUPPORT PA BUMPER INNER BRACKET RH (SN)	NOT NECESSARY	53.51	-
1	SENSOR BRACKET (SN)	NOT NECESSARY	13.00	-
1	SENSOR BRACKET (SN)	NOT NECESSARY	13.00	-
1	SENSOR BRACKET (SN)	NOT NECESSARY	13.00	-
1	SENSOR BRACKET (SN)	NOT NECESSARY	13.00	-
1	2K-PLASTIC ADHESIVE (SN)	NOT NECESSARY	81.39	-
1	BONDING AGENT FOR PLASTIC (SN)	NOT NECESSARY	65.42	-
1	UNBEKANNT RADIATOR GRILLE (SN)	BROKEN	230.49	230.49
1	KENNSCHILD "BEI OLUBERFUL (SN)	NECESSARY	15.17	15.17
1	STICKER 'OIL COMPLY WITH (SN)	NECESSARY	24.71	24.71
1	STICKER 'AC' *REFRIGERAN (SN)	NECESSARY	17.61	17.61
1	COVER STRI RADIATOR GRILLE CHROM (SN)	BROKEN	302.06	302.06
1	COOLING AI BUMPER CTR LOWER GRILLE (SN)	NOT NECESSARY	112.45	-
1	HALOGEN HE H/LAMP LH (SN)	NOT NECESSARY	959.00	-
1	HALOGEN HE H/LAMP RH (SN)	NOT NECESSARY	959.00	-
1	REINFORCEM (SN)	NOT NECESSARY	708.82	-
1	BUFFER REINFORCEMENT FOAM (SN)	NOT NECESSARY	59.44	-
1	FRONT PANE LOCK CARRIER (SN)	NOT NECESSARY	693.97	-
1	AIR DUCT AIR GUIDE RH (SN)	NOT NECESSARY	27.20	-
1	AIR DUCT AIR GUIDE LH (SN)	NOT NECESSARY	27.20	-
2	COOLANT 1B (SN)	NOT NECESSARY	43.08	-

Report Ref No. CS/EQI21011218/Etf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	OIL FOR REFRIGERANT COMPR (SN)	NOT NECESSARY	37.22	-
1	FRT NUMBER PLATE (SN)	NECESSARY	80.00	80.00
			7,754.87	2,309.48
	LABOUR			
	B&P CHECK SHORT CIRCUIT / HARNESS REPAIR.		280.00	280.00
	B&P DIAGNOSIS AND PROGRAMMING.		480.00	480.00
	B&P LEAKED CHECK, VACUUM & REGAS A/C GAS.	NOT NECESSARY	420.00	-
	LABOUR.		3,360.00	1,260.00
	SPRAY PAINT.		3,200.00	1,600.00
	A/C GAS.	NOT NECESSARY	60.00	-
			7,800.00	3,620.00
	GRAND TOTAL		15,554.87	5,929.48
	RECOMMENDED COST OF REPAIRS			5,929.48

Report Ref No. CS/EQI21011218/Etf3e2

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	02/11/2021 13:32 (SGT)
Date of Accident	01/11/2021 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE EXIT TWDS SOUTH BOUNA VISTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT7034Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH CHEN YEE, MARVIN
NRIC No	SXXXX569Z
Email Address	marvinlcy@gmail.com
Mobile Phone No	(Phone) +65-96306257
Alternative Phone No	+65-96306257

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Octavia
Variant	Octavia Amb 1.4 I TSI 110kW MY20
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	1400

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P2398346/00
Cover Note Number	-

DRIVER

Name of Driver	LOH CHEN YEE, MARVIN
NRIC No	SXXXX569Z

Date Of Birth	25/02/1991
Occupation	Indoor
Date Of Driving Pass	16/04/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96306257
Alt. Phone Number	+65-96306257
Email Address	marvinlcy@gmail.com
Address	152 CANBERRA DRIVE
Address complement	#08-09
Postcode	768080
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

REFER TO SKETCH PLAN

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	GBK5636B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HOSSIN MD NUR
Work Permit No	GXXXX380W
Contact Number	(Phone) +65-96505180
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' 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.

A
 2/11/2021 10.30am

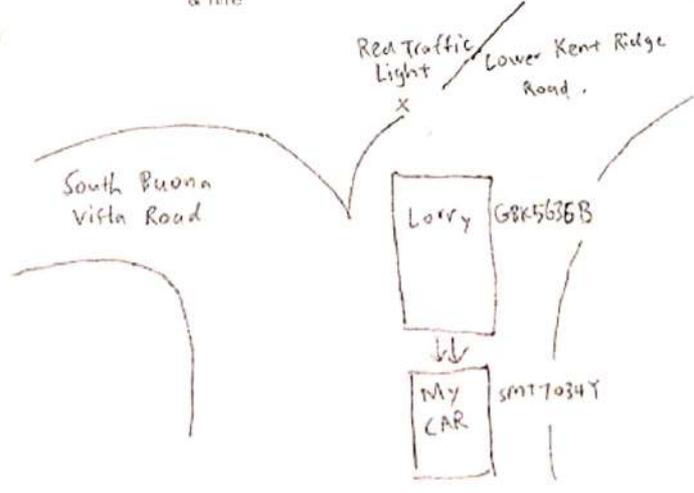
[Signature]
 2/11/2021

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 1st Nov 2021, at the traffic junction between Lower Kent Ridge Road and South Buona Vista Road at approximately 5.10 pm

The Red light was On. All other cars were stationary, including mine. Suddenly, the lorry (Vehicle Number: 5BK5636B) reversed into my car, causing damage to my car. This incident has been captured on my car's traffic camera.

Declaration

(We declare the foregoing particulars are true in every respect)

 2/11/2021
10.20 am
Policyholder's Signature / Date & Time

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

 2/11/2021
Witnessed by Reporting Centre Personnel



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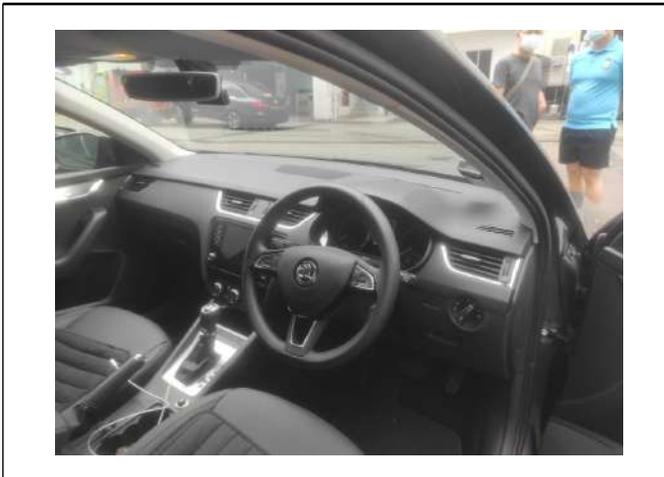
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PHOTOGRAPHS FOR VEHICLE NO. SMT 7034Y

INSPECTION





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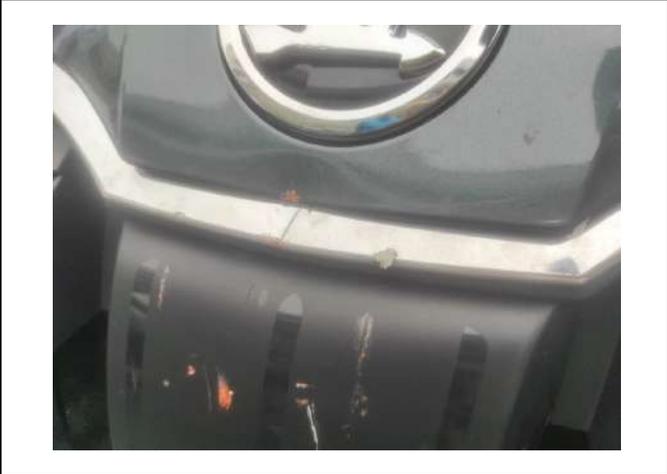
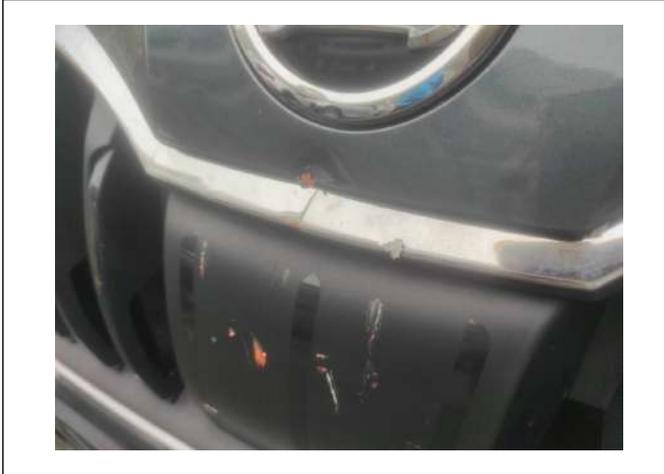


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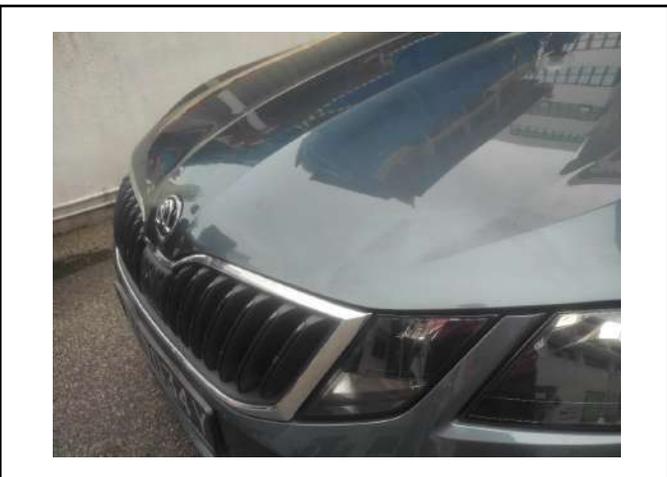
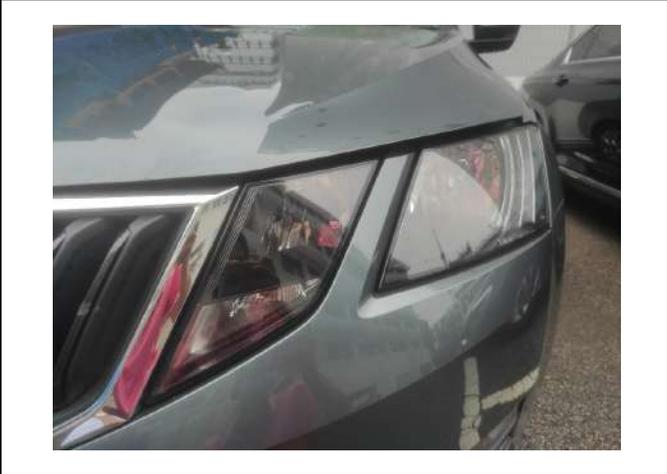


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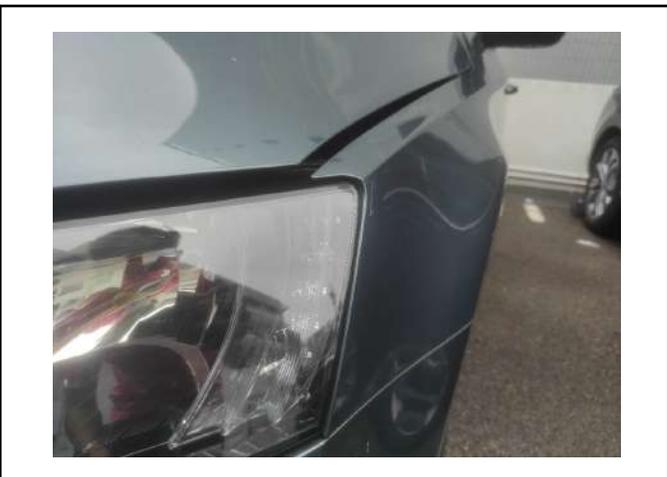


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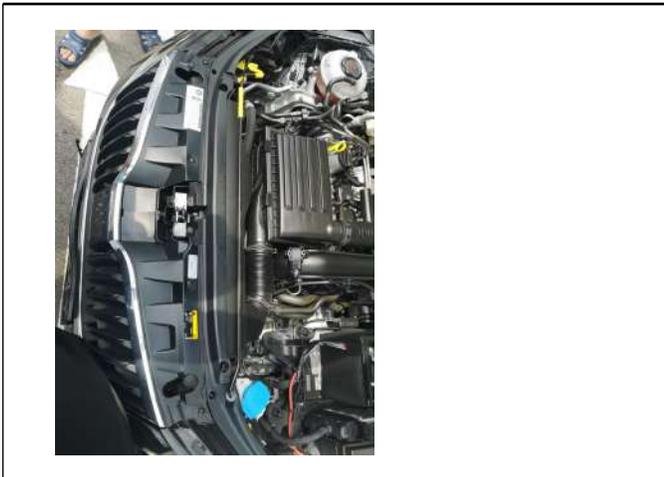


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RE-INSPECTION

