



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. AC2108466

INV Date 08/12/2021

Reference CS/EQI21011219/Etf3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMU 1822Z

Insured Veh. GBD 3907U

Claim No. DM21HO01633/JG

Policy No.

Accident Date 02/11/2021

Inspection Date 19/11/2021

| 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/EQI21011219/Etf3n2 Date: 08/12/2021 Code: EQI | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | GBD 3907U | Veh. Inspected | SMU 1822Z | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | DM21HO01633/JG | Excess (\$) | 0.00 | |
| Assign From | JOEL GOH | Assign Date | 03/11/2021 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | KIA CERATO | c.c | 1591 | |
| Engine No. | HIDDEN | Year of Reg. | 2020 | |
| Chassis No. | KNAF3416ML5062881 | Colour | GREY | |
| Odometer | 25405 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 | KUMHO | 5 mm | |
| L/H Front Tyre | 205/55 R16 | KUMHO | 5 mm | |
| R/H Rear Tyre | 205/55 R16 | KUMHO | 5 mm | |
| L/H Rear Tyre | 205/55 R16 | KUMHO | 5 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 02/11/2021 | Inspection Date | 19/11/2021 | |
| Survey held at | CYCLE & CARRIAGE KIA PTE LTD 209 PANDAN GARDENS SINGAPORE 609339 | | | |
| 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. SMU 1822Z

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|----------------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | COVER-RR BUMPER (SN) | TO REPAIR SEE LABOUR | 651.00 | - |
| 1 | COVER-RR BUMPER LWR (SN) | NOT NECESSARY | 241.00 | - |
| 1 | BEAM-RR BUMPER (SN) | NOT NECESSARY | 318.00 | - |
| 1 | STAY-RR BUMPER LH (SN) | NOT NECESSARY | 65.00 | - |
| 1 | STAY-RR BUMPER RH (SN) | NOT NECESSARY | 65.00 | - |
| 1 | NEW K3 2020 STEEL GRAY KLG (SN) | TO REPAIR SEE LABOUR | 1,721.00 | - |
| 1 | SUNDRIES (SN) | NECESSARY | 50.00 | 20.00 |
| 1 | REVERSE SENSOR (SN) | NOT NECESSARY | 220.00 | - |
| | | | 3,331.00 | 20.00 |
| | <u>LABOUR</u> | | | |
| | RENEW RR BUMPER & RR BUMPER BODY KIT.INCLUSIVE OF THE REPAIR OF COVER-RR BUMPER AND NEW K3 2020 STEEL GRAY KLG. | | 1,900.00 | 640.00 |
| | RESPRAY RR BUMPER & RR BUMPER BODY KIT. | | 1,600.00 | 1,100.00 |
| | CHECK WIRING ELECTRICAL SYSTEM. | | 80.00 | 30.00 |
| | TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM. | | 300.00 | 280.00 |
| | REMOVE & REFIT REVERSE SENSOR. | | 100.00 | 80.00 |
| | | | 3,980.00 | 2,130.00 |
| | GRAND TOTAL | | 7,311.00 | 2,150.00 |
| | RECOMMENDED COST OF REPAIRS | | | 2,150.00 |

Report Ref No. CS/EQI21011219/Etf3n2

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 replying 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 14:50 (SGT) |
| Date of Accident | 02/11/2021 07:32 (SGT) |
| Exact Location of Accident | KJE, Singapore |
| Additional Location Information | KJE EXIT 3~FILTER LANE OUT CHOA CHU KANG WAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU1822Z

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | GARY KHO HOE SIANG |
| NRIC No | SXXXX007E |
| Email Address | G.GARYKHO@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91771134 |
| Alternative Phone No | +65-91771134 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Kia |
| Model | Cerato |
| 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 | 1591 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2070113368-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | GARY KHO HOE SIANG |
| NRIC No | SXXXX007E |

 Accident report SC1A21B20003

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| | |
|--|-----------------------------------|
| Date Of Birth | 28/12/1993 |
| Occupation | Outdoor |
| Date Of Driving Pass | 18/09/2012 |
| Driving experience | 9 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91771134 |
| Alt. Phone Number | +65-91771134 |
| Email Address | G.GARYKHO@GMAIL.COM |
| Address | BLK 690C HOUGANG STREET 52 #04-37 |
| Address complement | * |
| Postcode | 533699 |
| 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 ATTACHMENT

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 | GBD3907U |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | Blue |
| Vehicle Category | Commercial vehicle |
| Name of Driver | XI XINGHUA |
| Contact Number | (Phone) +65-97535168 |
| 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.
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

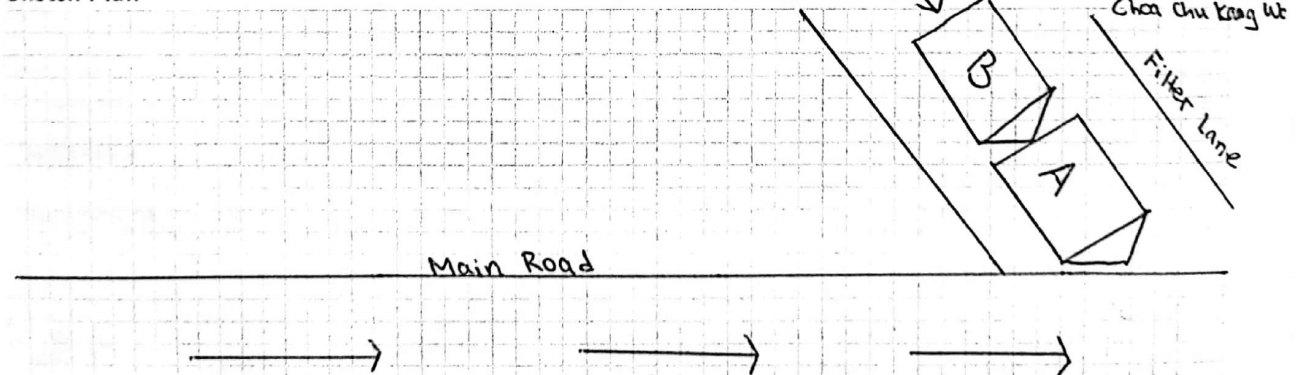
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


02/11/21
1411
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 02 Nov 2021, as I (SMV1822Z) was exiting KJE Exit 3 toward, China Chu Kang Way, my vehicle was stopped just behind the dotted line awaiting for oncoming vehicles on the main road to be cleared before exiting.

However, all of a sudden, an impact was felt from my rear. Vehicle (GBO 3907U) did not check clear of the vehicle in front and hit the rear of my vehicle.

Both drivers exited the expressway (filter lane), parked down at the side of the road and exchanged particulars.

Declaration

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



021121
1411

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SMU 1822Z

INSPECTION





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RE-INSPECTION

