



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. AC2203861

INV Date 21/06/2022

Reference CS/EQI21011355/Atf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SML 3493Z

Insured Veh. GBB 4077T

Claim No. DM21HO01653-JT

Policy No.

Accident Date 06/11/2021

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/EQI21011355/Atf3e2 Date: 21/06/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBB 4077T	Veh. Inspected	SML 3493Z
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO01653-JT	Excess (\$)	0.00
Assign From	JOEL GOH	Assign Date	08/11/2021
2. Vehicle Particulars & Condition			
Make & Model	LEXUS LS460L	c.c	4608
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	JTHGL46F405050023	Colour	BLACK
Odometer	116685 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	245/45 R19	DUNLOP	6 mm
L/H Front Tyre	245/45 R19	DUNLOP	6 mm
R/H Rear Tyre	245/45 R19	DUNLOP	6 mm
L/H Rear Tyre	245/45 R19	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/11/2021	Inspection Date	08/11/2021
Survey held at	23 Kaki Bukit Avenue 4, #04-01		
Repairer	ADVANCE AUTO GARAGE		
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. SML 3493Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	DEFORMED	850.40	850.40
1	FRONT BUMPER SIDE HOLDER LH	NECESSARY	62.90	62.90
1	FRONT BUMPER SIDE GRILLE LH	NOT NECESSARY	67.90	-
1	FRONT BUMPER SIDE GRILLE CHROME LH	NOT NECESSARY	85.40	-
1	FRONT GRILLE	CRACKED	789.50	789.50
1	FRONT GRILLE LOGO	NECESSARY	88.90	88.90
1	HEADLAMP LH	CRACKED	6,006.10	6,006.10
1	HEADLAMP CONTROL UNIT	NOT NECESSARY	385.40	-
1	FRONT LH FENDER	DENTED	1,043.20	1,043.20
1	FRONT LH FENDER BRACKET	BENT	85.90	85.90
1	FRONT LH FENDER INNER SHIELD	CRUMPLED	295.20	295.20
1	FRONT LH LOWER ARM	NOT NECESSARY	496.20	-
1	FRONT LH SHOCK ABSORBER	NOT NECESSARY	524.10	-
1	FRONT LH KNUCKLE ARM	NOT NECESSARY	894.20	-
1	FRONT LH WHEEL HUB C/W BEARING	NOT NECESSARY	448.90	-
	LESS 10% DISCOUNT		-	-922.21
			12,124.20	8,299.89
<u>SPECIAL NETT ITEMS</u>				
1	FRONT BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
1	FRONT GRILLE CLIPS (SN)	NECESSARY	30.00	30.00
1	FRONT LH FENDER INNER SHIELD CLIPS (SN)	NECESSARY	30.00	30.00
1	FRONT LH WHEEL RIM (SN)	CUT	1,380.00	850.00
			1,490.00	960.00
<u>LABOUR</u>				
	PANEL BEATING.		750.00	600.00
	SPRAY PAINTING.		750.00	500.00
	WIRING.		100.00	30.00
	TO PERFORM WHEEL ALIGNMENT.		180.00	80.00
	TO DISMANTLE FRONT UNDERCARRIAGE.	NOT NECESSARY	350.00	-

Report Ref No. CS/EQI21011355/Atf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PERFORM DIAGNOSTIC TEST.		250.00	150.00
			2,380.00	1,360.00
GRAND TOTAL			15,994.20	10,619.89
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				8,500.00

Report Ref No. CS/EQI21011355/Atf3e2

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	08/11/2021 11:30 (SGT)
Date of Accident	06/11/2021 11:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Driveway of Bedok Shopping Complex
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3493Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tan Keng Hong Richard
NRIC No	SXXXX980H
Email Address	rtkh49@live.com
Mobile Phone No	(Phone) +65-9457818243927916
Alternative Phone No	(Home) +65-81824392

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Ls460l
Variant	Ls460
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	4608

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA489109/1
Cover Note Number	nil

DRIVER

Name of Driver	Tan Keng Hong Richard
NRIC No	SXXXX980H

Date Of Birth	13/02/1949
Occupation	Indoor
Date Of Driving Pass	31/10/1977
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-9457818243927916
Alt. Phone Number	(Home) +65-81824392
Email Address	rikh49@live.com
Address	769 Upper East Coast Road
Address complement	-
Postcode	466624
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

Report Please refer to Sketch Plan

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	file to big
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB4077T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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.

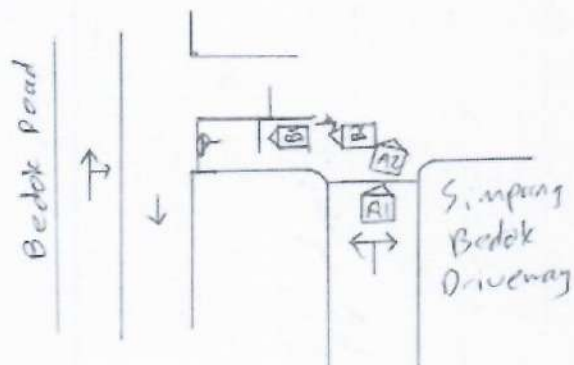
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) - 5ML3493Z
(B) - GBB407TT

Describe Circumstances of the Accident

On the 06/11/2021 @ about 11.20am along Driveway of Bedok Shopping Complex along Bedok Road also known as Simpang Bedok. I was driving along the driveway and wanted to make a right turn to ~~the~~ look for more carpark lots. I stopped to check for traffic, and proceeded to make a right turn cautiously. Suddenly, a Vehicle (B) on my left who was trying to exit the carpark reversed without caution and proper lookout, and collided into the left & front portion of my Vehicle (A), causing damages to my Vehicle.


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

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


Witnessed by Reporting Centre Personnel



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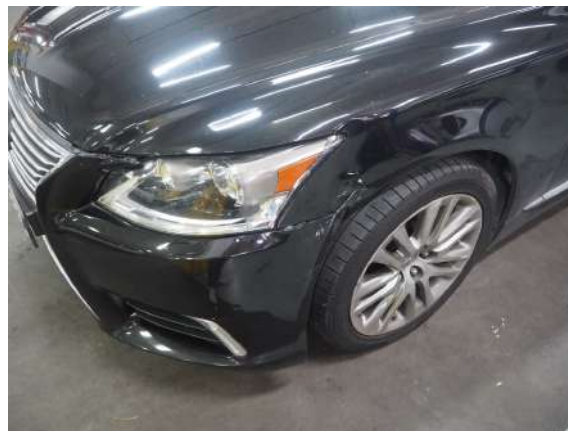
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PHOTOGRAPHS FOR VEHICLE NO. SML 3493Z

INSPECTION





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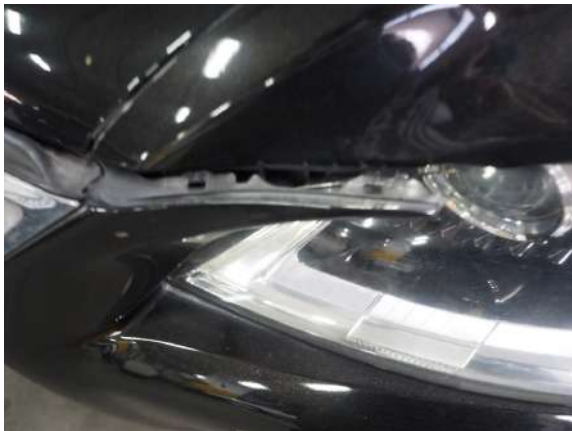


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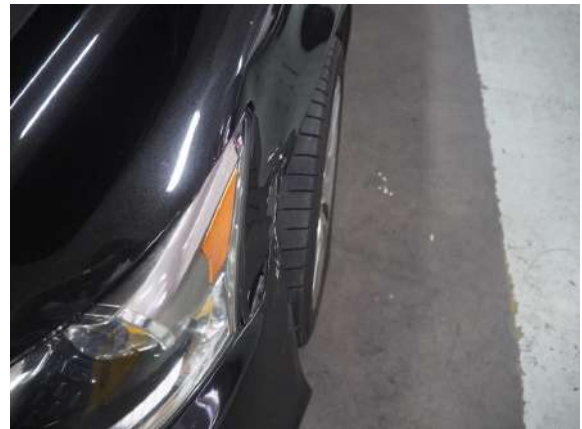


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RE-INSPECTION





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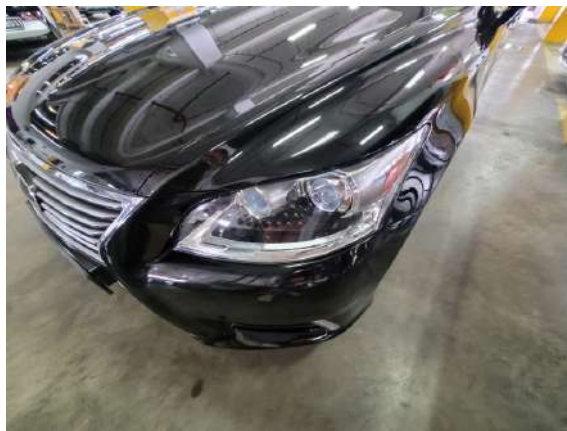
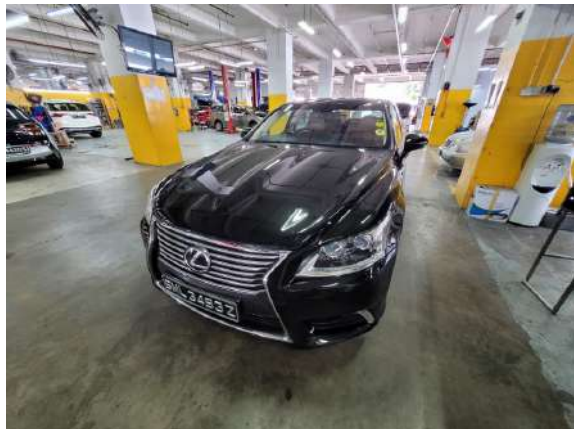
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