



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. AC2108791

INV Date 21/12/2021

Reference CS/EQI21011410/Avf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLZ 7658C
Insured Veh. SLH 4279C
Claim No. DM21HO01647-JT
Policy No. DMPPHQ21-0007998
Accident Date 05/11/2021
Inspection Date 09/11/2021

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

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Ref: CS/EQI21011410/Avf3e2

Date: 21/12/2021

Code: EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLH 4279C	Veh. Inspected	SLZ 7658C
Policy No.	DMPPHQ21-0007998	Coverage (\$)	0.00
Claim No.	DM21HO01647-JT	Excess (\$)	0.00
Assign From	JOEL GOH	Assign Date	09/11/2021

2. Vehicle Particulars & Condition

Make & Model	TOYOTA C-HR	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	ZYX102119018	Colour	BLUE
Odometer	226894 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	6 mm
L/H Front Tyre	215/55 R17	PIRELLI	6 mm
R/H Rear Tyre	215/55 R17	PIRELLI	6 mm
L/H Rear Tyre	215/55 R17	PIRELLI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/11/2021	Inspection Date	09/11/2021
Survey held at	8 kaki bukit ave 4 #06-31 Singapore 415875.		
Repairer	HUA HONG 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. SLZ 7658C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	DEFORMED	2,099.00	985.00
10	FRONT BUMPER CLIPS @\$5.00	NECESSARY	50.00	30.00
2	FRONT BUMPER SIDE RETAINER (LH/RH) @\$297.30	NOT NECESSARY	594.60	-
1	FRONT BUMPER GRILLE (CENTER)	NOT NECESSARY	251.30	-
1	FRONT BUMPER LOWER	DEFORMED	1,030.80	359.00
2	FRONT BUMPER GARNISH (LH/RH) @\$251.10	NOT NECESSARY	502.20	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	1,191.30	-
1	FRONT BUMPER REINFORCEMENT ARM (LH)	NOT NECESSARY	457.00	-
1	FRONT BUMPER FOAM	CRACKED	449.00	108.00
1	FRONT BUMPER TOP RUBBER	NOT NECESSARY	106.80	-
1	FRONT BUMPER TOWING COVER	DEFORMED	104.10	45.00
1	FRONT NUMBER PLATE GARNISH	NOT NECESSARY	242.10	-
1	FRONT HEADLAMP (LH)	CUT	3,660.00	1,880.00
1	FRONT GRILLE	NOT NECESSARY	896.00	-
1	FRONT GRILLE RETAINER	NOT NECESSARY	162.30	-
1	FRONT GRILLE BASE	NOT NECESSARY	396.00	-
1	FRONT GRILLE EMBLEM	NOT NECESSARY	3,347.00	-
	LESS 20% DISCOUNT		-3,107.90	-
	LESS 25% DISCOUNT		-	-851.75
			12,431.60	2,555.25
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	MISSING	35.00	35.00
			35.00	35.00
<u>LABOUR</u>				
	TO DISMANTLE & CHANGE FRONT BUMPER, FRONT REINFORCEMENT, FRONT HEADLAMP (LH). KNOCKING FRONT FENDER (LH) AND ALL AREA AFFECTED BY ACCIDENT.		800.00	500.00
	TO PERFORM WIRE CHECKING.		50.00	30.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO SPRAY FRONT BUMPER, FRONT REINFORCEMENT, FRONT FENDER (LH) AND ALL AFFECTED AREA.		800.00	250.00
			1,650.00	780.00
GRAND TOTAL			14,116.60	3,370.25
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,700.00

Report Ref No. CS/EQI21011410/Avf3e2

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 05/11/2021 17:24 (SGT)
Date of Accident 05/11/2021 14:00 (SGT)
Exact Location of Accident Toa Payoh, Singapore
Additional Location Information BLK 219 TOA PAYOH LOR 8 OSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ7658C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HUA HONG PTE. LTD.
Company Reg No 200900309M
Email Address CLAIMS@HUAHONG.COM.SG
Mobile Phone No (Phone) +65-81182320
Alternative Phone No (Office) +65-66619688

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
Variant HYBRID
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 hire
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5109921641-02
Cover Note Number 04/03/2021 - 03/03/2022

DRIVER

Name of Driver OH BOON SENG
NRIC No S1303785Z

Date Of Birth	28/04/1958
Occupation	Outdoor
Date Of Driving Pass	28/08/1981
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96183201
Alt. Phone Number	-
Email Address	OHBOONSENG13@GMAIL.COM
Address	BLK 219 LORONG 8 TOA PAYOH #18-639
Address complement	-
Postcode	310219
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH4279C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GERALD
NRIC No	S9520083D
Contact Number	(Phone) +65-81573295

Address -
Address complement -
Postcode -
Insurance Company Name EQ Insurance Company Ltd
Nature Of Damage FRONT PORTION
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.

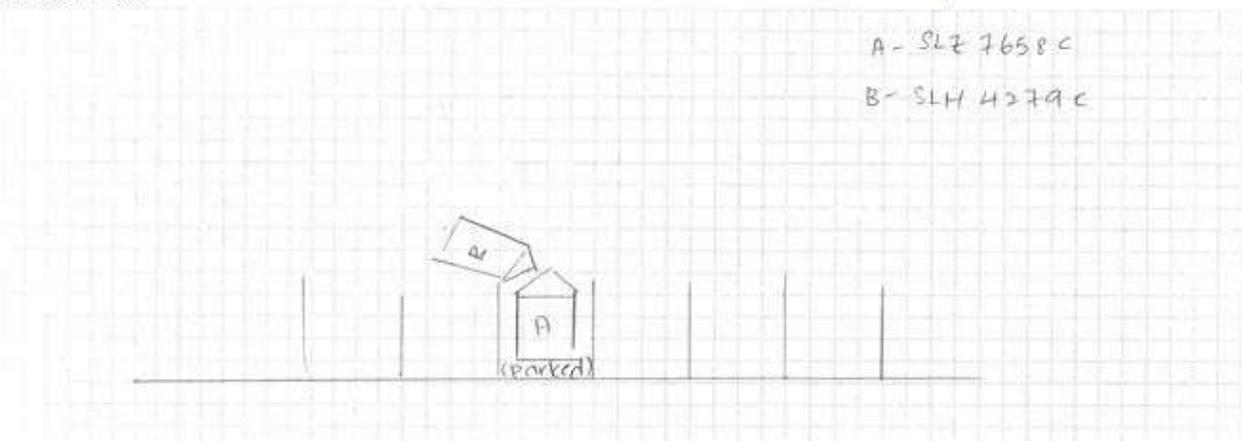


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





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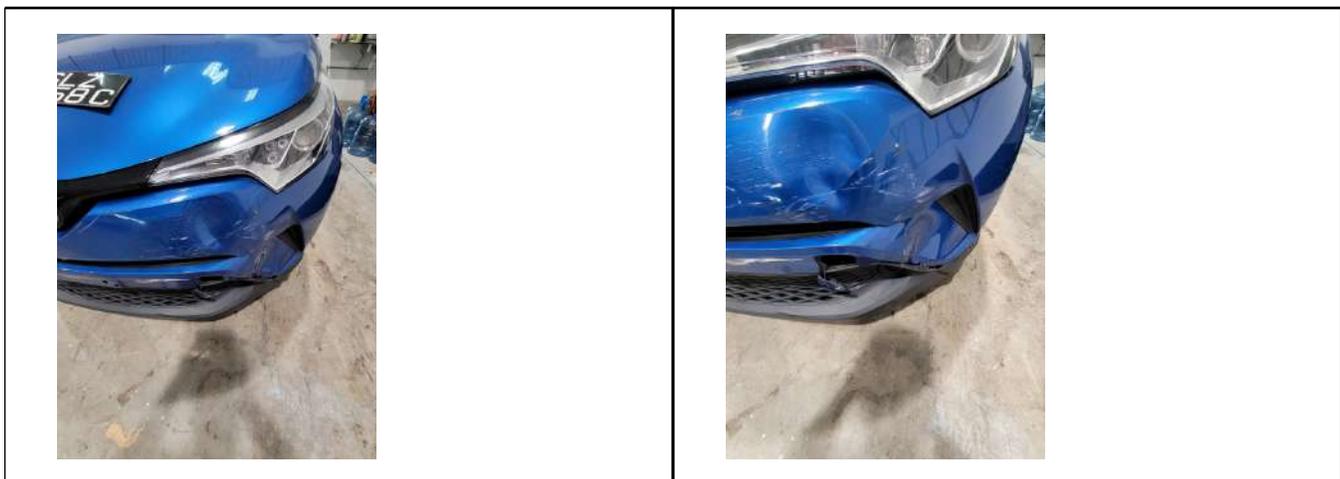
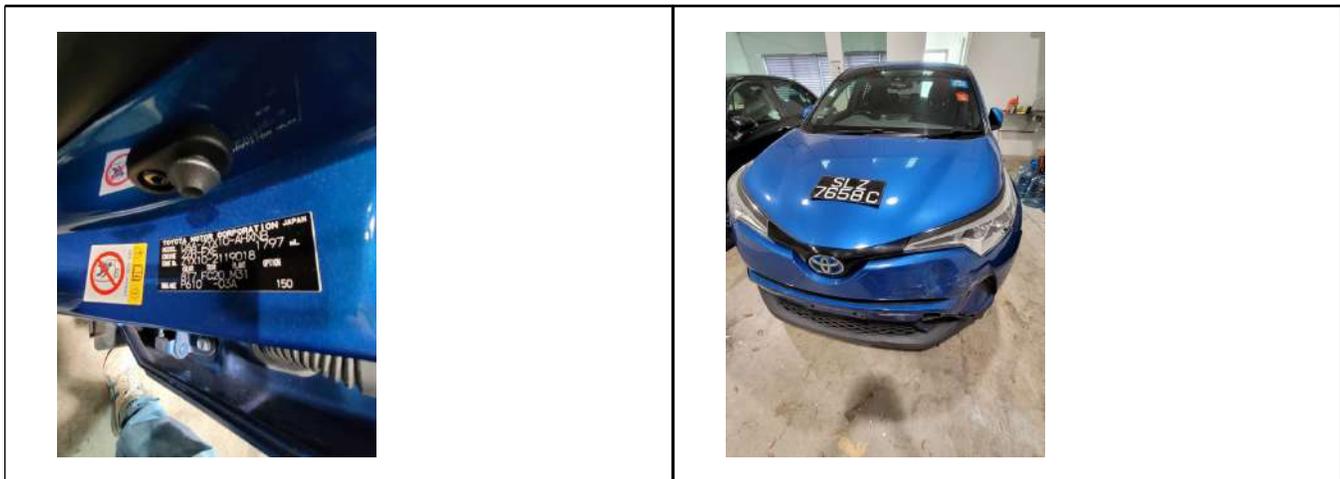
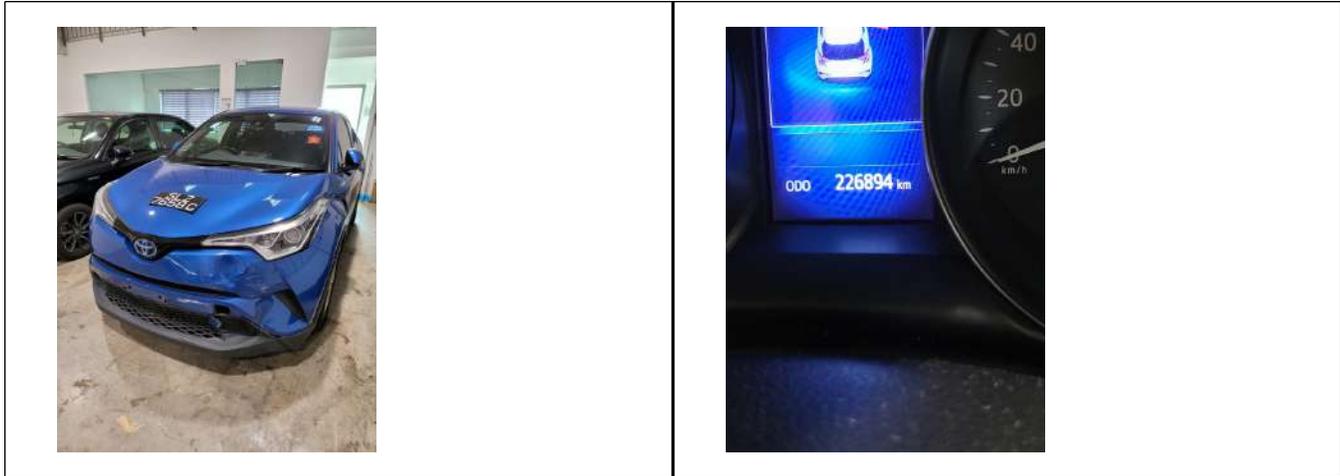
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INSPECTION



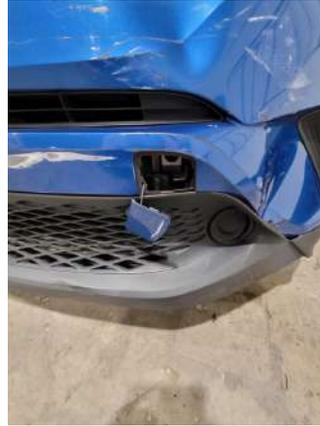


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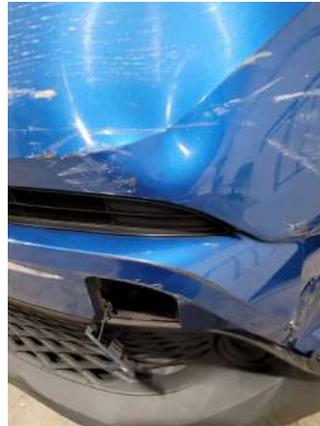
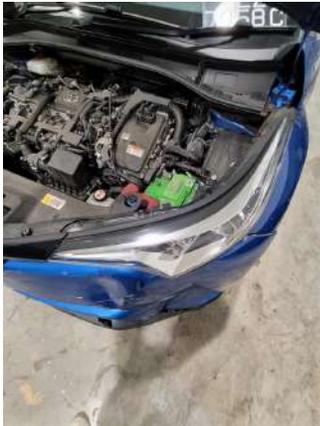


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RE-INSPECTION





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