



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. AC2200715

INV Date 09/02/2022

Reference CS/EQI21011665/Rqf3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMR 1566D

Insured Veh. SLM 116P

Claim No. DM21HO01698/JG

Policy No.

Accident Date 11/11/2021

Inspection Date 18/11/2021

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/EQI21011665/Rqf3n2 Date: 09/02/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLM 116P	Veh. Inspected	SMR 1566D	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO01698/JG	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	16/11/2021	
2. Vehicle Particulars & Condition				
Make & Model	MAZDA 6 SEDAN 2.5 PREMIUM	c.c	2488	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	JM6GL1032K0306839	Colour	GREY	
Odometer	23973 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/45 R19	BRIDGESTONE	6 mm	
L/H Front Tyre	225/45 R19	BRIDGESTONE	6 mm	
R/H Rear Tyre	225/45 R19	BRIDGESTONE	6 mm	
L/H Rear Tyre	225/45 R19	BRIDGESTONE	6 mm	
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information				
Accident Date	11/11/2021	Inspection Date	18/11/2021	
Survey held at	27A TANJONG PENJURU			
Repairer	TRANS EUROKARS 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. SMR 1566D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,099.00	1,099.00
4	TAPE,PROTECTOR	NECESSARY	34.40	34.40
2	RETAINER S.S ULTRASONIC CENTER	NOT NECESSARY	31.00	-
1	SENSOR ULTRASONIC CENTER	NOT NECESSARY	180.90	-
2	TAPE SEAL	NECESSARY	27.40	27.40
1	BRACKET CENTER REAR BUMPER	NOT NECESSARY	5.40	-
1	REINFORCEMENT REAR	NOT NECESSARY	538.30	-
2	RIVET	NECESSARY	18.40	18.40
6	FASTENER	NECESSARY	48.00	48.00
6	CLIP	NECESSARY	18.00	18.00
1	COVER TOWING HOOK REAR LH	NOT NECESSARY	48.90	-
1	COVER TOWING HOOK REAR RH	NOT NECESSARY	46.60	-
1	GASKET RH TAIL LAMP	NECESSARY	46.00	46.00
1	GASKET LH TAIL LAMP	NECESSARY	46.00	46.00
			2,188.30	1,337.20
<u>SPECIAL NETT ITEMS</u>				
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
			50.00	20.00
<u>LABOUR</u>				
	TO REPLACE REAR BUMPER AND REPAIR ALL AREAS AFFECTED BY THE ACCIDENTS.		1,320.00	660.00
	TO RESPRAY REAR BUMPER,REAR REINFORCEMENT AND ALL AREAS AFFECTED BY THE ACCIDENTS.		1,575.00	630.00
	TO TRANSFER REVERSE SENSORS.		660.00	330.00
	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		250.00	180.00
	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		300.00	250.00
			4,105.00	2,050.00
GRAND TOTAL			6,343.30	3,407.20



RECOMMENDED COST OF REPAIRS			3,407.20
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Report Ref No. CS/EQI21011665/Rqf3n2

MOHAMMED RASUL BIN MOHD YUNUS

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 15/11/2021 17:47 (SGT)
Date of Accident 11/11/2021 15:57 (SGT)
Exact Location of Accident Jalan Bukit Merah, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR1566D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Eurokars Leasing (William Tan)
Company Reg No 1XXXXX636C
Email Address williamkoh@kaiser.sgi.com.sg
Mobile Phone No (Phone) +65-63310655
Alternative Phone No (Home) +65-63310655

VEHICLE PARTICULARS

Manufacturer Mazda
Model 6
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 1998

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number -
Cover Note Number -

DRIVER

Name of Driver Koh Tiam Huat
NRIC No SXXXX232D

Date Of Birth	18/05/1960
Occupation	Indoor
Date Of Driving Pass	16/10/1981
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97678515
Alt. Phone Number	-
Email Address	williamkoh@kaiser.sgi.com.sg
Address	23 Jalan Raja Udang #33-08 The Arte
Address complement	-
Postcode	329216
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Rental
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

Please refer to attached 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	SLM116P
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Prakash Mohan
Contact Number	(Phone) +65-92331977
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

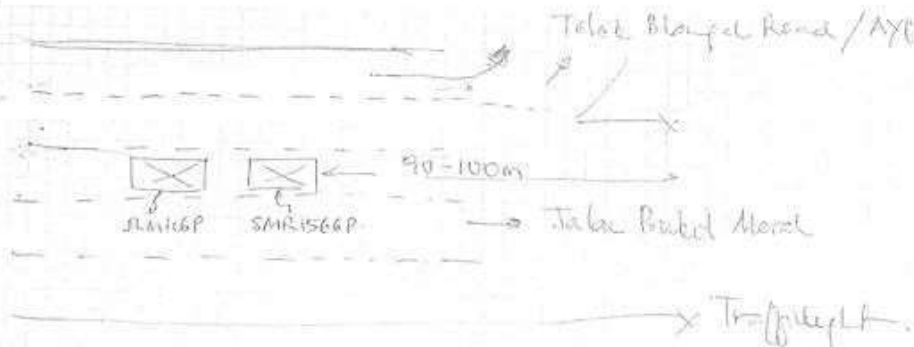
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' law yers/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' law yers/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 law yers/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



Describe Circumstances of the Accident

Accident happened along Jalan Bukit Merah Road towards Wheelway direction. Weather was clear and road condition dry.

Traffic light was a red so all vehicles stopped while waiting for it to turn green.

Just as I was about to move the rear vehicle SMI116P seems to be moving quickly and hit my car. Please refer to the sketch.

The driver, Mr. Prakash Mohan admitted that he was not alert and was looking at his google map on the his mobile it's why he accelerate without seeing the vehicle (which is SMI1566P) in front of him.

We exchanged contact details and took pictures of the driving licence. There was no injury too.

Declaration

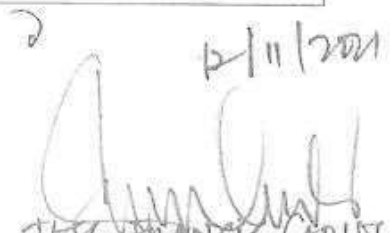
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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

12/11/2021

WITNESSED BY REPORTING CENTRE PERSONNEL



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PHOTOGRAPHS FOR VEHICLE NO. SMR 1566D

INSPECTION





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RE-INSPECTION

