



## 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. AC2200545

INV Date 26/01/2022

Reference CS/EQI21011707/Uqf3e2

Code EQI

#### PROFESSIONAL SERVICE FEE

Vehicle No. SMP 1626A  
Insured Veh. SML 4045C  
Claim No. DM21HO01707/JT  
Policy No.  
Accident Date 13/11/2021  
Inspection Date 17/11/2021

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (7%)</b>	<b>11.20</b>
<b>Grand Total</b>	<b>171.20</b>

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 COMPLEX SINGAPORE 069110

Ref: CS/EQI21011707/Uqf3e2

Date: 26/01/2022

Code: EQI

### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b>	SML 4045C	<b>Veh. Inspected</b>	SMP 1626A
<b>Policy No.</b>		<b>Coverage (\$)</b>	0.00
<b>Claim No.</b>	DM21HO01707/JT	<b>Excess (\$)</b>	0.00
<b>Assign From</b>	JAIME TAY	<b>Assign Date</b>	17/11/2021

### 2. Vehicle Particulars & Condition

<b>Make &amp; Model</b>	mitsubishi outlander (A)	<b>c.c</b>	1998
<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2019
<b>Chassis No.</b>	GF7W0601714	<b>Colour</b>	GREY
<b>Odometer</b>	46445 KM	<b>Steering</b>	IN ORDER
<b>Brakes</b>	IN ORDER	<b>Modification</b>	SPORTS RIM
<b>General</b>	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
<b>R/H Front Tyre</b>	225/55 R18	BRIDGESTONE	7 mm
<b>L/H Front Tyre</b>	225/55 R18	BRIDGESTONE	7 mm
<b>R/H Rear Tyre</b>	225/55 R18	BRIDGESTONE	7 mm
<b>L/H Rear Tyre</b>	225/55 R18	BRIDGESTONE	7 mm

### 4. Description of Damages

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

### 5. General Information

<b>Accident Date</b>	13/11/2021	<b>Inspection Date</b>	17/11/2021
<b>Survey held at</b>	HUP MOTOR TRADING & SERVICE BLK 9004 TAMPINES ST 93 #01-120 SINGAPORE 528838		

### 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. SMP 1626A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	TAIL GATE DOOR 'OUTLANDER' EMBLEMS	NECESSARY	86.00	86.00
1	TAIL GATE DOOR 'LOGO' EMBLEMS	NOT NECESSARY	41.00	-
1	TAIL GATE DOOR 'MIVEC' EMBLEMS	NECESSARY	52.00	52.00
1	TAIL GATE DOOR 'C&C' EMBLEMS	NECESSARY	48.00	48.00
16	TAIL GATE DOOR INNER TRIM BOARD CLIPS @\$6.00	NOT NECESSARY	96.00	-
1	REAR BUMPER	DISTORTED	1,068.00	1,068.00
10	REAR BUMPER CLIPS @\$5.00	NECESSARY	50.00	50.00
2	REAR BUMPER O/S & N/S STAY BRACKET @\$71.00	SERVICEABLE	142.00	-
2	REAR BUMPER O/S & N/S SIDE RETAINER @\$23.00	SERVICEABLE	46.00	-
2	REAR BUMPER O/S & N/S REFLECTER @\$90.00	SERVICEABLE	180.00	-
1	REAR BUMPER LOWER GARNISH	DEFORMED	380.00	380.00
10	REAR BUMPER LOWER GARNISH CLIPS @\$4.50	NECESSARY	45.00	45.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	354.00	-
1	REAR END PANEL TOP GARNISH	NOT NECESSARY	143.00	-
6	REAR END PANEL TOP GARNISH CLIPS @\$6.00	NOT NECESSARY	36.00	-
1	TAIL GATE DOOR KEY LESS SENSOR	CRACKED	98.00	98.00
	LESS 10% DISCOUNT		-286.50	-182.70
			2,578.50	1,644.30
1	SET REAR BUMPER REVERSE SENSOR (SN)	SHORTED	280.00	200.00
	LESS 10% DISCOUNT		-28.00	-
			252.00	200.00
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER LOWER GARNISH BLACK STICKER (SN)	NECESSARY	280.00	150.00
			280.00	150.00
<b>LABOUR</b>				
	TO WIRING CHECK UP FOR AFFECTED WIRING SYSTEM.		50.00	20.00
	TO REMOVE & REFIX TAIL GATE DOOR INNER TRIM BOARD & NECESSARY PARTS, TO ENABLE REPAIR TAIL GATE DOOR.	NOT NECESSARY	180.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE & REFIX CARPET, FLOOR MAT, GARNISH, FLOOR BOARD COVER, SPARE TYRE, TOOL SET & NECESSARY PARTS.		150.00	80.00
	LABOUR CHARGE TO REMOVE & CUT OUT DAMAGED PARTS, TO JACK, STRAIGHTEN & KNOCKING OUT TAIL GATE DOOR, REAR END PANEL & NECESSARY PARTS, TO WELD, RENEW & ALIGN ABOVE PARTS. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,350.00	600.00
	TO PUTTY & RESPRAY PAINTING ON ALL AFFECTED ACCIDENT PARTS.		1,500.00	600.00
	TO RESPRAY TUFF-KOTE ON ALL AFFECTED ACCIDENT PARTS.	NOT NECESSARY	90.00	-
			3,320.00	1,300.00
<b>GRAND TOTAL</b>			<b>6,430.50</b>	<b>3,294.30</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>3,294.30</b>

Report Ref No. CS/EQI21011707/Uqf3e2

CHUA KANG SENG

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 15:26 (SGT)  
Date of Accident ..... 13/11/2021 19:20 (SGT)  
Exact Location of Accident ..... Punggol Way, Singapore  
Additional Location Information ..... SLIP ROAD TOWARDS TPE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP1626A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MARTIN CHIANG TEE YANG (ZHAN ZHIYANG)  
NRIC No ..... SXXXX397I  
Email Address ..... MARTIN\_CITY@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-91871793  
Alternative Phone No ..... +65-91871793

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Outlander  
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 ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900167845-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MARTIN CHIANG TEE YANG (ZHAN ZHIYANG)  
NRIC No ..... SXXXX397I

Date Of Birth .....	06/05/1988
Occupation .....	Indoor
Date Of Driving Pass .....	05/07/2008
Driving experience .....	13 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91871793
Alt. Phone Number .....	+65-91871793
Email Address .....	MARTIN_CITY@HOTMAIL.COM
Address .....	BLK 217C SUMANG WALK #07-220
Address complement .....	-
Postcode .....	823217
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	1
Gender .....	Female

#### 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 STATEMENT

#### 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 .....	SML4045C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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

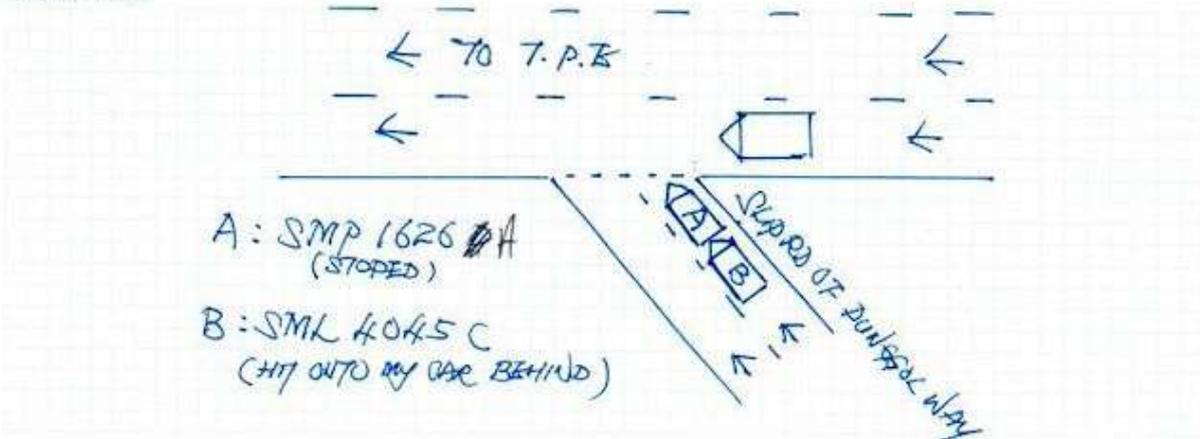
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
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

My car was stationary along slip road at Punggol Way. As I was giving way to the oncoming traffic on my right, few seconds later Car(B) hit onto my car behind. After the accident, we exchanged particulars & there was no injuries on both parties.

My car has the video footage of the accident.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD Claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated time frame from the day of occurrence.

Reporting Only	
Claim OD	
Claim TP	YES ✓
Claim OD / TP at other Workshop	✓

Declaration

I/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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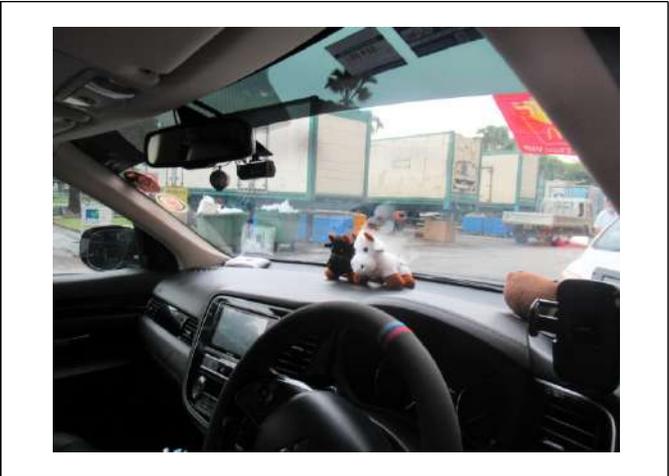
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## PHOTOGRAPHS FOR VEHICLE NO. SMP 1626A

## INSPECTION





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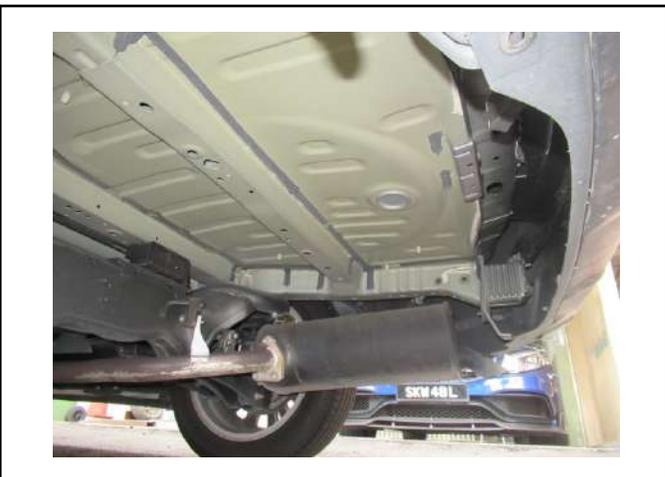


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PHOTOGRAPHS FOR VEHICLE NO. SMP 1626A

RE-INSPECTION





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RE-INSPECTION

