



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

INV No. AC2203780

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 17/06/2022
Reference CS/EQI21012004/Aqf3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMS 4927X
Insured Veh. SMP 9661U
Claim No. DM21HO01760-JG
Policy No. DMPPHQ21-007488
Accident Date 23/11/2021
Inspection Date 25/11/2021

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/EQI21012004/Aqf3e2 Date: 17/06/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMP 9661U	Veh. Inspected	SMS 4927X
Policy No.	DMPPHQ21-007488	Coverage (\$)	0.00
Claim No.	DM21HO01760-JG	Excess (\$)	0.00
Assign From	JOEL GOH	Assign Date	26/11/2021
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI ACCENT	c.c	1368
Engine No.	HIDDEN	Year of Reg.	2020
Chassis No.	KMHCU41BTKU480091	Colour	GREY
Odometer	26418 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	175/70 R14	KUMHO	6 mm
L/H Front Tyre	175/70 R14	KUMHO	6 mm
R/H Rear Tyre	175/70 R14	KUMHO	6 mm
L/H Rear Tyre	175/70 R14	KUMHO	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	23/11/2021	Inspection Date	25/11/2021
Survey held at	UNIMOTOR COMPANY 1 KAKI BUKIT AVE 6, #01-94 (AUTOBAY @ KAKI BUKIT) SINGAPORE 417883		
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:		9 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMS 4927X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BOOT ASSY	DENTED	1,333.90	1,225.00
2	REAR BOOT HINGES	NOT NECESSARY	269.20	-
1	REAR BOOT INNER TRIM BOARD	NOT NECESSARY	201.40	-
1	REAR BOOT LOCK	DAMAGED	166.80	166.80
1	REAR BOOT LOCK STRIKER	NOT NECESSARY	25.60	-
1	REAR BOOT WEATHERSTRIP	CUT	99.50	99.50
1	REAR BOOT OUTER CHROME STRIP	NOT NECESSARY	75.80	-
1	REAR BOOT EMBLEM	NECESSARY	25.00	25.00
1	REAR BOOT (ACCENT) EMBLEM	NECESSARY	35.00	35.00
2	REAR TAILLAMP ASSY	CUT	852.00	700.00
2	REAR TAILLAMP SIDE CLIPS	NECESSARY	40.80	40.80
2	REAR TAILLAMP PANEL	TO REPAIR SEE LABOUR	395.20	-
1	REAR TAIL END PANEL	DENTED	649.00	499.00
1	REAR TAIL END PANEL INNER GARNISH	DEFORMED	125.00	125.00
1	REAR SMART KEYLESS SENSOR (INNER)	CRACKED	113.60	113.60
1	REAR SMART KEYLESS SENSOR (OUTER)	CRACKED	112.60	112.60
1	REAR BUMPER FACE	DISTORTED	643.00	485.00
1	REAR BUMPER REINFORCEMENT	CRACKED	476.00	376.00
2	REAR BUMPER REINFORCEMENT BRACKET (LOWER)	DAMAGED	128.00	64.00
2	REAR BUMPER SIDE RETAINERS	NECESSARY	136.00	75.00
1	SET REAR BUMPER CLIPS	NECESSARY	50.00	30.00
2	REAR BUMPER LOWER REFLECTOR	NOT NECESSARY	109.20	-
1	REAR L/H FENDER ASSY	TO REPAIR SEE LABOUR	1,786.00	-
1	REAR R/H FENDER ASSY	BUCKLED	1,786.00	1,405.00
2	REAR FENDER INNER SIDE GARNISH	O/S TORN	455.80	227.90
1	REAR WINDSCREEN MOULDING	NECESSARY	152.00	152.00
1	REAR SPARE TYRE TOP COVER	TORN	265.00	265.00
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	869.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 20% DISCOUNT		-2,275.28	-1,244.44
			9,101.12	4,977.76
4	REAR BUMPER REVERSE SENSOR (SN)	DAMAGED	788.00	250.00
	LESS 20% DISCOUNT		-157.60	-
			630.40	250.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN GLASS RUBBER GUM (SN)	NECESSARY	60.00	60.00
			110.00	60.00
	<u>LABOUR</u>			
	TO SPRAY UNDERCOATING IN REPAIR.		150.00	80.00
	TO DISM / REWIRE DAMAGED PORTION.		180.00	30.00
	TO DISM / REFIX REAR WINDSCREEN GLASS IN REPAIR.		160.00	120.00
	TO DISM / REFIX ROOF LINING, SEAT, GARNISH IN REPAIR.		220.00	80.00
	TO DISM / RENEW REAR REVERSE SENSOR.		100.00	50.00
	TO PANEL BEAT DAMAGED PORTION AND RENEW PARTS. INCLUSIVE OF THE REPAIR OF REAR TAILLAMP PANEL, REAR L/H FENDER ASSY AND REAR FLOOR PANEL.		1,800.00	1,400.00
	TO PUTTY AND RESPRAY DAMAGED PORTION.		1,300.00	1,100.00
			3,910.00	2,860.00
GRAND TOTAL			13,751.52	8,147.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,500.00

Report Ref No. CS/EQI21012004/Aqf3e2

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.

SC0Q21B00002 / CYS Automobile Services Pte Ltd
 ENTRY DATE & TIME: 24/11/2021 11:56 (SGT)
 SUBMITTED BY: Esther Lim Xing Su
 VERSION: 1 (24/11/2021 11:56 (SGT))



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 Authorized 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. 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	24/11/2021 11:56 (SGT)
Date of Accident	23/11/2021 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS4927X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG KENG HAO
NRIC No	SXXXX485H
Email Address	VI@TRINX@GMAIL.COM
Mobile Phone No	(Phone) +65-98299861
Alternative Phone No	+65-98299861

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
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	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123449744
Cover Note Number	-

DRIVER

Name of Driver	ANG KENG HAO
NRIC No	SXXXX485H



Accident report SC0Q21B00002

Date Of Birth	15/12/1995
Occupation	Outdoor
Date Of Driving Pass	15/07/2020
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98299861
Alt. Phone Number	+65-98299861
Email Address	VITRINX@GMAIL.COM
Address	BLK 880 WOODLANDS ST 32 #09-10
Address complement	-
Postcode	730880
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON THE ABOVE MENTION DATE AND TIME, I WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION ALONG WOODLANDS AVE 12. SUDDENLY VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP9661U
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANG KENG HAO
Gender	Male
Phone No	(Phone) +65-98299861
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMS4927X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

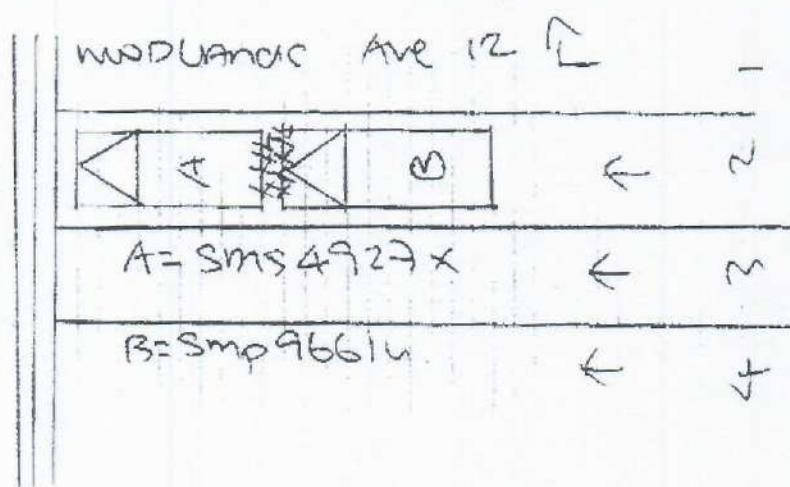
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East
#07-17 Admiralty Industrial Park
Singapore 757700
Tel: 65 619 2090 (Lines) Fax: 65 619 2096
ESTHER LIM.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2


Describe Circumstances of the Accident

On the above mention date & time, I
was stationary at the traffic light
junction along Woodlands Ave 12. Suddenly
vehicle B collided onto the rear
portion of my car.

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


CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#02-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2000 (3lines) Fax: 6219 2096
Witnessed by Reporting Centre
Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SMS 4927X

INSPECTION





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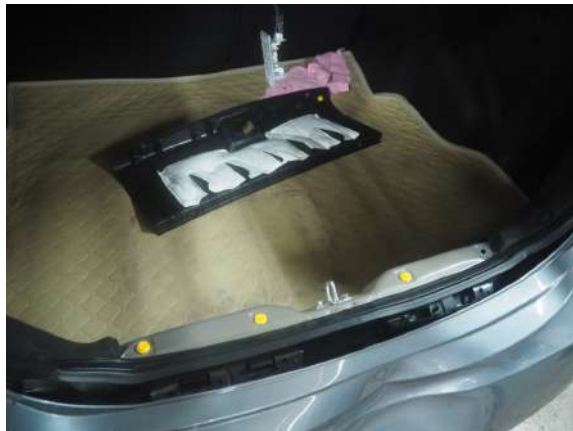


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RE-INSPECTION





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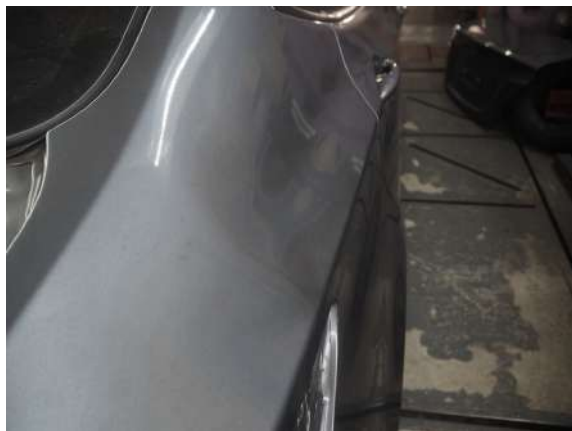


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