

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. AC2201306

INV Date 10/03/2022

Reference CS/EQI22001181/Ktf3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SGU 9403T

Insured Veh. GBG 4711U

Claim No. DM22HO00174/JT

Policy No.

Accident Date 04/02/2022

Inspection Date 09/02/2022

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 C	COMPANY LTD	Ref:	CS/EQI22001181/Ktf3n2
	5 MAXWELL ROAI #17-00 TOWER BL MND COMPLEXSI		Date:	10/03/2022
			Code	EQI
1.		Policy Particulars	:- THIRD PARTY CLAI	М
	Insured Veh.	GBG 4711U	Veh. Inspected	SGU 9403T
	Policy No.		Coverage (\$)	0.00
	Claim No.	DM22HO00174/JT	Excess (\$)	0.00
	Assign From	JAIME TAY	Assign Date	08/02/2022
2.		Vehicle Partic	culars & Condition	
	Make & Model	TOYOTA VELLFIRE (A)	c.c	2493
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	AGH300040221	Colour	METALLIC BLACK
	Odometer	160142 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Condition	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	235/50 R18	BRIDGESTONE	8 mm
	L/H Front Tyre	235/50 R18	BRIDGESTONE	8 mm
	R/H Rear Tyre	235/50 R18	BRIDGESTONE 8 mm	8 mm
	L/H Rear Tyre	235/50 R18	BRIDGESTONE	8 mm
4.		Description	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE REA	AR N/S PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		General	I Information	
	Accident Date	04/02/2022	Inspection Date	09/02/2022
	Survey held at	OPTIMA WERKZ PTE LTD		
		9A SERANGOON NORTH AVE SINGAPORE 554500	5	
5a.		Re	emarks	
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W		
5b.		Estimate	Days of Repair	
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:	4 Wor	king Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGU 9403T

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR TAILGATE	BENT	1,980.70	1,718.00
1	REAR TAILGATE WINDSCREEN MOULDING	NECESSARY	145.70	145.70
1	REAR TAILGATE "VELLFIRE" EMBLEM	NECESSARY	87.20	87.20
1	REAR TAILLAMP OUTER LH	MTG CRACKED	575.50	575.50
1	REAR SIDE GARNISH LH	BUCKLED	355.10	355.10
1	REAR BUMPER	BUCKLED	1,800.70	1,217.00
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	135.60	-
1	REAR BUMPER REFLECTOR LH	SERVICEABLE	95.10	-
1	REAR FENDER LH (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR END PANEL (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-1,293.90	-1,024.63
			3,881.70	3,073.87
	SPECIAL NETT ITEMS			
1	REAR TAILLAMP OUTER CLIPS LH (SN)	NOT NECESSARY	20.00	-
1	REAR BUMPER CLIPS (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	300.00	-
1	REAR TAILGATE WINDSCREEN SEALANT (SN)	NECESSARY	80.00	40.00
			450.00	90.00
	<u>LABOUR</u>			
	LABOUR CHARGES TO REMOVE,REPLACE,REPAIR,REFIX & READJUST ACCIDENT AREAS.INCLUSIVE OF THE REPAIR OF REAR FENDER LH AND REAR END PANEL.		1,000.00	400.00
	LABOUR CHARGES FOR PAINTING & FURNISHING MATERIALS AT ACCIDENT AREAS.		1,000.00	650.00
	TO TUFF KOTE & UNDERSEAL MATERIALS.		100.00	30.00
	TO DISMANTLE & REPLACED REAR TAILGATE INNER COMPONENT MECHANISM TO FACILITATE REPAIR WITH CHECK FOR FUNCTION.		120.00	60.00
	TO REMOVE & REFIX REAR WINDSCREEN GLASS & ETC.TO EFFECT AT ACCIDENT AREAS.		150.00	120.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO DIAGNOSIS FAULT CODE & RESET MEMORY.	NOT NECESSARY	100.00	-
	TO CHECK WIRING & ELECTRICAL SYSTEM & ETC.		80.00	20.00
			2,550.00	1,280.00
	GRAND TOTAL		6,881.70	4,443.87

RECOMMENDED COST OF LUMP SUM REPAIRS		3,550.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/EQI22001181/Ktf3n2

KONG SENG CHEONG

Licensed Appraiser

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctity</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

3. Information provided must be as truthful and accurate as possible. Any whole triangle solutions in the part of the insurance companies.

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/02/2022 16:27 (SGT) 04/02/2022 08:50 (SGT) Singapore PIE TAMPINES AVE 5 EXIT Singapore

> Control of American State Section 19 and the state of the same of the same of the same of

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGU9403T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No XIN YE S8173854H XINYE@OCO.COM.SG (Phone) +65-91839579 (Office) +65-91839579

VEHICLE PARTICULARS

Manufacturer Model Variant Make a transfer of the property of the propert Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

No - Claiming third party Private car

Auto 2500

Toyota

Vellfire

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number**

Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd.

Comprehensive No

B300207512 QMY

DRIVER

Name of Driver NRIC No

XIN YE S8173854H

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 (SIA) 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)

lunderstand, 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:
- (x) 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.

10:11 am

Oriver's Signature (if driver is not the policyholder) / Dete & Time

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Sketch Plan

8: G&G 47114 C: SKL 821D



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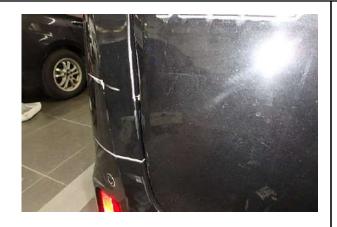
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PHOTOGRAPHS FOR VEHICLE NO. SGU 9403T

INSPECTION

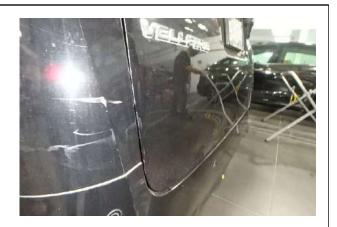














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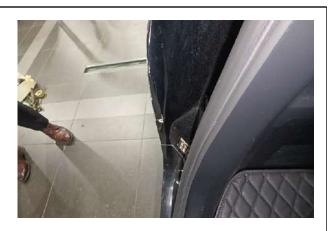
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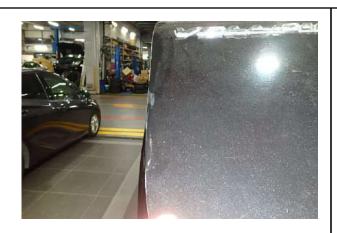
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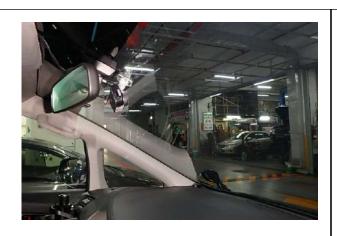




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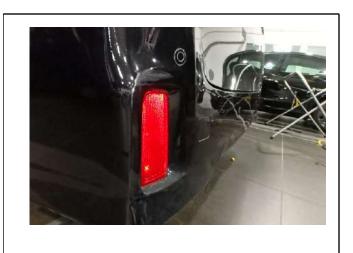
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