



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. AC2201454

INV Date 16/03/2022

Reference CS/EQI22001645/Uqf3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLC 8367G

Insured Veh. GBF 2442P

Claim No. DM22HO00257/CH

Policy No.

Accident Date 20/02/2022

Inspection Date 22/02/2022

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 COMPANY LTD 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CS/EQI22001645/Uqf3n2 Date: 16/03/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBF 2442P	Veh. Inspected	SLC 8367G
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00257/CH	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	21/02/2022
2. Vehicle Particulars & Condition			
Make & Model	mitsubishi attrage (A)	c.c	1193
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	MMBSTA13AHH000409	Colour	GREY
Odometer	-	Steering	AFFECTED
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/55 R15	GRENLANDER	6 mm
L/H Front Tyre	185/55 R15	GRENLANDER	6 mm
R/H Rear Tyre	185/55 R15	GRENLANDER	6 mm
L/H Rear Tyre	185/55 R15	GRENLANDER	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.THE UNDERCARRIAGE AFFECTED DUE TO COLLISION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/02/2022	Inspection Date	22/02/2022
Survey held at	BLK 15 KAKI BUKIT ROAD 4, BARTLEY BIZ		
Repairer	ZOOM AUTOWERKS 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:		6 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLC 8367G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BONNET	BENT / WARPED	827.00	722.00
1	FRONT HEADLAMP O/S	CRACKED	1,891.00	663.00
1	FRONT BUMPER	DISTORTED	825.00	706.00
1	FRONT BUMPER CHROME MOULDING	NOT NECESSARY	476.00	-
1	FRONT DOOR MIRROR O/S	BROKEN	486.00	486.00
1	FRONT DOOR MIRROR SIGNAL O/S	CRACKED	38.00	38.00
1	FRONT DOOR MIRROR COVER O/S	CRACKED	165.00	165.00
1	FRONT BUMPER REINFORCEMENT	DENTED	329.00	329.00
1	FRONT BUMPER SIDE RETAINER O/S	CRACKED	28.00	13.00
1	FRONT BUMPER TOP BEAM	NOT NECESSARY	86.00	-
1	FRONT BUMPER TOP RUBBER	NOT NECESSARY	68.00	-
1	FRONT FENDER-RH	DENTED	491.00	438.00
1	FRONT FENDER INNER SHIELD	TORN	115.00	115.00
1	FRONT WHEEL HUB	NOT NECESSARY	164.00	-
1	FRONT WASHER TANK	DISTORTED	128.00	128.00
	LESS 10% DISCOUNT		-611.70	-380.30
			5,505.30	3,422.70
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	45.00	45.00
1	SET FRONT FENDER INNER SHIELD CLIP (SN)	NECESSARY	45.00	45.00
1	FRONT TYRE (SN)	SERVICEABLE	400.00	-
1	FRONT WHEEL RIM-RH (SN)	WARPED	850.00	600.00
			1,340.00	690.00
<u>LABOUR</u>				
	TO CHECK WIRING AND RESET HEADLAMP FOCUSING.		80.00	20.00
	TO REMOVE AND REFIT FRONT UNDERCARRIAGE.	NOT NECESSARY	350.00	-
	TO CONDUCT WHEEL ALIGNMENT.		180.00	60.00
	TO APPLY UNDERCOATING.		200.00	60.00
	PANEL BEATING.		1,000.00	680.00

Report Ref No. CS/EQI22001645/Uqf3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RE-SPRAY PAINTING ON THE AFFECTED AREAS.		1,200.00	1,080.00
			3,010.00	1,900.00
GRAND TOTAL			9,855.30	6,012.70
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,800.00

Report Ref No. CS/EQI22001645/Uqf3n2

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 22/02/2022 13:48 (SGT)
Date of Accident 20/02/2022 15:05 (SGT)
Exact Location of Accident Lower Delta Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC8367G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PRESTIGE KARZ LEASING PTE. LTD.
Company Reg No 2XXXXX085E
Email Address PRESTIGEKARZLEASING@GMAIL.COM
Mobile Phone No (Phone) +65-92308552
Alternative Phone No (Home) +65-92308552

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
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 hire
Transmission Auto
CC 1193

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5119625763-01
Cover Note Number -

DRIVER

Name of Driver LEE TZE CHIANG (LI ZHIQIANG)
NRIC No SXXXX104F

Date Of Birth	08/01/1983
Occupation	Outdoor
Date Of Driving Pass	15/03/2014
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92308552
Alt. Phone Number	-
Email Address	PRESTIGEKLARZLEASING@GMAIL.COM
Address	253 TAMPINES STREET 21
Address complement	#09-422
Postcode	521253
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

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 SKETCH PLAN ATTACHED

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	GBF2442P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-90278132
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER
Gender	Female

SKETCH PLAN

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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 claim;
(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

Vehicle A: SL60367 G

Vehicle B: GBF2442P

[Tevesa Ville]

(Busstop)



Lower Delta Road

Describe Circumstances of the Accident

On the stated date & time, I, vehicle 'A', SLG 836767, was travelling straight along the stated route. Vehicle 'B', ABF2442P, suddenly filtered onto the yellow box and hit onto my vehicle's front right portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel





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PHOTOGRAPHS FOR VEHICLE NO. SLC 8367G

INSPECTION





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RE-INSPECTION





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