



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. AC2202391

INV Date 26/04/2022

Reference CS/EQI22002178/Evy3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SFM 8878S
Insured Veh. FBS 5563K
Claim No. DM22HO00351/JT
Policy No.
Accident Date 03/03/2022
Inspection Date 30/03/2022

| Description | Total |
|---------------------|---------------|
| Survey Inspection | 160.00 |
| 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

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Ref: CS/EQI22002178/Evy3n2

Date: 26/04/2022

Code: EQI

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|---------------------|----------------|-----------------------|------------|
| Insured Veh. | FBS 5563K | Veh. Inspected | SFM 8878S |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | DM22HO00351/JT | Excess (\$) | 0.00 |
| Assign From | JAMIE TAY | Assign Date | 08/03/2022 |

2. Vehicle Particulars & Condition

| | | | |
|-------------------------|--------------------|---------------------|------------|
| Make & Model | MERCEDES BENZ C180 | c.c | 1595 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | WDD2050402R250731 | Colour | BLACK |
| Odometer | 174171 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|-----------------------|------------|----------|---------|
| R/H Front Tyre | 225/50 R17 | MICHELIN | 4 mm |
| L/H Front Tyre | 225/50 R17 | MICHELIN | 4 mm |
| R/H Rear Tyre | 225/50 R17 | MICHELIN | 4 mm |
| L/H Rear Tyre | 225/50 R17 | MICHELIN | 4 mm |

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

| | | | |
|-----------------------|--|------------------------|------------|
| Accident Date | 03/03/2022 | Inspection Date | 30/03/2022 |
| Survey held at | CYCLE & CARRIAGE INDUSTRIES PL 188 PANDAN LOOP SINGAPORE 128378 (MERCEDES-BENZ) | | |

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. SFM 8878S

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---------------------------------------|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR BUMPER (SN) | TO REPAIR SEE LABOUR | 1,853.52 | - |
| 1 | REAR BUMPER LOWER TRIM (SN) | CUT | 252.57 | 252.57 |
| 1 | REAR BUMPER CHROME MOULDING (SN) | NECESSARY | 288.63 | 288.63 |
| 1 | LH/REAR BUMPER BRACKET (SN) | NOT NECESSARY | 40.46 | - |
| 1 | RH/REAR BUMPER BRACKET (SN) | NOT NECESSARY | 41.25 | - |
| 1 | REAR DISTANCE SENSOR (SN) | NOT NECESSARY | 191.59 | - |
| 1 | SPACER RING (SN) | NECESSARY | 6.97 | 6.97 |
| 1 | RH/REAR BUMPER SIDE STABILITY (SN) | NOT NECESSARY | 68.07 | - |
| 1 | RH/BASIC MOUNTING FOR BUMPER (SN) | NOT NECESSARY | 68.83 | - |
| 1 | RH/TOP BASIC MOUNTING FOR BUMPER (SN) | NOT NECESSARY | 39.05 | - |
| 1 | RH/REAR LAMP COMBINATION (SN) | BROKEN | 796.77 | 796.77 |
| | | | 3,647.71 | 1,344.94 |
| LABOUR | | | | |
| DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS AND REFINISH. | | | 1,920.00 | 960.00 |
| RESPRAY REAR BUMPER & RH/ REAR FENDER. | | | 1,800.00 | 800.00 |
| USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. | | | 380.00 | 380.00 |
| CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. | | | 120.00 | 120.00 |
| | | | 4,220.00 | 2,260.00 |
| GRAND TOTAL | | | 7,867.71 | 3,604.94 |
| RECOMMENDED COST OF REPAIRS | | | | 3,604.94 |

Report Ref No. CS/EQI22002178/Evy3n2

CHEN TSUE YEE

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 | 04/03/2022 17:31 (SGT) |
| Date of Accident | 03/03/2022 20:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | JCT JLN KEMBANGAN AND SIMS AVE EAST |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SFM8878S |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | SUI TING TING |
| NRIC No | SXXXX424D |
| Email Address | TOPCOMMERCIAL@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-96746366 |
| Alternative Phone No | +65-96746366 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | C180 |
| Variant | - |
| 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? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1595 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100503662-04 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | LOW BOON SONG |
| NRIC No | SXXXX099A |

| | |
|--|-------------------------|
| Date Of Birth | 23/08/1955 |
| Occupation | Indoor |
| Date Of Driving Pass | 11/03/2005 |
| Driving experience | 17 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-96746366 |
| Alt. Phone Number | - |
| Email Address | LOUISLOW_93@HOTMAIL.COM |
| Address | 123 LOR J TELOK KURAU |
| Address complement | - |
| Postcode | 425950 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 | Raining |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------------------|
| Name | LOUIS LOW BING XIN |
| Gender | Male |

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 SKETCH PLAN

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 | FBS5563K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

Kerlyn Ong Kai Li
DD: 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

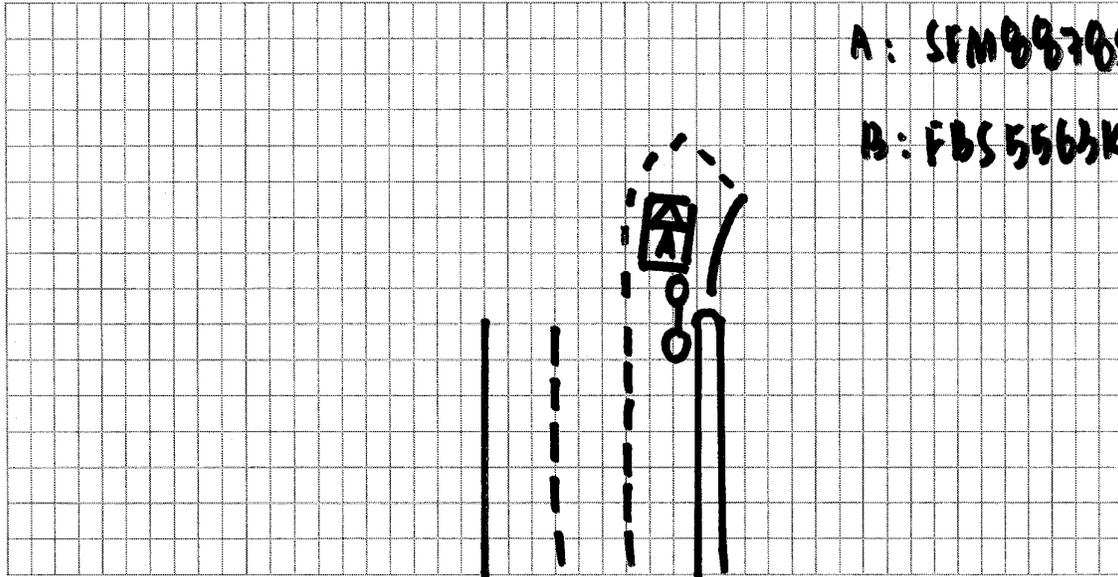
Policyholder's Signature
Date & Time



Driver's Signature
(If driver is not the policyholder)
Date & Time 04/03/2022 1620

Reporting Centre Personnel's
Name: **KERLYN**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SFM8878S) ALONG JLN KEMBANGAN TOWARD SIMS AVE EAST. I STOPPED MY CAR (SFM8878S) AT THE EXTREME RIGHT LANE AS THERE WAS ONCOMING VEHICLES.

I STOPPED MY CAR (SFM8878S) FOR AWHILE, VEHICLE B (FBS5563K) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time



Driver's Signature
(If driver is not the policyholder)
Date & Time 04/03/2022 1620

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclocarriage.com.sg
Cycle & Carriage Reporting Centre
Customer Service Centre, Pandan Loop
Name: KERLYN



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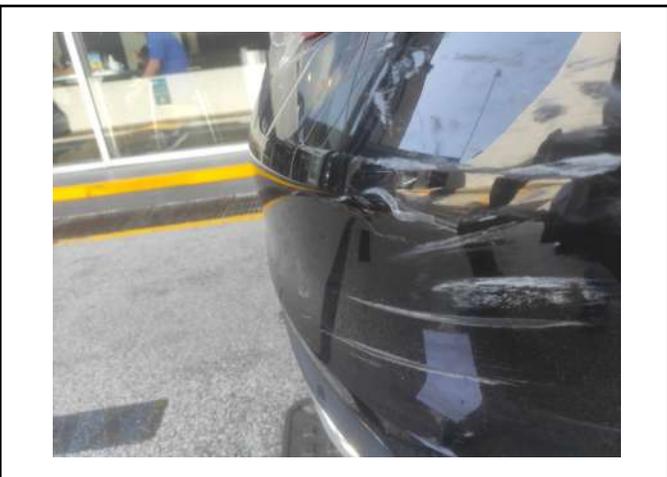
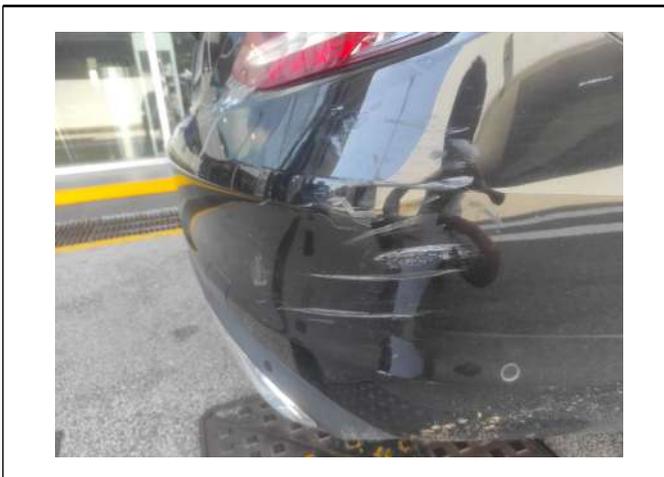
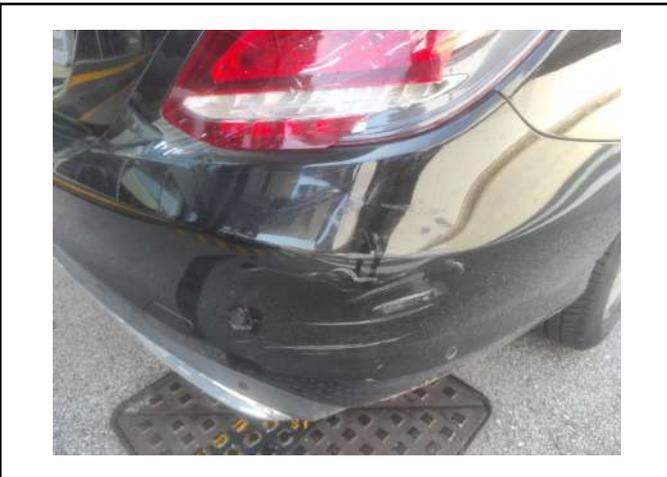
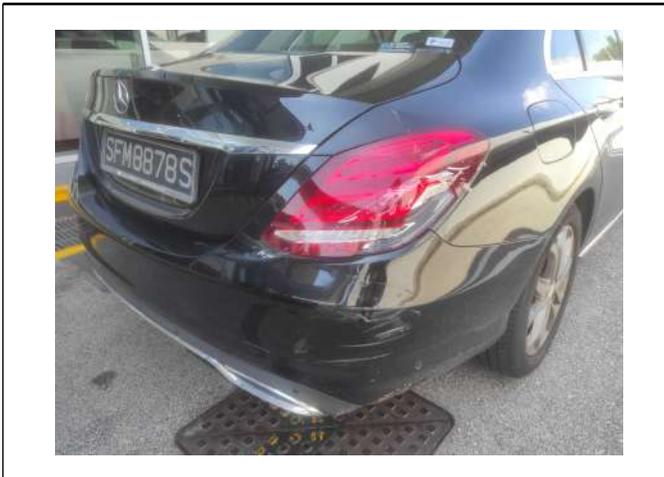
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PHOTOGRAPHS FOR VEHICLE NO. SFM 8878S

INSPECTION



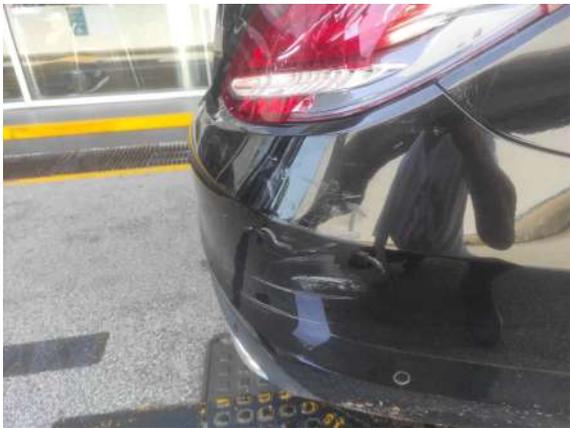


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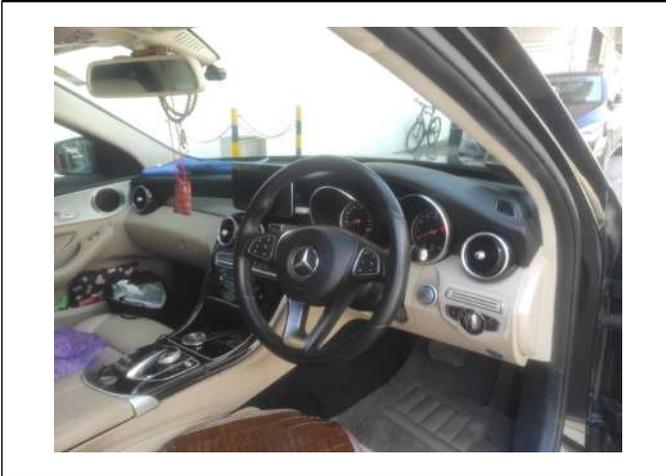


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