



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. AC2202367

INV Date 25/04/2022

Reference CS/EQI22002230/Vvy3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLB 9698A

Insured Veh. SJS 5599M

Claim No. DM22HO00338/JT

Policy No.

Accident Date 02/03/2022

Inspection Date 16/03/2022

Description	Total
Survey Inspection	230.00
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

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/EQI22002230/Vvy3n2 Date: 25/04/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJS 5599M	Veh. Inspected	SLB 9698A
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00338/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	09/03/2022
2. Vehicle Particulars & Condition			
Make & Model	KIA FORTE K3	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KNAFZ411MF5538367	Colour	BLACK
Odometer	87080 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/45 R17	PIRELLI	6 mm
L/H Front Tyre	225/45 R17	PIRELLI	6 mm
R/H Rear Tyre	225/45 R17	PIRELLI	6 mm
L/H Rear Tyre	225/45 R17	PIRELLI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	02/03/2022	Inspection Date	16/03/2022
Survey held at	YEW TEE AUTOMOBILE TECH PL BLK 25 KAKI BUKIT ROAD 4 #01-61 SYNERGY @ KAKI BUKIT SINGAPORE 417800		
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. SLB 9698A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER TOP	DENTED	621.00	621.00
1	REAR BUMPER LOWER	DENTED	193.00	193.00
1	REAR BUMPER SIDE RETAINER RH	NECESSARY	26.00	26.00
1	REAR BUMPER REFLECTOR RH	CRACKED	90.00	65.00
1	REAR BUMPER BRACKET RH	NECESSARY	60.00	60.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	287.00	-
1	REAR END PANEL	SERVICEABLE	292.00	-
1	REAR END PANEL TOP GARNISH	SERVICEABLE	52.00	-
1	TAILGATE	SERVICEABLE	1,366.00	-
1	TAILGATE EMBLEM	SERVICEABLE	29.00	-
1	TAILGATE (FORTE) EMBLEM	SERVICEABLE	28.00	-
1	TAILGATE (K3) EMBLEM	SERVICEABLE	35.00	-
1	TAILGATE (CC) EMBLEM	SERVICEABLE	35.00	-
2	TAILGATE HINGE RH	SERVICEABLE	62.00	-
2	TAILGATE HINGE LH	SERVICEABLE	62.00	-
1	BOOTLID LAMP RH	SERVICEABLE	711.00	-
1	TAILLAMP RH OUTER	CRACKED	844.00	844.00
1	SPARE TYRE COMPARTMENT TOOLS BOX	SERVICEABLE	650.00	-
1	EXHAUST PIPE	SERVICEABLE	711.00	-
1	EXHAUST SILENCER	SERVICEABLE	730.00	-
1	REAR RH FENDER	TO REPAIR SEE LABOUR	1,214.00	-
	LESS 20% DISCOUNT		-1,619.60	-361.80
			6,478.40	1,447.20
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER CLIPS (SET) (SN)	NECESSARY	40.00	20.00
1	REAR BUMPER SENSORS (SET) (SN)	CUT	400.00	200.00
1	SUPPORT PANEL TOP GARNISH CLIPS (SET) (SN)	NECESSARY	60.00	20.00
1	REAR EXHAUST MOUNTINGS (SN)	SERVICEABLE	60.00	-
			560.00	240.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>LABOUR</u>			
	TO REMOVE AND REFIT CARPET AND TRIMS ON THE REAR SECTION TO GIVE WAY TO THE REPAIR ON THE REAR SECTION.	NOT NECESSARY	120.00	-
	TO REMOVE AND REFIT REAR CUSHION FITTINGS.		80.00	30.00
	TO REMOVE AND REFIT, STRAIGHTEN AND RE-ADJUST EXHAUST PIPE AND REAR EXHAUST SILENCER AND MOUNTINGS.	NOT NECESSARY	180.00	-
	TO REMOVE AND REFIT REAR BUMPER SENSOR.		80.00	20.00
	TO TRANSFER REAR TAILGATE.	NOT NECESSARY	80.00	-
	TO DISCONNECT AND RECONNECT, CHECK ELECTRICAL WIRING HARNESS WIRE, SOCKETS, REPLACE DAMAGED PARTS.		100.00	30.00
	TO REMOVE AND REPLACE THE ABOVE DAMAGED PARTS, STRAIGHTEN, KNOCK OUT, REALIGN AND REPAIR INCLUDING CUT AND WELD BODY PANEL. TO RE-ADJUST TO THE ORIGINAL POSITION USING POWER TOOLS.INCLUSIVE OF THE REPAIR OF REAR RH FENDER.		900.00	250.00
	TO CARRY-OUT BODY CAVITY PRESERVATION.	NOT NECESSARY	80.00	-
	TO SUPPLY SPRAY TEROSTAT SEALANT ON THE CUTTING AREAS.	NOT NECESSARY	100.00	-
	TO APPLY UNDERCOATING ON THE REPAIRED AND REPLACED PANELS FOR RUST PROTECTION.		120.00	30.00
	TO SPRAY PAINTING ON THE REPLACED AND REPAIRED PARTS, PREPARE SPRAY SUCH AS MASKING TAPE THE UNAFFECTED AREAS WITH PAPER, CLEANING AND SANDING OF SURFACES, FINAL POLISHING AND WAXING ARE ALSO AVAILABLE.		1,200.00	200.00
			3,040.00	560.00
	GRAND TOTAL		10,078.40	2,247.20
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,800.00

Report Ref No. CS/EQI22002230/Vvy3n2

THEVAN THOMAS KARTHIKESAVAN

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 replying 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	02/03/2022 19:43 (SGT)
Date of Accident	02/03/2022 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ENTRANCE OF REVERSIDE PRIMARY SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9698A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	K. PRABHAKARAN
NRIC No	S1226457G
Email Address	KRISPRABHA@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97267107
Alternative Phone No	+65-97267107

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	1600

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120041681902
Cover Note Number	-

DRIVER

Name of Driver	SEBASTIAN CAROLINE ANN
NRIC No	S1473104J

Date Of Birth	05/10/1961
Occupation	Indoor
Date Of Driving Pass	25/08/1997
Driving experience	24 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90230500
Alt. Phone Number	-
Email Address	PRASHANTIANDREA@GMAIL.COM
Address	BLK 848 WOODLANDS ST. 82 #09-189
Address complement	-
Postcode	730848
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	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)	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

PLS 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

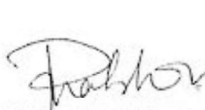
Vehicle Registration Number	SJS5599M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

Sketch Plan area with grid lines and handwritten notes. Includes a box labeled 'A' and a box labeled 'B'. To the right of the grid, the following text is printed:

A : SLB9698A
B : SJS5599M

Describe Circumstances of the Accident

When I'm turning left to the school, suddenly I felt an impact on my rear.

The driver of the other car was apparently going straight but was too close to my car and knocked into the rear.

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 Central Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SLB 9698A

INSPECTION





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