



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. AC2202358

INV Date 25/04/2022

Reference CS/EQI22002299/Kvy3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMC 7360U

Insured Veh. GBL 7575A

Claim No. DM22HO00368/MT

Policy No.

Accident Date 10/03/2022

Inspection Date 21/03/2022

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/EQI22002299/Kvy3n2 Date: 25/04/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBL 7575A	Veh. Inspected	SMC 7360U	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM22HO00368/MT	Excess (\$)	0.00	
Assign From	MELODY TEOH	Assign Date	11/03/2022	
2. Vehicle Particulars & Condition				
Make & Model	KIA CARENS (A)	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KNAHU815VJ7211225	Colour	METALLIC LIGHT BROWN	
Odometer	325149 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	WANLI	8 mm	
L/H Front Tyre	205/55 R16	WANLI	8 mm	
R/H Rear Tyre	205/55 R16	DURATURN	7 mm	
L/H Rear Tyre	205/55 R16	DURATURN	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/03/2022	Inspection Date	21/03/2022	
Survey held at	MUNICH AUTOCARE PTE LTD 60 JALAN LAM HUAT #07-43 CARROS CENTER SINGAPORE 737869			
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:			4 Working Days	



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMC 7360U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	MTG CRACKED	618.00	618.00
1	FRONT HEADLAMP RH	SERVICEABLE	1,450.00	-
1	FRONT HEADLAMP LOWER BRACKET RH	SERVICEABLE	21.60	-
1	FRONT FENDER RH	BENT	384.00	384.00
1	FRONT FENDER INNER COWLING	SERVICEABLE	68.00	-
1	FRONT RIM RH	SERVICEABLE	650.00	-
1	FRONT BUMPER SIDE RETAINER RH	DISTORTED	14.00	14.00
	LESS 10% DISCOUNT		-	-101.60
			3,205.60	914.40
<u>SPECIAL NETT ITEMS</u>				
6	FRONT BUMPER CLIPS @\$5.00 (SN)	NECESSARY	30.00	30.00
5	FRONT FENDER INNER COWLING CLIPS @\$5.00 (SN)	NOT NECESSARY	25.00	-
			55.00	30.00
<u>LABOUR</u>				
	TO REMOVE & REFIX, REPAIR, KNOCKING, WELDING FRONT PORTION, FRONT BUMPER, FRONT FENDER RH AND DAMAGE AREA.		600.00	400.00
	TO CHECK AND ADJUST HEADLAMP LH/RH FOCUS. }		120.00	20.00
	TO CHECK ALL WIRING FOR OPERATION. }		120.00	-
	TO APPLY RUST-PROOFING ON AFFECTED AREA.		120.00	30.00
	TO CHECK STEERING GEOMETRY AND CONDUCT WHEEL ALIGNMENT.		120.00	60.00
	TO REMOVE AND REFIX FRONT TYRE TO NEW RIM.	NOT NECESSARY	120.00	-
	TO RESPRAY FRONT PORTION, FRONT BUMPER, FRONT FENDER RH AND POLISH DAMAGE AREAS.		800.00	440.00
			2,000.00	950.00
GRAND TOTAL			5,260.60	1,894.40



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,500.00
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Report Ref No. CS/EQI22002299/Kvy3n2

KONG SENG CHEONG

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	10/03/2022 16:04 (SGT)
Date of Accident	10/03/2022 12:10 (SGT)
Exact Location of Accident	2 Tampines North Drive 2, Singapore
Additional Location Information	TAMPINEE NORTH DRIVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7360U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIS MOTORING PTE LTD
Company Reg No	201735055D
Email Address	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No	(Phone) +65-86881311
Alternative Phone No	+65-86881311

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1699

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	COI-SOMF1000000413-SMC7360U
Cover Note Number	-

DRIVER

Name of Driver	HO SIEW NAM
NRIC No	S1520974G

Date Of Birth	20/12/1962
Occupation	Outdoor
Date Of Driving Pass	01/04/1980
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86869832
Alt. Phone Number	-
Email Address	snho1520974@gmail.com
Address	885 TAMPINES STREET 83
Address complement	#08-23
Postcode	520885
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 - Major/Minor Rd
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

ON 10.3.2022 @ 12.10 HOURS, WHILE I TRAVELLING ALONG TAMPINES NORHT DRIVE 2. SUDDENLY VEHICLE B COME OUT FROM GIANT EXIT AND HIT MY FRONT RIGHT SIDE OF MY VEHICLE . WE PARKED ONE SIDE AND EXCHANGED PARTICULAR.

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	GBL7575A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NORAZMAN BIN JOHAR
Contact Number	(Phone) +65-97776343

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

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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.

Policyholder's Signature
Date & Time:

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

10-3-2022

12.11 pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



GIA/IRMC SketchPlanForm_V3

SKETCH PLAN

GIANT CARPARK

VEH A - SMC #2668

VEH B - DB 5575 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/3/22 @ 10 HRS. While I travelling along Tampines North Drive 2. Suddenly Veh B come out from Giant Exit and hit my front right side of my vehicle. We parked one side and exchanged particulars.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIAMC SketchPlanForm_V3

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

10-3-2022
12.11 pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





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PHOTOGRAPHS FOR VEHICLE NO. SMC 7360U

INSPECTION





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RE-INSPECTION

