



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. AC2202175

INV Date 14/04/2022

Reference CS/EQI22003032/Uqy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SFG 717H

Insured Veh. GBB 7830R

Claim No. DM22HO00491/MT

Policy No.

Accident Date 30/03/2022

Inspection Date 01/04/2022

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

KHM



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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/EQI22003032/Uqy3e2 Date: 14/04/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBB 7830R	Veh. Inspected	SFG 717H
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00491/MT	Excess (\$)	0.00
Assign From	MELODY TEOH	Assign Date	01/04/2022
2. Vehicle Particulars & Condition			
Make & Model	NISSAN SYLPHY (A)	c.c	1498
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	JN1BAAG11Z0105840	Colour	BLACK
Odometer	226379 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/55 R16	FALKEN	5 mm
L/H Front Tyre	225/55 R16	FALKEN	5 mm
R/H Rear Tyre	205/55 R16	PIRELLI	5 mm
L/H Rear Tyre	205/55 R16	PIRELLI	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	30/03/2022	Inspection Date	01/04/2022
Survey held at	IMPERIUM AUTOMOTIVE 25 KAKI BUKIT ROAD 4 #01-49 SYNERGY @ KB 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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SFG 717H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT HEADLAMP - LH	SCRATCHED	531.90	372.00
1	FRONT BUMPER	DEFORMED / TORN	648.50	577.90
1	FRONT BUMPER CHROME MOULDING	NECESSARY	47.50	47.50
1	FRONT BUMPER LOWER SPOILER	TO REPAIR SEE LABOUR	546.50	-
1	FRONT BUMPER SIDE RETAINER	NECESSARY	32.50	25.00
1	FRONT FENDER - LH	DENTED	603.00	481.20
1	FRONT FENDER INNER SHIELD	DISTORTED	115.00	115.00
1	FRONT DOOR - LH	TO REPAIR SEE LABOUR	1,224.30	-
1	FRONT DOOR CHROME MOULDING	NOT NECESSARY	119.20	-
1	FRONT DOOR OUTER HANDLE	SCRATCHED	114.60	114.60
1	FRONT DOOR RUBBER	NOT NECESSARY	76.10	-
1	FRONT DOOR SIDE MIRROR	CRACKED	323.90	323.90
1	REAR DOOR - LH	DENTED	1,224.30	1,115.20
1	REAR DOOR CHROME MOULDING	NOT NECESSARY	116.20	-
1	REAR DOOR OUTER HANDLE	SCRATCHED	133.90	110.00
1	REAR DOOR RUBBER	NOT NECESSARY	74.20	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	130.80	-
1	REAR FENDER - LH	TO REPAIR SEE LABOUR	985.00	-
	LESS 10% DISCOUNT		-704.74	-328.23
			6,342.66	2,954.07
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	50.00	30.00
1	SET FRONT FENDER INNER SHIELD CLIP (SN)	NECESSARY	40.00	30.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
			170.00	60.00
	<u>LABOUR</u>			
	TO CHECK WIRING AND RESET HEADLAMPS FOCUSING. }		80.00	20.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE, REPLACED DAMAGED LAMPS AND CHECK UP REAR WIRING. }		80.00	-
	TO REMOVE AND REFIT INNER GARNISHES.		120.00	80.00
	TO CONDUCT WHEEL ALIGNMENT.		150.00	60.00
	TO REMOVE, REFIT DOOR FITTINGS AND REPLACE DAMAGED PARTS, TRANSFER ALL FITTINGS TO NEW DOOR.		350.00	60.00
	TO APPLY UNDERCOATING.		200.00	60.00
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER LOWER SPOILER, FRONT DOOR - LH AND REAR FENDER - LH.		1,250.00	520.00
	TO RE-SPRAY PAINTING ON THE AFFECTED AREAS.		1,200.00	1,000.00
			3,430.00	1,800.00
GRAND TOTAL			9,942.66	4,814.07
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,800.00

Report Ref No. CS/EQI22003032/Uqy3e2

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 31/03/2022 12:33 (SGT)
Date of Accident 30/03/2022 16:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information HALUS LINK TWDS PASIR RIS IND DR 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFG717H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOO CHOON HSIUNG
NRIC No SXXXX949C
Email Address fesa349@yahoo.com.sg
Mobile Phone No (Phone) +65-90127171
Alternative Phone No +65-90127171

VEHICLE PARTICULARS

Manufacturer Nissan
Model Sylphy
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 car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D18MPC0002905_03
Cover Note Number -

DRIVER

Name of Driver CHOO CHOON HSIUNG
NRIC No SXXXX949C

Date Of Birth	22/05/1968
Occupation	Indoor
Date Of Driving Pass	13/12/2004
Driving experience	17 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90127171
Alt. Phone Number	+65-90127171
Email Address	fesa349@yahoo.com.sg
Address	BLK 661C EDGEDALE PLAINS
Address complement	#09-640
Postcode	823661
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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 THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB7830R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ITHNIN BIN HURDI
NRIC No	SXXXX504F
Contact Number	(Phone) +65-84687754
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' 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;
 - (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' 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.

[Signature] 31/03/22

Policyholder's Signature / Date & Time

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

[Signature] 31/03/22
Witnessed by Reporting Centre Personnel

Sketch Plan

A- SFG 717H
B- 48B 7830R



Describe Circumstances of the Accident


I was travelling from Halus Link slip road into Pasir Ris Industrial Drive 1. Suddenly veh B from my left lane cut into my lane and hit onto my left side front portion to the rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

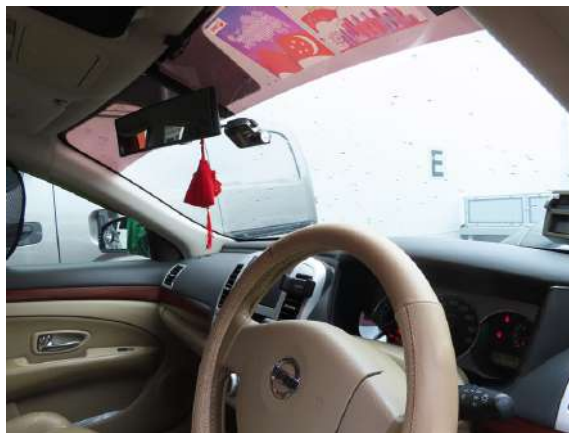
 31/03/22
Policyholder's Signature / Date & Time

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

 31/03/22
Witnessed by Reporting Centre Personnel

PHOTOGRAPHS FOR VEHICLE NO. SFG 717H

INSPECTION



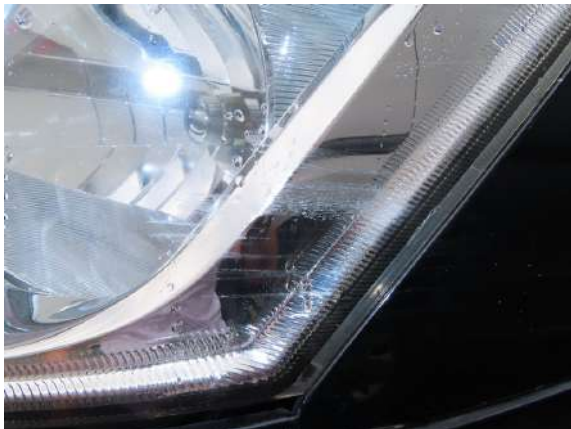


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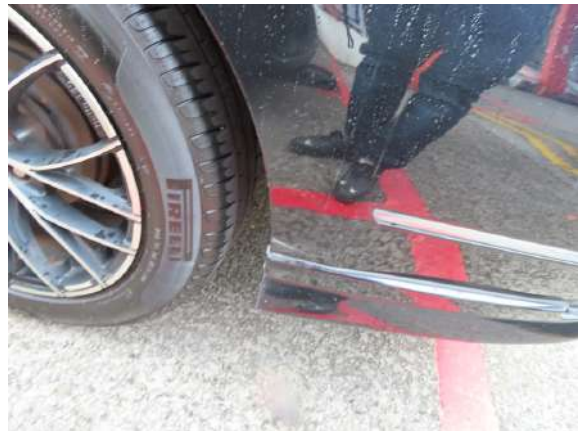


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PHOTOGRAPHS FOR VEHICLE NO. SFG 717H

RE-INSPECTION





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