



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. AC2203249

INV Date 30/05/2022

Reference CS/EQI22003501/Aqy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SJL 2186C
Insured Veh. GBG 4824C
Claim No. DM22HO00588-JT
Policy No. DMCPHQ21-002898
Accident Date 12/04/2022
Inspection Date 20/04/2022

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/EQI22003501/Aqy3e2 Date: 30/05/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBG 4824C	Veh. Inspected	SJL 2186C	
Policy No.	DMCPHQ21-002898	Coverage (\$)	0.00	
Claim No.	DM22HO00588-JT	Excess (\$)	0.00	
Assign From	NEO JIE SI	Assign Date	18/04/2022	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN LATIO	c.c	1498	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	JN1BAAC11Z0020604	Colour	RED	
Odometer	261405 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/60 R15	MICHELIN	6 mm	
L/H Front Tyre	195/60 R15	MICHELIN	6 mm	
R/H Rear Tyre	195/60 R15	MICHELIN	6 mm	
L/H Rear Tyre	195/60 R15	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/04/2022	Inspection Date	20/04/2022	
Survey held at	SM AUTOMOTIVE BLK C, 1 KAKI BUKIT AVENUE 6 #01-43 SINGAPORE 417883			
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. SJL 2186C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	DEFORMED	595.10	495.00
2	FRONT BUMPER SIDE RETAINER @\$41.50	NOT NECESSARY	83.00	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	494.60	-
1	FRONT BUMPER SPONGE	CRACKED	237.20	237.20
1	FRONT BUMPER TOW COVER	NOT NECESSARY	19.20	-
1	FRONT BUMPER LOWER GRILLE	NOT NECESSARY	186.20	-
2	FRONT GRILLE @\$198.80	CRACKED	397.60	397.60
2	FRONT HEADLAMP @\$476.90	O/S CRACKED	953.80	476.90
2	FRONT HEADLAMP LOWER BRACKET @\$57.50	NOT NECESSARY	115.00	-
1	FRONT SUPPORT PANEL	NOT NECESSARY	696.80	-
1	FRONT SUPPORT PANEL TOP GARNISH	NOT NECESSARY	221.40	-
	LESS 10% DISCOUNT		-399.99	-160.67
			3,599.91	1,446.03
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT BUMPER CLIPS (SN)	NECESSARY	80.00	30.00
1	FRONT NUMBER PLATE WITH CASING (SN)	NOT NECESSARY	60.00	-
			140.00	30.00
	<u>LABOUR</u>			
	LABOUR FOR PANEL BEATING.		1,000.00	300.00
	LABOUR FOR SPRAY PAINTING.		800.00	200.00
	WIRING CHECK.		80.00	30.00
	TO APPLY RUST PROOF / TUFF COAT ON ACCIDENT AREAS.	NOT NECESSARY	300.00	-
			2,180.00	530.00
	GRAND TOTAL		5,919.91	2,006.03



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,600.00
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Report Ref No. CS/EQI22003501/Aqy3e2

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 12/04/2022 17:39 (SGT)
Date of Accident 12/04/2022 12:27 (SGT)
Exact Location of Accident 1 Opal Cres, Singapore 328396
Additional Location Information OSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL2186C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOO YEONG MIEN MARTIN
NRIC No S1800343J
Email Address martin.foo2118@gmail.com
Mobile Phone No (Phone) +65-81131928
Alternative Phone No +65-81131928

VEHICLE PARTICULARS

Manufacturer Nissan
Model Latio
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 Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01015075
Cover Note Number -

DRIVER

Name of Driver XAVIER FOO CHUAN DE
NRIC No S9723746H

Date Of Birth	19/07/1997
Occupation	Indoor
Date Of Driving Pass	03/04/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-87903808
Alt. Phone Number	-
Email Address	mrxavierfoo@gmail.com
Address	BLK 495F TAMPINES STREET 43 #05-360
Address complement	-
Postcode	525495
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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

I WAS PARKED STATIONARY AT OSCP OF 1 OPAL CRESCENT IN FRONT OF THE OPAL SUITES AND I WAS INSIDE THE VEHICLE PREPARE TO GO FOR LUNCH. SUDDENLY, I FELT AN IMPACT. A LORRY IN FRONT OF MY VEHICLE DOING PARALLEL PARKING AND COLLIDED INTO FRONT PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, WE EXCHANGED PARTICULARS AND LEFT THE SCENE.

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	GBG4824C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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 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 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 :

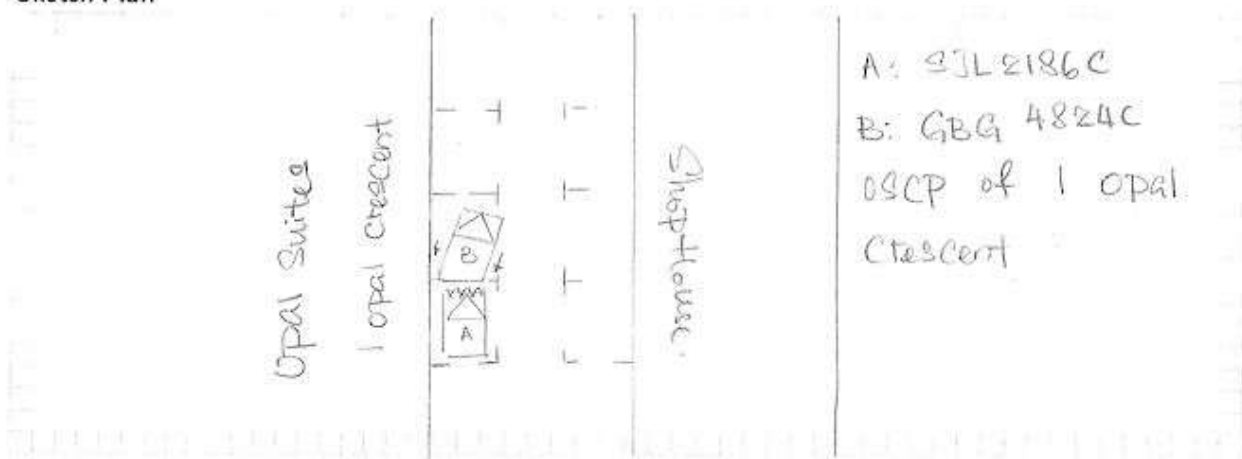
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: 93L 2186C
B: GBG 4824C
OSCP of 1 Opal
Crescent

Sm. ALTO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parked stationary at OSCP of 1 ,Opal Crescent in front of the Opal Suites and I was inside the vehicle prepare go for lunch.

Suddenly, I feel an impact. A lorry in front of my vehicle doing parallel parking and collided into front portion of my vehicle and caused damages.

After the accident, we exchanged particulars and left the scene.

**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:

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



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PHOTOGRAPHS FOR VEHICLE NO. SJL 2186C

INSPECTION





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RE-INSPECTION





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