



## 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. AC2204437

INV Date 20/07/2022

Reference CS/EQI22004957/Aqy3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SJN 4175K

Insured Veh. SMM 7275E

Claim No. DM22HO00828/JT

Policy No.

Accident Date 24/05/2022

Inspection Date 26/05/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>230.00</b>
<b>GST (7%)</b>	<b>16.10</b>
<b>Grand Total</b>	<b>246.10</b>

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/EQI22004957/Aqy3e2	
			Date: 20/07/2022	
			Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SMM 7275E	Veh. Inspected	SJN 4175K	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM22HO00828/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	26/05/2022	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA ALLION	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	NZT2603032802	Colour	SILVER	
Odometer	255003 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/60 R15	HANKOOK	6 mm	
L/H Front Tyre	195/60 R15	HANKOOK	6 mm	
R/H Rear Tyre	195/60 R15	HANKOOK	6 mm	
L/H Rear Tyre	195/60 R15	HANKOOK	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	24/05/2022	Inspection Date	26/05/2022	
Survey held at	SIN FATT DIESEL MOTOR BLK 3020A UBI ROAD 1 #01-38 . SINGAPORE 408714			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			6 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJN 4175K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BOOT LID	DENTED	1,020.00	1,020.00
2	REAR BOOT LID HINGES @\$105.00	BENT	210.00	210.00
1	REAR BOOT LID EMBLEM LOGO	NECESSARY	50.00	50.00
1	BOOTLID ALLION LOGO	NECESSARY	25.00	25.00
1	BOOT LID A15 LOGO	NECESSARY	22.00	22.00
1	REAR BOOT LID CENTER MOULDING	CRACKED	211.00	211.00
2	REAR BOOT LID CENTER MOULDING CLIPS @\$10.00	NECESSARY	20.00	20.00
1	REAR BOOT LID NUMBER PLATE	NOT NECESSARY	50.00	-
2	REAR BOOT LID NUMBER PLATE LAMP @\$65.20	NOT NECESSARY	130.40	-
1	REAR BOOT LID INNER LOCK	DAMAGED	285.20	285.20
1	REAR BOOT LID INNER TRIM BOARD	NOT NECESSARY	495.00	-
10	REAR BOOT LID INNER TRIM BOARD CLIPS @\$10.00	NOT NECESSARY	100.00	-
1	REAR BOOT LID INNER RUBBER	CUT	239.10	239.10
2	REAR TAIL LAMP @\$432.20	CRACKED	864.40	750.00
4	REAR TAIL LAMP CLIPS @\$12.90	NECESSARY	51.60	20.00
1	REAR BUMPER	DISTORTED	1,080.00	1,080.00
2	REAR BUMPER SIDE BRACKET @\$125.30	NECESSARY	250.60	120.00
2	REAR BUMPER SIDE REFLECTOR @\$65.00	N/S CRACKED	130.00	65.00
8	REAR BUMPER CLIPS @\$12.90	NECESSARY	103.20	30.00
1	REAR END PANEL	DENTED	488.00	488.00
1	REAR END PANEL TOP GARNISH	DEFORMED	258.10	258.10
1	REAR SPARE TIRE PANEL TOP COVER	DEFORMED	322.00	250.00
1	TAILLAMP PANEL LH (ADDITIONAL)	DENTED	225.00	225.00
1	REAR END PANEL ANTENNA SENSOR (ADDITIONAL)	DAMAGED	195.00	195.00
2	REAR BUMPER IMPACT BRACKET @\$68.00 (ADDITIONAL)	N/S DENTED	136.00	68.00
	LESS 25% DISCOUNT		-	-1,407.85
			6,961.60	4,223.55
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER REVERSE SENSOR (SN)	DAMAGED	300.00	200.00

Report Ref No. CS/EQI22004957/Aqy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR END PANEL SEALANT (SN)	NECESSARY	150.00	60.00
			450.00	260.00
	<b>LABOUR</b>			
	TO REMOVE & REFIX CUSHION.		100.00	80.00
	TO REMOVE & REFIX REAR WINDSCREEN.	NOT NECESSARY	100.00	-
	GUM.	NOT NECESSARY	50.00	-
	TUFF KOTE.		120.00	60.00
	TO CHECK WIRING SYSTEM.		60.00	30.00
	TO PANEL BEATING.		1,100.00	1,000.00
	TO SPRAY PAINTING.		1,200.00	1,100.00
	TO REMOVE REAR CAMERA. (ADDITIONAL)		100.00	50.00
	TO TRANSFER BOOTLID FITTINGS. (ADDITIONAL)		100.00	60.00
			2,930.00	2,380.00
<b>GRAND TOTAL</b>			<b>10,341.60</b>	<b>6,863.55</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>5,500.00</b>

Report Ref No. CS/EQI22004957/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.



SJN 417516

# Supplementary

Tcuillamp Panel LH.

rated

225 ✓

Rees End Panel Antenna Sensor

Rated

195 ✓

Rees Bumper Impact Bracket x 02

LH  
Rated

$68 \times 2 = 136$  68.

488

366.

To remove rear camera.

~~100~~ 50

110

To transfer bootlid fittings.

~~100~~ 60

Supplementary : 476

# 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 .....	24/05/2022 16:04 (SGT)
Date of Accident .....	24/05/2022 00:40 (SGT)
Exact Location of Accident .....	Sims Way, Singapore
Additional Location Information .....	Slip Road onto Geylang Road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJN4175K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN TECK HAR
NRIC No .....	S1741596D
Email Address .....	ET.TAN@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-97711351
Alternative Phone No .....	+65-97711351

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Allion
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	MT/00750976/02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	KANG CHOR HEE
NRIC No .....	S1603743E

Date Of Birth .....	05/12/1963
Occupation .....	Indoor
Date Of Driving Pass .....	15/09/1990
Driving experience .....	31 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91817747
Alt. Phone Number .....	-
Email Address .....	DKKANG77@HOTMAIL.COM
Address .....	BLK 6 BOON KENG ROAD #05-56
Address complement .....	-
Postcode .....	330006
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

REFER TO SKETCH PLAN AND 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

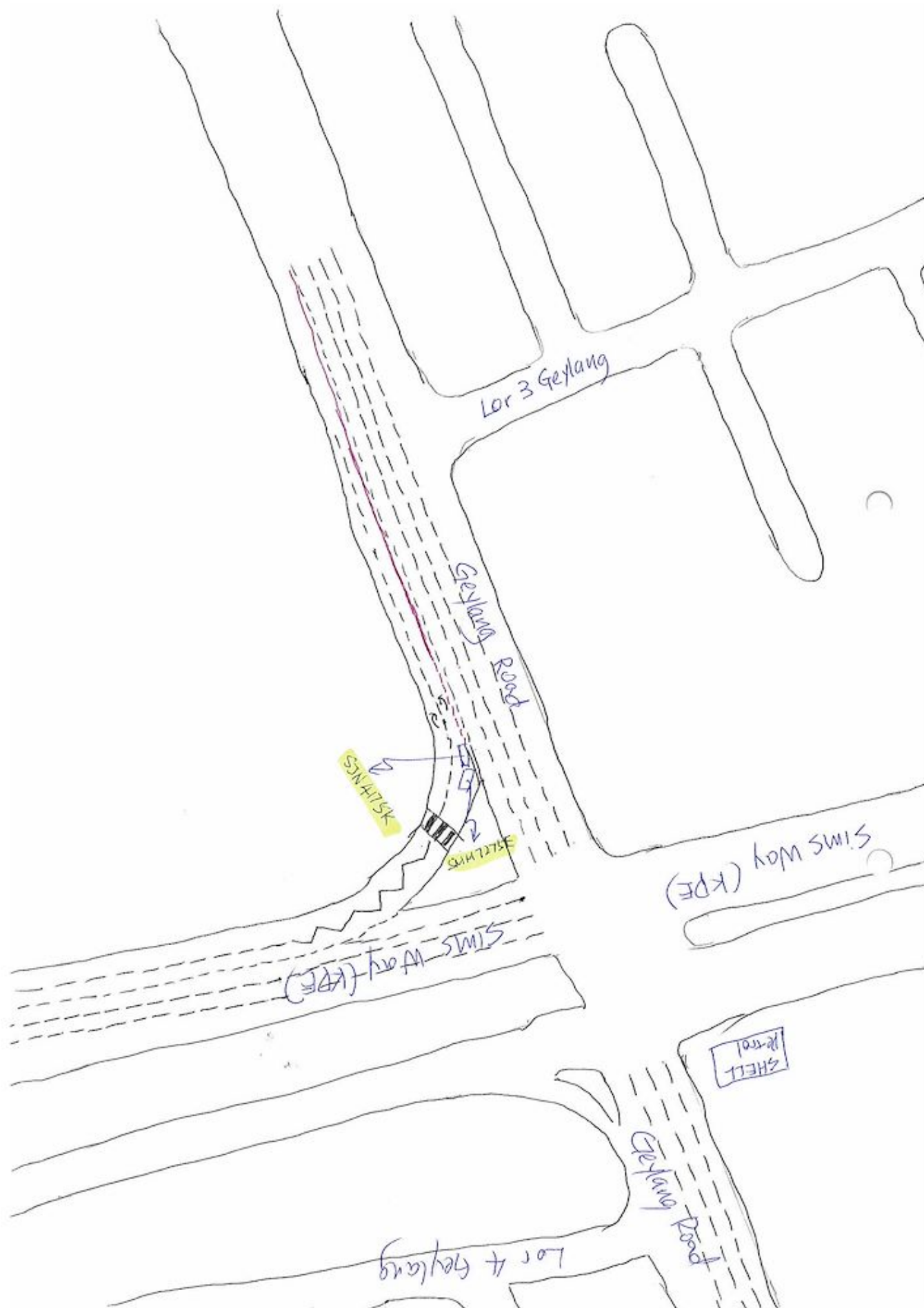
Vehicle Registration Number .....	SMM7275E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YAP KAI SHENG
NRIC No .....	S7506725I
Contact Number .....	(Phone) +65-97766450
Address .....	-

Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KANG CHOR HEE
Gender .....	Male
Phone No .....	(Phone) +65-91817747
Address .....	BLK 6 BOON KENG ROAD #05-56
Address Complement .....	-
Post Code .....	330006
Approximate Age Years Old .....	58
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJN4175K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No





**Describe Circumstances of the Accident**

on the date of 24 May 2022 about 0037hrs I was driving the vehicle SJN 4175K from SIMS WAY turning left towards Geylang Road, due to there was a zebra crossing and I slow down my vehicle before I

on the date of 24 May 2022 about 0037hr I was driving the vehicle SJN 4175K from SIMS WAY exit to Geylang Road, due to the exit was a zebra crossing and I slow down my vehicle, after my vehicle pass the zebra crossing there was a heavy traffic I stop my vehicle before I entered to Geylang Road, about 2-3 seconds a vehicle hit me on behind of my vehicle, the driver of the said vehicle SMM 7275E alighted and said he didn't notice I stop my vehicle, he admit he is in the wrong as he hit on my vehicle, he also request for Private settlements, He said he had a workshop, want me to do him a favor and go to his workshop for repair, we exchange contact.

Due to the car seem to be badly damage and I myself my head was hit on the vehicle and I feel abit greedy and my neck was very uncomfortable, I decided to make report and take the third party claim against him.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

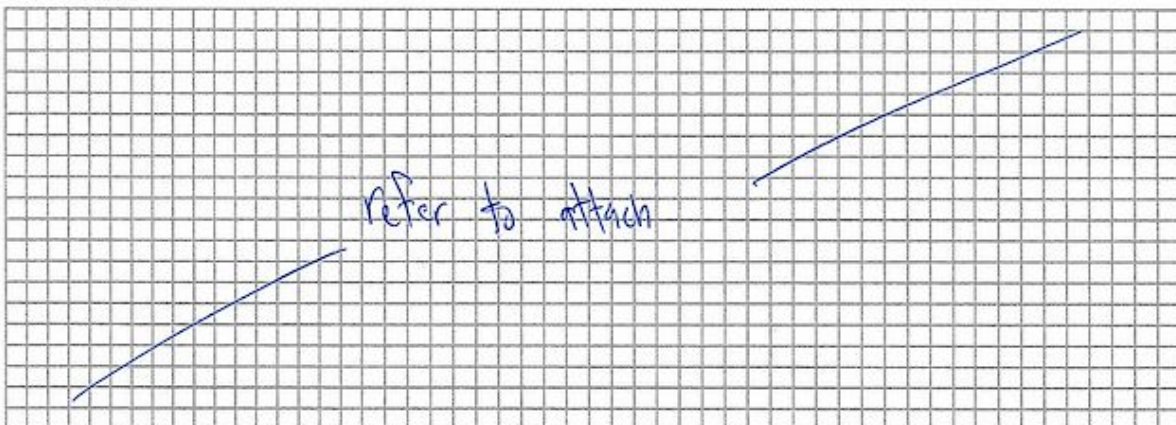
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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 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**





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### PHOTOGRAPHS FOR VEHICLE NO. SJN 4175K

### INSPECTION







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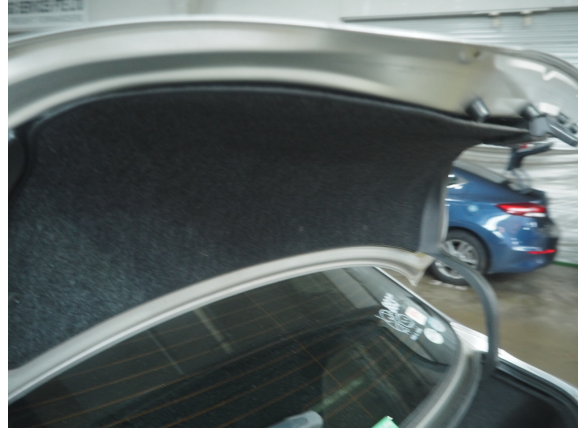


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PHOTOGRAPHS FOR VEHICLE NO. SJN 4175K

RE-INSPECTION





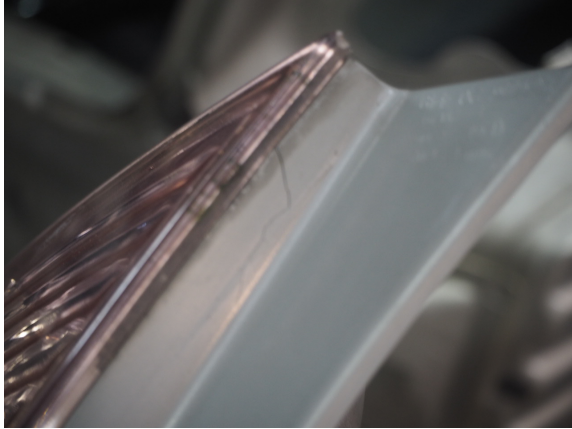


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