



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. AC2206789

INV Date 03/11/2022

Reference CS/EQI22004985/Aqy3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SGZ 9006E

Insured Veh. GBD 4077H

Claim No. DM22HO00835/JT

Policy No. DMCPHQ21-003721

Accident Date 22/05/2022

Inspection Date 26/05/2022

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

SML



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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/EQI22004985/Aqy3m4 Date: 03/11/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBD 4077H	Veh. Inspected	SGZ 9006E	
Policy No.	DMCPHQ21-003721	Coverage (\$)	0.00	
Claim No.	DM22HO00835/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	26/05/2022	
2. Vehicle Particulars & Condition				
Make & Model	mitsubishi LANCER	c.c	1499	
Engine No.	HIDDEN	Year of Reg.	2007	
Chassis No.	JMYSRCY2A8U002746	Colour	RED	
Odometer	209747 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	YOKOHAMA	6 mm	
L/H Front Tyre	205/60 R16	YOKOHAMA	6 mm	
R/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm	
L/H Rear Tyre	205/60 R16	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	22/05/2022	Inspection Date	26/05/2022	
Survey held at	CARWAY ENTERPRISE 53 UBI AVENUE 1 #03-01 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934			
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. SGZ 9006E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	O/S FRONT DOOR	DENTED	985.00	985.00
1	OUTER DOOR MOULDING	DEFORMED	165.00	165.00
1	WINDOW GLASS	SHATTERED	335.00	335.00
1	POWER WINDOW REGULATOR	DAMAGED	215.00	215.00
1	POWER WINDOW MOTOR	DAMAGED	537.00	380.00
1	SET WING MIRROR ASSY	CRACKED	425.00	425.00
1	DOOR HANDLE	CRACKED	110.00	110.00
1	DOOR HANDLE SENSOR	NOT NECESSARY	185.00	-
2	DOOR HINGE @\$68.00	BENT	136.00	136.00
1	LOCK CATCH	NOT NECESSARY	37.00	-
1	DOOR LOCK MECHANISM	DAMAGED	279.00	279.00
1	W/STRIP	NOT NECESSARY	185.00	-
1	SIDE-SKIRT BODYKIT	CRACKED	750.00	750.00
	LESS 10% DISCOUNT		-	-378.00
			4,344.00	3,402.00
	<u>LABOUR</u>			
	TO DISMANTLE DAMAGED PARTS, PANEL BEAT, REPAIR.		700.00	400.00
	ANTI RUST.		50.00	20.00
	TO PUTTY AND SPRAY PAINTING ON AFFECTED AREA.		800.00	500.00
	ELECTRICAL WIRING CHECK.		50.00	30.00
	REMOVE & REPLACE FRONT DOOR FITTINGS.		150.00	80.00
			1,750.00	1,030.00
	GRAND TOTAL		6,094.00	4,432.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,500.00

Report Ref No. CS/EQI22004985/Aqy3m4

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	24/05/2022 12:32 (SGT)
Date of Accident	22/05/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 53 UBI AVENUE 1, LEVEL 3 COMPOUND
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9006E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARWAY ENTERPRISE
Company Reg No	53096404W
Email Address	CUIPING@CARWAY.COM.SG
Mobile Phone No	(Phone) +65-85880777
Alternative Phone No	+65-85880777

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	MIVEC GLS
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	Motor trade
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5127293202
Cover Note Number	-

DRIVER

Name of Driver	LEE CHOOI PENG
NRIC No	S8073195G

Date Of Birth	10/01/1980
Occupation	Indoor
Date Of Driving Pass	20/12/2012
Driving experience	9 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-85880777
Alt. Phone Number	-
Email Address	CUIPING@CARWAY.COM.SG
Address	BLK 122 #03-834
Address complement	TECK WHYE LANE
Postcode	680122
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Parked Vehicle
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)	0
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

OUR COMPANY VEHICLE(SGZ9006E) WAS PARKED AT THE SIDE OF THE ROAD. ONE OF MY STAFF INFORMED ME THAT HE DISCOVERED THAT OUR RIGHT SIDE OF OUR VEHICLE WAS DAMAGED AND THERE IS A NOTE ON THE VEHICLE WINDSCREEN STATING THAT VEHICLE (B) DRIVER WAS REVERSING AND HIT ONTO OUR VEHICLE WHICH WAS PARKED. WE CONTACTED THE VEHICLE (B) COMPANY AND AGREED TO PROCEED WITH INSURANCE CLAIM

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	GBD4077H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91399413

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: 24/05/2022
1230HRS

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/05/2022
1230HRS

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/TIN No: S991137

SKETCH PLAN

BLK 53 UBI
AVENUE 1,
LEVEL 3
COMPOUND

Parked
Vehicle

A-SGZ9006E
B-G8D4077H

Point
of
IMPACT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEAR REPORT

DECLARATION

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

Policyholder's Signature

Date & Time: 24/05/2022
1230 HRS

Driver's Signature

(If driver is not the policyholder)
Date & Time: 24/05/2022
1230 HRS

Reporting Centre Personnel's Signature

Name: VINCENT SOH
NRIC/FIN No.: S991138



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PHOTOGRAPHS FOR VEHICLE NO. SGZ 9006E

INSPECTION





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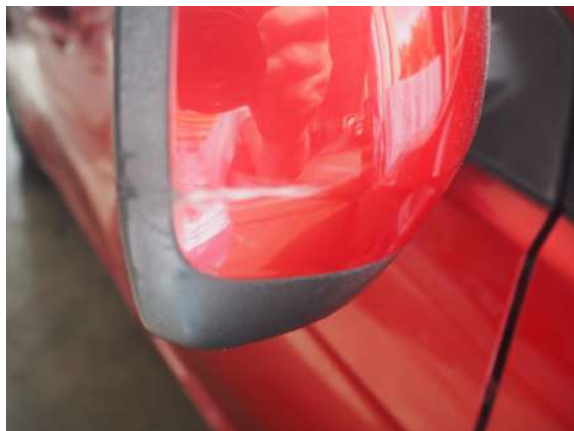


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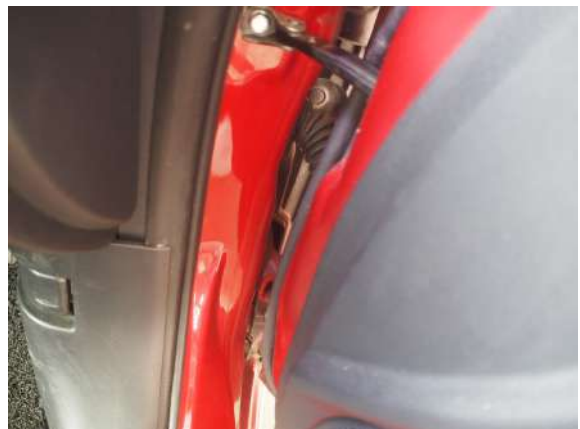
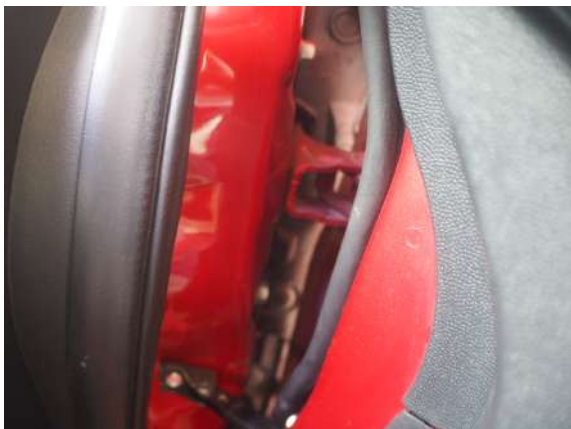


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RE-INSPECTION





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