



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. AC2204579

INV Date 25/07/2022

Reference CS/EQI22005722/Aqy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SJS 6375K

Insured Veh. GBL 1123K

Claim No. DM22HO00970/JS

Policy No.

Accident Date 14/06/2022

Inspection Date 16/06/2022

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/EQI22005722/Aqy3e2 Date: 25/07/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBL 1123K	Veh. Inspected	SJS 6375K
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00970/JS	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	16/06/2022
2. Vehicle Particulars & Condition			
Make & Model	HONDA CIVIC	c.c	1799
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JHMF16309S202226	Colour	BLACK
Odometer	347539 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55 R16	MICHELIN	6 mm
L/H Front Tyre	205/55 R16	MICHELIN	6 mm
R/H Rear Tyre	205/55 R16	MICHELIN	6 mm
L/H Rear Tyre	205/55 R16	MICHELIN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	14/06/2022	Inspection Date	16/06/2022
Survey held at	LEANG AUTOMOTIVE BLK 1 KAKI BUKIT AVE 6 #01-68 AUTOBAY@ KAKI BUKIT 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:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJS 6375K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT NUMBER PLATE GARNISH	NOT NECESSARY	63.10	-
1	FRONT BUMPER	DEFORMED	638.40	638.40
1	FRONT BUMPER SIDE HOLDER RH	DAMAGED	25.10	25.10
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	258.10	-
1	FRONT BUMPER FOG LAMP RH	CRACKED	225.10	225.10
1	FRONT BUMPER FOG LAMP COVER RH	NOT NECESSARY	65.40	-
1	FRONT GRILLE	CRACKED	224.60	224.60
1	FRONT GRILLE LOGO	NECESSARY	43.80	43.80
1	FRONT GRILLE CHROME MOULDING	NOT NECESSARY	185.30	-
1	HEADLAMP RH	CRACKED	912.10	912.10
1	HEADLAMP LOWER BRACKET RH	BENT	49.10	49.10
1	BONNET	BUCKLED	606.20	606.20
1	BONNET LOCK	NOT NECESSARY	85.40	-
1	FRONT SUPPORT PANEL TOP COVER	DEFORMED	92.60	92.60
1	FRONT RH FENDER	DENTED	537.50	537.50
1	FRONT RH FENDER INNER SHIELD	TORN	165.50	165.50
	LESS 20% DISCOUNT		-	-704.00
			4,177.30	2,816.00
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	NOT NECESSARY	30.00	-
1	FRONT NUMBER PLATE HOLDER (SN)	NOT NECESSARY	30.00	-
1	FRONT BUMPER CLIPS (SN)	NECESSARY	30.00	30.00
1	FRONT GRILLE CLIPS (SN)	NECESSARY	20.00	20.00
1	FRONT SUPPORT PANEL TOP COVER CLIPS (SN)	NECESSARY	20.00	20.00
1	FRONT RH FENDER INNER SHIELD CLIPS (SN)	NECESSARY	30.00	30.00
			160.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		800.00	600.00
	SPRAY PAINTING.		800.00	600.00
	WIRING.		50.00	30.00

Report Ref No. CS/EQI22005722/Aqy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO SPRAY TUFF COAT.		150.00	50.00
			1,800.00	1,280.00
GRAND TOTAL			6,137.30	4,196.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,300.00

Report Ref No. CS/EQI22005722/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	15/06/2022 17:01 (SGT)
Date of Accident	14/06/2022 13:20 (SGT)
Exact Location of Accident	624 Choa Chu Kang Street 62, Singapore 680624
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6375K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PURN LEE HOON
NRIC No	S1711297Z
Email Address	frances.purn@dmarktech.com
Mobile Phone No	(Phone) +65-98633734
Alternative Phone No	+65-98633734

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1800

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	Z21VP05029597
Cover Note Number	-

DRIVER

Name of Driver	PURN LEE HOON
NRIC No	S1711297Z

Date Of Birth	26/04/1965
Occupation	Indoor
Date Of Driving Pass	16/05/1988
Driving experience	34 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-98633734
Alt. Phone Number	+65-98633734
Email Address	frances.purn@dmarktech.com
Address	BLK 44 MARINE CRESCENT #15-16
Address complement	-
Postcode	440044
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 - Head on collision
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 14/06/2022 AT 13.20HRS, I WAS DRIVING STRAIGHT IN THE MULTI STOREY CARPARK. SUDDENLY, THERE WAS A VEHICLE ACCELERATING FROM THE RIGHT SLOPE AND CRASHED ONTO MY RIGHT SIDE (FRONT).

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	GBL1123K
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 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' 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

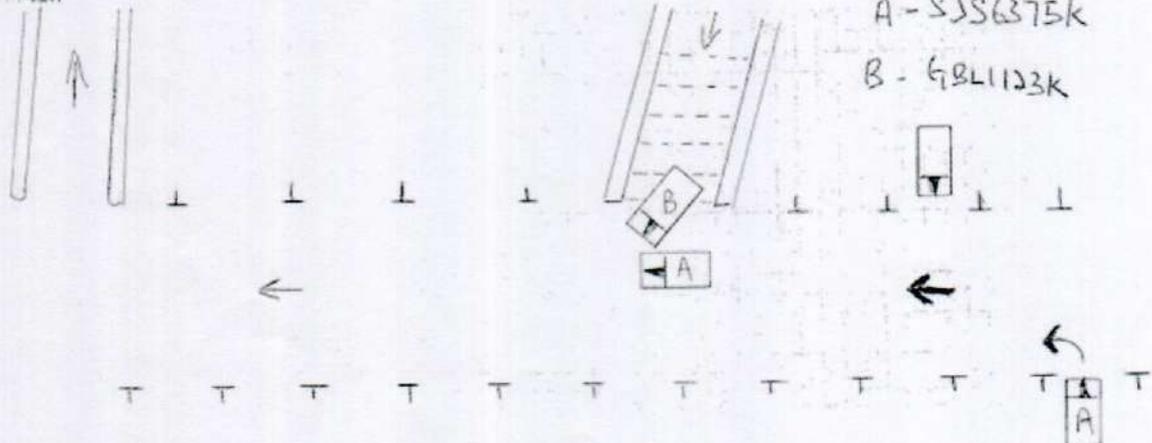
(c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 14 June 22, afternoon 13.20, I was driving straight in the multi-story carpark, suddenly there was a vehicle accelerating from the right slope and crashed onto my driver right side (front)

Declaration

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

Witnessed by Reporting Centre Personnel



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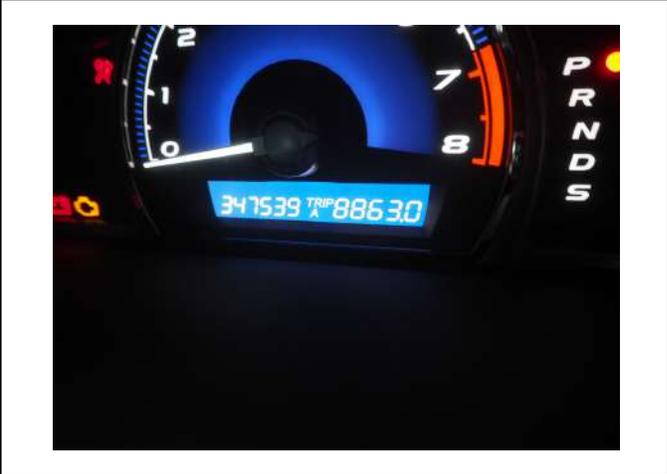
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PHOTOGRAPHS FOR VEHICLE NO. SJS 6375K

INSPECTION





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RE-INSPECTION





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