

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. AC2204335

INV Date 15/07/2022

Reference CS/EQI22006330/Uqy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMX 6746L

Insured Veh. SLU 3000C

Claim No. DM22HO01067/JS

Policy No. DMPPHQ20-007306

Accident Date 01/07/2022

Inspection Date 04/07/2022

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

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

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	EQ INSURANCE C	OMPANY LTD	Ref:	CS/EQI22006330/Uqy3e2
	5 MAXWELL ROAD #17-00 TOWER BL MND COMPLEXSII	OCK	Date:	15/07/2022
			Code:	EQI
1.		Policy Particulars :	- THIRD PARTY CLAIN	1
	Insured Veh.	SLU 3000C	Veh. Inspected	SMX 6746L
	Policy No.	DMPPHQ20-007306	Coverage (\$)	0.00
	Claim No.	DM22HO01067/JS	Excess (\$)	0.00
	Assign From	NEO JIE SI	Assign Date	04/07/2022
2.		Vehicle Partic	ulars & Condition	
	Make & Model	NISSAN KICKS PREMIUM PLUS E-POWER (A)	c.c	1198
	Engine No.	HIDDEN	Year of Reg.	2021
	Chassis No.	MNTFEAP15Z0000877	Colour	ORANGE
	Odometer	45933 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Condition	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	205/55 R17	DUNLOP	8 mm
	L/H Front Tyre	205/55 R17	DUNLOP	8 mm
	R/H Rear Tyre	205/55 R17	DUNLOP	8 mm
	L/H Rear Tyre	205/55 R17	DUNLOP	8 mm
4.		Description	on of Damages	
	THE VEHICLE SUS	STAINED DAMAGES AT THE REA	AR N/S PORTION.	
	DAMAGES SEE DE	ETAILS.		
5.		General	Information	
	Accident Date	01/07/2022	Inspection Date	04/07/2022
	Survey held at	AUTOLUTION INDUSTRIAL PTE	LTD	
		19 UBI ROAD 4 SINGAPORE 408623		
5a.		Re	emarks	
		N WAS CONDUCTED ON A"WITI E TO YOUR INSTRUCTIONS, WI		
5b.		Estimate I	Days of Repair	
	ESTIMATED NORM	MAL PERIOD FOR REPAIR:	6 Work	ing Days



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMX 6746L

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	LH RR FENDER WHEEL ARC MOULDING (N)	NOT NECESSARY	407.20	-
1	WEATHER STRIP HATCHBACK DOOR (N)	NOT NECESSARY	75.80	-
2	CLIP RR BUMPER @\$15.40 (N)	NECESSARY	30.80	30.80
1	RH REFLECTOR RR BUMPER (N)	NOT NECESSARY	66.90	-
1	LH REFLECTOR RR BUMPER (N)	NOT NECESSARY	66.90	-
1	RH RR HATCHBACK DOOR LAMP (N)	NOT NECESSARY	246.60	-
1	RH RR COMB LAMP (N)	NOT NECESSARY	867.80	-
1	LH RR HATCHBACK DOOR LAMP (N)	NOT NECESSARY	246.60	-
1	LH RR COMB LAMP (N)	CRACKED	867.80	867.80
1	EMBLEM-BACK DOOR E POWER (N)	NECESSARY	127.10	127.10
1	ORNAMENT-BACK DOOR KICK (N)	NECESSARY	70.00	70.00
1	HATCHBACK DOOR (N)	BADLY DENTED	673.90	673.90
1	HATCHBACK DOOR LOCK (N)	SERVICEABLE	126.50	-
1	RH SIDE BRACKET RR BUMPER (N)	NOT NECESSARY	70.20	-
1	LH SIDE BRACKET RR BUMPER (N)	BENT	70.20	70.20
2	STAY-RR BUMPER @\$107.70 (N)	BENT	209.40	209.40
1	ENERGY ABSORBER RR BUMPER (N)	TORN	84.70	84.70
4	CROMMET-SCREW RR BUMPER @\$2.90 (N)	NECESSARY	11.60	11.60
1	REAR BUMPER (N)	DISTORTED	591.60	591.60
1	RH RR FENDER INNER TRIM FINISHER (N)	NOT NECESSARY	96.00	-
1	LH RR FENDER INNER TRIM FINISHER (N)	NOT NECESSARY	96.00	-
1	CARPET-LUGGAGE TRUNKFLOOR (N)	NOT NECESSARY	314.50	-
1	BOX-LUGGAGE TRUNKFLOOR (N)	TORN	268.40	268.40
1	PLATE LUGGAGE REAR GARNISH (N)	CUT	90.40	90.40
1	REAR END PANEL (N)	BADLY DENTED	407.50	407.50
	LESS 20% DISCOUNT		-1,236.88	-700.68
			4,947.52	2,802.72
	SPECIAL NETT ITEMS			
4	REVERSE SENSOR @\$250.40 (SN)	SERVICEABLE	1,001.60	_
	REVERSE SENSOR COVER BRACKET @\$31.30 (SN)	NECESSARY	125.20	125.20

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	REAR LICENCE PLATE (SN)	SCRATCHED	60.00	60.00
1	SUNDRIES (SN)	NOT NECESSARY	50.00	-
1	EMBLEM - PREMIUM PLUS (SN)	NECESSARY	40.00	40.00
1	REAR W/SCREEN SEALANT (SN)	NECESSARY	80.00	80.00
			1,356.80	305.20
	<u>LABOUR</u>			
	LABOR CHARGES TO REPAIR TRUNKFLOOR & BOTH RR FNDR. RENEW REAR END PANEL, HATCHBACK DOOR & RR BUMPER.		2,340.00	1,560.00
	CHARGES TO SPRAY PAINTING SAME.		1,800.00	1,000.00
	APPLY SEALANT TO REAR END PANEL AND HATCHBACK DOOR.		200.00	200.00
	REMOVE AND INSTALL REAR WINDSCREEN GLASS.		220.00	220.00
	REMOVE AND INSTALL REVERSE CAMERA.		150.00	150.00
	REMOVE AND TRANSFER HATCHBACK DOOR MECHANISM.		120.00	120.00
	RENEW REVERSE SENSOR.		150.00	110.00
	RENEW LH RR COMB LAMP & HATCHBACK DOOR LAMP. CHECK & INSPECT RH RR COMB LAMP REPLACE IF DAMAGE.		88.00	48.00
	SUPPLY REAR LICENCE PLATE. (NPA)	NOT NECESSARY	-	-
	COMPUTER CHECK DIAGNOSIS.		180.00	120.00
	PERFORM RUST PROOFING TREATMENT TO TRUNK FLOOR AND REAR END PANEL \$120.00 PER PANEL.		240.00	240.00
	TO APPLY NANO CERAMIC COATING ON THE HATCHBACK DOOR, LEFT REAR FENDER, AND REAR BUMPER. (ADDITIONAL)		220.00	220.00
			5,708.00	3,988.00
	GRAND TOTAL		12,012.32	7,095.92

RECOMMENDED COST OF REPAIRS 7,095.92

Report Ref No. CS/EQI22006330/Uqy3e2

CHUA KANG SENG

Licensed Appraiser

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SMX6746L

			ESTIMATED	SURVEYOR'S
s/No	JOB CODE	NATURE OF JOB	CHARGES	RECOMMENDATION
1	22/001	LABOR CHARGES TO REPAIR TRUNKFLOOR & BOTH RR FNDR	2340.00	1560.00
		RENEW REAR END PANEL, HATCHBACK DOOR & RR BUMPER		
2	ZZ/002	CHARGES TO SPRAY PAINTING SAME	1800.00	1000.00
3	ZZ/003	APPLY SEALANT TO REAR END PANEL AND HATCHBACK DOOR	200.00	200.00
4	22/004	REMOVE AND INSTALL REAR WINDSCREEN GLASS	220.00	220.00
5	ZZ/005	REMOVE AND INSTALL REVERSE CAMERA	150.00	150.00
6	22/006	REMOVE AND TRANSFER HATCHBACK DOOR MECHANISM	120.00	120.00
7	22/007	RENEW REVERSE SENSOR	150.00	110.00
8	ZZ/008	RENEW LH RR COMB LAMP & HATCHBACK DOOR LAMP CHECK & INSPECT RH RR COMB LAMP REPLACE IF DAMAGE	88.00	48.00
9	ZZ/009	SUPPLY REAR LICENSE PLATE		
10	ZZ/011	COMPUTER CHECK DIAGNOSIS	180.00	120.00
11	ZZ/012	TO APPLY NANO CERAMIC COATING ON THE HATCHBACK	220.00	220.00
		DOOR, LEFT REAR FENDER, AND REAR BUMPER		
12	22/10	PERFORM RUSTT PROOFING TREATMENT TO TRUNK FLOOR AG AND REAR END PANEL \$120.00 PER PANEL	240.00	240.00
		TOTAL LABOUR CHARGES	5708.00	3988.00

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 02/07/2022 12:07 (SGT) Reported by Date of Accident 01/07/2022 15:11 (SGT) Exact Location of Accident Singapore Additional Location Information CTE AT PIE EXIT CHANGGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SMX6746L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CINDY GOH** NRIC No S7231253H Email Address cindyggk@yahoo.com.sg Mobile Phone No (Phone) +65-96312664 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model **KICKS** Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Private car Transmission Auto CC 1200

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210015438

DRIVER

Name of Driver **CINDY GOH** NRIC No S7231253H Date Of Birth 29/08/1972 Occupation Indoor

Date Of Driving Pass 25/10/1993 Driving experience 28 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-96312664 Alt. Phone Number Email Address cindyggk@yahoo.com.sg Address 132 MIMOSA CRESCENT Address complement Postcode 808075 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name LIAW YANWEN CLARA Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT SEE ATTACHED SKETCH PLAN, PHOTO AND VIDEO FOOTAGE ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLU3000C

Nissan

Qashqai

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour Black Vehicle Category Private car Name of Driver SOH WAY MENG NRIC No S8281000E Contact Number (Phone) +65-97272000 Address **BLK 309 JURONG EAST STREET 32** Address complement #11-274 Postcode 600309 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 **CINDY GOH** Gender Female Phone No (Phone) +65-96312664 Address 132 MIMOSA CRESCENT Address Complement Post Code 808075 Approximate Age Years Old 50 Injuries Sustained **NECK PAIN** Injured person in which vehicle? SMX6746L Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person LIAW YANWEN CLARA Gender Female Phone No (Phone) +65-88387333 Address 132 MIMOSA CRESCENT Address Complement Post Code 808075 Approximate Age Years Old Injuries Sustained **NECK PAIN** Injured person in which vehicle? SMX6746L Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- By the ladgement 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 AUTON INDUSTRIAL PTE LTD

Policytighter's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Tene Sketch Plan 2/7/22 || - & Arme Sketch Plan 2/7

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aration	s are true in every respect.		4	UTOLUTION	NDUSTRIAL PTE LT
reciare the loregoing particulars			1 1	9 UBI ROAD	2003
secure the bregoing particulars			1	EL: 6490 966	78623 6 FAX: 6846 7483



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PHOTOGRAPHS FOR VEHICLE NO. SMX 6746L

INSPECTION















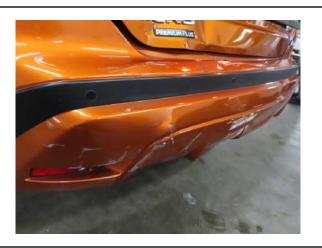
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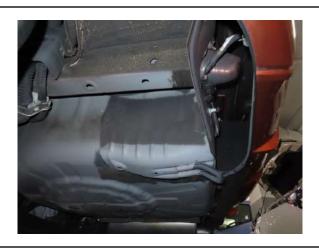
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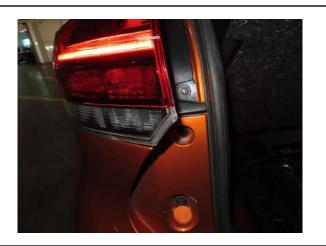














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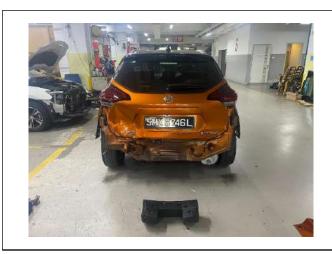
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RE-INSPECTION









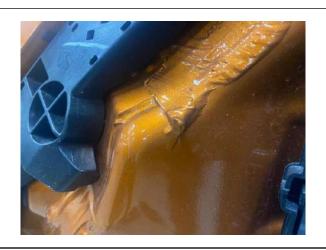






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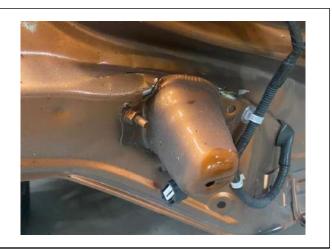






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