



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

INV No. AC2304226

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 04/07/2023
Reference CS/EQI22006859/Acy3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMD 5954P

Insured Veh. SLG 7496C

Claim No. DM22HO01189/JT

Policy No.

Accident Date 18/07/2022

Inspection Date 19/07/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (8%)	18.40
Grand Total	248.40

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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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
EQ INSURANCE COMPANY LTD 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CS/EQI22006859/Acy3e2 Date: 04/07/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLG 7496C	Veh. Inspected	SMD 5954P
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO01189/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	19/07/2022
2. Vehicle Particulars & Condition			
Make & Model	mitsubishi attrage	c.c	1193
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	MMBSTA13AJH003194	Colour	GREY
Odometer	39890 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/55 R15	YOKOHAMA	6 mm
L/H Front Tyre	185/55 R15	YOKOHAMA	6 mm
R/H Rear Tyre	185/55 R15	YOKOHAMA	6 mm
L/H Rear Tyre	185/55 R15	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/07/2022	Inspection Date	19/07/2022
Survey held at	UNIMOTOR COMPANY 1 KAKI BUKIT AVE 6, #01-94 (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:		14 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMD 5954P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BOOT ASSY	DISTORTED	948.00	828.00
2	REAR BOOT HINGES	NOT NECESSARY	384.00	-
1	REAR BOOT LOCK	DAMAGED	216.00	216.00
1	REAR BOOT LOCK STRIKER	NOT NECESSARY	58.00	-
1	REAR BOOT WEATHERSTRIP	CUT	212.00	212.00
1	REAR BOOT OUTER CHROME STRIP	CRACKED	258.00	258.00
1	REAR BOOT EMBLEM	NECESSARY	61.00	61.00
1	REAR BOOT (ATTRAGE) EMBLEM	NECESSARY	74.00	74.00
1	REAR BOOT (MIVEC) EMBLEM	NECESSARY	58.00	58.00
2	REAR TAILLAMP ASSY	CRACKED	790.00	670.00
2	REAR TAILLAMP SIDE CLIPS	NECESSARY	28.00	28.00
2	REAR TAILLAMP PANEL	BUCKLED	422.00	422.00
1	REAR TAIL END PANEL	DISTORTED	515.00	515.00
1	REAR TAIL END PANEL AIR DUCT (INNER)	DEFORMED	98.00	98.00
1	REAR TAIL END PANEL AIR DUCT (OUTER)	DEFORMED	98.00	98.00
1	REAR TAIL END PANEL INNER GARNISH	DEFORMED	187.00	187.00
1	REAR SMART KEYLESS SENSOR	DAMAGED	223.00	91.00
1	REAR KEYLESS SENSOR JOINT UNIT	DAMAGED	211.00	96.00
1	REAR BUMPER FACE	DISTORTED	865.00	765.00
2	REAR BUMPER SIDE RETAINERS	DAMAGED	72.00	72.00
1	SET REAR BUMPER CLIPS	NECESSARY	55.00	30.00
2	REAR BUMPER LOWER RELETOR	CRACKED	118.00	118.00
1	REAR L/H FENDER ASSY	BUCKLED	913.00	855.00
1	REAR R/H FENDER ASSY	BUCKLED	913.00	855.00
2	REAR FENDER INNER SIDE GARNISH	TORN	442.00	442.00
2	REAR MUD GUARD GARNISH	NOT NECESSARY	104.00	-
1	REAR WINDSCREEN MOULDING	NECESSARY	187.00	187.00
1	REAR SPARE TYRE TOP COVER	TORN	255.00	195.00
1	REAR FLOOR PANEL	BUCKLED	966.00	895.00
1	REAR EXHAUST BOX	TO REPAIR SEE LABOUR	467.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR EXHAUST BOX RUBBER HOLDER	NOT NECESSARY	56.00	-
	LESS 10% DISCOUNT		-1,025.40	-832.60
			9,228.60	7,493.40
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER LOWER SPOILER (SN)	DISTORTED	1,200.00	700.00
1	REAR BOOT TOP SPOILER (SN)	NOT NECESSARY	800.00	-
1	SET REAR REVERSE SENSOR (SN)	DAMAGED	280.00	200.00
1	REAR WINDSCREEN GLASS RUBBER GUM (SN)	NECESSARY	60.00	60.00
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	50.00	-
			2,390.00	960.00
	<u>LABOUR</u>			
	TO TOW VEHICLE TO WORKSHOP.		100.00	60.00
	TO DISM / REFIX REAR WINDSCREEN GLASS.		180.00	120.00
	TO SPRAY UNDERCOATING IN REPAIR.		380.00	120.00
	TO DISM / REWIRE DAMAGED PORTION.		280.00	30.00
	TO DISM / RENEW REAR REVERSE SENSOR.		100.00	50.00
	TO DISM / REFIX ROOF LINING, SEAT, GARNISH IN REPAIR.		280.00	100.00
	TO DISM / RENEW REAR EXHAUST PIPE.		120.00	80.00
	TO PANEL BEAT DAMAGED PORTION AND RENEW PARTS. INCLUSIVE OF THE REPAIR OF REAR EXHAUST BOX.		2,800.00	2,000.00
	TO PUTTY AND RESPRAY DAMAGED PORTION.		1,800.00	1,400.00
			6,040.00	3,960.00
GRAND TOTAL			17,658.60	12,413.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				9,900.00

Report Ref No. CS/EQI22006859/Acy3e2

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	19/07/2022 10:55 (SGT)
Reported by	Both
Date of Accident	18/07/2022 07:46 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS (NEAR JURONG RIVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5954P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LYE KUNG WOH
NRIC No	S1471943A
Email Address	danny101iwas@gmail.com
Mobile Phone No	(Phone) +65-97483179
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1200

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG21009414

DRIVER

Name of Driver	LYE KUNG WOH
NRIC No	S1471943A
Date Of Birth	10/07/1961
Occupation	Indoor

Date Of Driving Pass	03/02/1993
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97483179
Alt. Phone Number	-
Email Address	danny101iwas@gmail.com
Address	33 ENG KONG CRESCENT #03-01
Address complement	-
Postcode	599426
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	Chain 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	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 18/07/2022 AT ABOUT 7.46AM. I WAS DRIVING ALONG PIE TOWARDS TUAS. MY FRONT VEHICLE STOPPED. SO I APPLIED MY BRAKE AND STOP BEHIND. OUT OF SUDDEN, VEHICLE B COULD NOT STOP IN TIME AND HIT ONTO MY VEHICLE REAR PORTION. AFTER THE ACCIDENT, I GOT OUT FROM MY CAR AND SAW TOTAL 3 CARS TAKE PLACE IN THIS ACCIDENT. (I FELT 2 IMPACTS AT THE ACCIDENT).

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT7533Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



Name of Driver	XAVIER HO KAH MING
NRIC No	S9542788Z
Contact Number	(Phone) +65-96344182
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG7496C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LYE KUNG WOH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMD5954P
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 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 reassess 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.

[Signature]

Policyholder's Signature / Date & Time

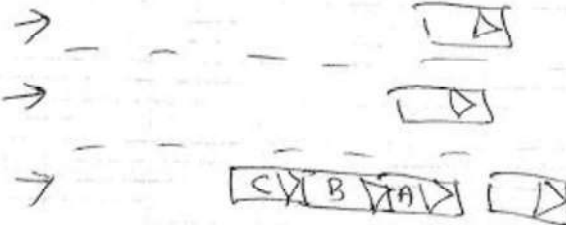
[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PRR



(A) SMD 5954P

(B) SMT 75332

(C) SLG 7496C

Describe Circumstances of the Accident

ON 18/07/2022 AT ABOUT 7.46 AM. I WAS DRIVING ALONG BE TOWARD TUNAS. MY FRONT VEHICLE STOPPED. SO I APPLIED MY BRAKE. AND STOPPED BEHIND OUT OF SUDDEN VEHICLE. I COULDN'T STOP IN TIME HIT ONTO MY VEHICLE. REAR PORTION. AFTER THE ACCIDENT I GET OUT FROM MY CAR AND SAW TOTAL 3 CAR TAKE PLACE IN THIS ACCIDENT. (I FELT 2 IMPACTS AT THE ACCIDENT.)

Declaration

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

x 

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Contra Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SMD 5954P

INSPECTION





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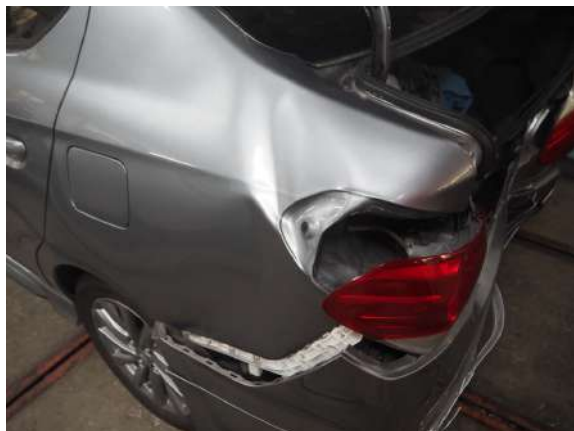
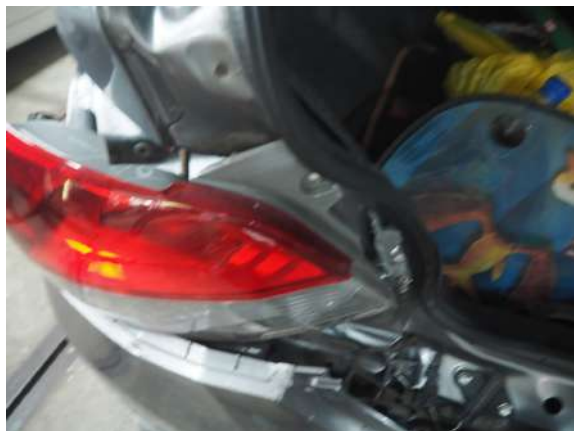


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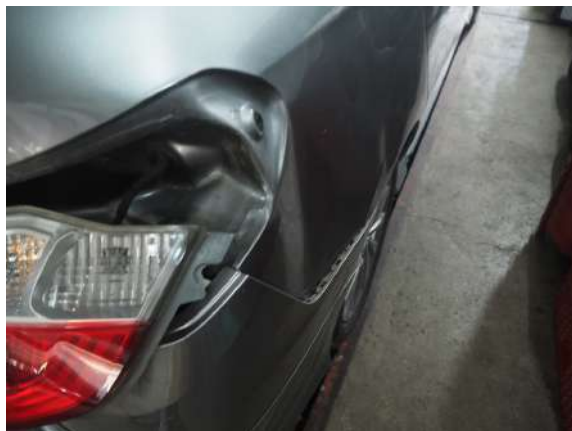


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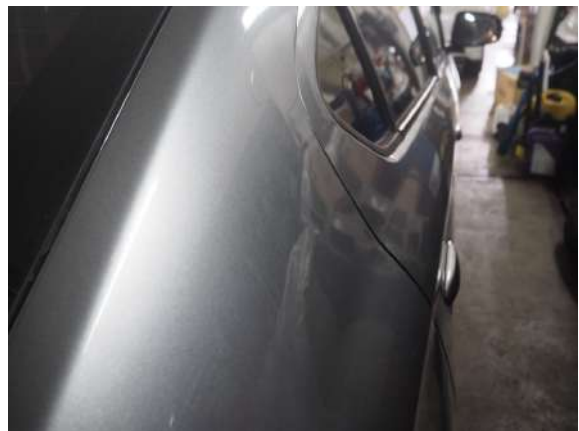
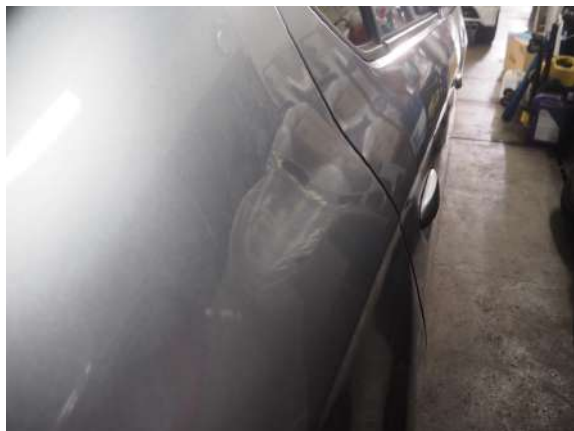


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RE-INSPECTION





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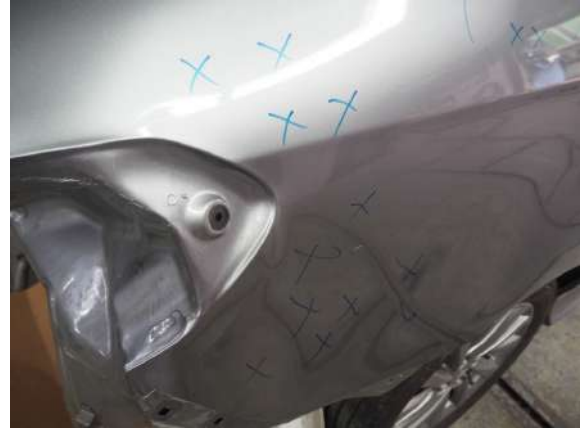


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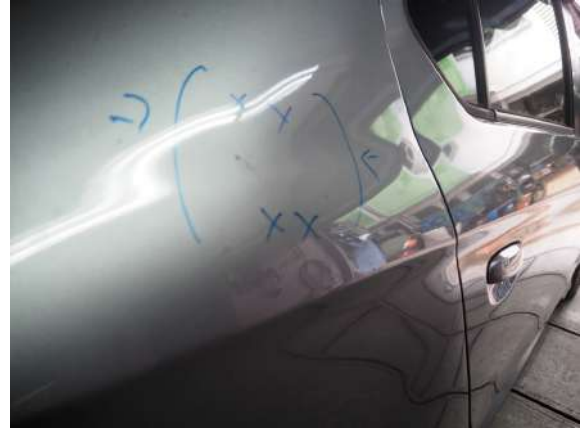
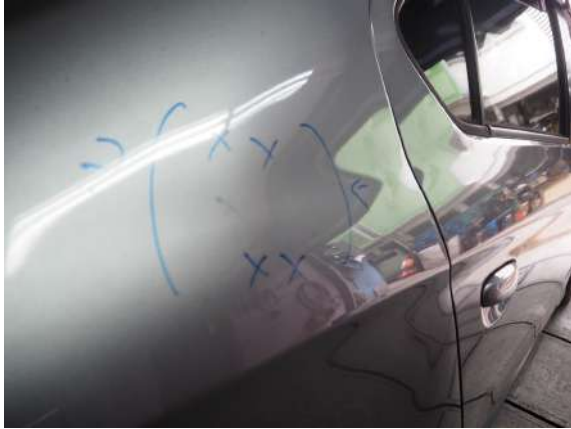


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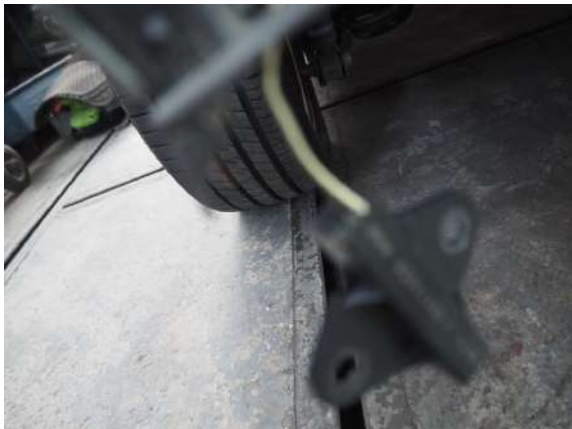


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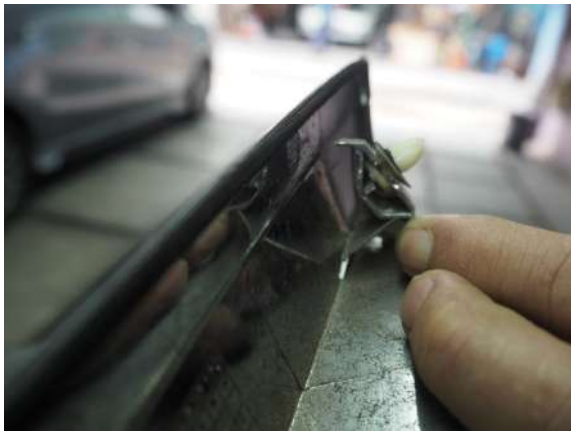


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PHOTOGRAPHS FOR VEHICLE NO. SMD 5954P

RE-INSPECTION

