



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. AC2205224

INV Date 24/08/2022

Reference CS/EQI22007513/Dncm4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SKS 8861Z

Insured Veh. GBF 1091A

Claim No. DM22HO01322

Policy No. DMCPHQ22-002194

Accident Date 04/08/2022

Inspection Date 08/08/2022

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

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/EQI22007513/Dncm4 Date: 24/08/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBF 1091A	Veh. Inspected	SKS 8861Z	
Policy No.	DMCPHQ22-002194	Coverage (\$)	0.00	
Claim No.	DM22HO01322	Excess (\$)	0.00	
Assign From	NEO JIE SI	Assign Date	08/08/2022	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	JTDGG20W20J002448	Colour	MAROON	
Odometer	123070 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	MICHELIN	5 mm	
L/H Front Tyre	195/65 R15	MICHELIN	5 mm	
R/H Rear Tyre	195/65 R15	MICHELIN	5 mm	
L/H Rear Tyre	195/65 R15	MICHELIN	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/08/2022	Inspection Date	08/08/2022	
Survey held at	RALLY PITSTOP 176 SIN MING DRIVE #04-17 SIN MING AUTO CARE SINGAPORE 575721			
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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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKS 8861Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DENTED	698.30	698.30
2	REAR BUMPER SIDE RETAINERS	SERVICEABLE	117.80	-
1	REAR BUMPER REFLECTOR (RH)	SERVICEABLE	98.60	-
1	REAR BUMPER BRACKET (RH)	DENTED	185.20	140.60
2	REAR TAIL-LAMPS	O/S MTG CRACKED / N/S NOT NECESSARY	1,308.40	411.70
1	REAR END PANEL	DENTED	785.10	536.00
1	BOOTLID	BUCKLED	1,245.10	1,245.10
1	BOOTLID INNER GARNISH	MTG CRACKED	245.80	245.80
1	WEATHER-STRIPE	DEFORMED / NECESSARY	156.20	156.20
1	BOOTLID UPPER LOCK	DAMAGED	342.10	342.10
1	BOOTLID LOWER LOCK	TO REPAIR SEE LABOUR	124.90	-
2	BOOTLID LAMPS	O/S BROKEN / N/S NOT NECESSARY	1,086.40	387.50
1	BOOTLID OUTER CHROME	CRACKED	389.30	389.30
1	TOYOTA LOGO	NECESSARY	69.30	69.30
1	REAR WINDSCREEN	SHATTERED	630.20	630.20
1	REAR WIPER MOTOR	NOT NECESSARY	389.20	-
1	REAR WIPER BLADE	NOT NECESSARY	78.20	-
1	SPARE TYRE BOARD	NOT NECESSARY	768.10	-
1	REAR RIGHT FENDER	DENTED	987.20	987.20
1	SPARE TYRE COVER	NOT NECESSARY	123.20	-
1	REAR INDASH CAMERA	SERVICEABLE	400.00	-
	LESS 25% DISCOUNT		-2,557.15	-1,559.83
			7,671.45	4,679.47
1	NUMBERS PLATE WITH HOLDER (SN)	BENT	60.00	45.00
1	REVERSE SENSORS (SN)	DAMAGED	200.00	200.00



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 25% DISCOUNT		-65.00	-
			195.00	245.00
	LABOUR			
	LABOUR TO DISMANTLE & REPLACED THE REAR BUMPER, REAR END PANEL, BOOTLID AND ALL ACCIDENT DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF BOOTLID LOWER LOCK.		1,200.00	800.00
	LABOUR TO PUTTY & SPRAY PAINTING ON THE ACCIDENT DAMAGED PARTS & REPLACED PARTS. TO PROVIDE UNDER-COATING.		900.00	700.00
	LABOUR FOR CHECKING OF THE BUMPER, BOOTLID & ALL WIRING.		60.00	40.00
	LABOUR TO REPLACE REAR WINDSCREEN.		60.00	30.00
			120.00	120.00
			2,340.00	1,690.00
	GRAND TOTAL		10,206.45	6,614.47
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,300.00

Report Ref No. CS/EQI22007513/Dncm4

ANG BRYAN TANI

Automotive Assessor / Investigator

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 Actual 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 05/08/2022 14:33 (SGT)
Reported by Driver
Date of Accident 04/08/2022 18:00 (SGT)
Exact Location of Accident Sims Ave, Singapore
Additional Location Information SIM AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS8861Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG SEOW HONG
NRIC No S7518611H
Email Address SEOWHONG@HOTMAIL.COM
Mobile Phone No (Phone) +65-98337441
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1798

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/01042779

DRIVER

Name of Driver LIM MAY YEE JOYCE
NRIC No S7521256I
Date Of Birth 15/07/1975
Occupation Indoor

Date Of Driving Pass	12/01/1996
Driving experience	26 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98337441
Alt. Phone Number	-
Email Address	SEOWHONG@HOTMAIL.COM
Address	230 pending road 02-63
Address complement	-
Postcode	670230
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	DRIZZLING
Road Surface	Wet

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)	3
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	-

PASSENGER 1

Name	TAN SENG GHEE
Gender	Male

PASSENGER 2

Name	WONG SIEW YEN
Gender	Female

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

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

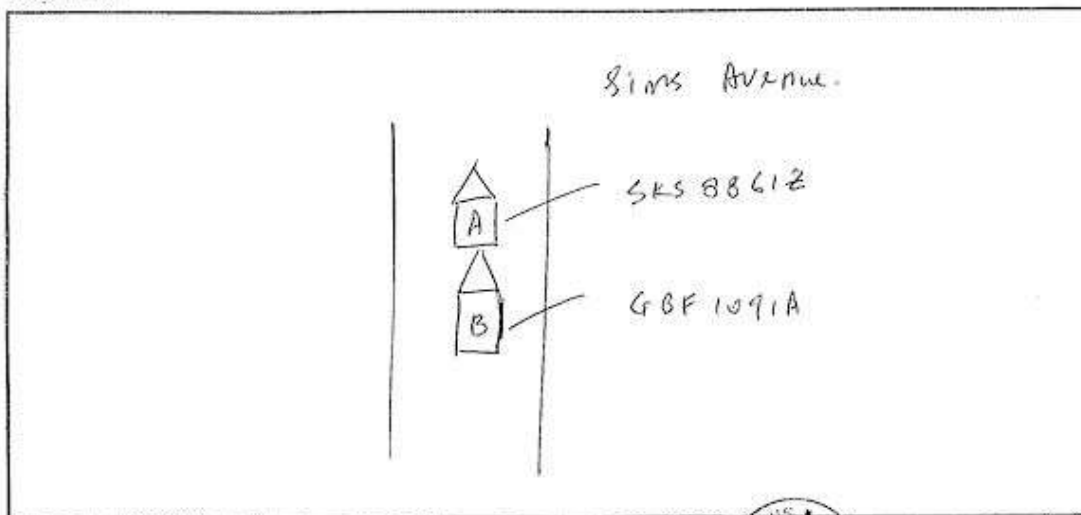
Vehicle Registration Number	GBF1091A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHAM ROBIN
Contact Number	(Phone) +65-89294643
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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/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.

Sketch Plan



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ANIL MOTOR COMPANY

Date of accident: 04/08/22 Time: 6 pm Location: Sims Avenue.
 My Vehicle A: SKS 88612 Vehicle B: GBF 1091A Vehicle C: —

SKETCH PLAN

Describe Circumstances of the Accident.

I was driving along Sims Avenue and the traffic was slow. Suddenly, lorry GBF 1091A hit onto the rear of my vehicle.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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

AH LIM MOTOR COMPANY



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PHOTOGRAPHS FOR VEHICLE NO. SKS 8861Z

INSPECTION





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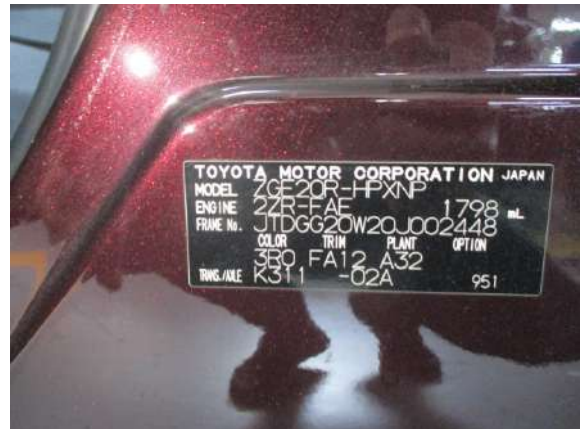


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PHOTOGRAPHS FOR VEHICLE NO. SKS 8861Z

RE-INSPECTION

