



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. AC2206036

INV Date 29/09/2022

Reference CS/EQI22008338/Kqy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SDD 8777X

Insured Veh. SJX 4649H

Claim No. DM22HO01449/JT

Policy No. DMPPHQ22-004364

Accident Date 22/08/2022

Inspection Date 01/09/2022

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/EQI22008338/Kqy3e2 Date: 29/09/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJX 4649H	Veh. Inspected	SDD 8777X
Policy No.	DMPPHQ22-004364	Coverage (\$)	0.00
Claim No.	DM22HO01449/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	29/08/2022
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA CAMRY (A)	c.c	2487
Engine No.	HIDDEN	Year of Reg.	2020
Chassis No.	JTNB23HK303071505	Colour	METALLIC PEARL WHITE
Odometer	64958 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/55 R17	MICHELIN	3 mm
L/H Front Tyre	215/55 R17	MICHELIN	3 mm
R/H Rear Tyre	215/55 R17	MICHELIN	4 mm
L/H Rear Tyre	215/55 R17	MICHELIN	4 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	22/08/2022	Inspection Date	01/09/2022
Survey held at	LIM TAN MOTOR PTE LTD BLK 176 SIN MING DRIVE #03-09 SIN MING AUTOCARE 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:		2 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDD 8777X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	CRACKED	695.80	657.00
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	250.70	-
2	REAR BUMPER LOWER MOUNTING @\$102.30	SERVICEABLE	204.60	-
10	REAR BUMPER CLIPS @\$4.80	NECESSARY	48.00	48.00
	LESS 25% DISCOUNT		-299.78	-176.25
			899.32	528.75
	<u>LABOUR</u>			
	TO PUTTY & SPRAY PAINT.		300.00	220.00
	LABOUR CHARGE. INCLUSIVE OF THE REPAIR OF REAR BUMPER REINFORCEMENT.		280.00	150.00
			580.00	370.00
	GRAND TOTAL		1,479.32	898.75
RECOMMENDED COST OF REPAIRS				898.75

Report Ref No. CS/EQI22008338/Kqy3e2

KONG SENG CHEONG

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 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	23/08/2022 15:00 (SGT)
Reported by	Owner
Date of Accident	22/08/2022 09:30 (SGT)
Exact Location of Accident	Near 952 Hougang Ave 9, Block 952, Singapore 530952
Additional Location Information	YIO CHU KANG RD TURNING TO SERANGOON NORTH AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD8777X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KWEE CHIEW
NRIC No	SXXXX152F
Email Address	THOMASLIMG@GMAIL.COM
Mobile Phone No	(Phone) +65-97299738
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2500

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	D 300456893 QMY

DRIVER

Name of Driver	LIM ZHI WEI BRYAN
NRIC No	SXXXX834C
Date Of Birth	13/09/1995
Occupation	Indoor

Date Of Driving Pass	21/09/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91786835
Alt. Phone Number	-
Email Address	THOMASLIMG@GMAIL.COM
Address	BLK 126 PUNGGOL WALK #01-07
Address complement	-
Postcode	828774
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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)	4
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	UNKNOW
Gender	Male

PASSENGER 2

Name	UNKNOW
Gender	Male

PASSENGER 3

Name	UNKNOW
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

AT THE MATERIAL DATE AND TIME, I WAS STATIONARY WAITING TURN RIGHT TO SERANGOON NORTH AVE 5, SUDDENLY I FELT AN IMPACT FROM BEHIND VEH B DRIVER SAID HE WAS RUBBING HIS EYE AND DID NOT STOP IN TIME CAUSE HR HIT INTO MY VEH A'S REAR PORTION.

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 SJX4649H
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 -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT 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. 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.

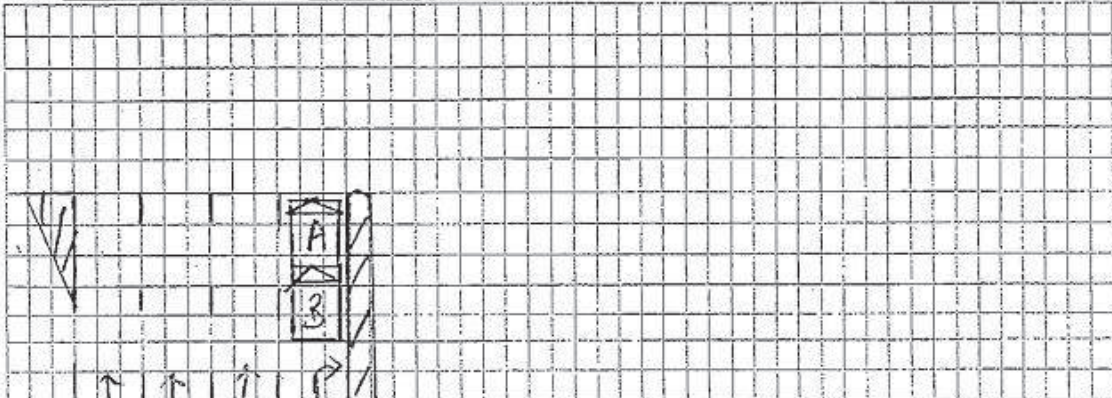

Policyholder's Signature Date
& Time:


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


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SKETCH PLAN

Date & Time of Accident: 22/08/22 / 0930am Location: Yio Chua lang rd turning to Serangoon North Ave
 Veh A: SD08777X Veh B: STX 464911 Veh C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the material date and time, I was stationary waiting turn-right to Serangoon North Ave 5. Suddenly I felt an impact from behind, Veh B driver said he was rubbing his eye and did not stop in time. Cause he hit onto my veh A's rear portion.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____

My/Our email : thomaslingm@gmail.com

DECLARATION

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

[Signature]
 Policyholder's Signature Date & Time:

[Signature]
 Driver's Signature (If driver is not the policyholder) Date & Time:

[Signature]
 Reporting Centre Personnel's Signature
 Name: Venus
 NRIC/FIN No.: SC479911A

GIARMC SketchPlanForm_V3

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PHOTOGRAPHS FOR VEHICLE NO. SDD 8777X

INSPECTION





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RE-INSPECTION





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RE-INSPECTION

