



## 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. AC2207388

INV Date 01/12/2022

Reference CS/EQI22009250/Aqy3q2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SLR 756R

Insured Veh. GBJ 1305M

Claim No. DM22HO01604

Policy No.

Accident Date 19/09/2022

Inspection Date 20/09/2022

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

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

**LKM**



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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/EQI22009250/Aqy3q2 Date: 01/12/2022 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GBJ 1305M	Veh. Inspected	SLR 756R	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM22HO01604	Excess (\$)	0.00	
Assign From	NEO JIE SI	Assign Date	20/09/2022	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA VIOS	c.c	1497	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	MR053HY9305081156	Colour	BLACK	
Odometer	370748 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	TOURADOR	6 mm	
L/H Front Tyre	185/60 R15	TOURADOR	6 mm	
R/H Rear Tyre	185/60 R15	TOURADOR	6 mm	
L/H Rear Tyre	185/60 R15	TOURADOR	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	19/09/2022	Inspection Date	20/09/2022	
Survey held at	JL PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, SINGAPORE 415875			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			6 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLR 756R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID	BUCKLED	575.00	575.00
1	BOOT LID LOGO	NECESSARY	70.00	70.00
1	BOOT LID EMBLEM 'VIOS'	NECESSARY	65.00	65.00
1	BOOT LID EMBLEM 'E'	NECESSARY	55.00	55.00
1	BOOT LID TOP LOCK	DAMAGED	155.00	155.00
1	BOOT LID LOWER LOCK	NOT NECESSARY	25.00	-
1	BOOT LID WEATHERSTRIP	CUT	205.00	205.00
2	BOOT LID HINGE @\$70.00	NOT NECESSARY	140.00	-
1	REAR BUMPER	DEFORMED	495.00	495.00
2	REAR BUMPER REFLECTOR @\$105.00	N/S CRACKED	210.00	105.00
2	REAR BUMPER BRACKET @\$89.00	N/S BENT	178.00	89.00
2	REAR BUMPER SIDE RETAINER (FRONT) @\$105.00	N/S DAMAGED	210.00	105.00
2	REAR BUMPER SIDE RETAINER (REAR) @\$55.00	N/S DAMAGED	110.00	55.00
2	TAIL LAMP @\$345.00	N/S CRACKED	690.00	345.00
2	REAR FENDER INNER COWLING @\$175.00	NOT NECESSARY	350.00	-
2	REAR FENDER INNER TRIM @\$295.00	NOT NECESSARY	590.00	-
1	REAR CHASSIS MEMBER LH	NOT NECESSARY	694.30	-
1	REAR END PANEL	DENTED	439.00	439.00
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	890.00	-
1	REAR END PANEL TOP GARNISH	DEFORMED	230.00	230.00
1	REAR FLOOR PANEL TOP BOARD	TORN	175.00	175.00
2	REAR FLOOR PANEL TOP SPONGE (SIDE) @\$275.00	N/S DEFORMED	550.00	275.00
	LESS 25% DISCOUNT		-1,775.33	-859.50
			5,325.97	2,578.50
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	50.00	30.00
1	SET BOOT LID OUTER MOULDING CLIP (SN)	NOT NECESSARY	30.00	-
1	BOOT LID EMBLEM 'SPORT' (SN)	NECESSARY	80.00	60.00
1	REAR SPOILER (SN)	NOT NECESSARY	850.00	-

Report Ref No. CS/EQI22009250/Aqy3q2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR FENDER INNER COWLING CLIPS (SN)	NOT NECESSARY	80.00	-
1	SET REAR FENDER INNER TRIM CLIPS (SN)	NOT NECESSARY	80.00	-
1	SET TAIL LAMP CLIPS (SN)	NECESSARY	30.00	10.00
1	REAR LOWER LID (SPECAIL TYPE) (SN)	DEFORMED	1,000.00	600.00
1	SET REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	30.00	10.00
1	REAR END PANEL INSULATION SEAL (SN)	NECESSARY	150.00	60.00
1	REAR EXHAUST CHROME PIPE (SPECIAL TYPE) (SN)	NOT NECESSARY	250.00	-
1	REVERSE CAMERA (SN)	NOT NECESSARY	450.00	-
1	REVERSE SENSOR (SN)	DAMAGED	220.00	200.00
			3,350.00	970.00
	<b>LABOUR</b>			
	TO PANEL BEAT ,WELD ,CUT ,KNOCK ,GRAZE ,ADJUST ,REPLACE NEW PARTS.INCLUSIVE OF THE REPAIR OF REAR FLOOR PANEL .		2,200.00	800.00
	TO PUTTY ,SPRAY PAINT ,POLISH,WAX ADJACENT PANELS.		1,400.00	800.00
	TUFF COAT.		250.00	60.00
	WIRING /BULB CHECKING .		80.00	30.00
	REMOVE AND REFIX CUSHION SEAT /UPHOLSTERY AND ROOF LINING TO FACILITATE REPAIR .		200.00	60.00
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING.		80.00	50.00
	REMOVE AND REFIX REVERSE CAMERA AND DISTANCE SETTING.	NOT NECESSARY	80.00	-
	TRANSFER BOOT LID MECHANISM .		80.00	60.00
	REMOVE AND REFIX REAR SPOILER AND DIFFUSER .	NOT NECESSARY	300.00	-
	TO CONDUCT WATER LEAKAGE TEST .	NOT NECESSARY	80.00	-
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT /CONTROL UNITS ,RESET MEMORIES TO SPECIFICATION ETC.	NOT NECESSARY	180.00	-
			4,930.00	1,860.00
<b>GRAND TOTAL</b>			<b>13,605.97</b>	<b>5,408.50</b>

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<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>4,300.00</b>
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Report Ref No. CS/EQI22009250/Aqy3q2

**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 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	19/09/2022 19:58 (SGT)
Reported by	Both
Date of Accident	19/09/2022 12:30 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	OUTSIDE JALAN BUKIT MERAH ESSO
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR756R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE CHUI SHIM
NRIC No	SXXXX644H
Email Address	CHIANG_RACHEL@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90095540
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	0

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123799669

### DRIVER

Name of Driver	LEE CHUI SHIM
NRIC No	SXXXX644H
Date Of Birth	23/02/1975
Occupation	Outdoor



Date Of Driving Pass	22/09/2009
Driving experience	13 YEARS
Gender	Female
Mobile Number	(Phone) +65-90095540
Alt. Phone Number	-
Email Address	CHIANG_RACHEL@YAHOO.COM.SG
Address	APT BLK 138A YUAN CHING ROAD #12-113
Address complement	-
Postcode	611138
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	2
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

#### REFER TO ATTACHMENT

##### 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	GBJ1305M
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE CHUI SHIM
Gender	Female
Phone No	(Phone) +65-90095540
Address	APT BLK 138A YUAN CHING ROAD #12-113
Address Complement	-
Post Code	811138
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR756R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



**SKETCH PLAN**

**IMPORTANT NOTICE**

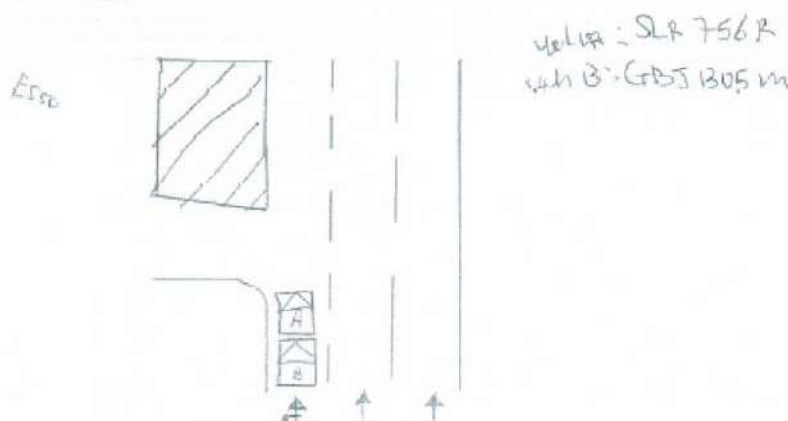
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to 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.

*[Signature]*  
Policyholder's Signature / Date & Time

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

*yuki*  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Handwritten notes in the sketch plan area:

- AD
- X We
- ATTACHED

Declaration

We declare the foregoing particulars are true in every respect.

*Decker*  
Policyholder's Signature / Date & Time

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

*yuki*  
Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SLR756R) WAS STATIONARY OUTSIDE JALAN BUKIT MERAH ESSO TO WAIT FOR ENTER THE PETROL STATION. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (GBJ1305M) THAT HAD COLLIDED ONTO MY VEHICLE.

**VEHICLE A : SLR756R**

**VEHICLE B : GBJ1305M**

*Recher*





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### PHOTOGRAPHS FOR VEHICLE NO. SLR 756R

### INSPECTION





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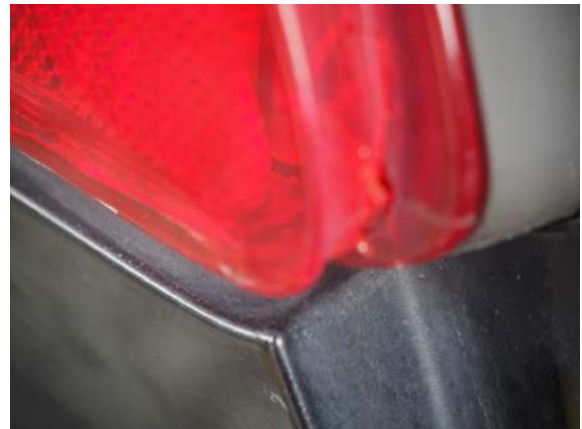


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**PHOTOGRAPHS FOR VEHICLE NO. SLR 756R**

**RE-INSPECTION**





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