



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. AC2300342

INV Date 17/01/2023

Reference CS/EQI22009566/Eqy3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SKL 311J

Insured Veh. SDB 7377J

Claim No. DM22HO01460/JT

Policy No.

Accident Date 20/08/2022

Inspection Date 29/09/2022

Description	Total
Survey Inspection	160.00
Digital Photographs	
Transportation	
Subtotal	160.00
GST (8%)	12.80
Grand Total	172.80

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



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

Affiliated to Federation Internationale Des Experts En Automobile			
EQ INSURANCE COMPANY LTD 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CS/EQI22009566/Eqy3m4 Date: 17/01/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SDB 7377J	Veh. Inspected	SKL 311J
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO01460/JT	Excess (\$)	0.00
Assign From	JOSEPHINE WONG	Assign Date	28/09/2022
2. Vehicle Particulars & Condition			
Make & Model	SKODA OCTAVIA	c.c	1984
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	TMBBU7NEXK0170377	Colour	GREY
Odometer	35972 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/50R15	MICHELIN	4 mm
L/H Front Tyre	205/50R15	MICHELIN	4 mm
R/H Rear Tyre	205/50R15	MICHELIN	4 mm
L/H Rear Tyre	205/50R15	MICHELIN	4 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/08/2022	Inspection Date	29/09/2022
Survey held at	VOLKSWAGEN CENTRE SINGAPORE 247 ALEXANDRA ROAD SINGAPORE 159934		
5a. Remarks			
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKL 311J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<u>REPLACEMENT OF PARTS</u>	* CHECK		
	REFLECTOR RHR (SN)		47.92	-
			47.92	-
	<u>LABOUR</u>			
	B&P CHECK SHORT CIRCUIT/HARNESS REPAIR.		280.00	280.00
	B&P DIAGNOSIS AND PROGRAMMING.		480.00	480.00
	SPRAY PAINTING.		1,600.00	800.00
	LABOUR.		1,680.00	840.00
			4,040.00	2,400.00
GRAND TOTAL			4,087.92	2,400.00
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$47.92 NETT)				2,400.00

Report Ref No. CS/EQI22009566/Eqy3m4

CHEN TSUE YEE

Automotive Assessor

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	22/08/2022 15:45 (SGT)
Reported by	Both
Date of Accident	20/08/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT GLENEAGLES HOSPITAL CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL311J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KONG WEI KIAT, SAMUEL
NRIC No	SXXXX517J
Email Address	IRIDIUM.X@GMAIL.COM
Mobile Phone No	(Phone) +65-91282854
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Octavia
Variant	Octavia RS 2.0 TSI 180kW DSG
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	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070109565-02

DRIVER

Name of Driver	KONG WEI KIAT, SAMUEL
NRIC No	SXXXX517J
Date Of Birth	10/05/1986
Occupation	Indoor

3 Of Driving Pass	28/07/2004
iving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91282854
Alt. Phone Number	-
Email Address	IRIDIUM.X@GMAIL.COM
Address	BLK 817B KEAT HONG LINK
Address complement	#20-107
Postcode	682817
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	Collided into Parked Vehicle
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)	2
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	YEONG MAY THENG
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

PLEASE REFER TO SKETCH PLAN

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	SDB7377J
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 PLAN

IMPORTANT NOTICE

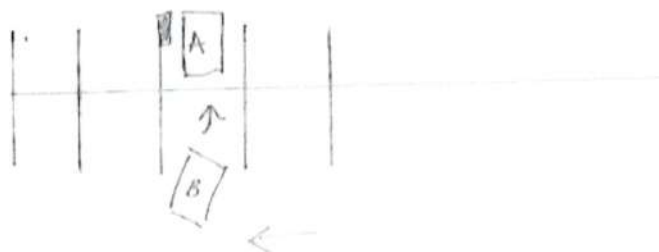
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SKL311J

B - SDBB77J


Glenayres Carpark

Describe Circumstances of the Accident

On 20 Aug 2022, about 12:00hrs my vehicle parked at Glenglass hospital carpark. A Vehicle SPB73715 subsequently arrived and parked at the lot behind my vehicle. While parking, SPB73715 reversed and hit my stationary parked car.

Declaration

We declare the foregoing particulars are true in every respect.

 22/8/22
Policyholder's Signature / Date & Time
15:20

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


Witnessed by: Reporting Officer (Personal)



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

PHOTOGRAPHS FOR VEHICLE NO. SKL 311J

INSPECTION





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





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





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





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

