



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. AC2206706

INV Date 01/11/2022

Reference CS/EQI22009764/Eny3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SME 6702M

Insured Veh. SLP 6867A

Claim No. DM22HO01688/JT

Policy No. DMPPHQ22-003428

Accident Date 01/10/2022

Inspection Date 07/10/2022

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/EQI22009764/Eny3e2 Date: 01/11/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLP 6867A	Veh. Inspected	SME 6702M	
Policy No.	DMPPHQ22-003428	Coverage (\$)	0.00	
Claim No.	DM22HO01688/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	04/10/2022	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI ATTRAGE	c.c	1193	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	MMBSTA13AJH002566	Colour	WHITE	
Odometer	49328 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	GOODYEAR	5 mm	
L/H Front Tyre	185/55 R15	GOODYEAR	5 mm	
R/H Rear Tyre	185/55 R15	GOODYEAR	5 mm	
L/H Rear Tyre	185/55 R15	GOODYEAR	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/10/2022	Inspection Date	07/10/2022	
Survey held at	CYCLE & CARRIAGE AUTOMOTIVE PTE LTD 209 PANDAN GARDENS SINGAPORE 609339			
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SME 6702M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	PARKING SENSOR (SN)	NOT NECESSARY	280.00	-
1	C&C LOGO (SN)	NECESSARY	50.00	50.00
1	SUNDRY (SN)	NECESSARY	20.00	20.00
1	FACE ,RR BUMPER (SN)	DENTED	1,242.00	1,242.00
1	BRACKET ,RR BUMPER ,RH (SN)	NOT NECESSARY	34.00	-
1	LATCH ,TRUNK LID (SN)	NOT NECESSARY	220.00	-
1	MARK ,THREE-DIA (SN)	NECESSARY	84.00	84.00
1	MARK ,ATTRAGE (SN)	NECESSARY	25.00	25.00
1	REFLECTOR (SN)	NOT NECESSARY	27.00	-
			1,982.00	1,421.00
	<u>LABOUR</u>			
	RENEW REAR BUMPER ,REPAIR BOOTLID ,REAR END PANEL ,REAR FENDER RH .		2,560.00	1,280.00
	SPRAY PAINT FOR REAR BUMPER ,BOOTLID,REAR END PANEL ,REAR FENDER RH .		2,200.00	1,650.00
	REMOVE & INSTALL PARKING SENSOR .		100.00	80.00
	CHECK WIRING & ELECTRICAL SYSTEM.		50.00	50.00
	TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM.		280.00	280.00
			5,190.00	3,340.00
	GRAND TOTAL		7,172.00	4,761.00
	RECOMMENDED COST OF REPAIRS			4,761.00

Report Ref No. CS/EQI22009764/Eny3e2

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	03/10/2022 14:35 (SGT)
Reported by	Both
Date of Accident	01/10/2022 15:30 (SGT)
Exact Location of Accident	Near 22 Cavenagh Rd, Singapore 229617
Additional Location Information	CAVENAGH ROAD TURNING LEFT INTO ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6702M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG JIE
NRIC No	S9110168H
Email Address	ANG_JIE@LIVE.COM
Mobile Phone No	(Phone) +65-96673272
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	ATTRAGE 1.2 CVT
Variant	MITSUBISHI / ATTRAGE 1.2 CVT
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	1193

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00263552100

DRIVER

Name of Driver	ANG JIE
NRIC No	S9110168H
Date Of Birth	27/03/1991
Occupation	Indoor

Date Of Driving Pass	06/07/2013
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96673272
Alt. Phone Number	-
Email Address	ANG_JIE@LIVE.COM
Address	BLK 53 CHOA CHUA KANG NORTH 7 #12-23
Address complement	-
Postcode	689528
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

I WAS DRIVING VEH-A SME6702M ALONG CAVENAGH ROAD TURNING LEFT INTO ORCHARD ROAD. AS THERE WAS TRAFFIC AT ORCHARD ROAD. I STOP MY VEH-A IN-FRONT OF THE WHITE LINE AND WAS WAITING FOR TRAFFIC ALONG ORCHARD ROAD TO CLEAR. THEN SUDDENLY VEH-B SLP6867A COLLIDED ONTO MY VEH-A REAR.

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	SLP6867A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ROSELI
Contact Number	(Phone) +65-93377522
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

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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 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

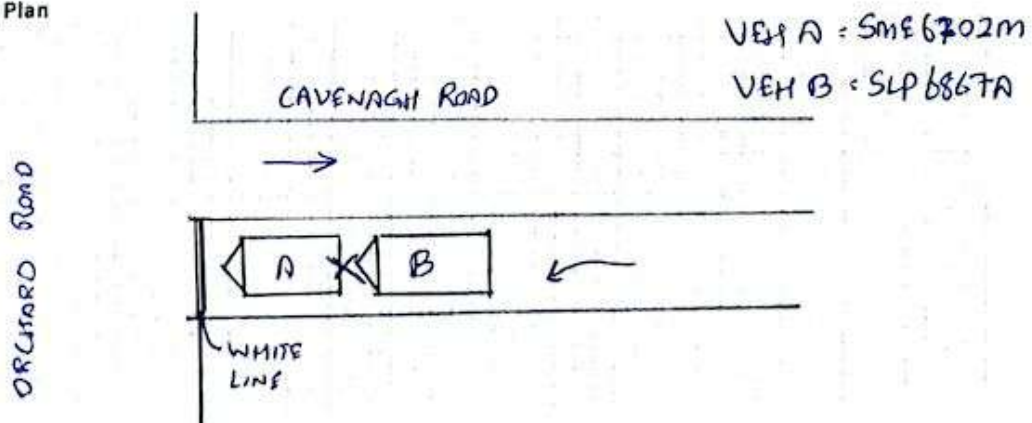


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS DRIVING VEXA SME 6702M ALONG CAVENAGH ROAD TURNING LEFT INTO ORCHARD ROAD. AS THERE WAS VEHICLE TRAFFIC ON ORCHARD ROAD I STOP MY VEXA IN-FRONT OF THE WHITE LINE AND WAS WAITING FOR TRAFFIC ALONG ORCHARD ROAD TO CLEAR. THEN SUDDENLY VEX-B SLP6867A COLLIDED ONTO MY VEX-A REAR.

I (Owner/ In -charge/ Driver) _____, Nric No: _____ Vehicle no: _____


will be sending my above stated damaged vehicle to Company name: _____ for my vehicle damaged repairs and insurance claims.

GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharged Goldbell Engineering Pte Ltd

Declaration

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



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PHOTOGRAPHS FOR VEHICLE NO. SME 6702M

INSPECTION





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RE-INSPECTION

