



## 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

INV No. AC2303297

5 MAXWELL ROAD  
#17-00 TOWER BLOCK  
MND COMPLEX  
SINGAPORE 069110

INV Date 25/05/2023  
Reference CS/EQI22010151/Tqy3e2  
Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SKE 7697L  
Insured Veh. GBB 329T  
Claim No. DM22HO01717  
Policy No. DMCHHQ22-000112  
Accident Date 04/10/2022  
Inspection Date 18/10/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>230.00</b>
<b>GST (8%)</b>	<b>18.40</b>
<b>Grand Total</b>	<b>248.40</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

**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/EQI22010151/Tqy3e2 Date: 25/05/2023 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GBB 329T	Veh. Inspected	SKE 7697L	
Policy No.	DMCHHQ22-000112	Coverage (\$)	0.00	
Claim No.	DM22HO01717	Excess (\$)	0.00	
Assign From	NEO JIE SI	Assign Date	13/10/2022	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MINI COOPER	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	WMWSU32020T314563	Colour	WHITE	
Odometer	104312 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	195/55 R16	LASSA	6 mm	
L/H Front Tyre	195/55 R16	LASSA	6 mm	
R/H Rear Tyre	195/55 R16	LASSA	6 mm	
L/H Rear Tyre	195/55 R16	LASSA	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	04/10/2022	Inspection Date	18/10/2022	
Survey held at	RYDER AUTO PTE LTD 2 KAKI BUKIT AVE 2 #02-19/22 KAKI BUKIT AUTOHUB SINGAPORE 417921			
<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:			9 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKE 7697L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TORN	881.40	881.40
1	REAR BUMPER LOWER DIFFUSER	DEFORMED	300.50	300.50
1	REAR BUMPER ENFORCEMENT	BENT	451.40	451.40
1	REAR BUMPER O/S RETAINER	DEFORMED	312.70	120.00
1	REAR END PANEL INNER TRIM	NOT NECESSARY	253.50	-
1	REAR O/S TAIL LAMP	CRACKED	478.20	478.20
1	REAR O/S TAIL LAMP CHROME	DISTORTED	100.30	100.30
1	REAR O/S TAIL LAMP PANEL	BENT	183.80	183.80
1	REAR O/S TAIL LAMP SEAL	NECESSARY	40.50	40.50
1	REAR BOOT COVER	TO REPAIR SEE LABOUR	1,174.40	-
1	REAR BOOT COVER WEATHERSTRIP	NOT NECESSARY	174.40	-
1	REAR BOOT COVER EMBLEM	NECESSARY	81.50	81.50
1	REAR BOOT COVER 'COOPER' EMBLEM	NECESSARY	72.70	72.70
1	REAR BOOT COVER INNER TRIM	NOT NECESSARY	282.25	-
1	REAR BOOT COVER O/S SHOCK ABSORBER	NOT NECESSARY	264.50	-
1	REAR O/S FENDER CHROME STRIP	NOT NECESSARY	120.40	-
1	REAR O/S FENDER	TO REPAIR SEE LABOUR	1,236.80	-
1	REAR O/S FENDER WHEEL ARCH	CUT	187.40	187.40
1	REAR O/S FENDER WHEEL GUARD	TORN	177.90	177.90
1	REAR O/S & N/S FENDER INNER TRIM	NOT NECESSARY	300.30	-
1	REAR O/S QUARTER GLASS MOULDING	NECESSARY	90.20	90.20
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	102.40	-
1	FRONT BUMPER	DEFORMED	896.70	896.70
1	FRONT BUMPER LOWER DIFFUSER	CUT	288.50	288.50
1	FRONT BUMPER SPONGE	NOT NECESSARY	194.20	-
1	FRONT BUMPER ENFORCEMENT	BENT	596.70	440.00
2	FRONT BUMPER O/S & N/S RETAINER	NOT NECESSARY	216.40	-
1	FRONT BUMPER GRILLE (LOWER)	DEFORMED	196.60	196.60
1	FRONT BUMPER GRILLE (LOWER) CHROME	CRACKED	121.30	121.30

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT BUMPER GRILLE (LOWER) CHROME	CRACKED	266.70	266.70
1	FRONT GRILLE SEAL	NOT NECESSARY	206.90	-
2	FRONT O/S & N/S HEAD LAMP	N/S NOT NECESSARY / O/S CRACKED	1,696.80	848.40
1	FRONT O/S FOG LAMP	CRACKED	255.40	255.40
1	FRONT O/S FOG LAMP GARNISH	CRACKED	87.90	87.90
1	CONDENSER	NOT NECESSARY	1,428.80	-
1	REAR RH INNERSHIELD	TORN	179.95	179.95
1	REAR RH REINFORCEMENT BRACKET	BENT	80.20	80.20
	LESS 10% DISCOUNT		-1,398.05	-682.75
			12,582.45	6,144.70
	<b><u>SPECIAL NETT ITEMS</u></b>			
10	REAR BUMPER CLIPS (SN)	NECESSARY	30.00	30.00
2	REAR BUMPER SCREW CLIPS (SN)	NECESSARY	20.00	20.00
8	REAR BUMPER LOWER DIFFUSER CLIPS (SN)	NECESSARY	80.00	20.00
2	REAR REVERSE SENSOR (SN)	NOT WORKING	380.00	280.00
2	REAR REVERSE SENSOR WIRE HARNESS (SN)	NOT NECESSARY	210.20	-
4	REAR END PANEL INNER TRIM CLIPS (SN)	NOT NECESSARY	16.00	-
8	REAR BOOT COVER INNER TRIM CLIPS (SN)	NOT NECESSARY	80.00	-
6	REAR O/S FENDER WHEEL ARCH CLIPS (SN)	NECESSARY	60.00	20.00
6	REAR O/S FENDER WHEEL GUARD CLIPS (SN)	NECESSARY	60.00	20.00
10	REAR O/S & N/S FENDER INNER TRIM CLIPS (SN)	NOT NECESSARY	100.00	-
1	REAR O/S QUARTER GLASS SEALANT (SN)	NECESSARY	80.00	80.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
10	FRONT BUMPER CLIPS (SN)	NECESSARY	30.00	30.00
6	FRONT GRILLE CLIPS (SN)	NECESSARY	60.00	20.00
1	FRONT REG. NO. PLATE (SN)	BENT	45.00	45.00
1	FRONT REG. NO. PLATE BRACKET (SN)	NOT NECESSARY	29.00	-
			1,360.20	565.00
	<b><u>LABOUR</u></b>			
	TO DISMANTLE DAMAGED PARTS, STRAIGHTEN & WELDING. INCLUSIVE OF THE REPAIR OF REAR BOOT COVER AND REAR O/S FENDER.		1,800.00	1,200.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO SPRAY PAINTING.		1,400.00	1,000.00
	TO REMOVE & REFIT REAR EXHAUST TO FACILITATE REPAIR.	NOT NECESSARY	100.00	-
	TO REMOVE & REFIT UPHOLSTERY TO FACILITATE REPAIR.		180.00	60.00
	TO REMOVE & REPLACE REAR REVERSE SENSOR CAMERA.		50.00	30.00
	TO REMOVE AND REFIT REAR WINDSCREEN.	NOT NECESSARY	150.00	-
	TO REMOVE AND REFIT REAR O/S QUARTER GLASS.	NOT NECESSARY	150.00	-
	TO REMOVE AND REPLACE REAR TAIL GATE.	NOT NECESSARY	120.00	-
	TO REMOVE & REPLACE CONDENSER AND TOP UP GAS.	NOT NECESSARY	100.00	-
	TO CHECK FOR FAULT CODE AND RE SET ELECTRICAL SYSTEM.		280.00	120.00
	TO CHECK WIRING.		100.00	30.00
	TO RE SEAL ANTI RUST.		100.00	40.00
			4,530.00	2,480.00
<b>GRAND TOTAL</b>			<b>18,472.65</b>	<b>9,189.70</b>

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>7,350.00</b>
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MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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 ..... 05/10/2022 17:05 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 04/10/2022 17:00 (SGT)  
Exact Location of Accident ..... Near 195 Kim Keat Ave, Singapore 310195  
Additional Location Information ..... PIE Changi before Upper Serangoon Exit  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKE7697L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Teo Hock Chye  
NRIC No ..... S6804233Z  
Email Address ..... teoklbrandon@gmail.com  
Mobile Phone No ..... (Phone) +65-96455895  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mini  
Model ..... Cooper  
Variant ..... 1.6 AT ABS D/AIRBAG 2WD 3DR  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... Singapore Life Ltd  
Policy Number / Cover Note Number ..... 11123559

### DRIVER

Name of Driver ..... Teo Kah Lok Brandon  
NRIC No ..... S9644992E  
Date Of Birth ..... 07/12/1996  
Occupation ..... Indoor

Date Of Driving Pass .....	16/06/2021
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96455895
Alt. Phone Number .....	-
Email Address .....	teoklbrandon@gmail.com
Address .....	22 Ghim Moh Link
Address complement .....	#22-210 Singapore
Postcode .....	271022
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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 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 .....	GBB329T
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBH5423P
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SNF5870A
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	Teo Kah Lok Brandon
Gender .....	Male
Phone No .....	(Phone) +65-96455895
Address .....	22 Ghim Moh Link
Address Complement .....	#22-210 Singapore
Post Code .....	271022
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-



# 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*

Policyholder's Signature / Date & Time

Sketch Plan

*[Signature]*

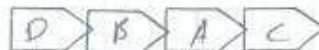
Driver's Signature (If driver is not the policyholder) / Date & Time

PIE (CHANGI) BEFORE UPP SERANGOON EXIT

*Law Yi Ting*

Witnessed by Reporting Centre Personnel

A: SKE7697L  
B: GBB329T  
C: GBH5423P  
D: SNF5870A



## Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE (CHANGI) BEFORE UPP SERANGOON EXIT. VEHICLE C IN FRONT OF ME JAMMED BRAKE AND I BRAKED AND STOPPED AS WELL. SUDDENLY, WHILE MY VEHICLE WAS STILL STATIONARY VEHICLE B REAR ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO COLLIDE WITH VEHICLE C. AFTER I ALIGHTED FROM MY VEHICLE I REALISED I WAS INVOLVED IN A 4-CAR COLLISION.


## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
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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### INSPECTION







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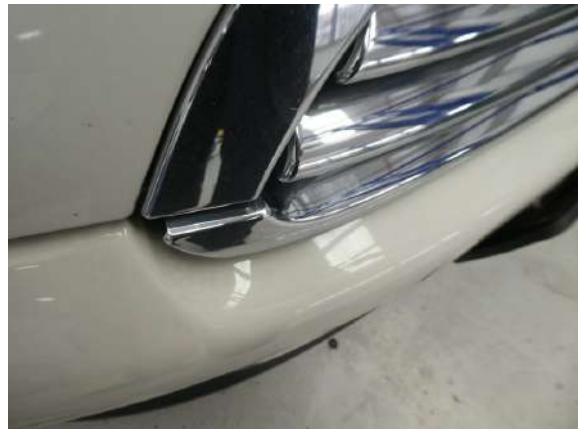
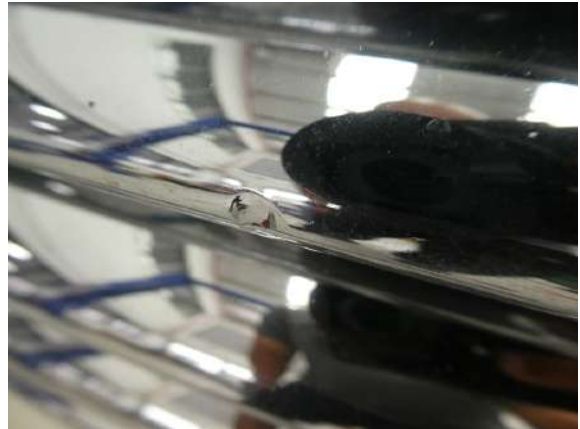


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### RE-INSPECTION







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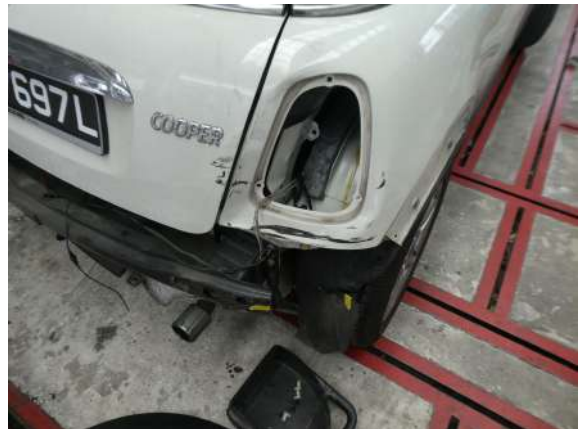


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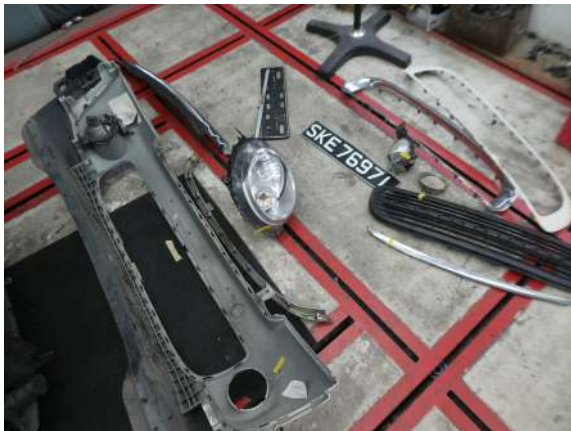


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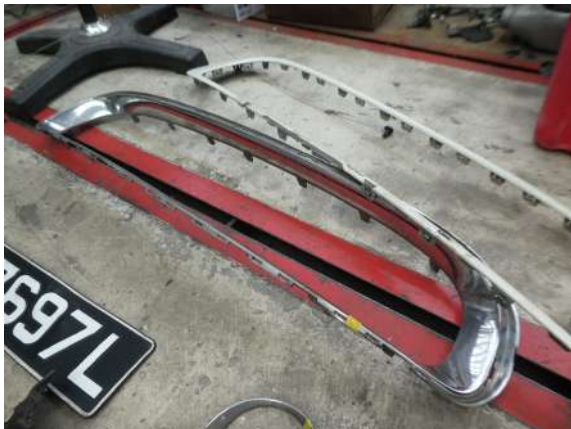


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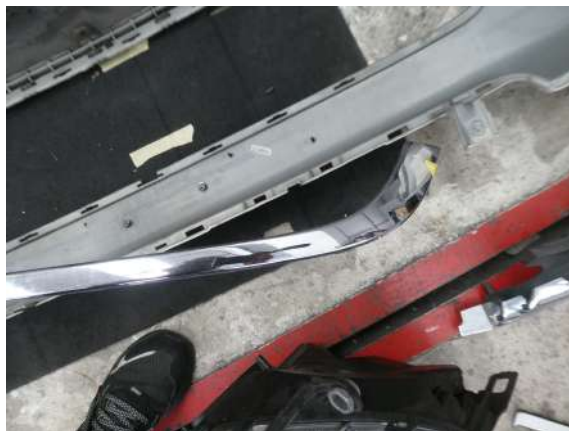
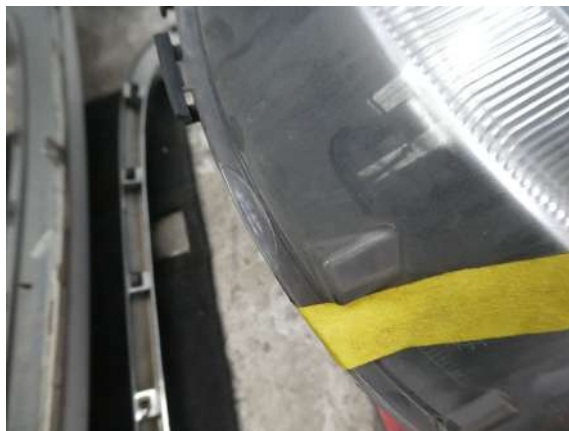


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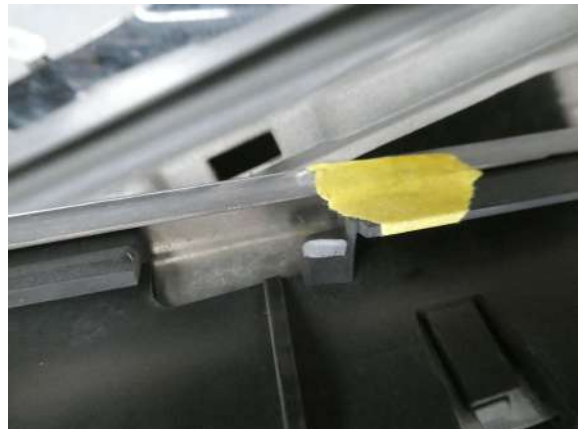


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### PHOTOGRAPHS FOR VEHICLE NO. SKE 7697L

### RE-INSPECTION

