



## 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. AC2206708

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

INV Date 01/11/2022  
Reference CS/EQI22010212/Uvy3e2  
Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SNC 6710M  
Insured Veh. SND 5158J  
Claim No. DM22HO01776/JT  
Policy No. DMPPHQ22-005817  
Accident Date 11/10/2022  
Inspection Date 18/10/2022

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (7%)</b>	<b>11.20</b>
<b>Grand Total</b>	<b>171.20</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/EQI22010212/Uvy3e2 Date: 01/11/2022  Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SND 5158J	Veh. Inspected	SNC 6710M
Policy No.	DMPPHQ22-005817	Coverage (\$)	0.00
Claim No.	DM22HO01776/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	14/10/2022
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA WISH (A)	c.c	1794
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JTDER12WX03001285	Colour	SILVER
Odometer	154740 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	195/65 R15	CONTINENTAL	6 mm
L/H Front Tyre	195/65 R15	CONTINENTAL	6 mm
R/H Rear Tyre	195/65 R15	CONTINENTAL	6 mm
L/H Rear Tyre	195/65 R15	CONTINENTAL	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	11/10/2022	Inspection Date	18/10/2022
Survey held at	T K LEE AUTOMOTIVE PTE LTD NO. 1 KAKI BUKIT AVE 6 #02-47 AUTOBAY SINGAPORE 417883		
<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:		4 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SNC 6710M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	TAILGATE	TO REPAIR SEE LABOUR	1,485.90	-
1	TAILGATE LOGO	NOT NECESSARY	86.50	-
1	TAILGATE INNER LOCK	NOT NECESSARY	481.65	-
1	TAILGATE W/STRIP	NOT NECESSARY	311.45	-
1	TAILLAMP -LH	CRACKED	481.35	481.35
1	REAR BUMPER	DISTORTED	681.90	588.20
1	REAR BUMPER REFLECTOR -LH	CRACKED	89.95	89.95
2	REAR BUMPER BRACKETS -R/L @\$115.00	N/S BENT	230.00	115.00
2	REAR BUMPER SIDE RETAINERS -R/L @\$110.25	N/S BENT	220.50	110.25
1	REAR END PANEL	DENTED	681.90	681.90
1	REAR END PANEL GARNISH	NOT NECESSARY	211.43	-
1	REAR END PANEL INNER MEMBER	TO REPAIR SEE LABOUR	485.60	-
LESS 25% DISCOUNT			-1,362.03	-516.66
			4,086.10	1,549.99
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	45.00	45.00
1	SET REAR REVERSE SENSOR (SN)	SHORTED	450.00	250.00
			495.00	295.00
<b><u>LABOUR</u></b>				
TO CHECK REAR ELECTRICAL WIRING.			50.00	20.00
TO REMOVE & REFIX REAR INTERIOR TRIMS TO ASSIST REPAIR.			120.00	80.00
TO REMOVE,REPLACE REVERSE SENSOR.			60.00	50.00
TO TUFF KOTE.			100.00	30.00
TO PUTTY ,SPRAY PAINT & POLISH AFFECTED PARTS.			1,200.00	700.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PANEL BEAT ,CUT ,WELD ,REMOVE & REPLACE DAMAGED PARTS.INCLUSIVE OF THE REPAIR OF TAILGATE AND REAR END PANEL INNER MEMBER .		1,200.00	800.00
			2,730.00	1,680.00
<b>GRAND TOTAL</b>			<b>7,311.10</b>	<b>3,524.99</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,800.00</b>

Report Ref No. CS/EQI22010212/Uvy3e2

CHUA KANG SENG

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 .....	12/10/2022 10:58 (SGT)
Reported by .....	Driver
Date of Accident .....	11/10/2022 09:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	HOUGANG AVE 6 TWDS HOUGANG AVE 8
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNC6710M
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PH CAR RENTAL
Company Reg No .....	53404411E
Email Address .....	ansin65@gmail.com
Mobile Phone No .....	(Phone) +65-90098538
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
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 hire
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00013442100

### DRIVER

Name of Driver .....	JEAN-CHRISTOPHE LE GUEN
NRIC No .....	S8159911D
Date Of Birth .....	24/07/1981
Occupation .....	Outdoor

Date Of Driving Pass .....	08/12/2021
Driving experience .....	10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82273305
Alt. Phone Number .....	-
Email Address .....	ansin65@gmail.com
Address .....	BLK 307B ANCHORVALE RD
Address complement .....	#03-48
Postcode .....	542307
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	NORHAINI
Gender .....	Female

#### PASSENGER 2

Name .....	SOFIA
Gender .....	Female

#### PASSENGER 3

Name .....	RAYYAN
Gender .....	Male

#### 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

PLS REFER TO TE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SND5158J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM JUN WU MARTIN
NRIC No .....	S9690131C
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

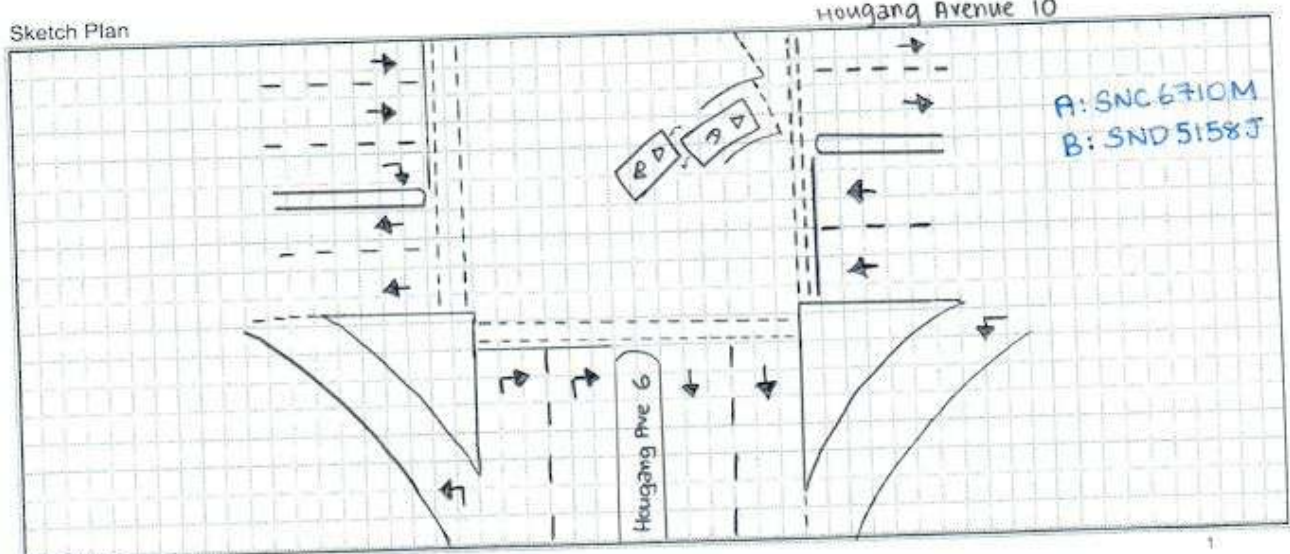
*[Signature]*

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

*[Signature]* 12/10/12

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



vJun2022



## Describe Circumstance of the Accident

I was travelling along Hougang Avenue 6 towards Hougang Avenue 10 on 11/10/2022 at about 9.25am. While turning right towards Hougang Avenue 10, there was pedestrian crossing the road. Therefore I slow down and stopped, suddenly I felt an impact from the rear. I alighted and saw that Vehicle B collided onto the left rear portion of my vehicle. We exchanged particulars and left the scene.

## Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



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### INSPECTION





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### RE-INSPECTION





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