



## 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. AC2206709

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

INV Date 01/11/2022  
Reference CS/EQI22010374/Kny3e2  
Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SMJ 7322T  
Insured Veh. SLG 46P  
Claim No. DM22HO01781/JT  
Policy No. DMPPHQ22-006755  
Accident Date 15/10/2022  
Inspection Date 19/10/2022

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/EQI22010374/Kny3e2 Date: 01/11/2022 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLG 46P	Veh. Inspected	SMJ 7322T
Policy No.	DMPPHQ22-006755	Coverage (\$)	0.00
Claim No.	DM22HO01781/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	18/10/2022
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HONDA SHUTTLE (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	GP72006105	Colour	METALLIC PEARL WHITE
Odometer	39662 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	205/50 R16	HABILEAD	9 mm
L/H Front Tyre	205/50 R16	HABILEAD	9 mm
R/H Rear Tyre	205/50 R16	HABILEAD	9 mm
L/H Rear Tyre	205/50 R16	HABILEAD	9 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	15/10/2022	Inspection Date	19/10/2022
Survey held at	GUAN MOTOR WORKS 176 SIN MING DRIVE #02-03 SIN MING AUTOCARE SINGAPORE 575721		
<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:		3 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMJ 7322T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	BUCKLED	1,050.00	1,050.00
2	REAR BUMPER SIDE RETAINER	CRACKED	244.00	244.00
2	FRONT BUMPER CORNER RETAINER	SERVICEABLE	86.00	-
1	SET REAR BUMPER CLIPS	NECESSARY	40.00	40.00
1	REAR BUMPER INNER REINFORCEMENT	BENT	320.00	320.00
1	FRONT GRILLE	CRACKED	395.00	395.00
1	FRONT GRILLE UPPER CHROME	SERVICEABLE	365.50	-
1	FRONT GRILLE LOWER CHROME	MTG CRACKED	280.70	231.00
1	FRONT GRILLE CENTRE 'H' LOGO	NECESSARY	72.40	72.40
2	HEADLAMP	N/S MTG CRACKED / O/S SERVICEABLE	4,500.00	2,250.00
2	HEADLAMP TOP CHROME	SERVICEABLE	426.00	-
2	HEADLAMP LOWER BRACKET	O/S SERVICEABLE / N/S CRACKED	440.00	116.00
	LESS 20% DISCOUNT		-1,643.92	-943.68
			6,575.68	3,774.72
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT NUMBER PLATE (SN)	SERVICEABLE	50.00	-
			50.00	-
	<b><u>LABOUR</u></b>			
	LABOUR CHARGES FOR REMOVE /REFIT ,CUTTING/WELDING AND REPLACEMENT OF DAMAGES.		600.00	250.00
	TO PUTTY AND SPRAY PAINTING CHARGES.		600.00	220.00
	TO CHECK WIRING AND LIGHTINGS .		40.00	15.00
	TO SUPPLY AND APPLY ANTI RUST TREATMENT.	NOT NECESSARY	50.00	-
			1,290.00	485.00
	<b>GRAND TOTAL</b>		<b>7,915.68</b>	<b>4,259.72</b>



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			<b>3,400.00</b>
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Report Ref No. CS/EQI22010374/Kny3e2

A handwritten signature in black ink, appearing to be 'KSC'.

**KONG SENG CHEONG**

**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 ..... 17/10/2022 16:55 (SGT)  
Reported by ..... Both  
Date of Accident ..... 15/10/2022 17:28 (SGT)  
Exact Location of Accident ..... Rochor Rd, Singapore  
Additional Location Information ..... Rochor Road flyover  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMJ7322T

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Fong Jiancong  
NRIC No ..... S8216253D  
Email Address ..... chivaz\_boyz@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-94577322  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 ..... 1500

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNW00060062200

#### DRIVER

Name of Driver ..... Fong Jiancong  
NRIC No ..... S8216253D  
Date Of Birth ..... 20/06/1982  
Occupation ..... Indoor

Date Of Driving Pass .....	03/09/2003
Driving experience .....	19 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-94577322
Alt. Phone Number .....	-
Email Address .....	chivaz_boyz@yahoo.com.sg
Address .....	Blk 5 #19-05 Tanjong Pagar Plaza
Address complement .....	-
Postcode .....	081005
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) .....	3
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 .....	mother-in-law
Gender .....	Female

#### PASSENGER 2

Name .....	wife
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

refer attached report.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	video with workshop.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLG46P
Vehicle Manufacturer .....	Opel
Vehicle Model .....	Astra
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Moi Siew Ling
NRIC No .....	S6970727J
Contact Number .....	(Phone) +65-90406032
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:

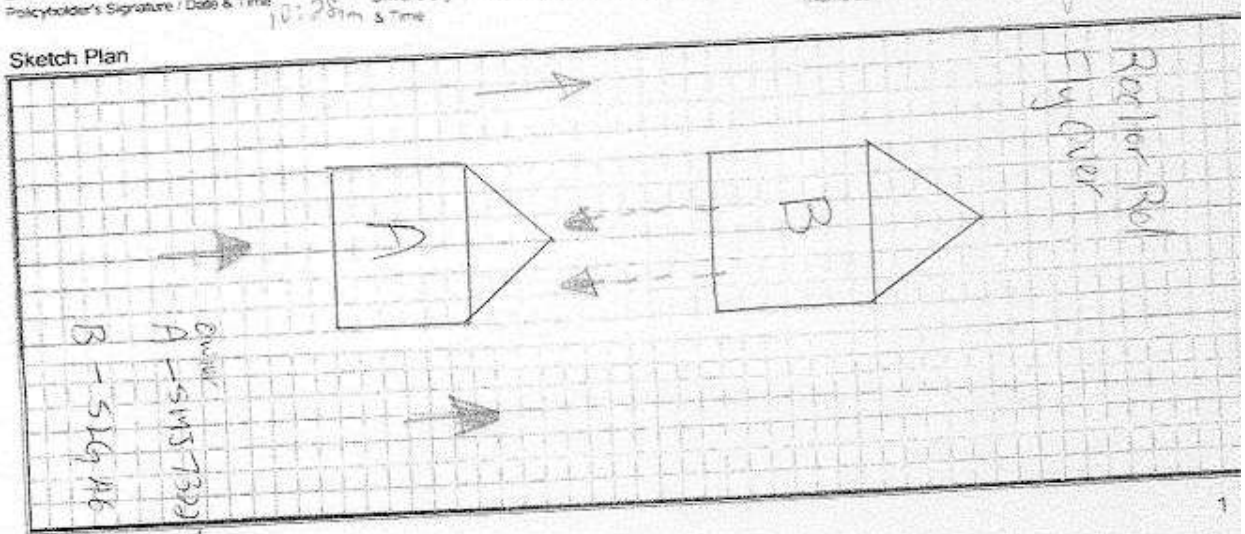
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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 (Name as in NRIC/ID card)

## Sketch Plan







Describe Circumstance of the Accident


on 15/10/22 at 17:28pm at Recher Rd Flyover while stopping  
all the way  
Car B SLG 46P roll back despite I horn her. She did not  
and move forward herself.  
Stop and hit to my front bumper. When she came down  
she claim I hit her back of her car which is not the fact.

Declaration

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

 17/10/22  
Policyholder's Signature / Date & Time  
10:28am

 17/10/22  
Driver's Signature (if driver is not the policyholder) / Date  
& Time  
10:28am

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



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### PHOTOGRAPHS FOR VEHICLE NO. SMJ 7322T

### INSPECTION





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RE-INSPECTION





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