



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. AC2207165

INV Date 21/11/2022

Reference CS/EQI22010462/Dqy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SFJ 7776A

Insured Veh. YQ 3184Y

Claim No. DM22HO01635

Policy No.

Accident Date 20/09/2022

Inspection Date 25/10/2022

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/EQI22010462/Dqy3e2 Date: 21/11/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YQ 3184Y	Veh. Inspected	SFJ 7776A
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO01635	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	21/10/2022
2. Vehicle Particulars & Condition			
Make & Model	HONDA SHUTTLE	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	GK82100942	Colour	WHITE
Odometer	199676 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60 R15	KAPSEN	5 mm
L/H Front Tyre	185/60 R15	KAPSEN	5 mm
R/H Rear Tyre	185/60 R15	KAPSEN	5 mm
L/H Rear Tyre	185/60 R15	KAPSEN	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/09/2022	Inspection Date	25/10/2022
Survey held at	Blk 160, Sin Ming Drive #05-01 Sin Ming Drive		
Repairer	CITY AUTO PTE LTD		
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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SFJ 7776A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BOOT	DENTED	1,193.20	1,193.20
1	REAR BOOT LOCK	SERVICEABLE	256.10	-
1	REAR BOOT EMBLEM -LOGO	NECESSARY	183.20	79.20
1	REAR BOOT EMBLEM -SHUTTLE	NECESSARY	183.20	75.00
1	REAR BOOT RUBBER	SERVICEABLE	168.50	-
1	REAR BUMPER	DISTORTED	1,150.60	1,150.60
1	REAR BUMPER CHROME	CUT	148.50	148.50
2	REAR BOOT LAMP @\$420.60	NOT NECESSARY	841.20	-
2	REAR BUMPER REFLECTOR @\$45.30	NOT NECESSARY	90.60	-
1	REAR BUMPER SENSOR	NOT NECESSARY	400.20	-
	LESS 20% DISCOUNT		-923.06	-529.30
			3,692.24	2,117.20
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER STICKERS (SN)	NECESSARY / DISLODGE	80.00	80.00
1	SEALANT (SN)	NOT NECESSARY	40.00	-
			120.00	80.00
<u>LABOUR</u>				
	TO REMOVE AND REFIT REAR WINDSCREEN GLASS .		120.00	80.00
	TO KNOCK JACKOUT DAMAGED PARTS ,PANEL BEATING ,WELDING ,ALIGN,REFIX AND TO RENEW ACCIDENT PARTS.		800.00	500.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		900.00	400.00
			1,820.00	980.00
GRAND TOTAL			5,632.24	3,177.20

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,550.00
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Report Ref No. CS/EQI22010462/Dqy3e2

ANG BRYAN TANI

Automotive Assessor / Investigator

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	20/09/2022 14:36 (SGT)
Reported by	Both
Date of Accident	20/09/2022 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC JUNCTION OF HOLLAND RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ7776A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENG AI CHOO
NRIC No	SXXXX637B
Email Address	AICHOO59@GMAIL.COM
Mobile Phone No	(Phone) +65-87006232
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114523251-02

DRIVER

Name of Driver	TENG AI CHOO
NRIC No	SXXXX637B
Date Of Birth	16/09/1959
Occupation	Outdoor

Date Of Driving Pass	12/05/1980
Driving experience	42 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87006232
Alt. Phone Number	-
Email Address	AICHO059@GMAIL.COM
Address	50, TOH TUCK ROAD, #02-04
Address complement	-
Postcode	596741
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	Raining
Road Surface	Wet

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	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
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 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	YQ3184Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VIJAYAKUMAR GOVINDARASLI
Contact Number	(Phone) +65-93584015
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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:

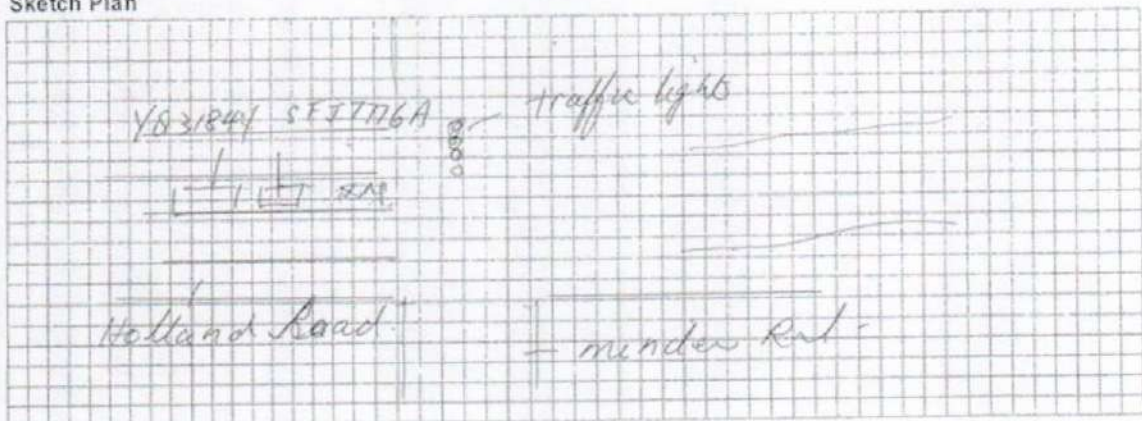
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.


Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

I stopped at Holland Road traffic junction
to wait traffic light to turn green
Vehicle YQ 3184Y just hit from my back.

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Inn
Singapore 575643
Tel: 6453 1235 Fax: 6453 1234
(Claims Section)
Witnessed by Reporting Centre
Personnel



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PHOTOGRAPHS FOR VEHICLE NO. SFJ 7776A

INSPECTION





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RE-INSPECTION





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RE-INSPECTION

