



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. AC2207549

INV Date 07/12/2022

Reference CS/EQI22011270/Uny3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMA 2102S
Insured Veh. GBE 8281C
Claim No. DM22HO01961
Policy No.
Accident Date 09/11/2022
Inspection Date 10/11/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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

SML



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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/EQI22011270/Uny3m4 Date: 07/12/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBE 8281C	Veh. Inspected	SMA 2102S
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO01961	Excess (\$)	0.00
Assign From	JOSEPHINE WONG	Assign Date	10/11/2022
2. Vehicle Particulars & Condition			
Make & Model	BMW 216I GC SPORT (A)	c.c	1499
Engine No.	HIDDEN	Year of Reg.	2022
Chassis No.	WBA32AN0807L00752	Colour	BLACK
Odometer	11689 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/45 R18	YOKOHAMA	6 mm
L/H Front Tyre	225/45 R18	YOKOHAMA	6 mm
R/H Rear Tyre	225/45 R18	YOKOHAMA	6 mm
L/H Rear Tyre	225/45 R18	YOKOHAMA	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/11/2022	Inspection Date	10/11/2022
Survey held at	15 KAKI BUKIT ROAD 4 #01-53 BARTLEY BIZ S417808		
Repairer	ZOOM AUTOWERKS 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. SMA 2102S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT DOOR -RH	BADLY DENTED	1,905.00	1,745.00
1	FRONT DOOR GLASS OUTER MOULDING	NOT NECESSARY	189.00	-
1	FRONT DOOR LOCK	DAMAGED	385.00	385.00
1	FRONT DOOR OUTER HANDLE	CUT	233.00	233.00
1	FRONT DOOR REGULATOR	NOT NECESSARY	345.00	-
1	FRONT DOOR REGULATOR MOTOR	NOT NECESSARY	305.00	-
1	FRONT DOOR SIDE MIRROR	CRACKED	1,212.00	1,080.00
1	FRONT DOOR SIDE MIRROR COVER	MISSING	185.00	185.00
1	FRONT DOOR WEATHERSTRIP	NECESSARY	197.00	197.00
1	CENTRE PILLAR -RH	TO REPAIR SEE LABOUR	1,850.20	-
1	REAR DOOR	BADLY DENTED	1,955.00	1,766.00
1	REAR DOOR CHANNEL	NOT NECESSARY	210.00	-
1	REAR DOOR GLASS OUTER MOULDING	NOT NECESSARY	180.00	-
2	REAR DOOR HINGES	NOT NECESSARY	230.00	-
1	REAR DOOR OUTER HANDLE	NOT NECESSARY	239.00	-
1	REAR DOOR REGULATOR	NOT NECESSARY	345.00	-
1	REAR DOOR REGULATOR MOTOR	NOT NECESSARY	305.00	-
1	REAR DOOR WEATHERSTRIP	NECESSARY	197.00	197.00
	LESS 5% DISCOUNT		-523.36	-289.40
			9,943.84	5,498.60
	<u>LABOUR</u>			
	TO REMOVE, REFIT DOOR FITTINGS AND REPLACE DAMAGED PARTS, TRANSFER ALL FITTINGS TO NEW DOOR.		400.00	120.00
	TO APPLY UNDERCOATING.		150.00	60.00
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF CENTRE PILLAR -RH.		1,600.00	300.00
	TO RE-SPRAY PAINTING ON THE AFFECTED AREAS.		1,500.00	700.00
			3,650.00	1,180.00
	GRAND TOTAL		13,593.84	6,678.60

Report Ref No. CS/EQI22011270/Uny3m4



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			6,000.00
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Report Ref No. CS/EQI22011270/Uny3m4

***NOTE NEWS PARTS REPLACEMENT**

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 10/11/2022 13:28 (SGT)
Reported by Both
Date of Accident 09/11/2022 15:51 (SGT)
Exact Location of Accident 65 Ubi Ave 1, Singapore 408939
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA2102S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIN JINKAI, SETH
NRIC No SXXXX698B
Email Address SETHLIN92@GMAIL.COM
Mobile Phone No (Phone) +65-90999166
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
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 1499

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD22V07380/VPC/R00

DRIVER

Name of Driver LIN JINKAI, SETH
NRIC No SXXXX698B
Date Of Birth 06/02/1992
Occupation Indoor

Date Of Driving Pass	22/09/2010
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90999166
Alt. Phone Number	-
Email Address	SETHLIN92@GMAIL.COM
Address	49 JALAN SELASEH
Address complement	-
Postcode	808463
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	Side Swipe
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)	2
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	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

PLEASE REFER TO SKETCH PLAN ATTACHED

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	GBE8281C
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)	3

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



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

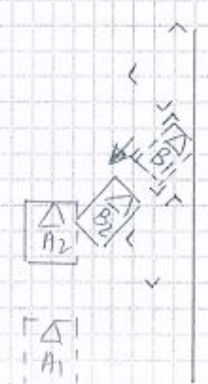


Witnessed by Reporting Officer / Channel
(Name as in NRIC/ID card)

Sketch Plan

Vehicle A: SMA7102S

Vehicle B: GBE82B1C



Describe Circumstance of the Accident

On the stated date & time, I, vehicle A, SHAD025,
was travelling straight along the stated venue. Vehicle B, GB8281C,
suddenly veered out from the carpark lot and collided
onto my vehicle's right portion.

Declaration

I/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
(Name as in NRIC/ID card)





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PHOTOGRAPHS FOR VEHICLE NO. SMA 2102S

INSPECTION





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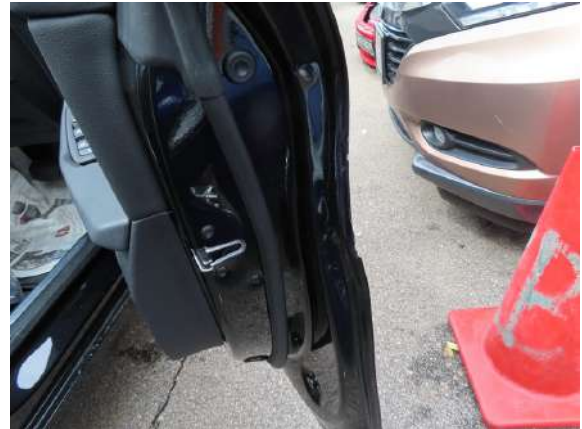


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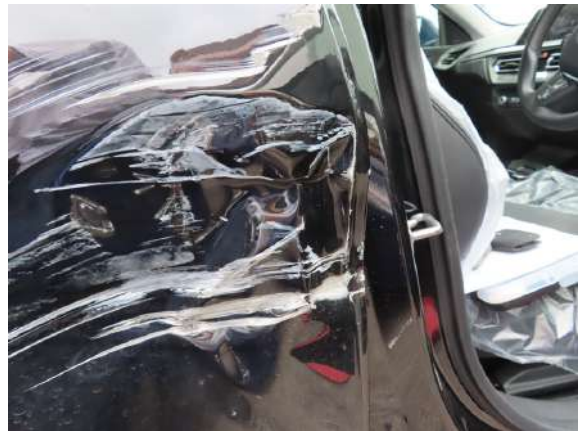
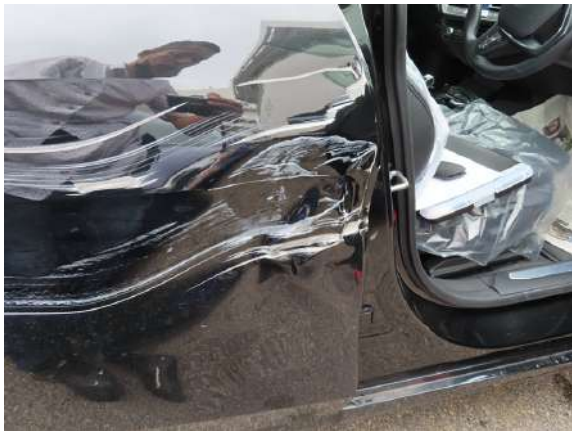
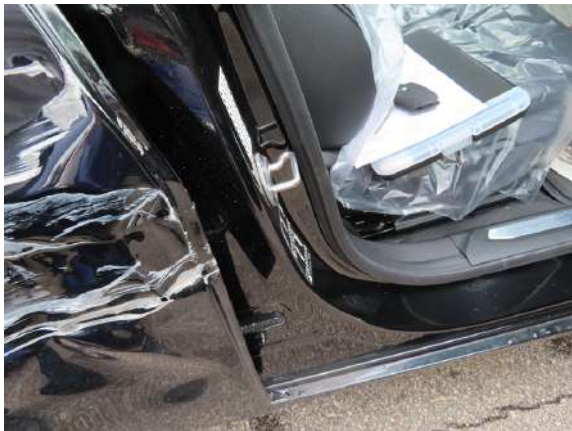


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RE-INSPECTION





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