



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. AC2207653

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

INV Date 12/12/2022
Reference CS/EQI22011743/Uvy3q2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SJE 69H
Insured Veh. GBC 6765Y
Claim No. DM22HO01983/JT
Policy No. DMCPHQ22-000637
Accident Date 16/11/2022
Inspection Date 22/11/2022

Description	Total
Survey Inspection	300.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	300.00
GST (7%)	21.00
Grand Total	321.00

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

LKM



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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/EQI22011743/Uvy3q2 Date: 12/12/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBC 6765Y	Veh. Inspected	SJE 69H	
Policy No.	DMCPHQ22-000637	Coverage (\$)	0.00	
Claim No.	DM22HO01983/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	22/11/2022	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ C200 COUPE (A)	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	WDD2053422F642523	Colour	WHITE	
Odometer	63840 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	PIRELLI	6 mm	
L/H Front Tyre	225/45 R18	PIRELLI	6 mm	
R/H Rear Tyre	245/40 R18	PIRELLI	6 mm	
L/H Rear Tyre	245/40 R18	PIRELLI	6 mm	
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information				
Accident Date	16/11/2022	Inspection Date	22/11/2022	
Survey held at	AUTOBAY PTE LTD NO. 1 KAKI BUKIT AVE 6 #02-11 SINGAPORE 417883			
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. SJE 69H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BOOTLID	NOT NECESSARY	2,290.00	-
1	REAR BOOTLID LOCK	NOT NECESSARY	590.00	-
1	REAR BOOTLID EMBLEM 'C200'	NOT NECESSARY	165.00	-
1	REAR BOOTLID OUTER LOCK C/W 'BENZ'	NOT NECESSARY	735.00	-
1	REAR BOOTLID LAMP (LED) -RH	CRACKED	890.20	610.00
1	REAR BOOT RUBBER	NOT NECESSARY	280.00	-
1	REAR BUMPER	TORN	2,795.90	1,915.32
1	REAR BUMPER REFLECTOR -RH (BOTTOM)	CRACKED	145.00	125.00
1	REAR BUMPER COVER GRILLE -RH (SIDE)	NOT NECESSARY	165.00	-
3	REAR BUMPER SENSOR @\$295.00	NOT NECESSARY	885.00	-
1	REAR BUMPER SENSOR WIRING HARNESS	NOT NECESSARY	396.60	-
1	REAR BUMPER LOWER GARNISH	NOT NECESSARY	965.20	-
1	REAR BUMPER LOWER SPOILER	NOT NECESSARY	845.00	-
1	REAR BUMPER EXHAUST BRACKET CHROME COVER - RH	NOT NECESSARY	265.10	-
1	REAR BUMPER EXHAUST CHROME COVER -RH	NOT NECESSARY	320.40	-
2	REAR BUMPER NUMBER PLATE LAMP @\$55.00	NOT NECESSARY	110.00	-
1	REAR BUMPER CENTRE BRACKET	NOT FITTED	320.90	-
1	REAR BUMPER SIDE RETAINER -RH	CRACKED	192.10	181.00
1	REAR BUMPER REINFORCEMENT BAR	BENT	790.90	790.90
1	REAR BUMPER KEYLESS SENSOR	NOT NECESSARY	930.10	-
1	REAR LAMP -RH (LED)	CRACKED	990.40	910.00
1	REAR FENDER LAMP LOWER BRACKET -RH	CRACKED	210.20	162.00
1	REAR LAMP PANEL -RH	TO REPAIR SEE LABOUR	320.90	-
1	REAR FENDER INNER TRIM -RH	NOT NECESSARY	690.30	-
1	REAR FENDER INNERSHIELD -RH (REAR)	NOT NECESSARY	298.20	-
1	REAR FENDER INNERSHIELD -RH (FRONT)	NOT NECESSARY	265.10	-
1	REAR FENDER INNER AIR VENT	NOT NECESSARY	132.10	-
1	REAR FENDER CONTROL UNIT COMPLETE (REMOTE TRUNK RELEASE)	NOT NECESSARY	1,109.90	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR FENDER CONTROL UNIT COMPLETE (KEYLESS GO SENSOR)	NOT NECESSARY	1,890.40	-
2	REAR EXHAUST PIPE MOULDING @\$28.00 (SN)	NOT NECESSARY	56.00	-
	LESS 10% DISCOUNT		-1,998.49	-469.42
			18,042.41	4,224.80
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER CLIPS (SN)	NECESSARY	100.00	60.00
1	REAR BUMPER LOWER GARNISH CLIPS (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER LOWER SPOILER CLIPS (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER EXHAUST CHROME COVER CLIPS (SN)	NOT NECESSARY	50.00	-
			250.00	60.00
	<u>LABOUR</u>			
	TO CHECK ELECTRICAL WIRING ,RECTIFY AND CHECK FUNCTIONS.		100.00	20.00
	TO REMOVE AND REFIX REAR FENDER GLASS .	NOT NECESSARY	100.00	-
	TO REMOVE AND TRANSFER BOOT LID COMPONENTS /PARTS.	NOT NECESSARY	120.00	-
	TO REMOVE AND REPLACE INTERIOR UPHOLSTERY AND INNER TRIM .		180.00	80.00
	TO REFIX AND REPLACE REVERSE SENSOR AND REVERSE CAMERA.		180.00	50.00
	TO REMOVE ,REPAIR AND REFIX REAR EXHAUST BOX /SILENCER AND MOUNTINGS.	NOT NECESSARY	200.00	-
	TO CARRY OUT DIAGNOSTIC /SCANNING ,RESETING AND REPROGRAMME AND CLEAR FAULT CODES.	NOT NECESSARY	200.00	-
	TO RESPRAY UNDERCOATING /RUST PROOFING AFFECTED AREAS .	NOT NECESSARY	120.00	-
	TO PUTTY ,RESPRAY PAINTING ,POLISH AFFECTED AREAS ETC.		1,000.00	400.00
	PANEL BEATING ,STRAIGHTEN ,CUT ,WELD ,REMOVE ,REFIT AND REPLACING ABOVE PARTS.INCLUSIVE OF THE REPAIR OF REAR LAMP PANEL -RH .		1,500.00	420.00
			3,700.00	970.00
GRAND TOTAL			21,992.41	5,254.80

Report Ref No. CS/EQI22011743/Uvy3q2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,200.00
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Report Ref No. CS/EQI22011743/Uvy3q2

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	17/11/2022 18:28 (SGT)
Reported by	Both
Date of Accident	16/11/2022 16:00 (SGT)
Exact Location of Accident	29 Kian Teck Dr, Singapore 628846
Additional Location Information	29 KIAN TECK DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE69H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH TONG LIANG
NRIC No	S7907587F
Email Address	IVANKOH79@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97637388
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
Variant	MERCEDES BENZ C200 COUPE
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00074642203

DRIVER

Name of Driver	KOH TONG LIANG
NRIC No	S7907587F
Date Of Birth	14/03/1979
Occupation	Indoor

Date Of Driving Pass	24/09/1998
Driving experience	24 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97637388
Alt. Phone Number	-
Email Address	IVANKOH79@HOTMAIL.COM
Address	1037 SERANGOON ROAD #04-07
Address complement	-
Postcode	328170
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

ON 16/11/2022 AT ABOUT 1300HRS, I PARKED MY VEHICLE (REGN NO: SJE69H) INFRONT OF MY WAREHOUSE AT 29 KIAN TECK DRIVE.

AT ABOUT 1600HRS, ONE OF MY STAFF CAME INTO MY OFFICE TO INFORM ME THAT A LORRY (REGN NO: GBC6765Y) HAD COLLIDED INTO THE REAR RIGHT PORTION OF MY STATIONARY VEHICLE (SJE69H) WHILE REVERSING HIS LORRY OUT OF MY PREMISES. AS A RESULT OF THE ACCIDENT, THE REAR BUMPER AND RIGHT TAILLAMP AREA WERE DAMAGED. WHILST THE REAR TAILGATE AREA OF GBC6765Y WAS DAMAGED. FORTUNATELY NO ONE WAS INJURED.

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	GBC6765Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHAN CHYE WAT
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	ALI
Phone	-
Email	-

SKETCH PLAN

IMPORTANT NOTICE

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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.
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

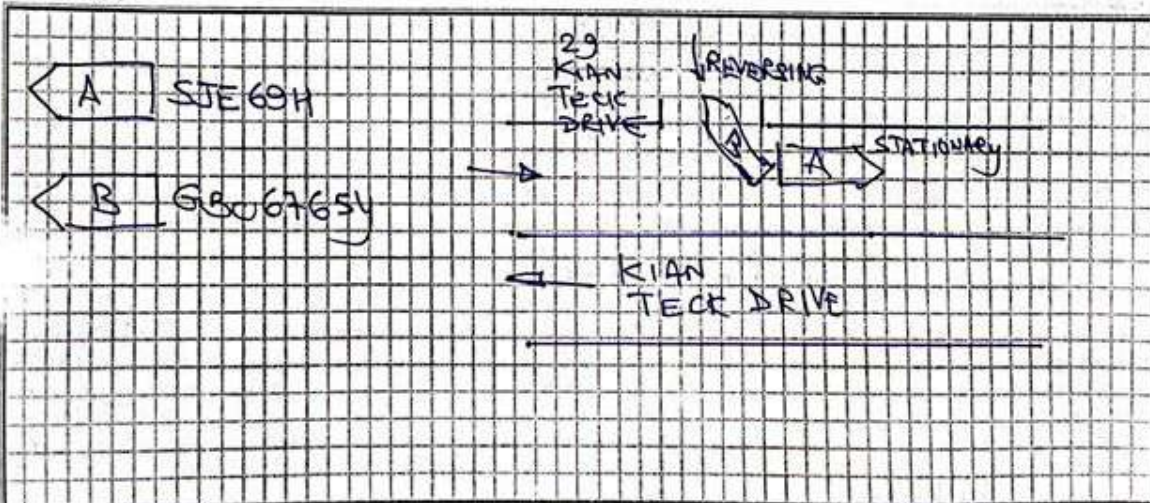
[Signature]
17/11/22
1700 Hrs

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

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



Sketch Plan



vJun2022

Describe Circumstance of the Accident

ON 16/11/2022 AT ABOUT 1300HRS, I PARKED MY VEHICLE (REGN NO: SJE 69H) IN FRONT OF MY WAREHOUSE AT 29 KIAN TECK DRIVE.

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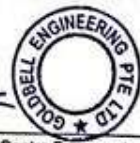
Declaration
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

17/11/22
1700hrs

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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CS Scanned with CamScanner



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PHOTOGRAPHS FOR VEHICLE NO. SJE 69H

INSPECTION





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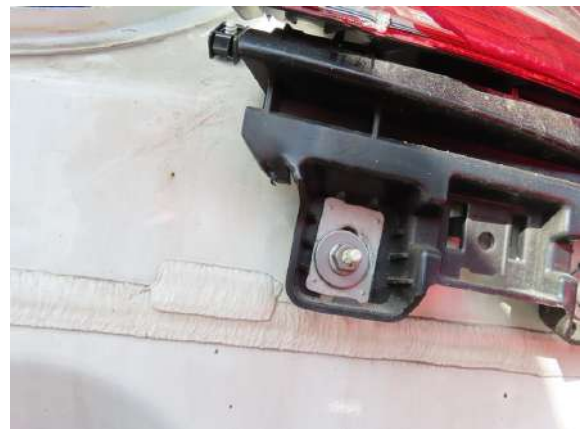


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RE-INSPECTION





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RE-INSPECTION

