



## 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. AC2300554

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

INV Date 31/01/2023  
Reference CS/EQI22011966/Awy3e2  
Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SML 1883U  
Insured Veh. GBK 31D  
Claim No. DM22HO02066  
Policy No. DMCPHQ22-003691  
Accident Date 27/11/2022  
Inspection Date 30/11/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>230.00</b>
<b>GST (8%)</b>	<b>18.40</b>
<b>Grand Total</b>	<b>248.40</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/EQI22011966/Awy3e2 Date: 31/01/2023 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBK 31D	Veh. Inspected	SML 1883U
Policy No.	DMCPHQ22-003691	Coverage (\$)	0.00
Claim No.	DM22HO02066	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	29/11/2022
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA NOAH HYBRID	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	ZWR800343364	Colour	WHITE
Odometer	238956 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	205/55 R16	PIRELLI	6 mm
L/H Front Tyre	205/55 R16	PIRELLI	6 mm
R/H Rear Tyre	205/55 R16	PIRELLI	6 mm
L/H Rear Tyre	205/55 R16	PIRELLI	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	27/11/2022	Inspection Date	30/11/2022
Survey held at	GREEN FOREST AUTOMOBILE 8 KAKI BUKIT AVENUE 4 #05-25 PREMIER @ KAKI BUKIT SINGAPORE 415875		
<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:		6 Working Days	



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SML 1883U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BOOT LID	DENTED	1,774.20	1,774.20
1	REAR BOOT LID HYBRID LOGO	NECESSARY	40.00	40.00
1	REAR BOOT LID LOCK	DAMAGED	385.10	385.10
1	REAR BOOT LID CENTER MOULDING	CRACKED	315.00	315.00
6	REAR BOOT LID CENTER MOULDING CLIPS @\$6.50	NECESSARY	39.00	20.00
1	REAR BOOT LID WEATHERSTRIP	CUT	285.00	285.00
1	REAR BOOT LID EMBLEM LOGO	NOT NECESSARY	75.00	-
1	REAR BOOT LID NUMBER PLATE	NOT NECESSARY	50.00	-
2	REAR BOOT LID NUMBER PLATE LAMP @\$58.50	NOT NECESSARY	117.00	-
1	REAR BOOT LID INNER RUBBER	REPEATED	265.00	-
1	REAR BOOT LID INNER TRIM BOARD	NOT NECESSARY	552.10	-
1	REAR WINDSCREEN SEAL	NECESSARY	215.30	215.30
2	BOOT LID SIDE REFLECTOR @\$215.00	NOT NECESSARY	430.00	-
1	REAR BUMPER	DEFORMED	1,455.00	986.00
1	REAR BUMPER TOWING COVER	NOT NECESSARY	68.00	-
2	REAR BUMPER SIDE REFLECTOR @\$85.00	NOT NECESSARY	170.00	-
2	REAR BUMPER SIDE BRACKET @\$155.00	NOT NECESSARY	310.00	-
2	REAR BUMPER SIDE RETAINER @\$135.00	NECESSARY	270.00	140.00
2	REAR BUMPER MUD SHIELD @\$155.00	NOT NECESSARY	310.00	-
8	REAR BUMPER CLIPS	NECESSARY	50.00	30.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	658.00	-
1	REAR BUMPER REVERSE SENSOR	NOT NECESSARY	350.00	-
1	REAR BOOT LID INNER TRIM BOARD HANDLE	NOT NECESSARY	168.00	-
1	REAR LOWER BUMPER	NOT NECESSARY	485.00	-
1	ANTENNA ELECTRICAL KEY	CRACKED	425.00	146.00
1	END PANEL	DENTED	783.20	783.20
1	END PANEL TOP GARISH	DEFORMED	258.20	258.20
1	REAR SPARE TIRE PANEL TOP SPONGE	NOT NECESSARY	265.30	-
1	REAR SPARE TIRE PANEL TOP COVER	CRACKED	485.20	485.20
1	REAR SPARE TIRE PANEL SEALANT	NOT NECESSARY	250.00	-

Report Ref No. CS/EQI22011966/Awy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,025.00	-
	LESS 25% DISCOUNT		-	-1,465.80
			12,328.60	4,397.40
	<b><u>LABOUR</u></b>			
	TO REMOVE & RE-FIX CUSHION.		120.00	60.00
	TO REMOVE & REFIX REAR WINDSCREEN.		120.00	120.00
	GUM.		50.00	50.00
	TO REMOVE & REFIX REAR REVERSE SENSOR.		120.00	50.00
	TO CHECK WIRING SYSTEM.		80.00	30.00
	TUFF KOTE.		120.00	60.00
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		1,400.00	1,000.00
	SPRAY PAINTING.		1,400.00	1,000.00
			3,410.00	2,370.00
	<b>GRAND TOTAL</b>		<b>15,738.60</b>	<b>6,767.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>5,400.00</b>

Report Ref No. CS/EQI22011966/Awy3e2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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 ..... 29/11/2022 16:23 (SGT)  
Reported by ..... Both  
Date of Accident ..... 27/11/2022 10:26 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE (AFTER BEDOK EXIT - TOWARDS CHANGI AIRPORT)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML1883U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DDMS Production  
Company Reg No ..... 5XXXX009A  
Email Address ..... DANIELNGOU@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90052761  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... CV00001520529

### DRIVER

Name of Driver ..... DING MING SOON  
NRIC No ..... SXXXX225H  
Date Of Birth ..... 17/06/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	07/09/2001
Driving experience .....	21 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90052761
Alt. Phone Number .....	-
Email Address .....	DANIELNGOU@GMAIL.COM
Address .....	601B TAMPINES AVENUE 9
Address complement .....	10-830
Postcode .....	522601
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER OF THE COMPANY
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 .....	Chain Collision
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	LYAAS
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? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK31D
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBE6978P
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	DING MING SOON
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	2 DAYS MC
Injured person in which vehicle? .....	SML1883U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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

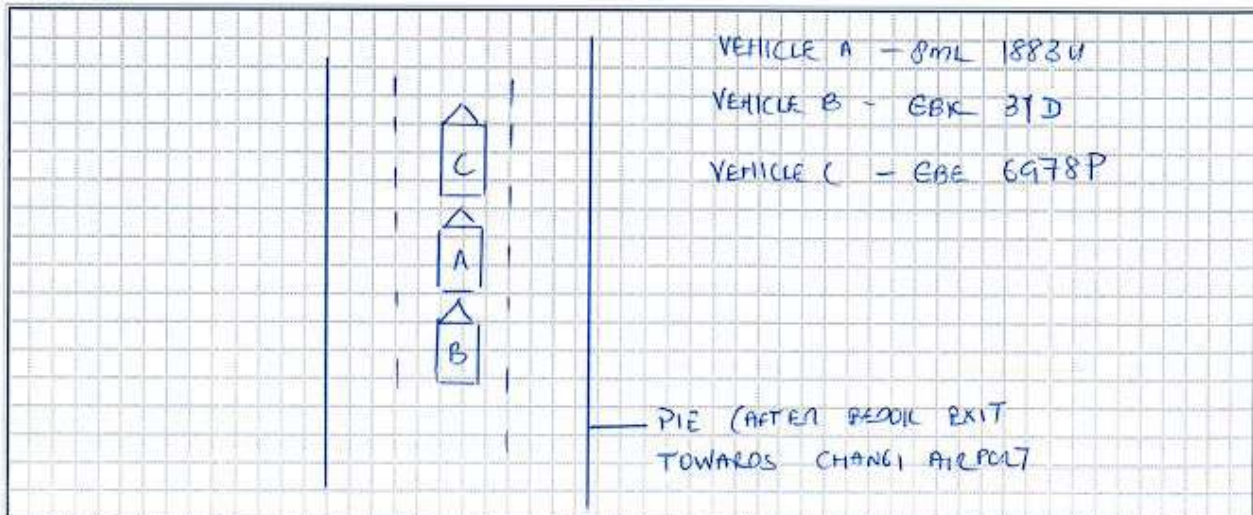
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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 21/NOV/2022 @ 1006 HRS, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI AIRPORT. JUST AFTER BEOK EXIT, I SAW THE VAN (VEHICLE C) HAD BRAKED AND I FOLLOWED SUIT.

ALL OF A SUDDEN, I FELT A HUGE IMPACT TO THE REAR OF MY CAR (VEHICLE A). I REALISED A VAN (VEHICLE B) HAD HIT MY CAR (VEHICLE A). I FELT PAIN IN MY BACK AND NECK. I WILL SEEING THE DOCTOR LATER

## 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

A long, vertical handwritten signature in blue ink.



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



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### PHOTOGRAPHS FOR VEHICLE NO. SML 1883U

### INSPECTION





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PHOTOGRAPHS FOR VEHICLE NO. SML 1883U

RE-INSPECTION





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