



## 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. AC2303616

INV Date 08/06/2023

Reference CS/EQI22011988/Kny3m4

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SLB 4822R

Insured Veh. GBD 8605H

Claim No. DM22HO02080

Policy No.

Accident Date 28/11/2022

Inspection Date 28/12/2022

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

**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/EQI22011988/Kny3m4 Date: 08/06/2023 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GBD 8605H	Veh. Inspected	SLB 4822R	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM22HO02080	Excess (\$)	0.00	
Assign From	JOSEPHINE WONG	Assign Date	30/11/2022	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	JAGUAR XE (A)	c.c	1999	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	SAJAB4AG4GA914405	Colour	WHITE	
Odometer	139931 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	235/40 ZR19	FALKEN	8 mm	
L/H Front Tyre	235/40 ZR19	FALKEN	8 mm	
R/H Rear Tyre	265/35 ZR19	FALKEN	7 mm	
L/H Rear Tyre	265/35 ZR19	FALKEN	7 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	28/11/2022	Inspection Date	28/12/2022	
Survey held at	LIM TAN MOTOR PTE LTD BLK 176 SIN MING DRIVE #03-09 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. SLB 4822R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	MTG CRACKED	5,300.00	2,120.00
1	FRONT BUMPER REINFORCEMENT	BENT	1,200.00	1,012.00
1	FRONT NO PLATE GARNISH	SERVICEABLE	105.00	-
1	FRONT GRILLE	CRACKED	535.00	535.00
1	N/S HEAD LAMP	CRACKED	4,990.00	3,949.00
1	FRONT SUPPORT PANEL	TO REPAIR SEE LABOUR	1,850.00	-
	LESS 10% DISCOUNT		-1,398.00	-761.60
			12,582.00	6,854.40
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT NO PLATE (SN)	DENTED	40.00	40.00
			40.00	40.00
	<b><u>LABOUR</u></b>			
	TO PUTTY & SPRAY PAINT.		1,200.00	500.00
	TO CHECK FRONT WIRING & FOCUS HEAD LIGHTS.		30.00	20.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF FRONT SUPPORT PANEL.		800.00	400.00
			2,030.00	920.00
<b>GRAND TOTAL</b>			<b>14,652.00</b>	<b>7,814.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>6,250.00</b>

Report Ref No. CS/EQI22011988/Kny3m4

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	29/11/2022 12:16 (SGT)
Reported by	Both
Date of Accident	28/11/2022 16:00 (SGT)
Exact Location of Accident	11 Rosewood Dr, Singapore 737939
Additional Location Information	11 ROSEWOOD DRIVE CAR PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4822R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG GIM NAM
NRIC No	S7207911F
Email Address	ANGGNE@GMAIL.COM
Mobile Phone No	(Phone) +65-91813972
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
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	2000

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01005723

#### DRIVER

Name of Driver	ANG GIM NAM
NRIC No	S7207911F
Date Of Birth	04/03/1972
Occupation	Indoor

Date Of Driving Pass	18/01/1990
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91813972
Alt. Phone Number	-
Email Address	ANGGNE@GMAIL.COM
Address	11 ROSEWOOD DRIVE #13-24
Address complement	-
Postcode	737939
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?	Yes
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

#### REFER TO SKETCH PLAN

#### 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	GBD8605H
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)	-

Describe Circumstance of the Accident

At the material date & time my guide house security called me to informed my car got Vch B hit asked me to get down I check back my car camera Vch B slide into my car at the moment my car is park at my car park lot.

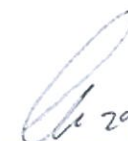
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Declaration

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

  
29/11/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) QUEK ZIXIANG

1701461014

- [illegible]

2017年12月15日 星期五

[illegible]





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### PHOTOGRAPHS FOR VEHICLE NO. SLB 4822R

### INSPECTION





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RE-INSPECTION







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**PHOTOGRAPHS FOR VEHICLE NO. SLB 4822R**

**RE-INSPECTION**

