



## 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. AC2300503

INV Date 26/01/2023

Reference CS/EQI22012253/Aqy3m4

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SND 8546C

Insured Veh. GBD 6973H

Claim No. DM22HO02125/JT

Policy No. DMCPHQ22-001767

Accident Date 05/12/2022

Inspection Date 07/12/2022

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/EQI22012253/Aqy3m4 Date: 26/01/2023 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GBD 6973H	Veh. Inspected	SND 8546C	
Policy No.	DMCPHQ22-001767	Coverage (\$)	0.00	
Claim No.	DM22HO02125/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	07/12/2022	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA VEZEL	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2022	
Chassis No.	RV31002954	Colour	WHITE	
Odometer	31158 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	215/55 R17	YOKOHAMA	6 mm	
L/H Front Tyre	215/55 R17	YOKOHAMA	6 mm	
R/H Rear Tyre	215/55 R17	YOKOHAMA	6 mm	
L/H Rear Tyre	215/55 R17	YOKOHAMA	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/12/2022	Inspection Date	07/12/2022	
Survey held at	HD PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, 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:			4 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SND 8546C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR DOOR RH	DENTED	1,351.00	1,280.00
1	REAR DOOR LOWER GARNISH RH	DEFORMED	286.00	286.00
1	REAR DOOR WHEEL ARCH GARNISH RH	DEFORMED	86.00	86.00
2	REAR DOOR HINGE RH @\$55.00	NOT NECESSARY	110.00	-
1	REAR DOOR INNER LOCK RH	DAMAGED	385.00	385.00
1	REAR DOOR LOCK CATCHER RH	NOT NECESSARY	25.00	-
1	REAR DOOR INNER TRIM RH	CRACKED	725.00	580.00
1	REAR DOOR WEATHER STRIP RH	CUT	145.00	145.00
1	REAR DOOR POWER WINDOW MOTOR C/W REGULATOR RH	DAMAGED	490.00	355.00
1	REAR DOOR OUTER STRIP RH	NOT NECESSARY	110.00	-
1	REAR DOOR STICKER (BLACK) RH	NECESSARY	105.00	105.00
1	REAR DOOR FRAME WEATHER STRIP RH	NOT NECESSARY	170.00	-
1	REAR FENDER RH	TO REPAIR SEE LABOUR	896.30	-
1	REAR FENDER COWLING RH	NOT NECESSARY	150.20	-
1	REAR FENDER ARCED GARNISH RH	CUT	184.70	184.70
1	REAR ABS SENSOR RH	NOT NECESSARY	430.00	-
1	REAR AXLE	NOT NECESSARY	1,670.00	-
1	REAR SHOCK ABSORBER RH	NOT NECESSARY	398.00	-
1	REAR WHEEL HUP COME WITH BEARING RH	DAMAGED	435.00	365.00
2	REAR BUMPER SIDE RETAINER @\$57.00	NOT NECESSARY	114.00	-
	LESS 20% DISCOUNT		-1,653.24	-754.34
			6,612.96	3,017.36
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR DOOR LOWER GARNISH CLIP RH (SN)	NECESSARY	80.00	20.00
1	SET REAR DOOR WHEEL ARCH GARNISH CLIP RH (SN)	NECESSARY	80.00	20.00
1	SET REAR DOOR INNER TRIM CLIP RH (SN)	NECESSARY	80.00	30.00
1	REAR FENDER SEALANT (SN)	NOT NECESSARY	180.00	-
1	SET REAR FENDER COWLING CLIP (SN)	NOT NECESSARY	80.00	-
1	SET REAR FENDER ARCED GARNISH CLIP LH (SN)	NECESSARY	80.00	20.00

Report Ref No. CS/EQI22012253/Aqy3m4



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR WHEEL RIM LH (SN)	CUT	1,200.00	550.00
1	REAR WHEEL TYRE LH (SN)	NOT NECESSARY	450.00	-
1	BRAKE OIL (SN)	NOT NECESSARY	40.00	-
			2,270.00	640.00
	<b>LABOUR</b>			
	PANEL BEATING, REMOVAL AND REPLACING PARTS. INCLUSIVE OF THE REPAIR OF REAR FENDER RH.		1,800.00	300.00
	TO SPRAY PAINT AFFECTED AREA.		1,400.00	600.00
	TUFF COAT.		250.00	30.00
	WIRING CHECK.		120.00	30.00
	REFOCUS HEADLAMP BEAM.	NOT NECESSARY	80.00	-
	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR.	NOT NECESSARY	350.00	-
	TRANSFER REAR DOOR MECHANISM LH.		80.00	80.00
	REMOVE AND REFIX REAR UNDERCARRIAGE.		650.00	60.00
	TO PRESS REAR WHEEL BEARING.	NOT NECESSARY	80.00	-
	FOUR WHEEL ALIGNMENT.		120.00	80.00
	TO CHECK DIAGNOSTIC OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	NOT NECESSARY	180.00	-
			5,110.00	1,180.00
<b>GRAND TOTAL</b>			<b>13,992.96</b>	<b>4,837.36</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>3,850.00</b>

Report Ref No. CS/EQI22012253/Aqy3m4

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 .....	06/12/2022 17:24 (SGT)
Reported by .....	Both
Date of Accident .....	05/12/2022 23:25 (SGT)
Exact Location of Accident .....	Keong Saik Rd., Singapore
Additional Location Information .....	KEONG SAIK ROAD TOWARDS KRETA AYER ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SND8546C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH JUN HAO JASON
NRIC No .....	S9415033G
Email Address .....	JASON.GJH@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96265742
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 hire
Transmission .....	Auto
CC .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5125596862

#### DRIVER

Name of Driver .....	GOH JUN HAO JASON
NRIC No .....	S9415033G
Date Of Birth .....	25/04/1994
Occupation .....	Outdoor

Date Of Driving Pass .....	14/08/2014
Driving experience .....	8 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96265742
Alt. Phone Number .....	-
Email Address .....	JASON.GJH@HOTMAIL.COM
Address .....	137 PETIR ROAD
Address complement .....	07-430
Postcode .....	670137
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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

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 .....	GBD6973H
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


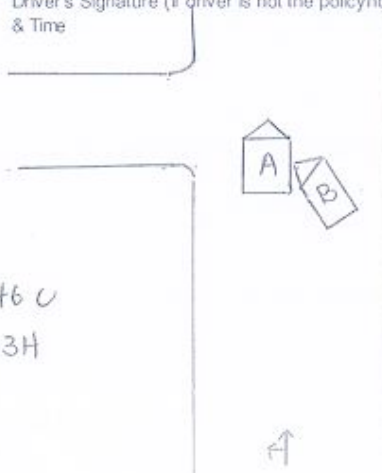
### INJURED 1

Name of injured person .....	GOH JUN HAO JASON
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	2 DAYS MC
Injured person in which vehicle? .....	SND8546C
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.
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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' 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.

<p><i>Person</i></p> <p>_____ Policyholder's Signature / Date &amp; Time</p> <p><b>Sketch Plan</b></p>	<p><i>Person</i></p> <p>_____ Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p></p> <p>_____ Witnessed by Reporting Centre Personnel</p>
		
<p>Vehicle A : JND8546 U Vehicle B : GBD6973H</p>		



## Describe Circumstances of the Accident

On 05.12.2022 at about 23:25 hours along Keong Saik Road towards Kreta Ayer Road, I was travelling straight at the above mentioned location and suddenly, the vehicle (B) on my right hand side directly make a left turn attempting to enter the carpark entrance, hence collided onto the right hand side portion of my vehicle (A).

Vehicle (A): SND 8546C

Vehicle (B): GBD6973H

## 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



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### PHOTOGRAPHS FOR VEHICLE NO. SND 8546C

### INSPECTION





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RE-INSPECTION





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