



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. AC2301977

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

INV Date 30/03/2023
Reference CS/EQI23000403/Rvy3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMT 3140A
Insured Veh. GBG 6991P
Claim No. DM23HO00076/JT
Policy No. DMCPHQ22-003065
Accident Date 09/01/2023
Inspection Date 16/01/2023

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (8%)	18.40
Grand Total	248.40

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/EQI23000403/Rvy3e2 Date: 30/03/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBG 6991P	Veh. Inspected	SMT 3140A	
Policy No.	DMCPHQ22-003065	Coverage (\$)	0.00	
Claim No.	DM23HO00076/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	12/01/2023	
2. Vehicle Particulars & Condition				
Make & Model	JAGUAR XE 2.0 I4D TSS	c.c	1999	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	SAJAB4AN8GA926345	Colour	BLUE	
Odometer	138698 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/35 R19	HEADKING	6 mm	
L/H Front Tyre	245/35 R19	HEADKING	6 mm	
R/H Rear Tyre	245/35 R19	HEADKING	6 mm	
L/H Rear Tyre	245/35 R19	HEADKING	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	09/01/2023	Inspection Date	16/01/2023	
Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.			
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. SMT 3140A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	TRUNK LIP XE (SN)	BENT	1,858.10	1,672.29
1	BUMPER BEAM REAR XE (SN)	NOT NECESSARY	753.50	-
1	COVER-BUMPER REAR (SN)	DEFORMED	1,325.30	1,192.77
1	PANEL-VALANC (SN)	DEFORMED	628.10	565.29
1	TOW COVER REAR XE (SN)	NOT NECESSARY	38.40	-
1	MOUNTING-BRACKET CTR (SN)	CRACKED	120.00	108.00
15	BUMPER NUT XF (SN)	NECESSARY	87.00	78.30
1	CAP-END RH (SN)	NOT NECESSARY	24.80	-
1	CAP-END LH (SN)	NOT NECESSARY	24.80	-
1	MOUNTING-BRACKET RH (SN)	NOT NECESSARY	147.30	-
1	MOUNTING-BRACKET LH (SN)	NOT NECESSARY	147.30	-
1	BADGE REAR "XE" (SN)	NECESSARY	141.00	126.90
1	BADGE (SN)	NECESSARY	258.20	232.38
1	BADGE 20D (SN)	NECESSARY	135.60	122.04
1	LAMP-TAIL RH (SN)	CRACKED	593.40	534.06
1	REAR LAMP FOG RH XE (SN)	CRACKED	443.40	399.06
1	HARNESS REAR BUMPER (SN)	NOT NECESSARY	120.20	-
4	PARKING AID SENSOR R (SN)	NOT NECESSARY	1,297.20	-
			8,143.60	5,031.09
	<u>LABOUR</u>			
	TO REPLACE REAR BUMPER, REAR BOOTLID, REAR VALANCE, BOOTLAMP, TAILLAMP.		3,900.00	2,600.00
	TO SPRAYPAINT ON REAR BUMPER, BOOTLID.		3,000.00	2,000.00
	TO REMOVE, REFIT & TRANSFER REAR BOOTLID COMPONENTS.		650.00	650.00
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		621.00	621.00
			8,171.00	5,871.00
	GRAND TOTAL		16,314.60	10,902.09



RECOMMENDED COST OF REPAIRS			10,902.09
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Report Ref No. CS/EQI23000403/Rvy3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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	10/01/2023 17:06 (SGT)
Reported by	Driver
Date of Accident	09/01/2023 16:02 (SGT)
Exact Location of Accident	Yishun Ave 8, Singapore
Additional Location Information	AFTER SEMBAWANG ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT3140A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO BAN HEE HENRY
NRIC No	S1624843F
Email Address	hiliary.david@hotmail.com
Mobile Phone No	(Phone) +65-96700994
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	1999

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01002088

DRIVER

Name of Driver	HILARY TEO LE YI
NRIC No	S9046653D
Date Of Birth	22/11/1990
Occupation	Indoor

Date Of Driving Pass	29/08/2012
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81021336
Alt. Phone Number	-
Email Address	hilary.david@hotmail.com
Address	BLK 635B SENJA ROAD #07-269
Address complement	-
Postcode	672635
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head to Rear
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)	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

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	GBG6991P
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAMLI BIN HARON
NRIC No	S8202599E

Contact Number	(Phone) +65-87791201
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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:

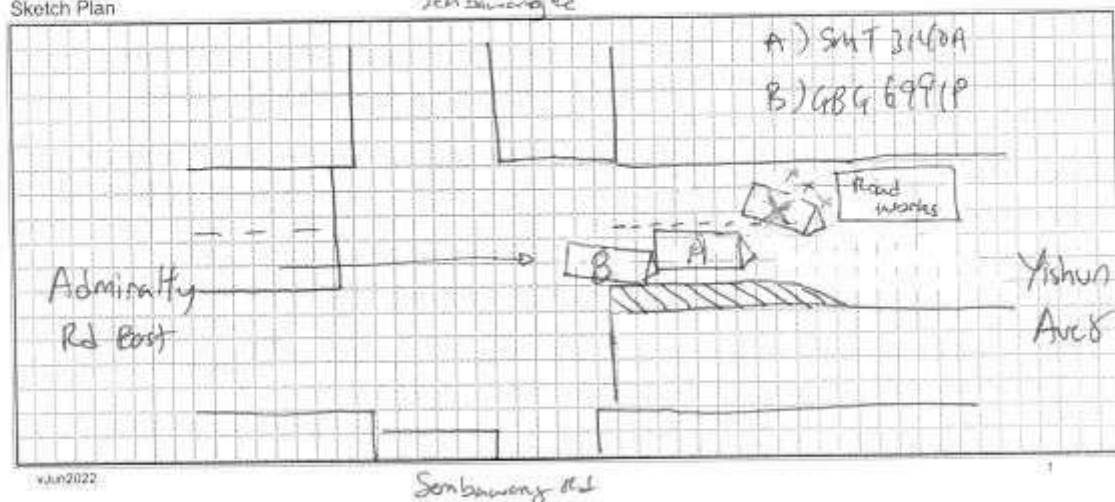
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Describe Circumstance of the Accident

Traffic Light turned green, 2 lanes of straight going traffic went into Yishun Ave 8. But lane 2 on Yishun Ave 8 was closed.

I, vehicle A/BMT3140A, Jaguar XE was on lane 1 and had noticed vehicle X/Mazda 5, SLA3577C signalling to filter in from Lane 2. So I gave way and allowed him/her to filter, but he/she stopped in the middle of the lane dividers. Nonetheless, I just slowed down and allowed him/her to filter in, as he/she was across the lane dividers already. It was GBG6941P then when vehicle B/Nissan NV350 who failed to slow down and rear ended my vehicle. Vehicle C's driver disembarked, exchanged particulars, declared no injury for him or his passengers, before agreeing to proceed to make accident reports.

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

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



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PHOTOGRAPHS FOR VEHICLE NO. SMT 3140A

INSPECTION





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PHOTOGRAPHS FOR VEHICLE NO. SMT 3140A

RE-INSPECTION





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