



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. AC2300751

INV Date 09/02/2023

Reference CS/EQI23000867/Kvy3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SDY 5800X

Insured Veh. GBJ 2469S

Claim No. DM23HO00190/JS

Policy No.

Accident Date 19/01/2023

Inspection Date 30/01/2023

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	160.00
GST (8%)	12.80
Grand Total	172.80

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/EQI23000867/Kvy3m4 Date: 09/02/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBJ 2469S	Veh. Inspected	SDY 5800X
Policy No.		Coverage (\$)	0.00
Claim No.	DM23HO00190/JS	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	27/01/2023
2. Vehicle Particulars & Condition			
Make & Model	MAZDA 2 (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MM6DL2SAAGW192065	Colour	METALLIC PEARL RED
Odometer	39110 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60 R16	YOKOHAMA	8 mm
L/H Front Tyre	185/60 R16	YOKOHAMA	8 mm
R/H Rear Tyre	185/60 R16	YOKOHAMA	8 mm
L/H Rear Tyre	185/60 R16	YOKOHAMA	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/01/2023	Inspection Date	30/01/2023
Survey held at	GUAN MOTOR WORKS 176 SIN MING DRIVE #02-03 SIN MING AUTOCARE SINGAPORE 575721		
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. SDY 5800X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	MTG CRACKED	954.50	954.50
1	REAR BUMPER LH REFLECTOR	SERVICEABLE	53.00	-
1	REAR BUMPER LH SIDE RETAINER	SERVICEABLE	25.80	-
1	SET REAR BUMPER CLIPS	NECESSARY	30.00	30.00
1	LH TAILLAMP	CRACKED	395.30	395.30
1	REAR LH FENDER	TO REPAIR SEE LABOUR	996.60	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	59.50	-
	LESS 10% DISCOUNT		-251.47	-
	LESS 20% DISCOUNT		-	-275.96
			2,263.23	1,103.84
	<u>SPECIAL NETT ITEMS</u>			
1	SET REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	60.00	-
			60.00	-
	<u>LABOUR</u>			
	LABOUR CHARGES FOR REMOVE/REFIT, CUTTING/WELDING AND REPLACEMENT OF DAMAGES. INCLUSIVE OF THE REPAIR OF REAR LH FENDER.		1,000.00	500.00
	TO PUTTY AND SPRAY SPRAY PAINTINGS CHARGES.		800.00	440.00
	TO REMOVE, REFIT REAR WINDSCREEN GLASS.	NOT NECESSARY	140.00	-
	TO CHECK WIRINGS AND LIGHTINGS.		40.00	20.00
	TO REMOVE, REFIT REVERSE SENSORS.		80.00	50.00
	TO REMOVE, REFIT REAR SEATS ASSY, ROOF LINING, REAR UPHOLSTERY & ETC..., TO FACILITATE REPAIR.		180.00	60.00
	TO SUPPLY AND APPLY ANTI RUST TREATMENT.	NOT NECESSARY	80.00	-
			2,320.00	1,070.00
	GRAND TOTAL		4,643.23	2,173.84

Report Ref No. CS/EQI23000867/Kvy3m4



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,700.00
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Report Ref No. CS/EQI23000867/Kvy3m4

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	20/01/2023 10:25 (SGT)
Reported by	Both
Date of Accident	19/01/2023 15:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GREENRIDGE SHOPPING CENTRE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY5800X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAU HWAI KEONG MICHAEL
NRIC No	S1440176H
Email Address	MICHAEL.LAUHK@GMAIL.COM
Mobile Phone No	(Phone) +65-98809088
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	1500

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP319829

DRIVER

Name of Driver	LIM BOON GOEN LYDIA
NRIC No	S1401562J
Date Of Birth	17/03/1960
Occupation	Indoor

Date Of Driving Pass	01/08/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94505800
Alt. Phone Number	-
Email Address	LYDIALBG@GMAIL.COM
Address	82 HILLVIEW AVE #05-07
Address complement	-
Postcode	669581
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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

REFER TO THE 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	GBJ2469S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN SING KEONG
NRIC No	S7602101E

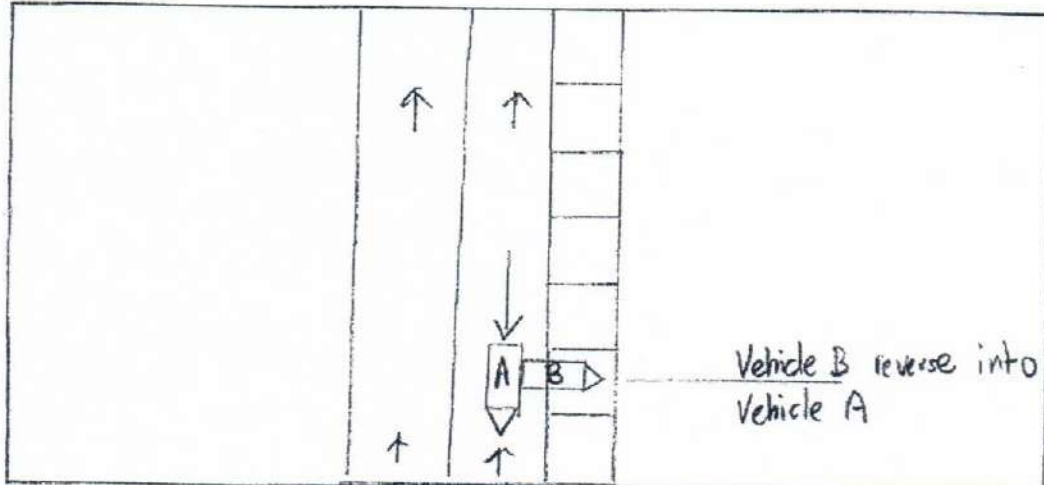
Contact Number	
Address	(Phone) +65-89142839
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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 be 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/stamp 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 be 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/own 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.

Sketch Plan

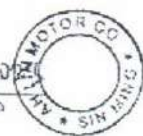


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

20/01/2023



Accident report

Date of accident: 27/04/23 Time: 3:35pm Location: Greenridge Shopping Centre
 My Vehicle: SDY 5800X Vehicle B: GRT 2469S Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident

While driving to the carpark exit of Greenridge Shopping centre, Vehicle B suddenly reversed from his lot and hit the left back rear of my car. I did not sustain any injury.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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 Inspecting Centre Personnel

INSURANCE COMPANY



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PHOTOGRAPHS FOR VEHICLE NO. SDY 5800X

INSPECTION





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RE-INSPECTION





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RE-INSPECTION

