



## 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. AC2302673

INV Date 28/04/2023

Reference CS/EQI23001154/Rny3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SMS 3871D  
Insured Veh. GBA 4556H  
Claim No. DM23HO00234/JT  
Policy No. DMCPHQ22-002088  
Accident Date 30/01/2023  
Inspection Date 07/02/2023

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (8%)</b>	<b>12.80</b>
<b>Grand Total</b>	<b>172.80</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/EQI23001154/Rny3e2 Date: 28/04/2023  Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBA 4556H	Veh. Inspected	SMS 3871D
Policy No.	DMCPHQ22-002088	Coverage (\$)	0.00
Claim No.	DM23HO00234/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	03/02/2023
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	NISSAN SYLPHY 1.6 CVT	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2020
Chassis No.	MNTBBAB17Z0037204	Colour	GREY
Odometer	39882 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/60 R16	CONTINENTAL	6 mm
L/H Front Tyre	195/60 R16	CONTINENTAL	6 mm
R/H Rear Tyre	195/60 R16	CONTINENTAL	6 mm
L/H Rear Tyre	195/60 R16	CONTINENTAL	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	30/01/2023	Inspection Date	07/02/2023
Survey held at	TAN CHONG MOTOR SALES PTE LTD 913 BUKIT TIMAH ROAD SINGAPORE 589623		
<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:		7 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMS 3871D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
2	HINGE TRUNK @\$44.20 (N)	NOT NECESSARY	88.40	-
1	FINISHER ASSY (N)	CRACKED	199.40	199.40
1	COMB LAMP RR (N)	NOT NECESSARY	250.00	-
1	COMB LAMP (N)	NOT NECESSARY	250.00	-
1	ABSORBER ENERGY (N)	NOT NECESSARY	205.00	-
1	COMB LAMP (N)	NOT NECESSARY	375.00	-
1	COMB LAMP (N)	NOT NECESSARY	375.00	-
1	ORNAMENT ASSY R (N)	NOT NECESSARY	66.90	-
1	ORNAMENT ASSY L (N)	NOT NECESSARY	66.90	-
4	R/LAMP CLIP @\$5.30 (N)	NECESSARY	21.20	21.20
10	CLIP @\$1.40 (N)	NECESSARY	14.00	14.00
10	CLIP @\$1.50 (N)	NECESSARY	15.00	15.00
2	GROMMET @\$2.90 (N)	NECESSARY	5.80	5.80
1	LOCK ASSY-TRUNK (N)	NOT NECESSARY	76.50	-
1	W/STRIP T/LID (N)	NOT NECESSARY	94.90	-
1	EMBLEM (N)	NECESSARY	54.50	54.50
1	EMBLEM (N)	NECESSARY	102.90	102.90
1	CARPET-LUGGAGE (N)	NOT NECESSARY	493.90	-
1	PLATE-LUGGAGE (N)	NOT NECESSARY	106.00	-
1	SPACER (N)	NOT NECESSARY	184.10	-
1	FASCIA BUMPER (N)	DEFORMED	773.00	773.00
1	TRUNK LID (N)	BENT	722.80	722.80
1	PANEL-REAR UPPE (N)	BENT	475.90	475.90
1	BRKT RR BUMPER (N)	NOT NECESSARY	18.00	-
1	BRKT BUMPER (N)	NOT NECESSARY	18.00	-
1	STAY RR BMPR (N)	NOT NECESSARY	49.10	-
1	STAY RR BMPR (N)	NOT NECESSARY	52.10	-
	LESS 20% DISCOUNT		-1,030.86	-476.90
			4,123.44	1,907.60

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR LICENCE PLATE (SN)	NOT NECESSARY	60.00	-
1	SUNDRIES (SN)	NECESSARY	30.00	20.00
1	REVERSE SENSOR (SN)	NOT NECESSARY	144.85	-
			234.85	20.00
	<b><u>LABOUR</u></b>			
	R/INSTALL OR RENEW REVERSE CAMERA ASSIT TO REPAIR.		120.00	120.00
	REMOVE / INSTALL SEAT & CUSHION CARPET.		240.00	120.00
	PERFORM RUST PROOFING & TREATMENT FOR 3X AFFECTED PANEL.		360.00	120.00
	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST.		55.00	55.00
	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY 2X AREA PANEL.		200.00	200.00
	REPAIR RH/LH RR FENDER & RR FLOOR PANEL RENEW RR BUMPER, END PANEL & TRUNKLID.		1,560.00	1,365.00
	S/PAINT RH/LH RR FENDER, RR END PANEL, RR BUMPER, TRUNKLID, RR FLOOR PANEL.		1,600.00	1,250.00
	TRANSFER MECHANISM PART FOR TRUNKLID.		60.00	60.00
	CHECK RR LIGHTING.		48.00	48.00
			4,243.00	3,338.00
	<b>GRAND TOTAL</b>		<b>8,601.29</b>	<b>5,265.60</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>5,265.60</b>

Report Ref No. CS/EQI23001154/Rny3e2

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 replying 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 .....	30/01/2023 10:50 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	30/01/2023 07:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CLEMENTI AVE 6
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS3871D
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WU XIANGYU
NRIC No .....	S7787786Z
Email Address .....	TERRY.WUXY@GMAIL.COM
Mobile Phone No .....	(Phone) +65-84266879
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Sylphy
Variant .....	NISSAN SYLPHY
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1598

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2070015291-01

#### DRIVER

Name of Driver .....	WU XIANGYU
NRIC No .....	S7787786Z
Date Of Birth .....	08/08/1977
Occupation .....	Indoor

Date Of Driving Pass .....	30/07/2012
Driving experience .....	10 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84266879
Alt. Phone Number .....	-
Email Address .....	TERRY.WUXY@GMAIL.COM
Address .....	19 SHELFORD ROAD
Address complement .....	09-08
Postcode .....	288408
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 .....	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 .....	1
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) .....	3
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 .....	LI HONG YING
Gender .....	Female

#### PASSENGER 2

Name .....	WU DI
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

#### REFER 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 .....	GBA4556H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ADAIKKAPPAN ARUMUGAM
Contact Number .....	(Phone) +65-96415411
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SMS 3871 D

**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.

*Wu xy*

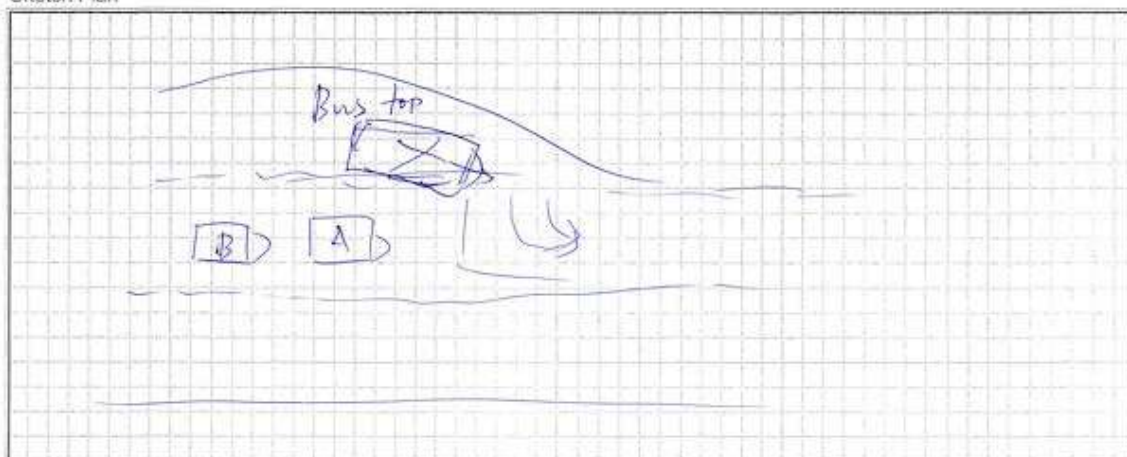
Policyholder's Signature / Date & Time

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

*[Signature]*

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

**Sketch Plan**



vJun2022



Describe Circumstances of the Accident

Accident Location: Clement Ave 6. (before AYE, city direction)  
 Accident Date: 30-Jan-23 Time: 7:15 am/pm  
 Owner Email: terry.waxy@gmail.com Driver Email: terry.waxy@gmail.com

near the bus stop, the cars move slowly, when the bus (left hand side) need move out, I manage to slowly stop the car, suddenly hit by a veb (b).

OTHER VEHICLE NO INVOLVE DETAILS :-

B	Veh No:	<u>GBA 4556</u>	Hp:	<u>96415411</u>	Total Pax:	Driver Name:	<u>ADAEKAPPA ARUMUGAM</u>
C	Veh No:		Hp:		Total Pax:	Driver Name:	

Declaration

(We declare the foregoing particulars are true in every respect.)

Waxy  
 Policyholder's Signature / Date & Time

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

[Signature]  
 Witnessed by Reporting Centre Personnel



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### PHOTOGRAPHS FOR VEHICLE NO. SMS 3871D

### INSPECTION







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### RE-INSPECTION





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