



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. AC2304026

INV Date 22/06/2023

Reference CS/EQI23002514/Any3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMD 7742X

Insured Veh. GBM 8988E

Claim No. DM23HO00538

Policy No.

Accident Date 08/03/2023

Inspection Date 22/03/2023

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

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/EQI23002514/Any3m4 Date: 22/06/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBM 8988E	Veh. Inspected	SMD 7742X
Policy No.		Coverage (\$)	0.00
Claim No.	DM23HO00538	Excess (\$)	0.00
Assign From	JOSEPHINE WONG	Assign Date	09/03/2023
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS HYBRID	c.c	1797
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	ZVW508077052	Colour	SILVER
Odometer	267797 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65R15	TRIANGLE	6 mm
L/H Front Tyre	195/65R15	TRIANGLE	6 mm
R/H Rear Tyre	195/65R15	TRIANGLE	6 mm
L/H Rear Tyre	195/65R15	TRIANGLE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/03/2023	Inspection Date	22/03/2023
Survey held at	JL PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, SINGAPORE 415875		
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:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMD 7742X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE INNER LOCK	NOT NECESSARY	447.40	-
1	TAILGATE LOCK CATCH	NOT NECESSARY	29.00	-
1	TAILGATE WEATHER STRIP	NOT NECESSARY	281.90	-
1	REAR BUMPER (UPPER)	DEFORMED	978.70	497.00
1	REAR BUMPER (LOWER)	DEFORMED	565.40	398.00
2	REAR BUMPER LAMP @\$443.40	CRACKED	886.80	748.00
1	REAR BUMPER TOWING COVER	NOT NECESSARY	26.90	-
1	REAR BUMPER CENTER BOTTOM GARNISH	TORN	168.00	168.00
1	REAR BUMPER REINFORCEMENT	BENT	568.90	326.00
2	REAR BUMPER SIDE INNER GARNISH @\$158.70	N/S TORN	317.40	158.70
2	REAR BUMPER SIDE RETAINER @\$112.70	NOT NECESSARY	225.40	-
2	TAILLAMP @\$469.00	O/S CRACKED	938.00	469.00
2	REAR FENDER INNER COWLING @\$194.00	NOT NECESSARY	388.00	-
2	REAR FENDER INNER TRIM @\$612.20	NOT NECESSARY	1,224.40	-
1	REAR END PANEL	DENTED	657.00	657.00
1	REAR END PANEL TOP GARNISH	DEFORMED	120.70	120.70
1	REAR FLOOR PANEL TOP BOARD	NOT NECESSARY	391.00	-
1	REAR FLOOR TOP SPONGE	CRACKED	185.00	185.00
1	REAR FLOOR TOOLS TRAY	NOT NECESSARY	125.40	-
	LESS 25% DISCOUNT		-2,131.33	-931.85
			6,393.97	2,795.55
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER (UPPER) CLIP (SN)	NECESSARY	80.00	30.00
1	SET REAR BUMPER (LOWER) CLIP (SN)	NECESSARY	80.00	30.00
1	SET REAR BUMPER SIDE INNER GARNISH CLIP (SN)	NECESSARY	50.00	20.00
1	SET REAR BUMPER CENTER BOTTOM GARNISH CLIP (SN)	NECESSARY	50.00	20.00
1	SET TAILLAMP CLIP (SN)	NECESSARY	40.00	10.00
1	SET REAR FENDER INNER COWLING CLIP (SN)	NOT NECESSARY	50.00	-
1	SET REAR FENDER INNER TRIM CLIP (SN)	NOT NECESSARY	60.00	-
1	REAR END PANEL INSULATION SEAL (SN)	NECESSARY	150.00	60.00

Report Ref No. CS/EQI23002514/Any3m4



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR END PANEL TOP GARNISH CLIP (SN)	NECESSARY	50.00	20.00
1	REVERSE SENSOR (SN)	DAMAGED	220.00	200.00
			830.00	390.00
	LABOUR			
	TO PANEL BEAT, REMOVE AND REPLACE PARTS.		1,600.00	600.00
	TO SPRAY PAINT AFFECTED AREA.		1,400.00	400.00
	TUFF COAT.		250.00	60.00
	WIRING AND BULB CHECK.		380.00	30.00
	REMOVE AND REFIX CUSHION SEAT/UPHOLSTRY & ROOF LINING TO FACILIATE REPAIR.		250.00	60.00
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING.		80.00	50.00
	CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	120.00	-
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO SPECIFICATION ETC.	NOT NECESSARY	180.00	-
			4,260.00	1,200.00
GRAND TOTAL			11,483.97	4,385.55
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,500.00

Report Ref No. CS/EQI23002514/Any3m4

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	10/03/2023 15:26 (SGT)
Reported by	Driver
Date of Accident	08/03/2023 13:55 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	SLIP ROAD OF ANG MO KIO AVE ENTERING SERANGOON NORTH AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7742X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEVIN RENTAL PTE. LTD.
Company Reg No	2XXXXX555D
Email Address	ADMIN@LEVINGROUP.SG
Mobile Phone No	(Phone) +65-90091155
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126783716-01

DRIVER

Name of Driver	LAW LIK JUNG
NRIC No	SXXXX215J
Date Of Birth	19/10/1995

Occupation	Outdoor
Date Of Driving Pass	26/01/2017
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83992356
Alt. Phone Number	-
Email Address	ADMIN@LEVINGROUP.SG
Address	BLK 101 ALJUNIED CRESCENT
Address complement	#07-311
Postcode	380101
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
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	GOJEK PASSENGER
Gender	Female

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 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	GBM8988E
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)	-

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

Signature

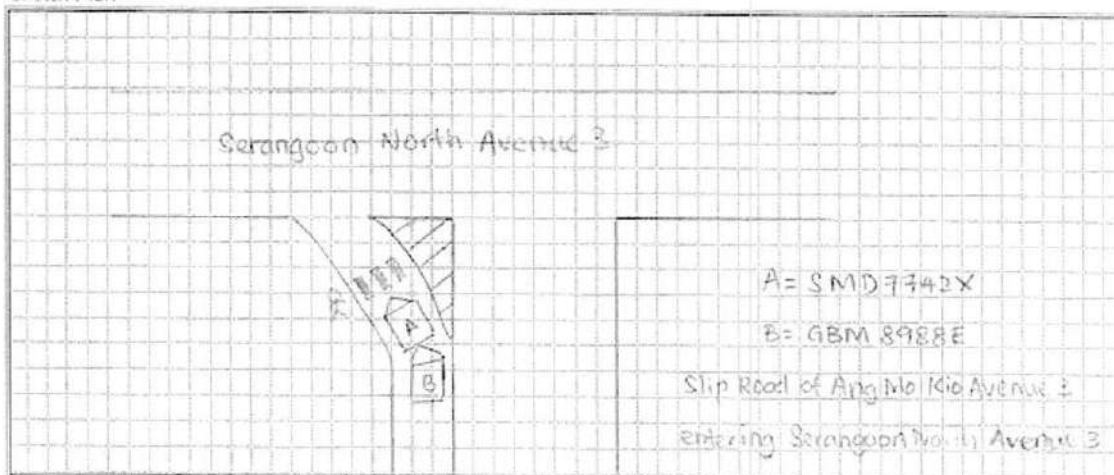
Driver's Signature (if driver is not the policyholder) / Date & Time

Signature



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

Sketch Plan



Describe Circumstance of the Accident

Refer to Attached

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]



Witnessed by Reporting Centre Personnel
(Name as in NRICND card)

On 08.03.2023 at about 13:55 hours at Slip Road of Ang Mo Kio Avenue 3 entering Serangoon North Avenue 3, I was travelling straight and when I was approaching the zebra crossing, there was pedestrian crossing by, hence I slowed down and stopped my vehicle (A).

Suddenly, I heard a bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state I have 1 passenger in my vehicle (A).

Vehicle (A): SMD 7742X

Vehicle (B): GBM 8988E





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PHOTOGRAPHS FOR VEHICLE NO. SMD 7742X

INSPECTION





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RE-INSPECTION





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