



## 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. AC2301805

INV Date 23/03/2023

Reference CS/EQI23002612/Uqy3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SJV 2925J

Insured Veh. SKL 755L

Claim No. DM23HO00577

Policy No.

Accident Date 08/03/2023

Inspection Date 14/03/2023

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/EQI23002612/Uqy3e2 Date: 23/03/2023 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SKL 755L	Veh. Inspected	SJV 2925J
Policy No.		Coverage (\$)	0.00
Claim No.	DM23HO00577	Excess (\$)	0.00
Assign From	JOSEPHINE WONG	Assign Date	13/03/2023
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HONDA ODYSSEY EXV-S (A)	c.c	2356
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JHMRC1890FC204818	Colour	BLACK
Odometer	152461 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	TOYO	6 mm
L/H Front Tyre	215/55 R17	TOYO	6 mm
R/H Rear Tyre	215/55 R17	TOYO	6 mm
L/H Rear Tyre	215/55 R17	TOYO	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	08/03/2023	Inspection Date	14/03/2023
Survey held at	EEVOLVEAUTO WORKSHOP LLP 1 KAKI BUKIT AVENUE 6, #02-25, AUTOBAY @ KAKI BUKIT, SINGAPORE 417883		
<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:		3 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJV 2925J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DENTED / DEFORMED	1,160.80	645.00
2	REAR BUMPER SIDE BRACKET RIGHT LEFT SIDE @ \$48.50	NOT NECESSARY	97.00	-
2	REAR BUMPER REFLECTOR RIGHT LEFT SIDE @\$86.70	NOT NECESSARY	173.40	-
1	REAR BOOT	TO REPAIR SEE LABOUR	1,449.50	-
1	BOOT WEATHERSTRIP	NOT NECESSARY	185.00	-
1	END PANEL CAR LOCK ANTENNA	NOT NECESSARY	134.60	-
1	END PANEL	TO REPAIR SEE LABOUR	620.20	-
1	END PANEL GARNISH	NOT NECESSARY	175.50	-
	LESS 20% DISCOUNT		-799.20	-129.00
			3,196.80	516.00
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET BUMPER CLIP (SN)	NECESSARY	50.00	50.00
1	SET REVERSE SENSOR (SN)	SHORTED	220.00	200.00
2	WINDSCREEN SEALANT @\$30.00 (SN)	NOT NECESSARY	60.00	-
2	HONDA ODYSSEY EMBLEM @\$65.00 (SN)	NOT FITTED	130.00	-
			460.00	250.00
	<b><u>LABOUR</u></b>			
	TO DISMANTLE, REPAIR, CUT, WELD, REPLACE. INCLUSIVE OF THE REPAIR OF REAR BOOT AND END PANEL.		1,000.00	500.00
	SPRAY PAINTING.		600.00	600.00
	TO TRANSFER AND CHECK WIRING.		100.00	20.00
	TO TRANSFER WINDOW GLASS.	NOT NECESSARY	150.00	-
	TO APPLY ANTI RUST ON THE PANEL.	NOT NECESSARY	80.00	-
			1,930.00	1,120.00
	<b>GRAND TOTAL</b>		<b>5,586.80</b>	<b>1,886.00</b>

Report Ref No. CS/EQI23002612/Uqy3e2



<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,500.00</b>
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Report Ref No. CS/EQI23002612/Uqy3e2

**CHUA KANG SENG**

**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	09/03/2023 18:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/03/2023 17:16 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMS AVENUE (TOWARDS PAYA LEBAR BEFORE LORONG 21A GEYLANG)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2925J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SUN ZHECUN
Work Permit No	074458890
Email Address	PRESTIG368@GMAIL.COM
Mobile Phone No	(Phone) +65-87371890
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2400

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132107044

### DRIVER

Name of Driver	SUN ZHECUN
Work Permit No	074458890
Date Of Birth	06/09/1985

Occupation	Indoor
Date Of Driving Pass	03/11/2022
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87371890
Alt. Phone Number	-
Email Address	PRESTIG368@GMAIL.COM
Address	32 LORONG 31 GEYLANG #03-01
Address complement	-
Postcode	SINGAPORE 388031
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	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?	No
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL755L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN

Contact Number	(Phone) +65-97855070
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

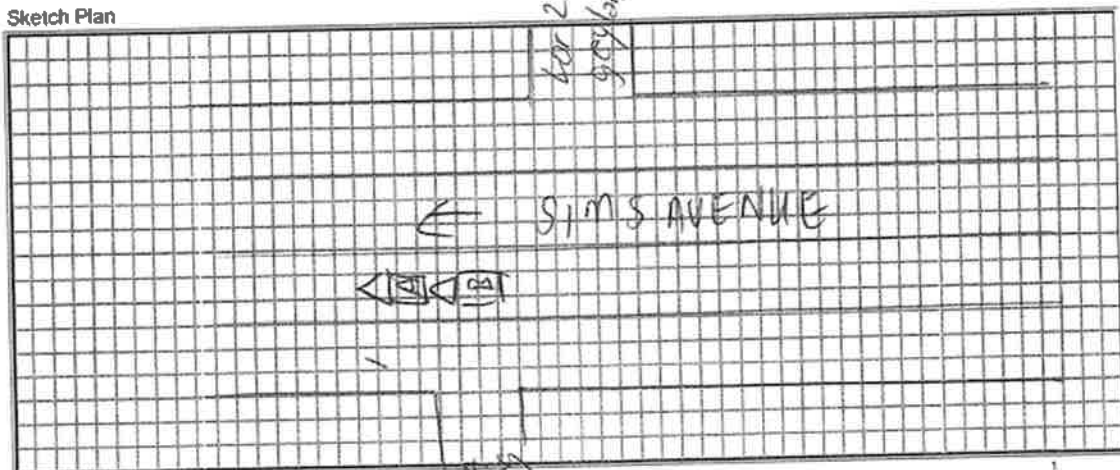
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers/agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



A: SJV29757  
B: SKL 755L



Describe Circumstance of the Accident

on the above date, time & location, SKL755L hit into the rear of my vehicle while I'm stationary

Declaration

We declare the foregoing particulars are true in every respect.

9 Mar 2023  
17:30  
84

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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### INSPECTION





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**PHOTOGRAPHS FOR VEHICLE NO. SJV 2925J**

**RE-INSPECTION**





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