



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. AC2302743

INV Date 03/05/2023

Reference CS/EQI23003786/Uqy3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLG 4947M
Insured Veh. GBG 8878X
Claim No. DM23HO00771
Policy No.
Accident Date 08/04/2023
Inspection Date 12/04/2023

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/EQI23003786/Uqy3m4 Date: 03/05/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 8878X	Veh. Inspected	SLG 4947M
Policy No.		Coverage (\$)	0.00
Claim No.	DM23HO00771	Excess (\$)	0.00
Assign From	JOSEPHINE WONG	Assign Date	12/04/2023
2. Vehicle Particulars & Condition			
Make & Model	HONDA VEZEL (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	RU11202370	Colour	WHITE
Odometer	133573 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/55 R17	CONTINENTAL	6 mm
L/H Front Tyre	215/55 R17	CONTINENTAL	6 mm
R/H Rear Tyre	215/55 R17	CONTINENTAL	6 mm
L/H Rear Tyre	215/55 R17	CONTINENTAL	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/04/2023	Inspection Date	12/04/2023
Survey held at	ZOOM AUTOWERKS PTE LTD 130 BEDOK RESERVOIR ROAD, #08-1339,EUNOS SPRING SINGAPORE 470130		
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:		3 Working Days	



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLG 4947M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT HEADLAMP -LH	HOLDER CRACKED	1,884.50	1,884.50
1	FRONT BUMPER	DEFORMED/TORN	1,085.40	762.30
1	FRONT BUMPER FOG LAMP	NOT NECESSARY	327.70	-
1	FRONT BUMPER FOG LAMP COVER	NOT NECESSARY	45.20	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	321.40	-
1	FRONT BUMPER SIDE RETAINER (N/S)	CRACKED	60.30	45.50
1	FRONT FENDER -LH	DENTED	580.40	480.20
1	FRONT FENDER INNER SHIELD	NOT NECESSARY	155.50	-
1	FRONT FENDER WHEEL ARCH GARNISH	GRAZED	488.30	231.30
1	FRONT WHEEL HUB	NOT NECESSARY	299.70	-
1	FRONT WHEEL BEARING	NOT NECESSARY	181.50	-
1	FRONT SHOCK ABSORBER	NOT NECESSARY	501.20	-
1	FRONT KNUCKLE ARM	NOT NECESSARY	600.70	-
1	FRONT LOWER ARM	NOT NECESSARY	426.00	-
	LESS 20% DISCOUNT		-1,391.56	-680.76
			5,566.24	2,723.04
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	60.00	40.00
1	FRONT BUMPER LOWER SPOILER (SN)	NOT NECESSARY	750.00	-
1	SET FRONT FENDER INNER SHIELD CLIP (SN)	NOT NECESSARY	50.00	-
1	FRONT TYRE (SN)	NOT NECESSARY	400.00	-
1	FRONT WHEEL RIM (SN)	NOT NECESSARY	850.00	-
			2,110.00	40.00
<u>LABOUR</u>				
	TO CHECK WIRING AND RESET HEADLAMPS FOCUSING.		80.00	20.00
	TO REMOVE AND REFIT FRONT UNDERCARRIAGE.	NOT NECESSARY	300.00	-
	TO CONDUCT WHEEL ALIGNMENT.	NOT NECESSARY	150.00	-
	TO APPLY UNDERCOATING.		100.00	30.00
	PANEL BEATING.		1,200.00	300.00



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RE-SPRAY PAINTING ON THE AFFECTED AREAS.		1,000.00	400.00
			2,830.00	750.00
GRAND TOTAL			10,506.24	3,513.04
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,800.00

Report Ref No. CS/EQI23003786/Uqy3m4

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 10/04/2023 18:11 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 08/04/2023 17:30 (SGT)
Exact Location of Accident 2 Adam Rd, Singapore 289876
Additional Location Information ADAM FOOD CENTRE CARPARK (A0024)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG4947M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHD RIDZWAN BIN ABDUL RAHMAN
NRIC No SXXXX280D
Email Address MRIDZWAN610@HOTMAIL.COM
Mobile Phone No (Phone) +65-93637957
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
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 1500

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Policy Number / Cover Note Number DMPPHQ22-007347

DRIVER

Name of Driver MUHD RIDZWAN BIN ABDUL RAHMAN
NRIC No SXXXX280D
Date Of Birth 13/07/1961
Occupation Indoor

Date Of Driving Pass	14/06/2016
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93637957
Alt. Phone Number	-
Email Address	MRIDZWAN610@HOTMAIL.COM
Address	BLK 610 #03-160 ELIAS ROAD
Address complement	-
Postcode	510610
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

ON THE STATED TIME & DATE ON THE STATED LOCATION, I, VEHICLE 'A' SLG4947M WAS PARKED STATIONARY IN MY PARKING LOT. VEHICLE 'B' GBG8878Y WAS REVERSING INTO THE LOT AND COLLIDED ONTO MY FRONT LEFT SIDE OF MY VEHICLE.

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	GBG8878X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MR LIM
Contact Number	(Phone) +65-82814663
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

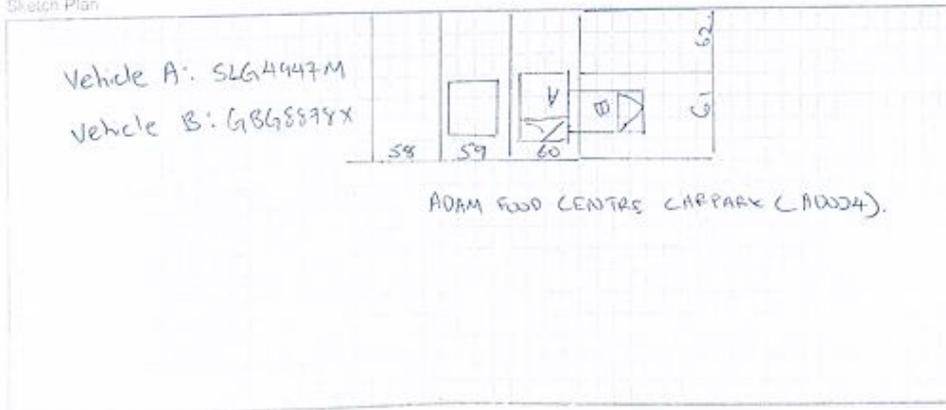
1. This report is to identify the details of the accident to speed up the claims process.
 2. This report will be completed by the Policyholder and/or the Actual Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to invalidate policy liability.
 4. The grant of 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 solely for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at this centre and to copies of the report being made available aforesaid.
- I, Consent under the Personal Data Protection Act (PDPA)
1. to collect, acknowledge, agree and consent that
 2. My entire, 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 generated 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
 3. collecting, handling and/or dealing with my claims, including the settlement of the claims and any necessary investigations relating to the claims,
 4. investigating the accident and/or my claims
 5. enquiring out and/or dealing with my instructions or responding to any enquiries by me,
 6. administering my claims (including the making 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 correspondence) and/or
 7. not complying with applicable law in administering, processing, handling and/or dealing with my claims
 8. (collectively the "Purposes")
 9. that 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
 10. that 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.

Mohd Zuan
Insurer's Signature / Date & Time

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


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

Sketch Plan



Description Circumstance of the Accident

ON THE STATED TIME & DATE ON THE STATED LOCATION, I, VEHICLE 'A' SLG4947M WAS PARKED STATIONARY IN MY PARKING LOT. VEHICLE 'B' GBG8878Y WAS REVERSING INTO THE LOT AND COLLIDED ONTO MY FRONT LEFT SIDE OF MY VEHICLE.

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

Melissa Green
Date & Time

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



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



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INSPECTION



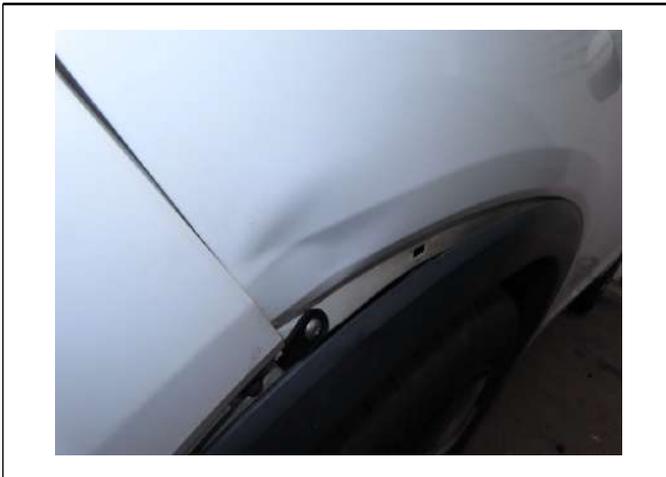
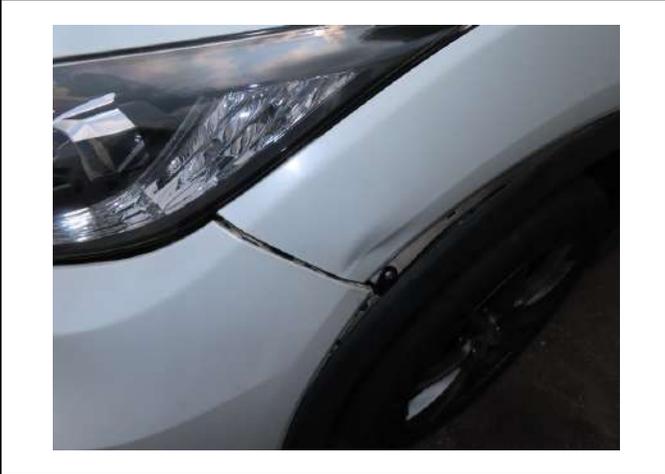


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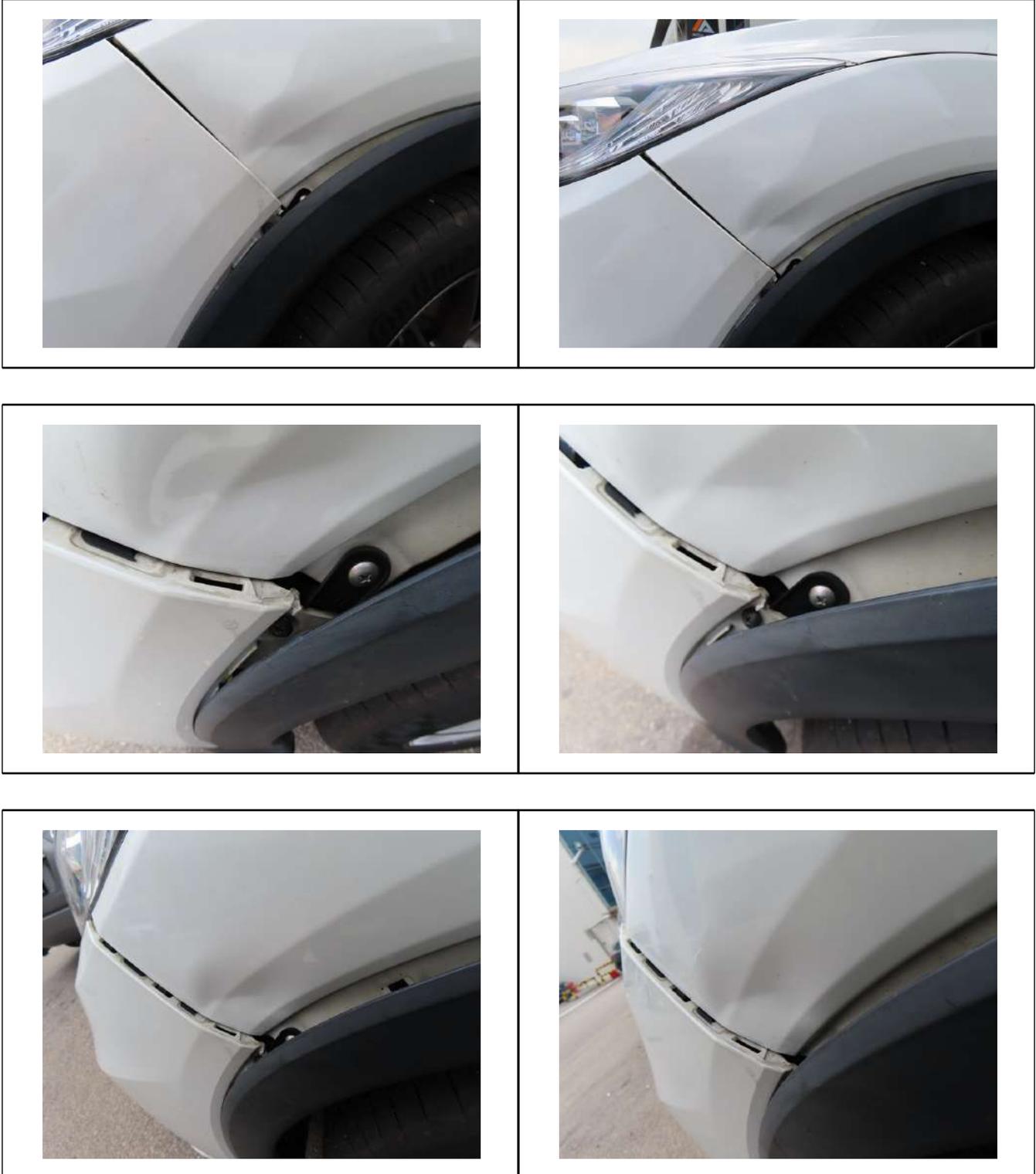


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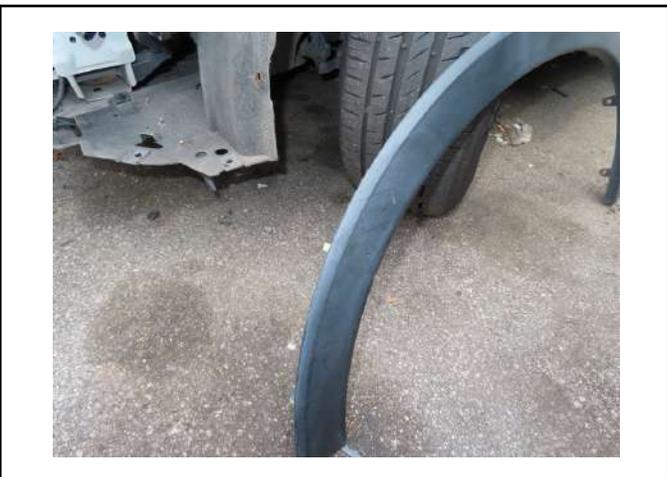
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RE-INSPECTION





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