



## 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. AC2304106

INV Date 27/06/2023

Reference CS/EQI23003852/Aqy3e2

Code EQI

#### PROFESSIONAL SERVICE FEE

Vehicle No. SLT 4167D

Insured Veh. GBC 7455K

Claim No. DM23HO00785

Policy No.

Accident Date 11/04/2023

Inspection Date 17/04/2023

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>230.00</b>
<b>GST (8%)</b>	<b>18.40</b>
<b>Grand Total</b>	<b>248.40</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 COMPLEX SINGAPORE 069110

Ref: CS/EQI23003852/Aqy3e2

Date: 27/06/2023

Code: EQI

### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b>	GBC 7455K	<b>Veh. Inspected</b>	SLT 4167D
<b>Policy No.</b>		<b>Coverage (\$)</b>	0.00
<b>Claim No.</b>	DM23HO00785	<b>Excess (\$)</b>	0.00
<b>Assign From</b>	JOSEPHINE WONG	<b>Assign Date</b>	13/04/2023

### 2. Vehicle Particulars & Condition

<b>Make &amp; Model</b>	MAZDA 5	<b>c.c</b>	1998
<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2017
<b>Chassis No.</b>	JM6CW1071H0126654	<b>Colour</b>	WHITE
<b>Odometer</b>	93945 KM	<b>Steering</b>	IN ORDER
<b>Brakes</b>	IN ORDER	<b>Modification</b>	SPORTS RIM
<b>General</b>	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
<b>R/H Front Tyre</b>	205/55 R16	MICHELIN	6 mm
<b>L/H Front Tyre</b>	205/55 R16	MICHELIN	6 mm
<b>R/H Rear Tyre</b>	205/55 R16	MICHELIN	6 mm
<b>L/H Rear Tyre</b>	205/55 R16	MICHELIN	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

<b>Accident Date</b>	11/04/2023	<b>Inspection Date</b>	17/04/2023
<b>Survey held at</b>	MODERN AUTOMOTIVE PTE LTD BLK 3023A UBI ROAD 1 #01-61 SINGAPORE 408717		

### 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: **6 Working Days**



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLT 4167D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
2	REAR NUMBER PLATE LAMP - LH & RH	O/S CRACKED	115.20	57.60
1	REAR BUMPER	DISTORTED	962.40	962.40
2	REAR BUMPER SIDE HOLDER - LH & RH	DAMAGED	96.20	96.20
2	REAR BUMPER REFLECTOR - LH & RH	NOT NECESSARY	130.20	-
1	REAR BUMPER BEAM	BENT	237.40	237.40
1	REAR END PANEL	DENTED	542.30	542.30
1	REAR END PANEL TOP GARNISH	DEFORMED	181.20	181.20
2	TAIL LAMP - LH & RH	CUT	1,186.80	1,186.80
1	TAILGATE	DISTORTED	1,637.00	1,637.00
1	TAILGATE LOCK	DAMAGED	286.90	286.90
1	TAILGATE WEATHERSTRIPE	CUT	295.40	295.40
1	TAILGATE OUTER GARNISH	MISSING	459.40	459.40
2	TAILGATE REFLECTOR - LH & RH	CRACKED	818.40	818.40
1	TAILGATE INNER TRIM BOARD	DEFORMED	432.80	432.80
2	TAILGATE DAMPER - LH & RH	NOT NECESSARY	559.00	-
2	TAILGATE HINGES - LH & RH	NOT NECESSARY	89.80	-
1	TAILGATE LOCK SWITCH	DAMAGED	248.20	248.20
1	TAILGATE WIPER MOTOR	NOT NECESSARY	365.40	-
1	TAILGATE GLASS MOULDING	NECESSARY	168.20	168.20
1	MAZDA LOGO	MISSING	48.90	48.90
1	MAZDA 5 WORDING	NECESSARY	49.60	49.60
1	EMBLEM	NECESSARY	49.10	49.10
2	REAR FENDER INNER TRIM BOARD - LH & RH	NOT NECESSARY	1,091.60	-
1	SPARE TYRE PANEL	TO REPAIR SEE LABOUR	1,181.40	-
1	SPARE TYRE PANEL TOP BOARD	DEFORMED	389.50	389.50
1	TOOLS TRAY	CRACKED	404.80	404.80
1	REAR EXHAUST PIPE	NOT NECESSARY	1,109.20	-
1	REAR EXHAUST MOUNTING	NOT NECESSARY	38.90	-
1	REAR EXHAUST GASKET	NOT NECESSARY	32.40	-
1	REAR EXHAUST HEAT SHIELD	NOT NECESSARY	79.60	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-1,328.72	-
	LESS 20% DISCOUNT		-	-1,710.42
			11,958.48	6,841.68
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR NUMBER PLATE (SN)	BENT	30.00	30.00
1	REAR NUMBER PLATE HOLDER (SN)	DEFORMED	30.00	30.00
1	REAR BUMPER CLIPS (SN)	NECESSARY	30.00	30.00
1	REVERSE SENSOR (SN)	DAMAGED	280.00	200.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	60.00	60.00
1	TAILGATE OUTER GARNISH CLIPS (SN)	NECESSARY	20.00	20.00
1	TAILGATE GLASS SEALANT (SN)	NECESSARY	60.00	60.00
1	REAR FENDER INNER TRIM BOARD CLIPS (SN)	NOT NECESSARY	60.00	-
1	SPARE TYRE PANEL SEALANT (SN)	NOT NECESSARY	60.00	-
1	REAR CAMERA (SN)	DAMAGED	480.00	380.00
			1,110.00	810.00
	<b><u>LABOUR</u></b>			
	TO KNOCKING & PULL OUT REAR PORTION & RENEW ABOVE PARTS. INCLUSIVE OF THE REPAIR OF SPARE TYRE PANEL.		1,400.00	800.00
	TO PUTTY & SPRAY UP PAINT WORKS.		1,200.00	900.00
	TO CHECK WIRING.		50.00	30.00
	TO SPRAY TUFF COAT.		150.00	80.00
	TO REMOVE REVERSE SENSOR.		100.00	50.00
	TO REMOVE REAR CAMERA.		100.00	50.00
	TO REMOVE VIDEO RECORDER.		100.00	50.00
	TO REMOVE UPHOLSTERY.		150.00	80.00
	TO TRANSFER TAILGATE FITTINGS.		180.00	80.00
	TO REMOVE EXHAUST PIPE.	NOT NECESSARY	150.00	-
			3,580.00	2,120.00
	<b>GRAND TOTAL</b>		<b>16,648.48</b>	<b>9,771.68</b>



<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>7,800.00</b>
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**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 .....	12/04/2023 16:28 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	11/04/2023 18:07 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	ECP TURNING INTO PIE BEFORE TPE FLYOVER
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT4167D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LAU PO MING
NRIC No .....	SXXXX890E
Email Address .....	PMLAU.TAMPINES@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96673817
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	5
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 .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5110834999

### DRIVER

Name of Driver .....	LAU PO MING
NRIC No .....	SXXXX890E
Date Of Birth .....	23/07/1959
Occupation .....	Indoor

Date Of Driving Pass .....	19/08/1983
Driving experience .....	39 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96673817
Alt. Phone Number .....	-
Email Address .....	PMLAU.TAMPINES@GMAIL.COM
Address .....	BLK 388 TAMPINES ST 32 #10-79
Address complement .....	-
Postcode .....	520388
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

I WAS TRAVELLING ALONG ECP ON 2ND LANE. I NOTICED THE MOTORCYCLE (EBP6091P) WAS TRYING TO CUT INTO MY LANE, SO I SLOW DOWN. HOWEVER, THE MOTORCYCL ENGINE STALLED AND STOPPED IN FRONT OF ME. TO AVOID HITTING HIM, I IMMEDIATELY JAMMED BRAKE. BUT, VEHICLE B BEHIND ME COULD NOT STOP IN TIME AND HIT ONTO MY VEHICLE REAR PORTION.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBC7455K
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)**

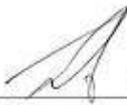
I understand, acknowledge, agree and consent that:

(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

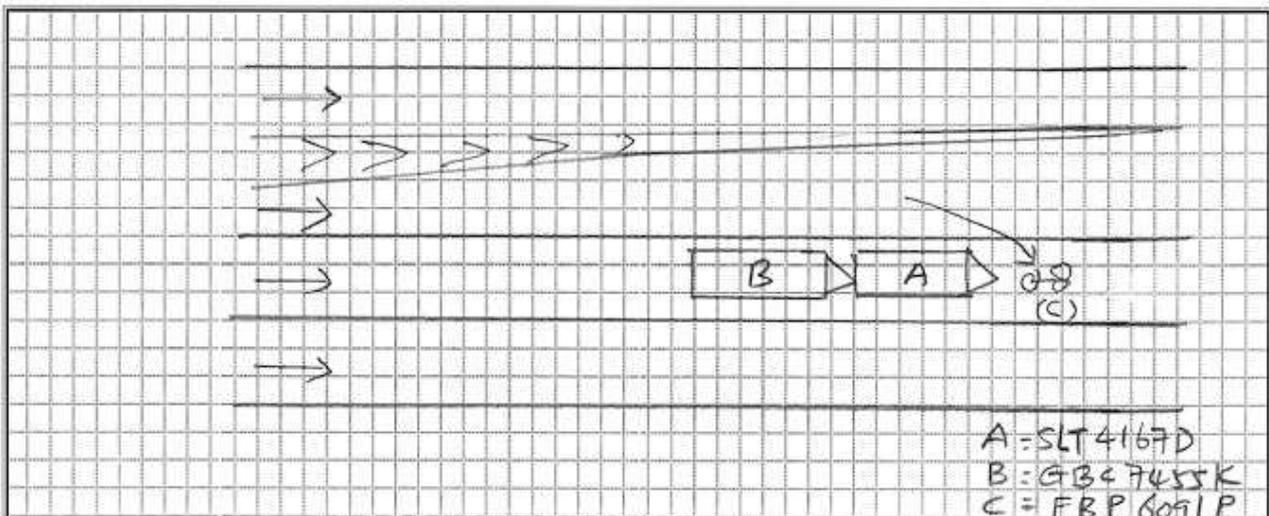
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 12/4/2023  
 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**



Describe Circumstance of the Accident

I was travelling along ECP on 2nd lane. I noticed the motorcycle (FBP 6091P) was trying to cut into my lane so I slowdown. However, the motorcycle engine stalled and stopped in front of me. To avoid hitting him, I immediately janned brake. But, vehicle 'B' behind me could not stop in time and hit into my vehicle rear portion.

Declaration

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

  
 \_\_\_\_\_  
 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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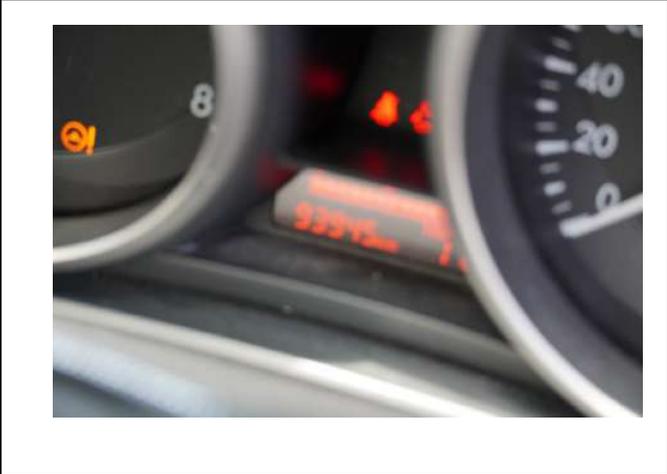
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## PHOTOGRAPHS FOR VEHICLE NO. SLT 4167D

## INSPECTION



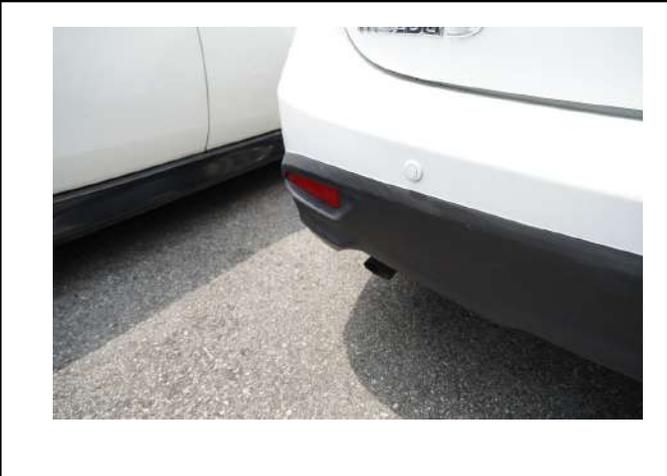


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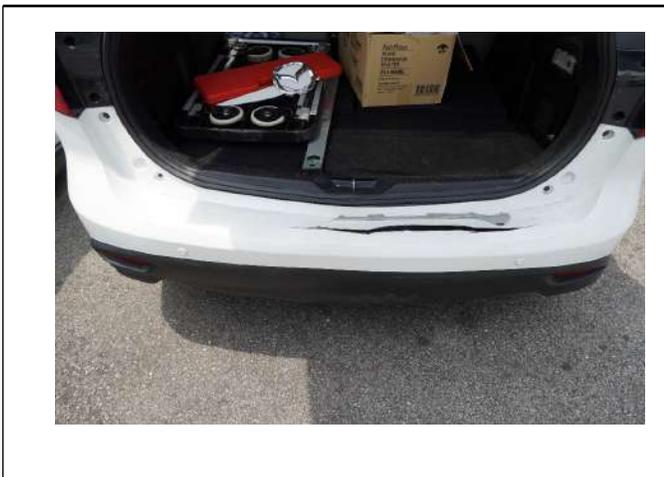
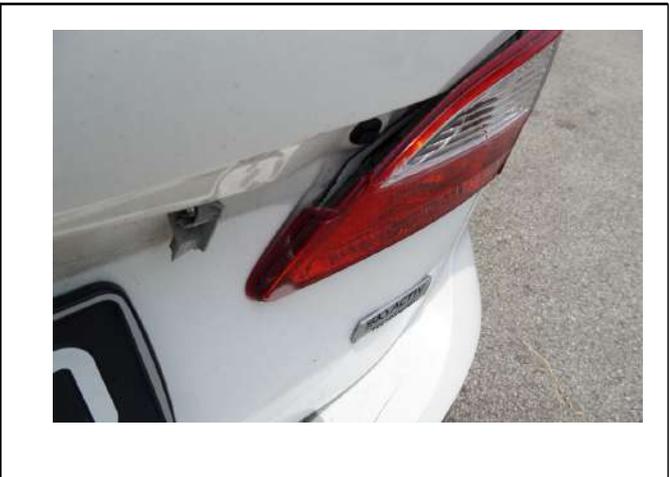
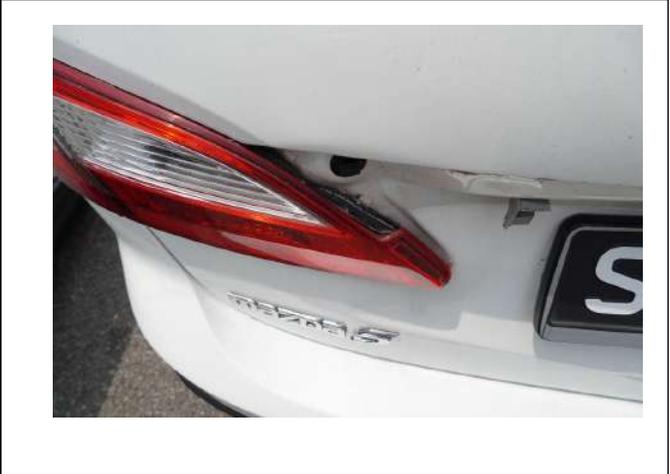


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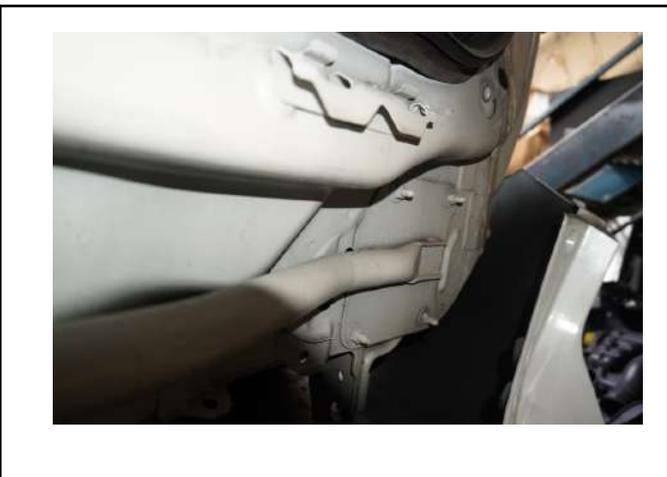
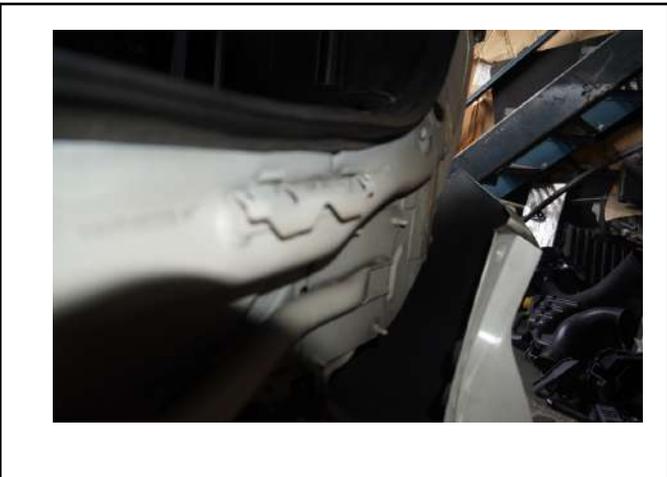
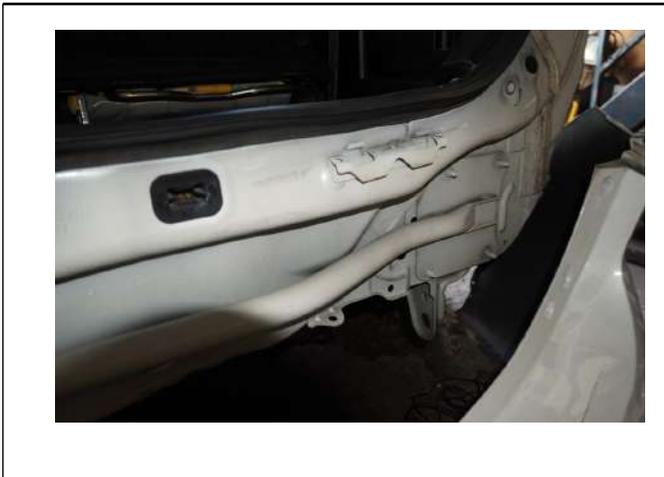
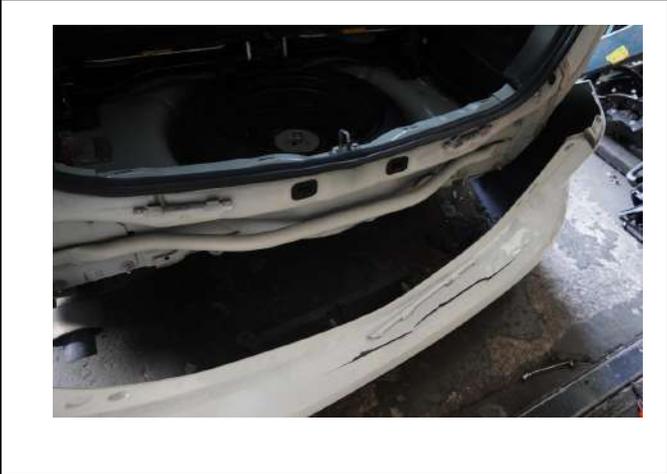
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## RE-INSPECTION



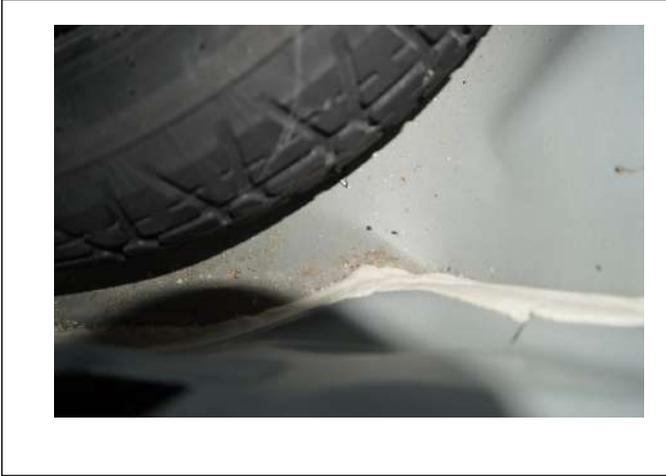
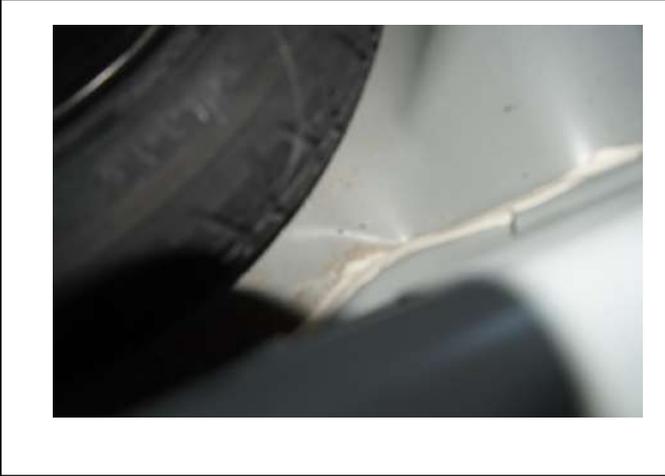


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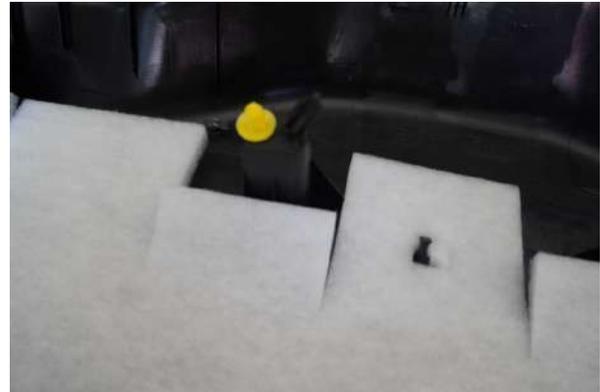


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