



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

INV No. AC2303374

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 29/05/2023
Reference CS/EQI23004051/Kwy3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMV 423T
Insured Veh. GBF 7299D
Claim No. DM23HO00782
Policy No.
Accident Date 10/04/2023
Inspection Date 20/04/2023

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	160.00
GST (8%)	12.80
Grand Total	172.80

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/EQI23004051/Kwy3e2 Date: 29/05/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBF 7299D	Veh. Inspected	SMV 423T	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM23HO00782	Excess (\$)	0.00	
Assign From	JOSEPHINE WONG	Assign Date	19/04/2023	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN SERENA (A)	c.c	1198	
Engine No.	HIDDEN	Year of Reg.	2020	
Chassis No.	JN1EBAC27Z0000592	Colour	METALLIC PEARL WHITE	
Odometer	52837 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/60 R16	YOKOHAMA	8 mm	
L/H Front Tyre	195/60 R16	YOKOHAMA	8 mm	
R/H Rear Tyre	195/60 R16	YOKOHAMA	6 mm	
L/H Rear Tyre	195/60 R16	YOKOHAMA	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/04/2023	Inspection Date	20/04/2023	
Survey held at	OPTIMA WERKZ PTE LTD 10 ANG MO KIO INDUSTRIAL PARK 2A #01-05 AMK AUTOPOINT SINGAPORE 568047			
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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMV 423T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT DOOR ASSY RH	TO REPAIR SEE LABOUR	1,680.00	-
1	FRONT DOOR LOWER PROTECTOR RH	SERVICEABLE	735.00	-
1	FRONT FENDER PROTECTOR RH	TO REPAIR SEE LABOUR	252.00	-
1	E-POWER EMBLEM	NECESSARY	157.50	157.50
1	SIDE MIRROR ASSY RH	DENTED / CUT	2,100.00	1,676.90
	LESS 10% DISCOUNT		-492.45	-183.44
			4,432.05	1,650.96
	<u>LABOUR</u>			
	LABOUR TO REMOVE, REPLACE/REPAIR, REALIGN AND REFIX THE LISTED ACCIDENT AFFECTED DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT DOOR ASSY RH AND FRONT FENDER PROTECTOR RH.		600.00	250.00
	LABOUR TO REMOVE, TRANSFER AND REFIX FRONT RH DOOR INNER MECHANISM FROM DAMAGED DOOR ASSY TO NEW DOOR ASSY.	NOT NECESSARY	120.00	-
	LABOUR TO PUTTY, RESPRAY AND POLISH FRONT RH DOOR, FRONT RH FENDER, FRONT RH DOOR PROTECTOR, FRONT RH FENDER PROTECTOR AND OTHER ACCIDENT AFFECTED AREA.		800.00	400.00
	TO TUFF KOTE AND UNDERSEAL MATERIALS.	NOT NECESSARY	120.00	-
			1,640.00	650.00
GRAND TOTAL			6,072.05	2,300.96
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,850.00

Report Ref No. CS/EQI23004051/Kwy3e2

KONG SENG CHEONG

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	11/04/2023 17:24 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 6 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV423T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA LE YEE WIKI
NRIC No	SXXXX795H
Email Address	KEVIN.KUSUMO@YAHOO.COM
Mobile Phone No	(Phone) +65-94236976
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	SERENA 1.2L HIGHWAY STAR PREMIUM E-POWER
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	1198

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-006682

DRIVER

Name of Driver	KEVIN KUSUMO
NRIC No	SXXXX626A
Date Of Birth	30/11/1987
Occupation	Outdoor

Date Of Driving Pass	12/09/2012
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94236976
Alt. Phone Number	-
Email Address	KEVIN.KUSUMO@YAHOO.COM
Address	BLK 63 UPPER SERANGOON VIEW #07-21
Address complement	-
Postcode	534014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Property
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	XIONG XIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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	GBF7299D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ERWANDY BIN HAMID
NRIC No	SXXXX346H
Contact Number	(Phone) +65-88545571
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

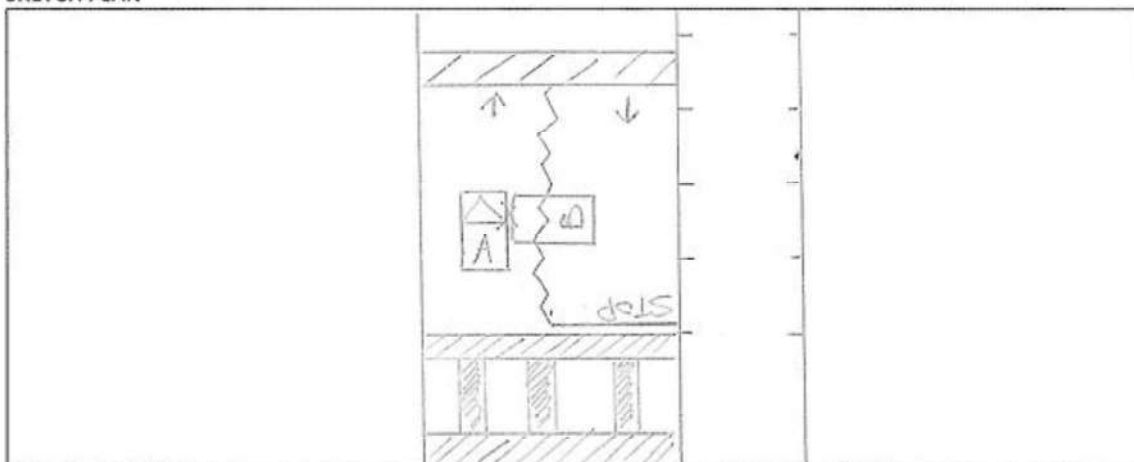
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KEVIN KUSUMO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, BACK & SHOULDER PAIN
Injured person in which vehicle?	SMV423T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



Date of accident: 10/04/2023 Time: 1440 Location: Laing 6 Tan Pagarh
 My Vehicle A: Smv453T Vehicle B: GBF7299D Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report: T/20230411/7049.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop : Optima Works Pte Ltd

Email address : Joseph @ opti.sg

& myself : _____
 Email address : _____

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: _____

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: _____

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____

(AH LIM MOTOR COMPANY V1)

AH LIM MOTOR COMPANY

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 Authorised 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. The 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 lodgment 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:

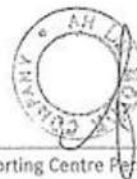
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2023 15:10			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: KEVIN KUSUMO			Address: 63 UPPER SERANGOON VIEW #07-21 SINGAPORE 534014			
ID Type / ID No.: NRIC NO / S8784626A			Contact No.: Home/Office:		Mobile: 94236976	
Nationality: INDONESIAN			Email: KEVIN.KUSUMO@YAHOO.COM			
Sex: Male	Age: 35	Date of Birth: 30/11/1987	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Graphic designer			Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2023 14:40	Type of Location: Car Park
Location: LORONG 6 TOA PAYOH				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7299D	Van					0
SMV423T	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	ERWANDY BIN HAMID		ID No. S7933346H
Related Vehicle	GBF7299D (Van)		Contact No. 88545571
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	KEVIN KUSUMO		ID No. S8784626A
Related Vehicle	SMV423T (Car)		Contact No. 94236976
Hospital/Clinic	THOMSON MEDICAL CENTRE		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	11/04/2023		Date 11/04/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 10/04/2023 at 1442hrs, I was driving vehicle bearing registration number SMV423T in car park no TPTP16, TPTP61 behind hdb hub. My car has 1 passenger, my employee.

I drive out from my parking lot, going straight, all of sudden I felt an impact from the driver side of the car (along a car park lot no 51 - 55.) I realised that a van bearing registration number GBF7299D hit into my car side portion causing dents. I realised the van was just come out from his parking lot, and I suspect he didn't check both sides of the road before proceeding.

We then alighted, took photos of the accident and exchange particulars with the driver.

Due to the impact of the accident on the driver side, I felt unwell so decided to seek medical attention from doctor.

After the consultation with the doctor, I received 3 days MC. I am lodging report for insurance purposes.

I have videos from car dash cam and more photos that I took in the place of accident.



**SINGAPORE
POLICE FORCE**



T/20230411/7049

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230411/7049

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
11/04/2023 15:10

Classification Of Case:



LKK Auto Consultants Pte Ltd

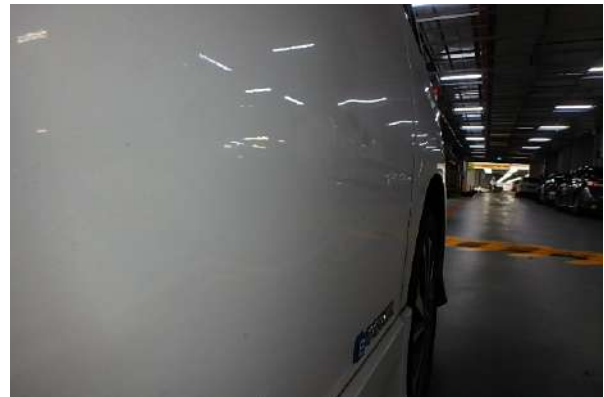
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. SMV 423T

INSPECTION





LKK Auto Consultants Pte Ltd

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RE-INSPECTION





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PHOTOGRAPHS FOR VEHICLE NO. SMV 423T

RE-INSPECTION

