



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. AC2303819

INV Date 16/06/2023

Reference CS/EQI23005089/Aqy3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMR 9546J

Insured Veh. GBE 3458T

Claim No. DM23HO01045/JS

Policy No. DMCHHQ23-000016

Accident Date 11/05/2023

Inspection Date 18/05/2023

| 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/EQI23005089/Aqy3m4 Date: 16/06/2023 Code: EQI | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | GBE 3458T | Veh. Inspected | SMR 9546J |
| Policy No. | DMCHHQ23-000016 | Coverage (\$) | 0.00 |
| Claim No. | DM23HO01045/JS | Excess (\$) | 0.00 |
| Assign From | NEO JIE SI | Assign Date | 18/05/2023 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | BMW 118I | c.c | 1598 |
| Engine No. | HIDDEN | Year of Reg. | 2012 |
| Chassis No. | WBA1A32020J064984 | Colour | WHITE |
| Odometer | 157767 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 | BRIDGESTONE | 6 mm |
| L/H Front Tyre | 215/55 R17 | BRIDGESTONE | 6 mm |
| R/H Rear Tyre | 215/55 R17 | BRIDGESTONE | 6 mm |
| L/H Rear Tyre | 215/55 R17 | BRIDGESTONE | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 11/05/2023 | Inspection Date | 18/05/2023 |
| Survey held at | AKA AUTO PTE LTD 25 KAKI BUKIT ROAD 4, #05-36, SYNERGY @ KB, SINGAPORE 417800 | | |
| 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. SMR 9546J

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|-------------------------------------------|------------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 2 | REAR NUMBER PLATE LAMP @\$42.00 | NOT NECESSARY | 84.00 | - |
| 2 | REAR BUMPER SIDE HOLDER @\$87.00 | NOT NECESSARY | 174.00 | - |
| 1 | REAR BUMPER REINFORCEMENT | DENTED | 449.00 | 449.00 |
| 1 | REAR BUMPER CENTRE GUIDE | CRACKED | 194.00 | 194.00 |
| 1 | REAR BUMPER TOW COVER | NOT NECESSARY | 34.00 | - |
| 4 | REVERSE SENSOR @\$265.00 | DAMAGED (2PIECES ONLY) | 1,060.00 | 530.00 |
| 4 | REVERSE SENSOR HOLDER @\$25.00 | NECESSARY | 100.00 | 100.00 |
| 1 | REAR END PANEL | TO REPAIR SEE LABOUR | 695.00 | - |
| 1 | REAR END PANEL TOP GARNISH | NOT NECESSARY | 86.00 | - |
| 2 | TAILLAMP @\$422.00 | N/S DAMAGED | 844.00 | 422.00 |
| 1 | REAR EXHAUST PIPE | NOT NECESSARY | 864.00 | - |
| 1 | REAR EXHAUST PIPE MOUNTING | NOT NECESSARY | 45.00 | - |
| 1 | REAR EXHAUST PIPE GASKET | NOT NECESSARY | 36.00 | - |
| 1 | REAR EXHAUST PIPE HEAT SHIELD | CRUMPLED | 135.00 | 135.00 |
| | LESS 5% DISCOUNT | | -240.00 | - |
| | LESS 10% DISCOUNT | | - | -183.00 |
| | | | 4,560.00 | 1,647.00 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR NUMBER PLATE (SN) | NOT NECESSARY | 30.00 | - |
| 1 | REAR NUMBER PLATE HOLDER (SN) | NOT NECESSARY | 30.00 | - |
| 1 | REAR BUMPER (SN) | DEFORMED | 2,000.00 | 1,200.00 |
| 1 | SET REAR BUMPER CLIPS (SN) | NECESSARY | 50.00 | 50.00 |
| 1 | REAR BUMPER LOWER DIFFUSER (SN) | CUT | 1,200.00 | 400.00 |
| 1 | SET REAR END PANEL TOP GARNISH CLIPS (SN) | NOT NECESSARY | 20.00 | - |
| 1 | REAR END PANEL SEALANT (SN) | NOT NECESSARY | 60.00 | - |
| 4 | REAR EXHAUST CHROME PIPE @\$200.00 (SN) | NOT NECESSARY | 800.00 | - |
| | | | 4,190.00 | 1,650.00 |

Report Ref No. CS/EQI23005089/Aqy3m4



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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|-----------------------------------------------------------------------------|---------------|---------------------------|-------------------|
| | LABOUR | | | |
| | PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR END PANEL. | | 1,200.00 | 400.00 |
| | SPRAY PAINTING. | | 1,200.00 | 400.00 |
| | WIRING. | | 100.00 | 30.00 |
| | TO APPLY TUFF COAT. | | 150.00 | 40.00 |
| | TO REMOVE REVERSE SENSOR. | | 100.00 | 50.00 |
| | TO REMOVE REAR EXHAUST PIPE. | NOT NECESSARY | 150.00 | - |
| | TO PERFORM DIAGNOSTIC TEST. | NOT NECESSARY | 200.00 | - |
| | | | 3,100.00 | 920.00 |
| | GRAND TOTAL | | 11,850.00 | 4,217.00 |
| | RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 3,300.00 |

Report Ref No. CS/EQI23005089/Aqy3m4

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 | 13/05/2023 14:12 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 11/05/2023 22:00 (SGT) |
| Exact Location of Accident | Tampines Ave 1, Singapore |
| Additional Location Information | TAMPINES AVE 1 & ST 2 JUNCTION. |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMR9546J |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | SHUIB MUHD FARHAN |
| NRIC No | S9333175C |
| Email Address | SMURFISIDE@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-96964455 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer | BMW |
| Model | 118i |
| 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 | 1600 |

INSURANCE COMPANY

| | |
|-----------------------------------------|----------------------------------------------------|
| Name of Insurance Company | Auto & General Insurance (Singapore) Pte. Limited. |
| Policy Number / Cover Note Number | P10890132R00 |

DRIVER

| | |
|----------------------|-------------------|
| Name of Driver | SHUIB MUHD FARHAN |
| NRIC No | S9333175C |
| Date Of Birth | 08/09/1993 |
| Occupation | Indoor |

| | |
|--------------------------------------------------------------------|----------------------------|
| Date Of Driving Pass | 18/06/2015 |
| Driving experience | 7 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96964455 |
| Alt. Phone Number | - |
| Email Address | SMURFISIDE@HOTMAIL.COM |
| Address | 285 TAMPINES ST 22 #03-223 |
| Address complement | - |
| Postcode | 520285 |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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

MY VEHICLE JUST STARTED TO MOVE OFF. SUDDENLY VEHICLE B FROM MY REAR CAME 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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------------------------------|
| Vehicle Registration Number | GBE3458T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | MOHAMED ASHARAF BIN MOHAMED ARIS |

| | |
|-----------------------------------------------|---|
| Contact Number | - |
| 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 | SHUIB MUHD FARHAN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMR9546J |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

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

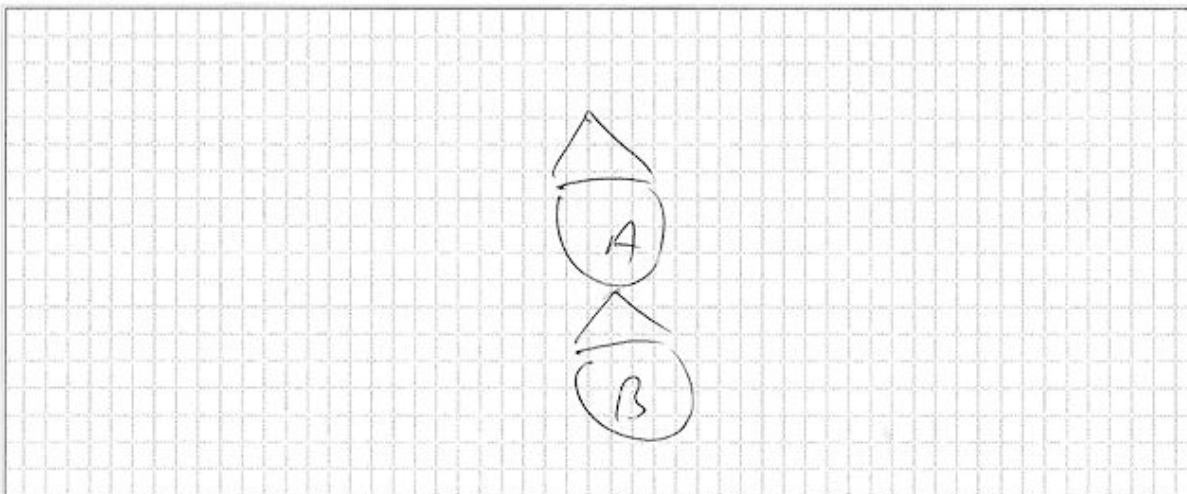
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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

My vehicle just started to move off,
suddenly vehicle B from my rear came
and hit onto my vehicle rear portion.

Declaration

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



Policyholder's Signature / Date & Time

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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PHOTOGRAPHS FOR VEHICLE NO. SMR 9546J

INSPECTION





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RE-INSPECTION





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