



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. AC2303908

INV Date 19/06/2023

Reference CS/EQI23005270/Rqp3m4

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SMT 9286Z

Insured Veh. SJD 7685M

Claim No. DM23HO01094

Policy No.

Accident Date 21/05/2023

Inspection Date 24/05/2023

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

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/EQI23005270/Rqp3m4 Date: 19/06/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJD 7685M	Veh. Inspected	SMT 9286Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM23HO01094	Excess (\$)	0.00	
Assign From	JOSEPHINE WONG	Assign Date	23/05/2023	
2. Vehicle Particulars & Condition				
Make & Model	VOLKSWAGEN TOURAN 1.4 TSI CL S/R	c.c	1395	
Engine No.	HIDDEN	Year of Reg.	2020	
Chassis No.	WVGZZZ1TZKW072578	Colour	WHITE	
Odometer	37289 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/55 R17	PIRELLI	6 mm	
L/H Front Tyre	215/55 R17	PIRELLI	6 mm	
R/H Rear Tyre	215/55 R17	PIRELLI	6 mm	
L/H Rear Tyre	215/55 R17	PIRELLI	6 mm	
4. Description of Damages				
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information				
Accident Date	21/05/2023	Inspection Date	24/05/2023	
Survey held at	VOLKSWAGEN GROUP SINGAPORE PTE LTD 247 ALEXANDRA ROAD SINGAPORE 159934			
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. SMT 9286Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	COVER FOR BUMPER PRIMED (SN)	DEFORMED	1,307.91	1,307.91
1	SPOILER SATIN BLACK (SN)	CUT	399.17	399.17
4	RIVET @\$1.32 (SN)	NECESSARY	5.28	5.28
1	BUMPER REINFORCEMENT (SN)	NOT NECESSARY	766.55	-
1	ATTACHMENT STRIP BUMPER CTR BRACKET (SN)	NOT NECESSARY	80.40	-
1	GUIDE PIECE LHR BUMPER BRACKET (UPPER) (SN)	NOT NECESSARY	58.20	-
1	GUIDE PIECE RHR BUMPER BRACKET (UPPER) (SN)	NOT NECESSARY	58.20	-
1	GUIDE PIECE LHR BUMPER BRACKET (SIDE) (SN)	NOT NECESSARY	56.51	-
1	GUIDE PIECE RHR BUMPER BRACKET (SIDE) (SN)	NOT NECESSARY	56.51	-
1	REFLECTOR LHS REFLECTOR INNER (SN)	NOT NECESSARY	86.53	-
1	REVERSE SENSOR (SN)	NOT NECESSARY	400.00	-
			3,275.26	1,712.36
	<u>LABOUR</u>			
	B&P CHECK SHORT CIRCUIT / HARNESS REPAIR.		280.00	280.00
	B&P DIAGNOSIS AND PROGRAMMING.		480.00	480.00
	LABOUR.		2,520.00	840.00
	SPRAY PAINT.		2,400.00	800.00
			5,680.00	2,400.00
	GRAND TOTAL		8,955.26	4,112.36
	RECOMMENDED COST OF REPAIRS			4,112.36

Report Ref No. CS/EQI23005270/Rqp3m4

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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	22/05/2023 18:34 (SGT)
Reported by	Owner
Date of Accident	21/05/2023 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	21 SENGKANG WEST AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT9286Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GRACIE LIM BAN CHENG
NRIC No	SXXXX300D
Email Address	GRACIELBC@GMAIL.COM
Mobile Phone No	(Phone) +65-97777400
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
Variant	Touran Comfortline EQP 1.4 TSI 110kW DSG
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	1400

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2002357687-01

DRIVER

Name of Driver	TAN RUXIN, DESIREE (CHEN RUXIN, DESIREE)
NRIC No	SXXXX458F
Date Of Birth	19/04/1982
Occupation	Indoor

Date Of Driving Pass	22/03/2002
Driving experience	21 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97770400
Alt. Phone Number	-
Email Address	GRACIELBC@GMAIL.COM
Address	BLK 239 BISHAN STREET 22
Address complement	#18-85
Postcode	570293
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	5
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	GRACIE LIM BAN CHENG
Gender	Female

PASSENGER 2

Name	JAROSYLN
Gender	Female

PASSENGER 3

Name	DANIEL TOH ZHENG LEI
Gender	Male

PASSENGER 4

Name	BEVERLY TOH ZHEN YING
Gender	Female

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 SKETCH PLAN

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD7685M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver NEO YONG AIK
NRIC No SXXXX329Z
Contact Number (Phone) +65-97962630
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**

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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")

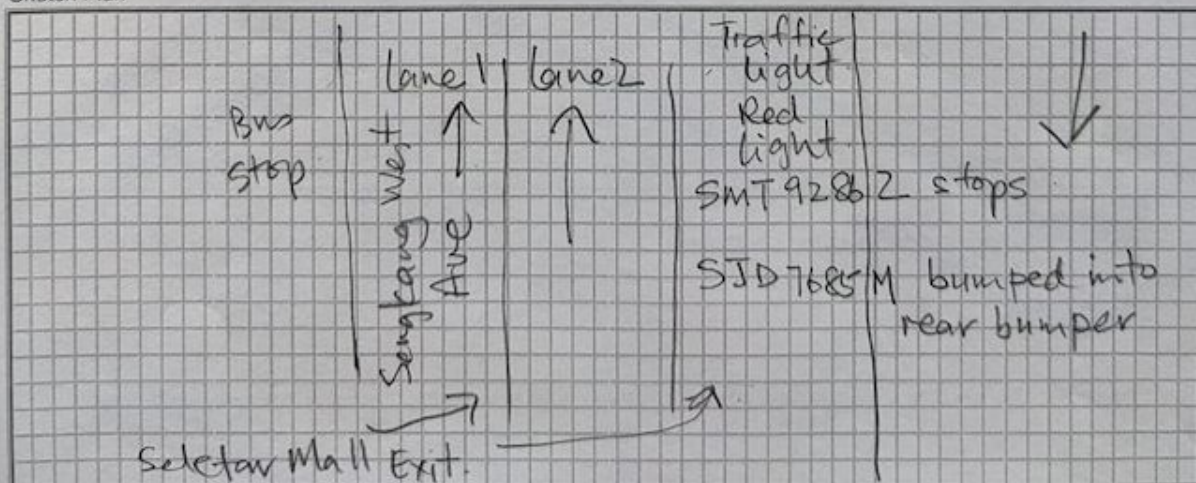
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

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

Maw 22/5/23
Policyholder's Signature / Date & Time
9.20 am

Dee 22/5/23
Actual Driver's Signature (If driver is not the
policyholder) / Date & Time 6.10 pm

Q 22/5/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

vJun2022

Describe Circumstance of the Accident

Minor Accident on 21 May 2023 at around 1.00 pm
between car regn. no: SJD 7685M and SMT 92862.

Location: 21 Sengkang West Ave.

Right lane just after car park exit from
Seletar Mall, and before the bus stop
at the traffic lights.

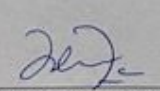
Car SMT 92862 was stationary and waiting
for traffic light to turn green.

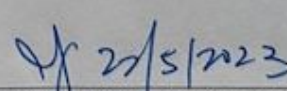
Car SJD 7685M suddenly bumped into
my car and caused a dent on
the lower left bumper.

Declaration

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


Policyholder's Signature / Date & Time
22/5/23
9.20 am


Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time 22/5/23 6.10 pm


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



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INSPECTION





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RE-INSPECTION

