



## 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. AC2304238

INV Date 05/07/2023

Reference CS/EQI23005296/Rqp3m4

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. SJJ 2266R

Insured Veh. GBM 2299A

Claim No. DM23HO01084/JS

Policy No.

Accident Date 21/05/2023

Inspection Date 29/05/2023

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

**SML**



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### Affiliated to Federation Internationale Des Experts En Automobile

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#17-00 TOWER BLOCK  
MND COMPLEXSINGAPORE 069110

Ref: CS/EQI23005296/Rqp3m4

Date: 05/07/2023

Code: EQI

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

Insured Veh.	GBM 2299A	Veh. Inspected	SJJ 2266R
Policy No.		Coverage (\$)	0.00
Claim No.	DM23HO01084/JS	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	24/05/2023

#### 2. Vehicle Particulars & Condition

Make & Model	VOLKSWAGEN T-CROSS R-LINE	c.c	999
Engine No.	HIDDEN	Year of Reg.	2022
Chassis No.	WVGZZZC1ZNY087744	Colour	ORANGE
Odometer	5216 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

#### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55R17	PIRELLI	6 mm
L/H Front Tyre	205/55R17	PIRELLI	6 mm
R/H Rear Tyre	205/55R17	PIRELLI	6 mm
L/H Rear Tyre	205/55R17	PIRELLI	6 mm

#### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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#### 5. General Information

Accident Date	21/05/2023	Inspection Date	29/05/2023
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.
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#### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJJ 2266R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	COVER FOR BUMPER PRIMED REAR BUMPER (UPPER) (SN)	TO REPAIR SEE LABOUR	1,368.47	-
1	SENSOR BRACKET PRIMED (SN)	NOT NECESSARY	15.35	-
1	SENSOR BRACKET PRIMED (SN)	NOT NECESSARY	15.35	-
1	SENSOR BRACKET (SN)	NOT NECESSARY	13.46	-
2	SENSOR BRACKET @\$13.46 (SN)	NOT NECESSARY	26.92	-
1	SENSOR BRACKET (SN)	NOT NECESSARY	13.46	-
1	2K-PLASTIC ADHESIVE (SN)	NOT NECESSARY	84.64	-
1	BONDING AGENT FOR PLASTIC (SN)	NOT NECESSARY	74.37	-
1	SPOILER PRIMED REAR BUMPER (CTR) (SN)	TO REPAIR SEE LABOUR	428.99	-
1	REAR DIFFUSOR SATIN BLACK REAR BUMPER (LOWER) (SN)	CUT	325.58	325.58
1	BUMPER BRACKET REINFORCEMENT (SN)	NOT NECESSARY	773.26	-
1	FOAM INSERT (SN)	NOT NECESSARY	117.86	-
1	ATTACHMENT STRIP BUMPER CTR BRACKET (SN)	NOT NECESSARY	71.65	-
1	GUIDE PIECE LHR BUMPER BRACKET (UPPER) (SN)	NOT NECESSARY	49.44	-
1	GUIDE PIECE RHR BUMPER BRACKET (UPPER) (SN)	NOT NECESSARY	49.44	-
1	GUIDE PIECE LHR BUMPER BRACKET (SIDE) (SN)	NOT NECESSARY	49.44	-
1	GUIDE PIECE RHR BUMPER BRACKET (SIDE) (SN)	NOT NECESSARY	49.44	-
			3,527.12	325.58
	<b><u>LABOUR</u></b>			
	B&P CHECK SHORT CIRCUIT / HARNESS REPAIR.	NOT NECESSARY	280.00	-
	B&P DIAGNOSIS AND PROGRAMMING.		480.00	480.00
	LABOUR. INCLUSIVE OF THE REPAIR OF COVER FOR BUMPER PRIMED REAR BUMPER (UPPER) AND SPOILER PRIMED REAR BUMPER (CTR).		2,520.00	840.00
	SPRAY PAINT.		2,400.00	1,600.00
			5,680.00	2,920.00
	<b>GRAND TOTAL</b>		<b>9,207.12</b>	<b>3,245.58</b>

Report Ref No. CS/EQI23005296/Rqp3m4



RECOMMENDED COST OF REPAIRS			3,245.58
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Report Ref No. CS/EQI23005296/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	23/05/2023 17:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/05/2023 13:36 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BEDOK NORTH ROAD (TURNING RIGHT INTO BEDOK NORTH AVE 1)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2266R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW SENG LEE
NRIC No	SXXXX366G
Email Address	benjaminmacgyver@gmail.com
Mobile Phone No	(Phone) +65-90667770
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	T-CROSS
Variant	T-Cross R-Line 1.0 I TSI 85kW 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	1000

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003494213

#### DRIVER

Name of Driver	LIEW SENG LEE
NRIC No	SXXXX366G
Date Of Birth	10/09/1962

Occupation	Indoor
Date Of Driving Pass	31/03/1980
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90667770
Alt. Phone Number	-
Email Address	benjaminmacgyver@gmail.com
Address	2 JALAN TAMAN #07-09
Address complement	SINGAPORE
Postcode	329023
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)	3
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	LIM KIM EE
Gender	Female

#### PASSENGER 2

Name	LIEW CHER DON
Gender	Male

#### 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 THE SKETCH PLAN

#### 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	GBM2299A
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
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

### 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

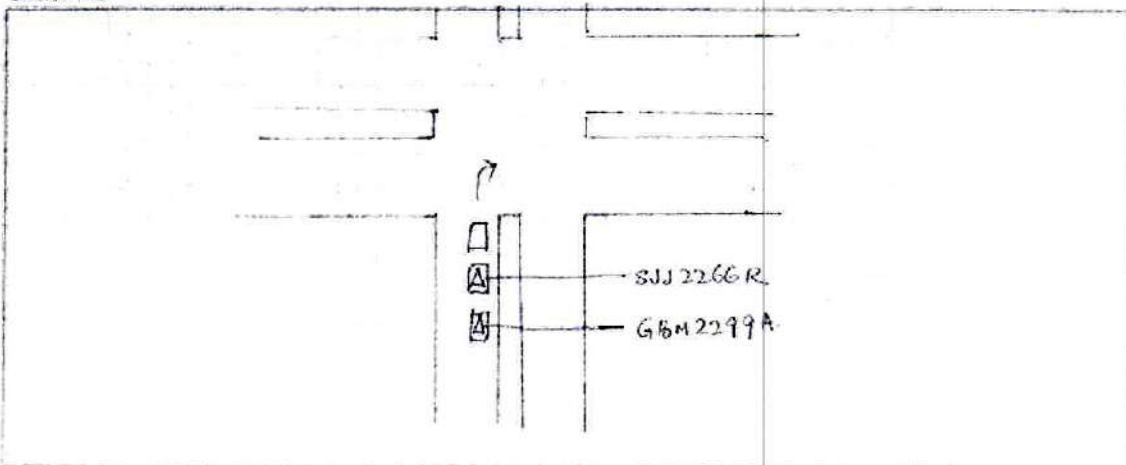
23/5/2023

1600hrs

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



Description of Circumstances of the Accident	
<p>On 21 May 2023, about 12.36 pm, whilst a stop my vehicle SJO1266 R. IN FRONT OF THE TRAFFIC JUNCTION OF ROAD TURNING RIGHT TO BRIDGE NORTH AVENUE, I SUSPECTED THE AMERICAN VEHICLE WAS GOING TO HIT MY ROAD OF SJO1266 R.</p>	

**• We do it the fraying cantaloupe way in every nook.**

Actual Driver's Signature (if driver is a licensed professional)  
Name & Title

4



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### INSPECTION





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### RE-INSPECTION





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