



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. AC2304139

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

INV Date 18/06/2023
Reference CS/EQI23005540/Uwy3e2
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SLA 1863Y
Insured Veh. SLP 1573E
Claim No. DM23HO01150/JS
Policy No. DMPPHQ23-004703
Accident Date 30/05/2023
Inspection Date 31/05/2023

Description	Total
Survey Inspection	300.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	300.00
GST (8%)	24.00
Grand Total	324.00

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/EQI23005540/Uwy3e2 Date: 18/06/2023 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLP 1573E	Veh. Inspected	SLA 1863Y
Policy No.	DMPPHQ23-004703	Coverage (\$)	0.00
Claim No.	DM23HO01150/JS	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	31/05/2023
2. Vehicle Particulars & Condition			
Make & Model	KIA FORTE K3 (A)	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KNAFX411MG5570365	Colour	BLACK
Odometer	147821 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/55 R16	KAPSEN	6 mm
L/H Front Tyre	205/55 R16	KAPSEN	6 mm
R/H Rear Tyre	205/55 R16	KAPSEN	6 mm
L/H Rear Tyre	205/55 R16	KAPSEN	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	30/05/2023	Inspection Date	31/05/2023
Survey held at	FASTECH AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883		
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. SLA 1863Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BOOTLID	DENTED / BENT	1,661.00	1,661.00
2	BOOTLID HINGES @\$150.00	NOT NECESSARY	300.00	-
1	BOOTLID REAR LOGO	NECESSARY	85.00	62.00
1	BOOTLID 'CERATO' EMBLEM	NOT FITTED	68.00	-
1	BOOTLID 'FORTE' EMBLEM	NECESSARY	60.00	48.00
1	BOOTLID 'K3' EMBLEM	NECESSARY	52.00	50.00
1	BOOTLID C&C LOGO	NECESSARY	50.00	50.00
1	BOOTLID INNER LOCK	BENT	199.00	145.00
1	BOOTLID WEATHERSTRIP	TWISTED	281.00	117.00
2	BOOTLID REFLECTORS @\$725.00	NOT NECESSARY	1,450.00	-
1	BOOTLID INNER TRIM	NOT NECESSARY	281.00	-
1	SET BOOTLID INNER TRIM CLIPS	NOT NECESSARY	50.00	-
1	REAR BUMPER	DISTORTED	1,250.00	749.00
1	REAR BUMPER LOWER GARNISH	DISTORTED	650.00	341.00
2	REAR BUMPER REFLECTORS @\$88.00	N/S NOT NECESSARY / O/S CRACKED	176.00	62.00
2	REAR BUMPER SIDE RETAINERS @\$60.00	NECESSARY	120.00	90.00
1	REAR BUMPER REINFORCEMENT	CRACKED	515.00	318.00
2	REAR BUMPER REINFORCEMENT BRACKETS @\$180.00	BENT	360.00	290.00
3	REAR BUMPER REINFORCEMENT TOP BRACKETS @ \$25.00	TWISTED	75.00	75.00
2	REAR BUMPER REINFORCEMENT LOWER BRACKETS @ \$25.00	TWISTED	50.00	50.00
1	SET REAR BUMPER CLIPS	NECESSARY	50.00	50.00
1	REAR END PANEL	DENTED / BENT	691.00	324.00
1	REAR END PANEL TOP GARNISH	TWISTED	288.00	161.00
2	TAILLAMPS @\$1050.00	N/S NOT NECESSARY / O/S CRACKED	2,100.00	675.00
2	TAILLAMP HOUSING PANELS @\$450.00	TO REPAIR SEE LABOUR	900.00	-
1	REAR FLOOR PANEL	TO REPAIR SEE LABOUR	1,420.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR FLOOR PANEL TOP BOARD	WARPED	615.00	452.00
2	REAR FENDERS @\$1650.00	TO REPAIR SEE LABOUR	3,300.00	-
2	REAR FENDER INNER TRIMS @\$355.00	N/S NOT NECESSARY / O/S TORN	710.00	355.00
1	REAR EXHAUST	TO REPAIR SEE LABOUR	745.00	-
1	REAR EXHAUST HEAT SHIELD	NOT NECESSARY	122.00	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	86.00	-
	LESS 10% DISCOUNT		-	-612.50
			18,760.00	5,512.50
	<u>SPECIAL NETT ITEMS</u>			
1	REAR LICENCE PLATE (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER REVERSE SENSOR (SN)	MALFUNCTION	280.00	200.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	50.00	50.00
1	SET REAR FLOOR PANEL INSULATOR (SN)	NOT NECESSARY	200.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN INNER SEAL (SN)	NOT NECESSARY	50.00	-
			680.00	250.00
	<u>LABOUR</u>			
	TO CHECK WIRING.		50.00	20.00
	TO DISMANTLE & REPLACED REVERSE SENSOR.		80.00	50.00
	TO TRANSFER BOOTLID MECHANISM.		100.00	60.00
	TO DISMANTLE & REFIX CUSHION UPHOLSTERY.		120.00	80.00
	TO SPRAY RUST PROOFING.		120.00	60.00
	TO RESET & REPROGRAMME SYSTEM.	NOT NECESSARY	100.00	-
	TO DISMANTLE & REPLACED REAR EXHAUST.	NOT NECESSARY	100.00	-
	TO MOUNT VEHICLE ON CAR O-LINER.	NOT NECESSARY	380.00	-
	LABOUR FOR PANEL BEATING & REPLACED PARTS. INCLUSIVE OF THE REPAIR OF TAILLAMP HOUSING PANELS, REAR FLOOR PANEL, REAR FENDERS AND REAR EXHAUST.		2,000.00	850.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO PUTTY & SPRAY PAINTING.		2,000.00	1,000.00
			5,050.00	2,120.00
GRAND TOTAL			24,490.00	7,882.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,300.00

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CHUA KANG SENG

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	30/05/2023 15:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/05/2023 00:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TEBAN GARDENS RD TOWARDS JURONG TOWN HALL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1863Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO AIK BENG
NRIC No	S1777773D
Email Address	BENJAMINYEO@GMAIL.COM
Mobile Phone No	(Phone) +65-94590826
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	P10614749R01

DRIVER

Name of Driver	YEO ZONG YAO
NRIC No	T0139413J
Date Of Birth	29/11/2001
Occupation	Indoor

Date Of Driving Pass	18/02/2022
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90921368
Alt. Phone Number	-
Email Address	YEOZONGYAO@GMAIL.COM
Address	257C COMPASSVALE RD #15-539
Address complement	-
Postcode	543257
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	1
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

REFER TO SKETCH PLAN AND STATEMENT

ATTACHMENT(S)

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	SLP573E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

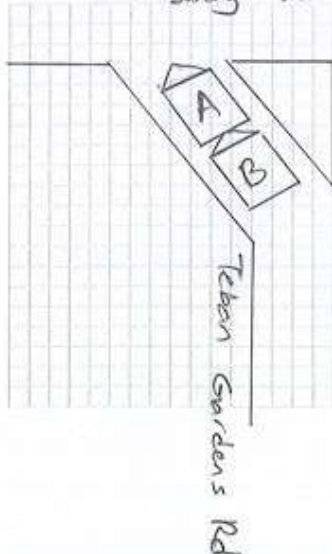
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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

Sketch Plan *Jurong Town Hall Rd*



A = SLA 1863Y

B = SLP 1573E

Describe Circumstances of the Accident

On 30.05.2023 about 1230 am. I was travelling along
teban gardens towards Imong Town Hall Rd. I was stationary
due to the front traffic. Suddenly the vehicle SLP 1573E
collided onto rear portion of my vehicle SLA 1863Y.

Declaration

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



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INSPECTION





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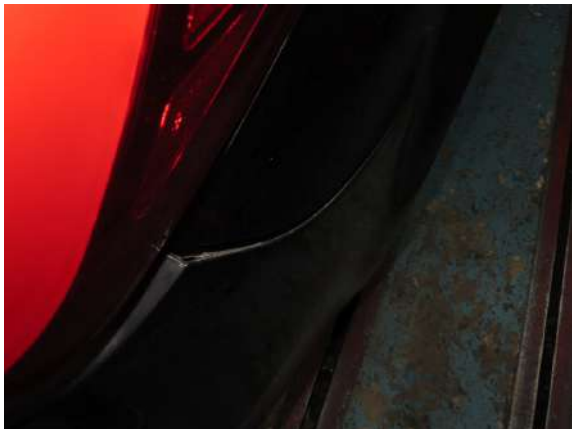
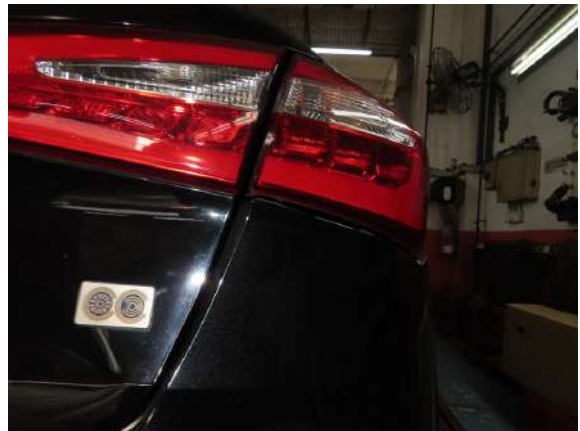


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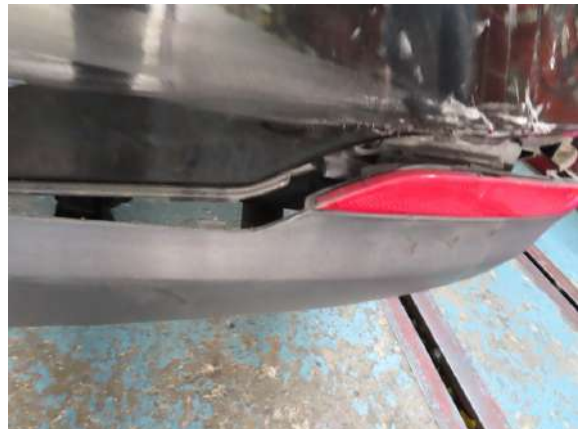


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Reg. No: 199607198R GST Reg. No. 19-9607198-R





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