



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. AC2100526

INV Date 25/01/2021

Reference CC3/EQI20014022/Kqd3q2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SHC 5111U

Insured Veh. GBA 9036J

Claim No. DM20HO01892-JG

Policy No.

Accident Date 14/12/2020

Inspection Date 15/12/2020

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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

LKM



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Affiliated to Federation Internationale Des Experts En Automobile

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Ref: CC3/EQI20014022/Kqd3q2

Date: 25/01/2021

Code: EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBA 9036J	Veh. Inspected	SHC 5111U
Policy No.		Coverage (\$)	0.00
Claim No.	DM20HO01892-JG	Excess (\$)	0.00
Assign From		Assign Date	15/12/2020

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS (A)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2020
Chassis No.	JTDKB3FU803093069	Colour	M.P. WHITE / RED
Odometer	2216 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DUNLOP	9 mm
L/H Front Tyre	195/65 R15	DUNLOP	9 mm
R/H Rear Tyre	195/65 R15	DUNLOP	9 mm
L/H Rear Tyre	195/65 R15	DUNLOP	9 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S DOOR.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/12/2020	Inspection Date	15/12/2020
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

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:	2.500 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5111U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	MIRROR ASSY, OUTER REAR VIEW, LH	BROKEN	1,339.30	1,339.30
1	PANEL SUB-ASSY, FRONT DOOR, LH	BENT	1,300.70	1,300.70
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, LH	BENT	238.30	238.30
1	MOTOR ASSY, POWER WINDOW REGULATOR, LH	JAMMED	926.00	926.00
1	HINGE ASSY, FRONT DOOR, LOWER LH	TO REPAIR SEE LABOUR	110.60	-
1	HINGE ASSY, FRONT DOOR, UPPER LH	TO REPAIR SEE LABOUR	97.50	-
1	TAPE, BLACK OUT, NO.1 FRT LH	NECESSARY	13.30	13.30
1	TAPE, BLACK OUT, NO.2 FRT LH	NECESSARY	43.50	43.50
1	TAPE, BLACK OUT, NO.3 FRT LH	NECESSARY	26.30	26.30
1	MOULDING ASSY, BODY ROCKER PANEL, LH	SERVICEABLE	594.80	-
1	WEATHERSTRIP, FRONT DOOR FIX WINDOW, LH	SERVICEABLE	76.40	-
	LESS 25% DISCOUNT		-1,191.68	-971.85
			3,575.02	2,915.55
<u>SPECIAL NETT ITEMS</u>				
1	SET DOOR STICKER TRANSCAB (SN)	NECESSARY	100.00	60.00
1	SET REAR BUMPER CLIP (SN)	NOT NECESSARY	95.00	-
1	REAR BUMPER PROTECTOR (SN)	NOT NECESSARY	180.00	-
1	SET REAR BUMPER RETAINER CLIP (SN)	NOT NECESSARY	85.00	-
1	END PANEL TRIM CLIP (SN)	NOT NECESSARY	65.00	-
			525.00	60.00
<u>LABOUR</u>				
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF HINGE ASSY, FRONT DOOR, LOWER LH AND HINGE ASSY, FRONT DOOR, UPPER LH.		2,200.00	200.00
	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER OF TAILGATE FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	180.00	-
	TO REMOVE AND REFIT ELECTRICAL WIRING,BATTERY AND OTHER NECESSARY ITEMS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	480.00	-
	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	480.00	-
	TO DISMANTLE AND REFIT AIRCON ASSY AND ATTACHMENT,VACUUM AND CHARGE-IN-GAS.	NOT NECESSARY	380.00	-
	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH,TO FACILITATE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO RUST-PROOFING AND APPLY UNDERCOAT OF THE AFFECTED AREAS.		250.00	30.00
	TOWING FEES.	NOT NECESSARY	150.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		2,200.00	280.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	TO TRANSFER OF LUGGAGE FLOOR PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	220.00	-
	TO REPLACE,REFIX AND TOP UP COOLANT FOR RADIATOR.	NOT NECESSARY	170.00	-
	TO LIFT-UP/OUT ENGINE WITH GEAR BOX AND REFIT.	NOT NECESSARY	440.00	-
	TO REMOVE AND REFIT RADIATOR SUPPORT CROSS-MEMBER AND OTHER NECESSARY ITEMS TO ENABLE BODYWORK REPAIR.	NOT NECESSARY	380.00	-
	TO CONDUCT AND PERFORM A COMPREHENSIVE VEHICLE DIAGNOSTIC CHECK AND RESET VEHICLE WARNING INDICATORS.	NOT NECESSARY	380.00	-
			9,990.00	530.00
GRAND TOTAL			14,090.02	3,505.55

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RECOMMENDED COST OF REPAIRS			3,505.55
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A handwritten signature in black ink, appearing to be 'KSC'.

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 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. 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 15/12/2020 17:09 (SGT)
Date of Accident 14/12/2020 16:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN EUNOS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA9036J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner M & J STRUCTURES & SKYLIGHT SYSTEMS
Company Reg No 37164200X
Email Address rita@mnjss.com
Mobile Phone No (Phone) +65-91050391
Alternative Phone No +65-91050391

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fb70abosrdeb
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company EQ
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMCPHQ20-003322
Cover Note Number 30/09/20 - 29/09/21

DRIVER

Name of Driver UDDIN JASIM
Passport No/FIN G2757358X
Date Of Birth 06/02/1994
Occupation Outdoor

Date Of Driving Pass	22/11/2018
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85952844
Alt. Phone Number	-
Email Address	rita@mnjss.com
Address	C/O PARASOLS UNLIMITED PTE LTD
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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 material 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

PASSENGER 1

Name	WORKER
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 ATTACH.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5111U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ONG YUE GEOK
NRIC No	S1510618B

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

1. VEHICLE NO.: GBA 9036J
 2. INSURER CO.: EQ
 3. ACCIDENT
 DATE & TIME: 14/12/20 @ 16:45

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:

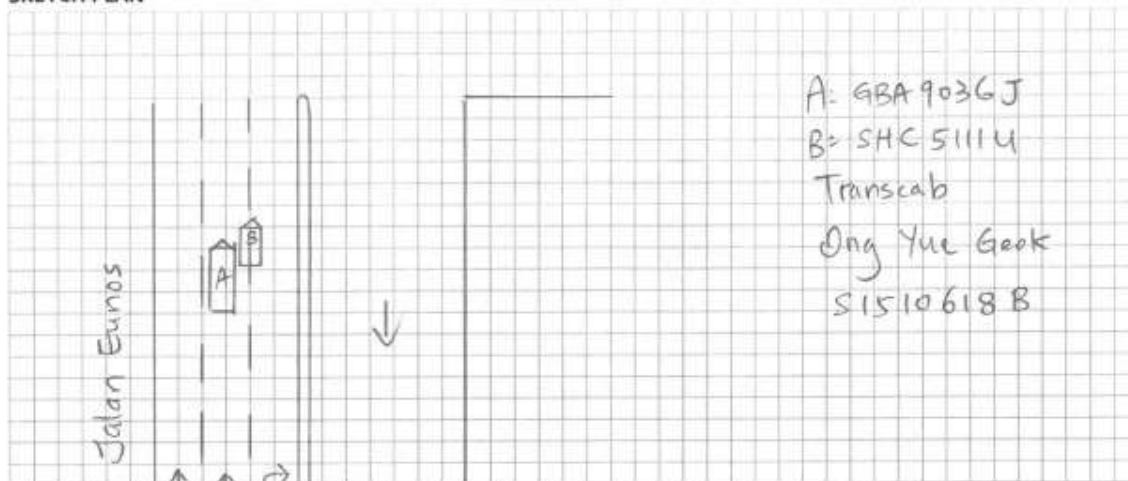
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: (YS)
 NRIC/FIN No.: 15/12/20

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining and road was wet. Upon approaching the above junction, noticed car B filtering to right lane and I tried to brake but my vehicle skidded and hit onto the left portion of car B. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

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

GIARMC SketchPlanForm_V3

() Claim Own Policy () Claim Third Party (X) Reporting Only
() Claim OD/TP at other workshop ()



LKK Auto Consultants Pte Ltd

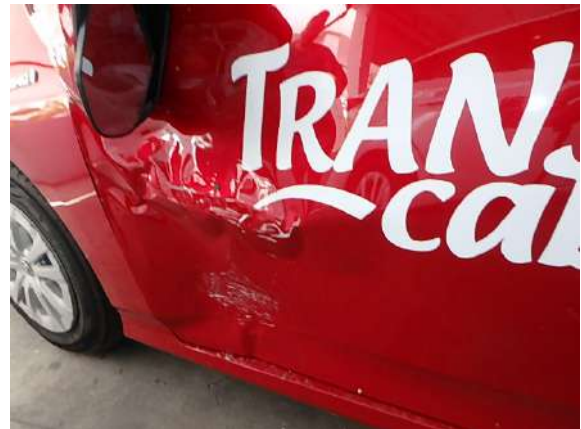
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PHOTOGRAPHS FOR VEHICLE NO. SHC 5111U

INSPECTION





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RE-INSPECTION

