



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. AC2101571

INV Date 11/03/2021

Reference CC3/EQI21000786/Aqd3q2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBB 2817M

Insured Veh. GBE 960D

Claim No. DM21HO00059 /JG

Policy No. DMCPHQ20-003038

Accident Date 18/10/2020

Inspection Date 18/01/2021

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	160.00
GST (7%)	11.20
Grand Total	171.20

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			
EQ INSURANCE COMPANY LTD 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CC3/EQI21000786/Aqd3q2 Date: 11/03/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBE 960D	Veh. Inspected	GBB 2817M
Policy No.	DMCPHQ20-003038	Coverage (\$)	0.00
Claim No.	DM21HO00059 /JG	Excess (\$)	0.00
Assign From		Assign Date	18/01/2021
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA DYNA	c.c	2982
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JTFAT35YX0K200133	Colour	WHITE
Odometer	395822 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195 R15C	MAXMILER	6 mm
L/H Front Tyre	195 R15C	MAXMILER	6 mm
R/H Rear Tyre	155 R12C	MAXMILER	6 mm
L/H Rear Tyre	155 R12C	MAXMILER	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/10/2020	Inspection Date	18/01/2021
Survey held at	KIANG MOTOR BLK 25 KAKI BUKIT ROAD 4 #08-26 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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBB 2817M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	NOT NECESSARY	425.10	-
1	FRONT BUMPER SIDE BRACKET	NOT NECESSARY	58.20	-
1	FRONT GRILLE	CRACKED	387.72	387.72
4	FRONT GRILLE CLIPS @\$12.90	NECESSARY	51.60	30.00
1	FRONT PANEL	DENTED	981.40	981.40
1	FRONT PANEL TOP COVER (CENTER)	NOT NECESSARY	387.10	-
1	FRONT PANEL EMBLE LOGO	NECESSARY	83.70	83.70
1	FRONT HEADLAMP-LH	CRACKED	681.20	681.20
1	FRONT HEADLAMP PANEL	NOT NECESSARY	351.20	-
1	WATER PUMP	NOT NECESSARY	258.10	-
	LESS 25% DISCOUNT		-	-541.01
			3,665.32	1,623.01
	<u>LABOUR</u>			
	TO CHECK WIRING SYSTEM.		60.00	30.00
	TUFF KOTE.		100.00	60.00
	PANEL BEATING.		600.00	400.00
	SPRAY PAINTING.		600.00	400.00
			1,360.00	890.00
	GRAND TOTAL		5,025.32	2,513.01
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,000.00

Report Ref No. CC3/EQ121000786/Aqd3q2

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 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 Report	19/10/2020 16:22
Date Of Accident	18/10/2020 21:15
Exact Location Of Accident	137 UBI AVENUE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2817M
Insured/Policyholder	
Name Of Registered Owner	BLACK EAGLE RENTAL LLP
Co Reg No	TXXXXX043L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90053930

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	1900233573
Cover Note Number	03/11/2019 TO 02/11/2020

Driver

Name of Driver	NARAYANASAMY SUNDARAVEL
NRIC No	GXXXX956U
Date Of Birth	15/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2014
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81693715
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	25 KAKI BUKIT ROAD 4 #05-57 SYNERGY @ KB (S) 417800
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with 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	
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

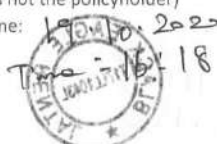
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



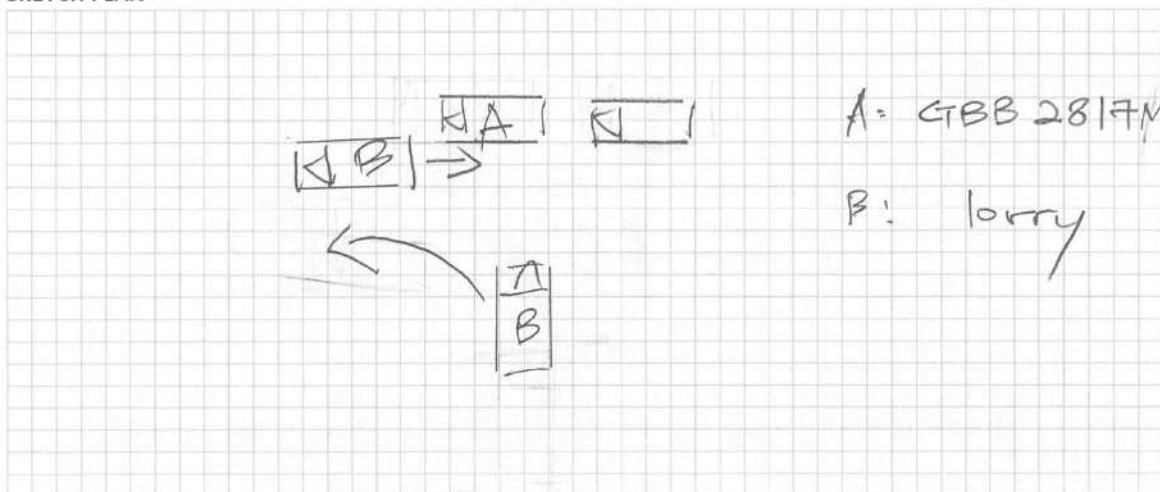
Policyholder's Signature
Date & Time:

Driver's Signature
Date & Time:

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/10/2020 at around 11:00hr, I parked my lorry GBB2817M at 137 ubi ave 4, and left with everything fine & secure. Then I was informed by my colleague that lorry moved out his lot and did a reversed hit onto my lorry left front portion. He not managed to get his vehicle number.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)

Date & Time: 19.10.2020

Time: 16:18



Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:





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PHOTOGRAPHS FOR VEHICLE NO. GBB 2817M

INSPECTION





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RE-INSPECTION





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