



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. AC2101216

INV Date 26/02/2021

Reference CC3/EQI21000872/Avf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. YN 8028Z

Insured Veh. GX 5451P

Claim No. DM21HO00023/JT

Policy No.

Accident Date 05/01/2021

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

KHM



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Affiliated to Federation Internationale Des Experts En Automobile

EQ INSURANCE COMPANY LTD
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#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Ref: CC3/EQI21000872/Avf3e2

Date: 26/02/2021

Code: EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GX 5451P	Veh. Inspected	YN 8028Z
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO00023/JT	Excess (\$)	0.00
Assign From		Assign Date	18/01/2021

2. Vehicle Particulars & Condition

Make & Model	mitsubishi fuso	c.c	2998
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	FEB21EA10094	Colour	WHITE
Odometer	334116 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/85 R15C	KOMENDO	6 mm
L/H Front Tyre	195/85 R15C	KOMENDO	6 mm
R/H Rear Tyre	195 R15C	WEST LAKE	6 mm
L/H Rear Tyre	195 R15C	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/01/2021	Inspection Date	18/01/2021
Survey held at	CN MOTORS PTE LTD 1 KAKI BUKIT AVENUE 6 BLK C #01-41 AUTOBAY @ KAKI BUKIT 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: **4 Working Days**



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YN 8028Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT R/H SIDE MIRROR TOP COVER	NOT NECESSARY	80.00	-
1	FRONT R/H SIDE MIRROR LOWER GARNISH	NOT NECESSARY	35.00	-
1	FRONT R/H SIDE MIRROR STAY	NOT NECESSARY	270.00	-
1	FRONT R/H CORNER PANEL	CRACKED	506.00	506.00
1	FRONT R/H HEAD LAMP	CRACKED	501.00	501.00
1	FRONT R/H SIGNAL LAMP	CRACKED	266.00	266.00
1	FRONT R/H SIDE LAMP	CRACKED	251.00	251.00
1	FRONT BUMPER	BENT	1,060.00	1,060.00
1	FRONT R/H BUMPER SIDE COVER	CUT	341.00	341.00
2	FRONT R/H DOOR HINGE @\$135.00	NOT NECESSARY	270.00	-
1	FRONT R/H STEP PANEL	CUT	613.00	264.00
	LESS 25% DISCOUNT		-	-797.25
			4,193.00	2,391.75
	<u>LABOUR</u>			
	TO REMOVE & REFIT FRONT R/H DOOR AND DOOR COMPONENTS.	NOT NECESSARY	280.00	-
	TO CHECK WIRING.		100.00	30.00
	TUFF KOTE.		100.00	50.00
	PANEL BEATING.		800.00	400.00
	SPRAY PAINTING.		800.00	500.00
			2,080.00	980.00
	GRAND TOTAL		6,273.00	3,371.75
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,700.00

Report Ref No. CC3/EQI21000872/Avf3e2

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 replying on this Report, in whole or in part, does so at his or her own risk.

SS1Y21160008-01 / SME MOTOR PTE LTD
 ENTRY DATE & TIME: 06/01/2021 17:27 (SGT)
 SUBMITTED BY: Wen Ying
 VERSION: 2 (12/01/2021 11:26 (SGT))

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	06/01/2021 17:27 (SGT)
Date of Accident	05/01/2021 05:00 (SGT)
Exact Location of Accident	539 Bedok North Rd, Singapore
Additional Location Information	OSCP BLK 539 BEDOK NTH ST 3.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8028Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH CHEUN MENG
NRIC No	SXXXX857D
Email Address	guankeebeancurd@gmail.com
Mobile Phone No	(Phone) +65-98158512
Alternative Phone No	+65-98158512

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900099296
Cover Note Number	-

DRIVER

Name of Driver	PANCHAVARNAM KUMAR
Passport No/FIN	GXXXX296X
Date Of Birth	14/02/1992
Occupation	Outdoor

Date Of Driving Pass	04/12/2018
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91976154
Alt. Phone Number	-
Email Address	guankeebeancurd@gmail.com
Address	BLK 472 ANG MO KIO AVE 10 #09-860
Address complement	-
Postcode	560472
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 - 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 material 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

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

I WAS STOPPED AND STATIONARY AT BEHIND VEHICLE B WAITING AT THE GANTRY ENTRANCE TO OSCP BLK 539 BEDOK NTH ST 3. SUDDENLY VEHICLE B REVERSED AND COLLIDED ONTO MY FRONT PORTION OF MY VEHICLE AND CAUSED DAMAGES.

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	GX5451P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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

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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:
NRIC/FIN No.:

2018/05/16 14:00:00

I authorized SME to email the GIA
Report to admin@nhtmotor.com / yunbi@nhtmotor.com

SKETCH PLAN

OSCP
BIK539

A: 4N80282
B: GX5451P
OSCP BIK539
Bedok North
Street 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped and stationary at behind Veh "B", waiting at the gantry entrance to OSCP BIK 539 Bedok North Street 3.

Suddenly Veh "B" reversed and collided onto my front portion of my vehicle and caused damages.

P. Kwong.

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

P. J. J. J.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



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PHOTOGRAPHS FOR VEHICLE NO. YN 8028Z

INSPECTION





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RE-INSPECTION



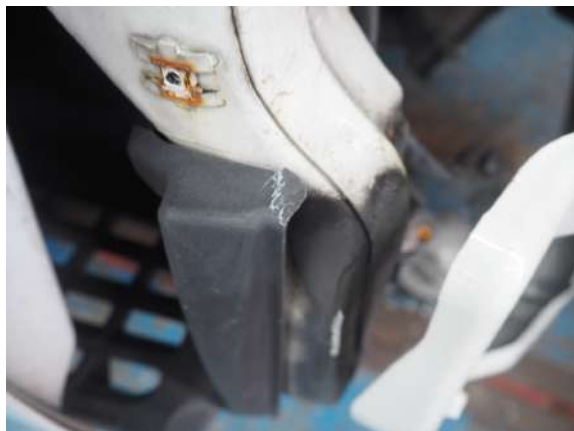


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