



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. AC2105138

INV Date 23/07/2021

Reference CS/EQI21004981/Aqf3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBK 5035K

Insured Veh. GBB 6542D

Claim No. DM21HO00613/JT

Policy No.

Accident Date 17/04/2021

Inspection Date 10/06/2021

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

HYN



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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/EQI21004981/Aqf3n2 Date: 23/07/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBB 6542D	Veh. Inspected	GBK 5035K	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO00613/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	20/04/2021	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA HIACE	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2020	
Chassis No.	JTFHT02P809990306	Colour	SILVER	
Odometer	53853 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195 R15C	BRIDGESTONE	6 mm	
L/H Front Tyre	195 R15C	BRIDGESTONE	6 mm	
R/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm	
L/H Rear Tyre	195 R15C	BRIDGESTONE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/04/2021	Inspection Date	10/06/2021	
Survey held at	MODERN AUTOMOTIVE PTE LTD BLK 3023A UBI ROAD 1 #01-61 SINGAPORE 408717			
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. GBK 5035K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	496.40	496.40
2	REAR BUMPER SIDE RETAINER-LH & RH	NOT NECESSARY	110.40	-
4	REAR BUMPER LOWER BRACKET	BENT (2 PCS ONLY)	116.00	58.00
1	REAR END PANEL	DENTED	581.10	581.10
1	REAR END PANEL INNER	TO REPAIR SEE LABOUR	936.20	-
1	TAIL LAMP-LH	CRACKED	365.10	365.10
1	TAIL LAMP LOWER APRON-LH	NOT NECESSARY	101.20	-
1	TAIL LAMP PANEL-LH	DENTED	318.40	318.40
1	TAILGATE	DENTED	1,755.90	1,755.90
1	TAILGATE LOCK	DAMAGED	287.10	287.10
1	TAILGATE WEATHERSTRIPE	NOT NECESSARY	387.90	-
1	TAILGATE OUTER GARNISH	NOT NECESSARY	364.70	-
1	TOYOTA LOGO	NECESSARY	70.50	70.50
1	TOYOTA HIACE STICKER	NECESSARY	57.60	57.60
	LESS 25% DISCOUNT		-1,487.13	-997.53
			4,461.37	2,992.57
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	30.00	30.00
1	REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	REAR END PANEL SEALANT (SN)	NECESSARY	60.00	60.00
1	TAILGATE GLASS SEALANT (SN)	NECESSARY	60.00	60.00
1	70KM/H STICKER (SN)	NECESSARY	10.00	10.00
			440.00	160.00
<u>LABOUR</u>				
	TO KNOCKING & PULL OUT REAR PORTION & RENEW ABOVE PARTS.INCLUSIVE OF THE REPAIR OF REAR END PANEL INNER.		1,200.00	900.00
	TO PUTTY & SPRAY UP PAINT WORKS.		1,200.00	900.00
	TO CHECK WIRING.		50.00	30.00
	TO REMOVE REVERSE SENSOR.		100.00	50.00

Report Ref No. CS/EQI21004981/Aqf3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO SPRAY TUFF COAT.		150.00	80.00
	TO REMOVE TAILGATE GLASS.		180.00	120.00
	TO TRANSFER TAILGATE FITTINGS.		150.00	80.00
			3,030.00	2,160.00
GRAND TOTAL			7,931.37	5,312.57
RECOMMENDED COST OF REPAIRS				5,312.57

Report Ref No. CS/EQI21004981/Aqf3n2

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 Submission	19/04/2021 14:28 (SGT)
Date of Accident	17/04/2021 15:15 (SGT)
Exact Location of Accident	400 Upper Serangoon Rd, Singapore 347695
Additional Location Information	NEAR WOODLEIGH MRT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK5035K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE BANANA LEAF APOLO PTE LTD
Company Reg No	2XXXXX708G
Email Address	ENQUIRY@THEBANANALEAFAPOLO.COM
Mobile Phone No	(Phone) +65-82461234
Alternative Phone No	(Home) +65-82461234

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118511288
Cover Note Number	-

DRIVER

Name of Driver	KVZHANDAIVELU SELVAMURUGAM
NRIC No	SXXXX756J

Date Of Birth	31/01/1962
Occupation	Outdoor
Date Of Driving Pass	10/05/2001
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82461234
Alt. Phone Number	-
Email Address	ENQUIRY@THEBANANALEAFAPOLO.COM
Address	BLK 308 HOUGANG AVE 5 #02-329
Address complement	-
Postcode	530308
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	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)	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

ON 17 APRIL 2021 @3.15PM, I WAS DRIVING MY COMPANY VAN TOWARDS UPPER SERANGOON ROAD NEAR WOODLEIGH MRT, I WAS ON THE 2ND LANE, SUDDENLY THE VAN HIT ME FROM BEHIND.

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	GBB6542D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALAM MAHBUB
Contact Number	(Phone) +65-84891747
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 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.

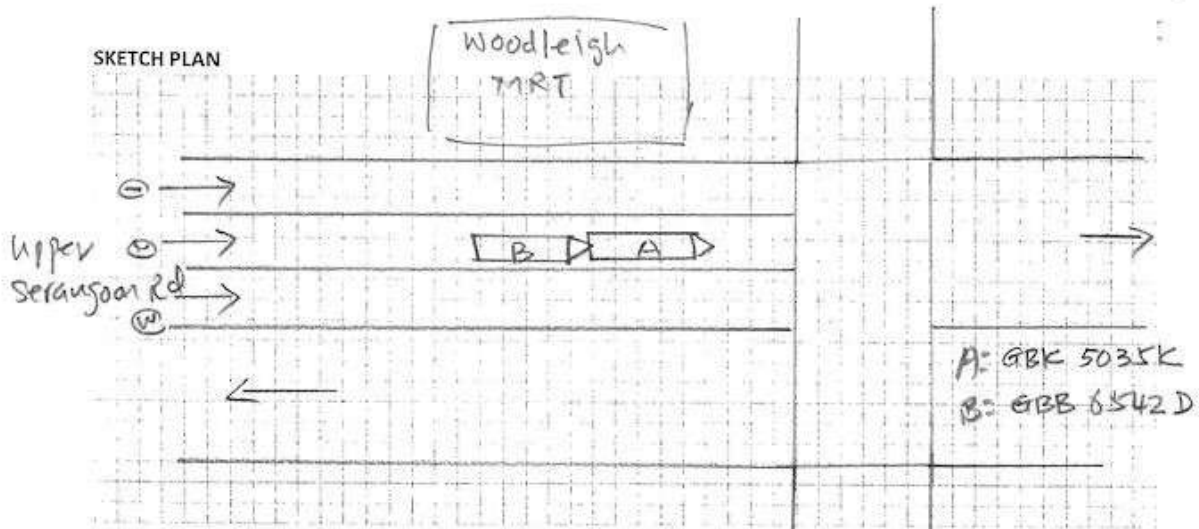


17/04/2021
3.25


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

17/04/2021
3.25

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17 April 2021 @ 3-15 pm, I was driving my Company Van towards Upper Serangoon Road near Woodleigh MRT, I was on the 2nd lane suddenly the van hit me from behind.

DECLARATION

I/We declare that the above 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:
NRIC/FIN No.:



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INSPECTION





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RE-INSPECTION





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