

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. AC2104420

INV Date 23/06/2021

Reference CS/EQI21006438/Uuf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBJ 971X

Insured Veh. GBG 7089M

Claim No. DM21HO00839

Policy No. DMCPHQ20-003705

Accident Date 04/06/2021

Inspection Date 07/06/2021

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

KHM



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		Affiliated to Federation Internation	ale Des Experts En Auto	mobile						
	EQ INSURANCE C	OMPANY LTD	Ref:	CS/EQI21006438/Uuf3e2						
	5 MAXWELL ROAD #17-00 TOWER BL MND COMPLEXSI	OCK	Date							
			Cod	e: EQI						
1.		Policy Particulars :	- THIRD PARTY CLA	MIA						
	Insured Veh.	GBG 7089M	Veh. Inspected	GBJ 971X						
	Policy No.	DMCPHQ20-003705	Coverage (\$)	0.00						
	Claim No.	DM21HO00839	Excess (\$)	0.00						
	Assign From	STEVE LIM	Assign Date	07/06/2021						
2.		Vehicle Partic	ulars & Condition							
	Make & Model	TOYOTA DYNA (M)	c.c	2982						
	Engine No.	HIDDEN	Year of Reg.	2019						
	Chassis No.	JTFAT35Y40K211905	Colour	WHITE						
	Odometer	48569 KM	Steering	IN ORDER						
	Brakes	IN ORDER	Modification	NIL						
	General	GOOD								
3.	3. Conditions of Tyres									
		Size	Make	Balance						
	R/H Front Tyre	195/75 R15	YOKOHAMA	6 mm						
	L/H Front Tyre	195/75 R15	YOKOHAMA	6 mm						
	R/H Rear Tyre	155 R12 (D)	BRIDGESTONE	6/6 mm						
	L/H Rear Tyre	155 R12 (D)	BRIDGESTONE	6/6 mm						
4.	Description of Damages									
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.									
	DAMAGES SEE DI	ETAILS.								
5.		General	Information							
	Accident Date	04/06/2021	Inspection Date	07/06/2021						
	Survey held at	FASTECH AUTO PTE LTD								
		1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883								
5a.		Re	emarks							
		N WAS CONDUCTED ON A"WITI E TO YOUR INSTRUCTIONS, WI								
5b.		Estimate I	Days of Repair							
	ESTIMATED NORM	MAL PERIOD FOR REPAIR:	5 Wo	orking Days						
	<u> </u>	<u> </u>								



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBJ 971X

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	TAILGATE	BADLY DENTED	1,645.10	1,426.10
1	TAILGATE "DYNA" STICKER	NECESSARY	45.50	45.50
1	TAILGATE LOWER MEMBER	BADLY DENTED	845.10	645.20
2	TAILGATE LOCK LATCHS @\$119.30	TO REPAIR SEE LABOUR	238.60	-
2	TAILLAMPS @\$285.30	CRACKED	570.60	570.60
2	TAILLAMP PANELS @\$119.30	TO REPAIR SEE LABOUR	238.60	-
2	TAILGATE LOWER "L" PANELS @\$115.00	TO REPAIR SEE LABOUR	230.00	-
2	TAILGATE LOWER "L" PANEL RUBBERS @\$68.50	NOT NECESSARY	137.00	-
1	REAR EXHAUST PIPE	NOT NECESSARY	585.20	-
1	REAR EXHAUST PIPE MOUNTING	NOT NECESSARY	112.00	-
1	REAR SPARE TYRE CHAIN & BRACKET	DAMAGED	392.50	366.10
1	REAR SPARE TYRE "L" BRACKET	BENT	85.00	85.00
1	REAR LICENCE PLATE BRACKET	BENT	119.50	119.50
	LESS 25% DISCOUNT		-1,311.18	-814.50
			3,933.52	2,443.50
	SPECIAL NETT ITEMS			
1	TAILGATE 70KM/HR STICKER (SN)	NECESSARY	20.00	10.00
1	SET REAR REVERSE SENSOR (SN)	SHORTED	250.00	200.00
1	REAR LICENCE PLATE (SN)	BENT	40.00	15.00
1	SET TAILGATE COMPANY STICKER (SN)	NECESSARY	350.00	250.00
1	SET DROPSIDE GATE COMPANY STICKER LH & RH (SN)	NECESSARY	700.00	500.00
1	REAR STEP PANEL (SN)	BENT	450.00	220.00
2	FRONT CABIN REAR PILLAR EMBLEMS @\$50.00 (SN)	NECESSARY	100.00	100.00
			1,910.00	1,295.00
	<u>LABOUR</u>			
	TO CHECK WIRING.		30.00	20.00
	TO DISMANTLE & REPLACING REVERSE SENSOR.		50.00	50.00

Report Ref No. CS/EQI21006438/Uuf3e2



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5,000.00

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO LIFT UP REAR CARGO DECK FOR FACILITATE REPAIR CHASSIS.		600.00	400.00
	TO SPRAY RUST PROOFING.		80.00	60.00
	TO DISMANTLE & REPLACING REAR EXHAUST.	NOT NECESSARY	80.00	-
	LABOUR FOR PANEL BEATING, REPAIR REAR DROPSIDE PANEL & REPLACED PARTS. INCLUSIVE OF THE REPAIR OF TAILGATE LOCK LATCHS, TAILLAMP PANELS AND TAILGATE LOWER "L" PANELS.		1,800.00	900.00
	TO PUTTY & SPRAY PAINTING.		1,500.00	1,100.00
			4,140.00	2,530.00
	GRAND TOTAL		9,983.52	6,268.50

Report Ref No. CS/EQI21006438/Uuf3e2

RECOMMENDED COST OF LUMP SUM REPAIRS

(TO ITS PRE-ACCIDENT CONDITION)

CHUA KANG SENG

Licensed Appraiser

SV0L2167000H-01 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 07/06/2021 15:56 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 2 (07/06/2021 17:31 (SGT))

SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

07/06/2021 15:56 (SGT) 04/06/2021 14:20 (SGT) Singapore CLEMENTI ROAD TWRDS BLK 111 CLEMENTI Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBJ971X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No

Alternative Phone No

CRESCENDO INTERIOR & LIFESTYLE PTE LTD

2XXXXX518E

jasonkcapl@gmail.com (Phone) +65-94577273 +65-94577273

VEHICLE PARTICULARS

Manufacturer

Model Variant

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?

Vehicle Category Transmission

CC

Toyota

TOYOTA / DYNA 150 5MT

Employment

No - Claiming third party Commercial vehicle Manual 1500

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

Liberty Insurance Pte Ltd Comprehensive

SD21V00010/VCH/R00

DRIVER

Name of Driver Work Permit No AMIN AL GXXXX861W



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Nas notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED;

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

01/12/1990

21/09/2020

9 MONTHS

(Phone) +65-84479820

jasonkcapl@gmail.com

293 CHANGI ROAD

Outdoor

Male

419771

Employee

Chain Collision

Clear

Dry

No

No

Yes

Male

No

No

RAHMAN MD HAFIZUR

2

2

No

No

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

GBG7089M

Nissan

NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5

Commercial vehicle

Accident report SV0L2167000H

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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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Name of Driver Contact Number Address -

Address complement
Postcode
Insurance Company Name

Insurance Company Name

NTUC Income Insurance Co-operative Ltd

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 forw arded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (CIA) for archiving and that several first several
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes, BURIT (VAC)

CIL

Policyholder's Signature / Date & Time

Amin

Driver's Signature (if driver is not the policyholder) / Date & Time

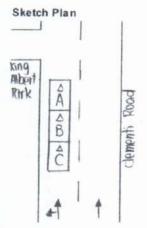
23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 674 19697 Fax 67492305 Facult wickbesserph com sa

Witnessed by Reporting Centre Personnel 0 7 JUN 2021

A: 683.971X

B: GBG 7089M

C: SGT 9473X



On 04.06.20. Bik III Clementi an impact from	The Front	vehicle	slowed	down	. T	11100	1 1		2 11		
un impact from	my rear.	T mgo	SIUWHU	down							0 11
n impact from	my rear.	T Inno			-	W02	TUTE	onary	Sudden	Y, I	PH
		M WWS	Involv	ed in	a 3	vehic	ries	chain	calliona	n.	
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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

PAC KAKIBUKIT (VAC) 23 KAKIBUKIT AVE 4 ± 02-02 Shippore 4 15933 TH 674 16697 Fax 67492305 in visit kit wicom.com.og

Witnessed by Reporting Centre

0 7 JUN 2021



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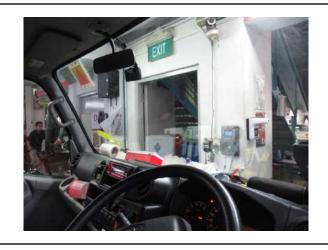
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PHOTOGRAPHS FOR VEHICLE NO. GBJ 971X

INSPECTION















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RE-INSPECTION















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