



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. AC2107441

INV Date 28/10/2021

Reference CS/EQI21008924/Avf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBD 9869G

Insured Veh. GBF 8436T

Claim No. DM21HO01225/MT

Policy No. DMCPHQ21-000987

Accident Date 20/08/2021

Inspection Date 26/08/2021

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 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CS/EQI21008924/Avf3e2 Date: 28/10/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBF 8436T	Veh. Inspected	GBD 9869G
Policy No.	DMCPHQ21-000987	Coverage (\$)	0.00
Claim No.	DM21HO01225/MT	Excess (\$)	0.00
Assign From	MELODY TEOH	Assign Date	25/08/2021
2. Vehicle Particulars & Condition			
Make & Model	NISSAN NV350	c.c	2488
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JN1MC2E26Z0004798	Colour	GREY
Odometer	187355 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	20/08/2021	Inspection Date	26/08/2021
Survey held at	KAI MOTOR TRADING BLK 3007 UBI ROAD 1 #01-434 SINGAPORE 408701		
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:		5 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBD 9869G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BOOT COVER (N)	DENTED	1,816.70	1,816.70
1	REAR BOOT COVER INNER LOCK (N)	NOT NECESSARY	287.10	-
1	REAR BOOT COVER RUBBER (N)	NOT NECESSARY	155.00	-
1	REAR BOOT COVER LOGO (N)	NECESSARY	64.70	64.70
1	REAR BOOT COVER NV350 LOGO (N)	NECESSARY	64.70	64.70
1	REAR BOOT COVER MOULDING (N)	NOT NECESSARY	535.70	-
2	REAR LAMP @\$277.40 (N)	O/S CRACKED	554.80	277.40
1	REAR BUMPER (N)	DISTORTED	677.00	677.00
2	REAR BUMPER SIDE RETAINER @\$40.70 (N)	NECESSARY	81.40	81.40
1	REAR BUMPER BRACKET (N)	NOT NECESSARY	171.90	-
10	REAR BUMPER CLIPS @\$12.50 (N)	NECESSARY	125.00	30.00
1	REAR LAMP INNER PANEL RH (N)	TO REPAIR SEE LABOUR	490.10	-
	LESS 10% DISCOUNT		-502.41	-301.19
			4,521.69	2,710.71
1	70KM STICKER (SN)	NECESSARY	35.00	10.00
1	8PAX STICKER (SN)	NECESSARY	35.00	10.00
	LESS 10% DISCOUNT		-7.00	-
			63.00	20.00
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	DAMAGED	350.00	200.00
1	WINDSCREEN SEALANT (SN)	NECESSARY	85.00	60.00
			435.00	260.00
<u>LABOUR</u>				
	TO DISMANTLE & REPLACE DAMAGE PARTS, PANEL BEAT WHERE NECESSARY. INCLUSIVE OF THE REPAIR OF REAR LAMP INNER PANEL RH.		890.00	800.00
	TO PUTTY, APPLY PRIMER & SPRAY PAINT ON THE AFFECTED PORTION.		950.00	900.00
	TO REMOVE DIESEL TANK.	NOT NECESSARY	250.00	-

Report Ref No. CS/EQI21008924/Avf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIX WINDSCREEN.		150.00	120.00
	TO CHECK WIRING FUNCTIONS.		90.00	50.00
	TO REMOVE UPHOLSTERY.		80.00	40.00
			2,410.00	1,910.00
GRAND TOTAL			7,429.69	4,900.71
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,900.00

Report Ref No. CS/EQI21008924/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 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 23/08/2021 15:19 (SGT)
Date of Accident 20/08/2021 08:20 (SGT)
Exact Location of Accident Airport Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD9869G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SAFETECH DEVICES PTE. LTD.
Company Reg No 200405277H
Email Address jenny@safetech.com.sg
Mobile Phone No (Phone) +65-90225247
Alternative Phone No (Office) +65-67455455

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 Manual
CC 2488

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MCV0005034
Cover Note Number -

DRIVER

Name of Driver CHUAH KY JOON
Passport No/FIN G2169915U

Date Of Birth	09/02/1992
Occupation	Outdoor
Date Of Driving Pass	05/05/2018
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90225247
Alt. Phone Number	-
Email Address	andrewchuah92@gmail.com
Address	BLK 667 HOUGANG AVENUE 4 #06-331
Address complement	-
Postcode	530667
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 vehicle 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	LEE SHEAU MIN
Gender	Female

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

PLEASE REFER TO SKETCH PLAN

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	GBF8436T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	XIE AIMIN
Passport No/FIN	G8265730X
Contact Number	(Phone) +65-83685263
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

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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 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)**

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.

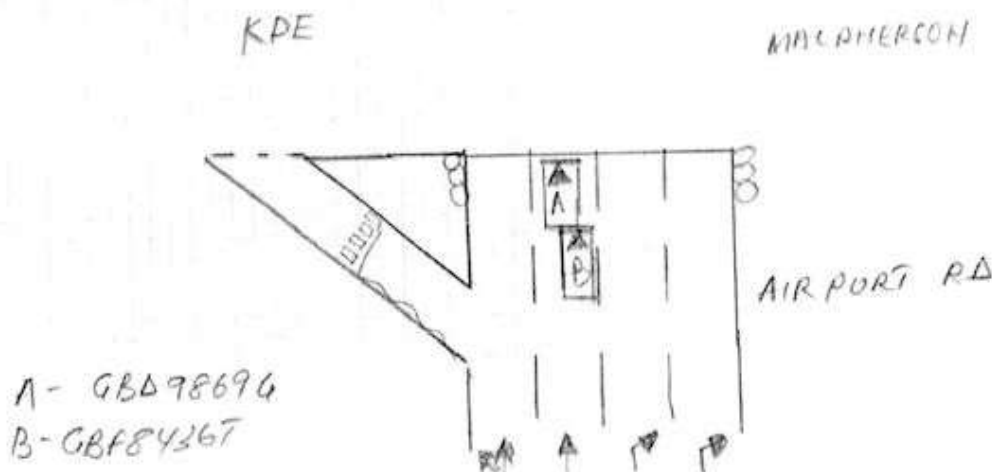


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling straight along Airport Road on the 3rd lane of A4-lanes road. When approaching the traffic light zone I stop my veh when the light change amber. Suddenly veh B came from behind hit onto my rear portion of my veh.

Declaration

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

Witnessed by Reporting Centre Personnel



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INSPECTION





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RE-INSPECTION





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