

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. AC2107313

INV Date 21/10/2021

Reference CS/EQI21010391/Uvf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBH 4340B

Insured Veh. GBC 5336J

Claim No. DM21HO01494/JT

Policy No. DMCPHQ21-001231

Accident Date 05/10/2021

Inspection Date 11/10/2021

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 C	OMPANY LTD	Ref:	CS/EQI21010391/Uvf3e2
	5 MAXWELL ROAL #17-00 TOWER BL		Date:	21/10/2021
		NGAPORE 069110		
			Code:	EQI
1.		Policy Particulars	:- THIRD PARTY CLAI	VI
	Insured Veh.	GBC 5336J	Veh. Inspected	GBH 4340B
	Policy No.	DMCPHQ21-001231	Coverage (\$)	0.00
	Claim No.	DM21HO01494/JT	Excess (\$)	0.00
	Assign From	JAIME TAY	Assign Date	11/10/2021
2.		Vehicle Partic	culars & Condition	
	Make & Model	NISSAN NV350	c.c	2488
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	JN1MC2E26Z0030293	Colour	GREY
	Odometer	91624 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Condition	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	195 R15	BRIDGESTONE	7 mm
	L/H Front Tyre	195 R15	BRIDGESTONE	7 mm
	R/H Rear Tyre	195 R15	BRIDGESTONE	7 mm
	L/H Rear Tyre	195 R15	BRIDGESTONE	7 mm
4.		<u> </u>	on of Damages	
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.			
	DAMAGES SEE DI	ETAILS.		
5.	General Information			
	Accident Date	05/10/2021	Inspection Date	11/10/2021
	Survey held at	LIU'S BROTHER AUTO ENGINE	ERING WORKSHOP	
	1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ KAKI BUKIT SINGAPORE 417883			(IT
		SINGAPORE 417003		
5a.		Re	emarks	
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W		
5b.	D)III ACCONDANC	·	Days of Repair	ED NEI AINO.
J.J.	ESTIMATED NORI	MAL PERIOD FOR REPAIR:	•	king Days



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBH 4340B

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR TAILGATE (N)	TO REPAIR SEE LABOUR	1,998.30	-
1	REAR TAILGATE "NISSAN" LOGO MOTIF (N)	NOT NECESSARY	59.00	-
1	REAR TAILGATE "NV 350" EMBLEM (N)	NECESSARY	59.90	59.90
1	REAR TAILGATE "URVAN" EMBLEM (N)	NECESSARY	101.30	101.30
1	REAR BUMPER (N)	DISTORTED	667.30	667.20
1	SET REAR BUMPER CLIP (N)	NECESSARY	30.00	30.00
1	REAR BUMPER SIDE HOLDER (N)	CRACKED	48.00	48.00
1	REAR TAIL LAMP RH (N)	CRACKED	224.80	224.80
1	REAR END PANEL OUTER (N)	TO REPAIR SEE LABOUR	168.00	-
1	REAR TAIL LAMP HOUSING PANEL RH (N)	TO REPAIR SEE LABOUR	195.00	-
1	REAR AIR VENT RH (N)	CRACKED	38.00	38.00
	LESS 10% DISCOUNT		-	-116.92
			3,589.60	1,052.28
	SPECIAL NETT ITEMS			
1	REAR TAILGATE "70 KM/H" EMBLEM (SN)	NECESSARY	10.00	10.00
1	SET REAR BUMPER REVERSE SENSOR (SN)	SHORTED / TORN	220.00	200.00
			230.00	210.00
	<u>LABOUR</u>			
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION.		40.00	20.00
	REMOVE AND REFIX REAR BUMPER REVERSE SENSOR.		50.00	50.00
	LABOR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETCS. INCLUSIVE OF THE REPAIR OF REAR TAILGATE, REAR END PANEL OUTER AND REAR TAIL LAMP HOUSING PANEL RH.		850.00	600.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED AREAS.		850.00	650.00

Report Ref No. CS/EQI21010391/Uvf3e2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO APPLY RUST PROOFING, RESEAL TUFF-COATING TREATMENT ON ACCIDENT AREA.	NOT NECESSARY	40.00	-
			1,830.00	1,320.00
	GRAND TOTAL		5,649.60	2,582.28
			I	_
	RECOMMENDED COST OF REPAIRS			2.582.28

Report Ref No. CS/EQI21010391/Uvf3e2

CHUA KANG SENG

Licensed Appraiser



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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 05/10/2021 20:16 (SGT) Date of Accident 05/10/2021 14:00 (SGT) Exact Location of Accident Geylang Bahru, Singapore Additional Location Information Slip road of Geylang Bahru and Bendemeer road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH4340B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **GOLDBELL LEASING PTE LTD** Company Reg No 199001196N Email Address IsaacNgCL@gbl.com.sg Mobile Phone No (Phone) +65-64942888 Alternative Phone No (Office) +65-64942888

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350 Variant PANEL VAN 5DR 2.5 5AT Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number D-21097582MFCV Cover Note Number

DRIVER

Name of Driver TOH CHEE KEE NRIC No. S7147833E

Date Of Birth 13/12/1971 Occupation Outdoor Date Of Driving Pass 30/01/1992 Driving experience 29 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96216776 Alt. Phone Number Email Address Kennycktoh@gmail.com Address 129 Bukit Merah view Address complement #18-156 Postcode 150129 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No

CIRCUMSTANCES OF ACCIDENT

I was stationary along slip road of Geylang Bahru and Bendemeer road waiting for motorcycle ahead of me to proceed so while waiting third party van which was coming from behind collided onto my vehicle rear right area. No injuries involved.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

If yes, against whom?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBC5336J** Vehicle Manufacturer Nissan Vehicle Model Nv200 Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **GOO KIAN BENG** NRIC No S7938484D Contact Number (Phone) +65-88115452

Address	 		
Address complement			<u>-</u>
Postcode	 	 	
nsurance Company Name			<u>-</u>
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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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:

Date & Time:

Date & Time:

Date & Time:

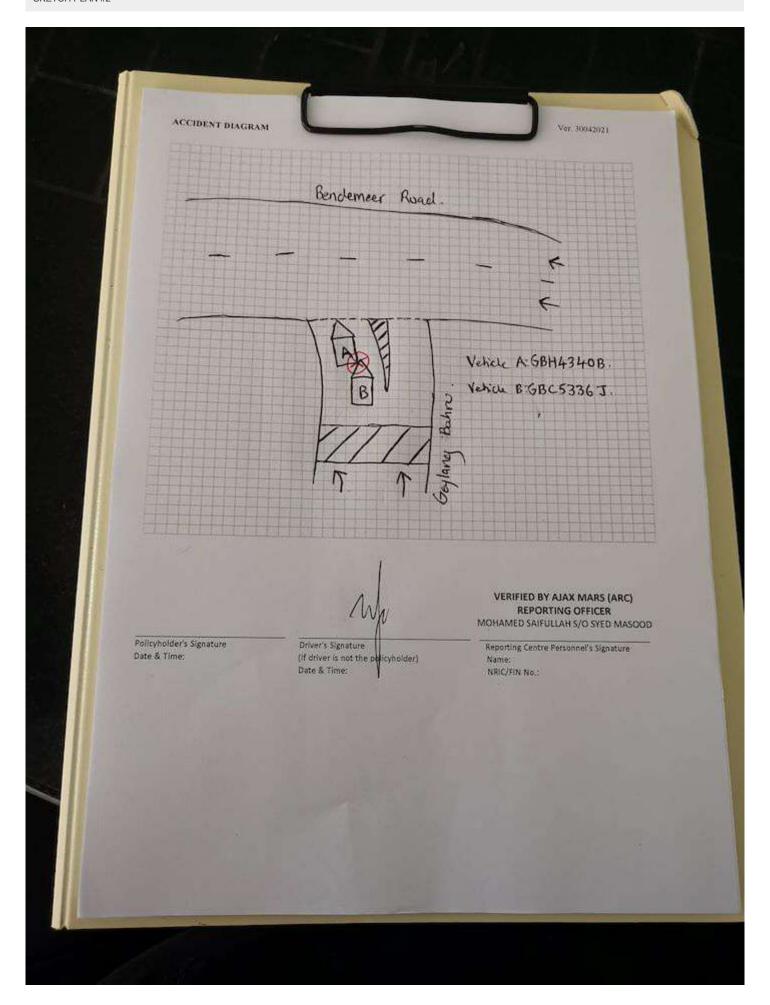
5 Oct 2021

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

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

SOURCES AND PROPERTY OF THE VE



SKETCH PLAN		
REFER TO ATTAC	CHED ACCIDENT DIAGRAM	
ESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
	ng slip road of Geylang Bahr	ru and Bendemeer road
	cle ahead of me to proceed	
	[1982] [1987] [1987] [1982] [1987] [1987] [1987] [1987] [1987] [1987] [1987] [1987] [1987] [1987] [1987]	to my vehicle rear right area.
No injuries involved	d.	
ECLARATION		
We declare the foregoing part	culars are true in every respect.	VERIFY BY AJAX MARS (ARC)
		REPORTING OFFICER
		KEF ON TING OFFICER
	Λ_{α}	
olicyholder's Signature	Driver's Signature	MOHAMED SAIFULLAH S/O SYED MASOO
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder)	
		MOHAMED SAIFULLAH S/O SYED MASOO Reporting Centre Personnel's Signature



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RE-INSPECTION















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