



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. AC2202366

INV Date 25/04/2022

Reference CS/EQI21012927/Atf3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBK 3782A
Insured Veh. YP 269L
Claim No. DM21HO01913/MT
Policy No.
Accident Date 20/12/2021
Inspection Date 21/12/2021

Description	Total
Survey Inspection	160.00
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
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#17-00 TOWER BLOCK
MND COMPLEX SINGAPORE 069110

Ref: CS/EQI21012927/Atf3n2

Date: 25/04/2022

Code: EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 269L	Veh. Inspected	GBK 3782A
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO01913/MT	Excess (\$)	0.00
Assign From	MELODY TEOH	Assign Date	21/12/2021

2. Vehicle Particulars & Condition

Make & Model	NISSAN NV200	c.c	1597
Engine No.	HIDDEN	Year of Reg.	2020
Chassis No.	VM20140459	Colour	GREY
Odometer	15581 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	165/80 R14	TOYO	6 mm
L/H Front Tyre	165/80 R14	TOYO	6 mm
R/H Rear Tyre	165/80 R14	TOYO	6 mm
L/H Rear Tyre	165/80 R14	TOYO	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	20/12/2021	Inspection Date	21/12/2021
Survey held at	RYDER AUTO PTE LTD 2 KAKI BUKIT AVE 2 #02-19/22 KAKI BUKIT AUTOHUB SINGAPORE 417921		

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. GBK 3782A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER (N)	CUT	695.90	695.90
1	REAR BUMPER N/S RETAINER (N)	NECESSARY	86.60	45.00
1	REAR N/S TAIL LAMP PANEL (NPA) (N)	TO REPAIR SEE LABOUR	-	-
1	REAR N/S TAIL LAMP (N)	CUT	364.60	277.00
1	REAR N/S TAIL LAMP INNER SEAL (N)	NECESSARY	20.00	20.00
1	REAR N/S WINDSCREEN MOULDING (N)	NECESSARY	100.00	100.00
1	REAR N/S WINDSCREEN SEALANT (N)	NECESSARY	80.00	40.00
1	REAR N/S BODY PANEL (N)	DENTED	2,126.80	1,439.00
1	REAR N/S SLIDING DOOR GUIDE (N)	DENTED	318.40	318.40
1	REAR N/S SLIDING DOOR GUIDE GARNISH (N)	CRACKED	76.50	76.50
1	REAR N/S BODY PANEL GLASS (N)	CUT	628.50	285.00
	LESS 10% DISCOUNT		-449.73	-329.68
			4,047.57	2,967.12
<u>SPECIAL NETT ITEMS</u>				
10	REAR BUMPER CLIPS @\$3.00 (SN)	NECESSARY	30.00	30.00
			30.00	30.00
<u>LABOUR</u>				
	TO DISMANTLE DAMAGED PARTS, STRAIGHTEN AND WELDING.INCLUSIVE OF THE REPAIR OF REAR N/S TAIL LAMP PANEL.		800.00	600.00
	TO SPRAY PAINTING.		400.00	250.00
	TO REMOVE AND REPLACE REAR N/S FENDER GLASS.		140.00	60.00
	TO REMOVE AND REFIT N/S DOOR.	NOT NECESSARY	100.00	-
	TO REMOVE AND REPLACE UPHOLSTERY TO FACILITATE REPAIR.		150.00	60.00
	TO REMOVE AND REFIT REAR REVERSE SENSOR.		40.00	40.00
	TO CHECK WIRING.		60.00	30.00
	TO RE SEAL ANTI RUST.		40.00	40.00
			1,730.00	1,080.00
GRAND TOTAL			5,807.57	4,077.12



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,200.00
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Report Ref No. CS/EQI21012927/Atf3n2

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 20/12/2021 18:40 (SGT)
Date of Accident 20/12/2021 11:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SOON LEE STREET BESIDE PIONEER JUNC BUILDING
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK3782A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COOLMAR-TA COATINGS & SYSTEMS PTE LTD
Company Reg No 198300304R
Email Address ktyeong@coolmar-ta.com
Mobile Phone No (Phone) +65-93440226
Alternative Phone No +65-81638626

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00070372101
Cover Note Number -

DRIVER

Name of Driver ISLAM MOHIZZUL
Passport No/FIN F8429942K

Date Of Birth	04/02/1974
Occupation	Outdoor
Date Of Driving Pass	21/09/2011
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93440226
Alt. Phone Number	-
Email Address	ktyeong@coolmar-ta.com
Address	13 TUAS LINK
Address complement	-
Postcode	638589
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	KONG THENG YEONG
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	YP269L
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ISLAM MOHIZZUL
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK3782A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person KONG THENG YEONG
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBK3782A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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 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' 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

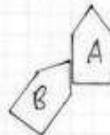
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

				
Policyholder's Signature / Date & Time		Driver's Signature (if driver is not the policyholder) / Date & Time		Witnessed by Reporting Centre Personnel

Sketch Plan

8004 LEE STREET BESIDE PIONEER JUNC BLDG

A: GBK3782A
B: YP269L



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG SOON LEE STREET BESIDE PIONEER JUNCTION BUILDING. I WAS TRAVELLING AROUND A ROUNDABOUT. VEHICLE B WAS STOPPED AT A DOUBLE YELLOW LINE. SUDDENLY, VEHICLE B TURNED OUT AND COLLIDED WITH THE LEFT PORTION OF MY VEHICLE.

Lined area for additional details or sketch plan.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

 20/12/21
Witnessed by Reporting Centre Personnel



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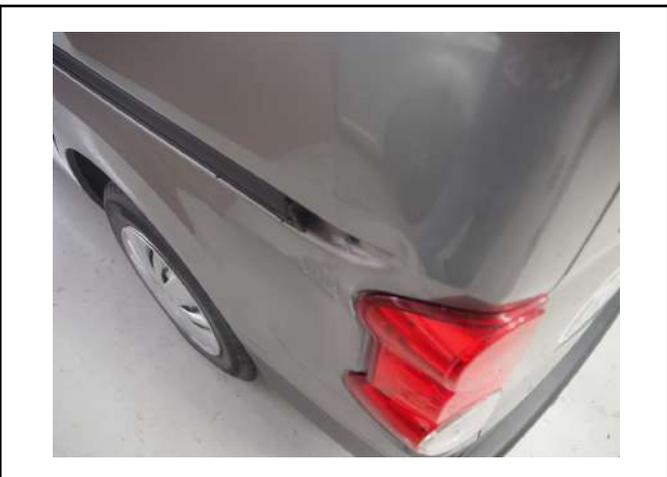
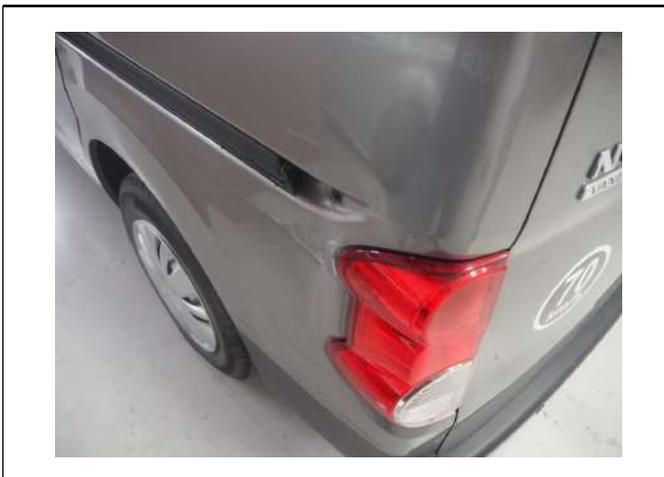
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PHOTOGRAPHS FOR VEHICLE NO. GBK 3782A

INSPECTION





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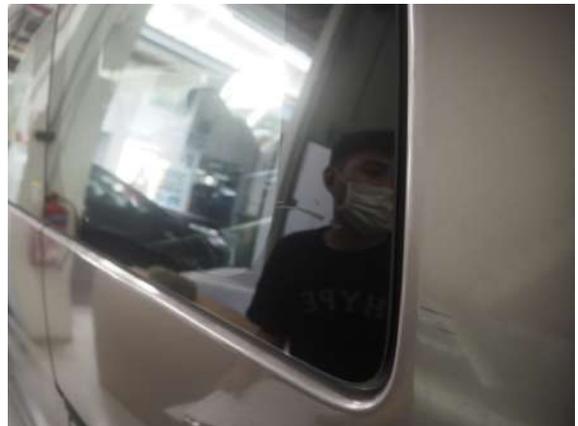


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