



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. AC2203548

INV Date 09/06/2022

Reference CS/EQI22000341/Uvy3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. XB 8691H

Insured Veh. GBD 4600Y

Claim No. DM22HO00038/JT

Policy No.

Accident Date 04/01/2022

Inspection Date 12/01/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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/EQI22000341/Uvy3n2 Date: 09/06/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBD 4600Y	Veh. Inspected	XB 8691H	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM22HO00038/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	11/01/2022	
2. Vehicle Particulars & Condition				
Make & Model	SCANIA P360	c.c	12742	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	YS2P6X40005429122	Colour	WHITE	
Odometer	316364 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	275/70 R22.5	AMBERSTONE	4 mm	
L/H Front Tyre	275/70 R22.5	AMBERSTONE	4 mm	
R/H Rear Tyre	275/70 R22.5 (D/D)	AMBERSTONE	5/5 5/5 mm	
L/H Rear Tyre	275/70 R22.5 (D/D)	AMBERSTONE	5/5 5/5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/01/2022	Inspection Date	12/01/2022	
Survey held at	MAH LIAN MOTOR VEHICLE REPAIRER 38 DEFU LANE 9 SINGAPORE 539278			
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:			3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XB 8691H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR REL REAR BUMPER (SN)	TO REPAIR SEE LABOUR	4,800.00	-
1	REAR REL BIN HOCK (SN)	TO REPAIR SEE LABOUR	3,800.00	-
2	REAR REL HOCK HYDRAULIC @\$1200.00 (SN)	TO REPAIR SEE LABOUR	2,400.00	-
1	REAR SIGNAL LAMP RH (SN)	NOT NECESSARY	58.00	-
1	REAR TAIL LAMP RH (SN)	NOT NECESSARY	68.00	-
1	REAR REVERSE LAMP RH (SN)	NOT NECESSARY	58.00	-
			11,184.00	-
<u>LABOUR</u>				
	LABOUR TO RENEW REAR REL REAR BUMPER,BIN HOCK & HOCK HYDRAULIC.INCLUSIVE OF THE REPAIR OF REAR REL BIN HOCK AND REAR REL HOCK HYDRAULIC.		4,800.00	1,000.00
	LABOUR TO RECONNECT WIRE FOR ALL LAMP.	NOT NECESSARY	580.00	-
	TO RUST PROOFING.	NOT NECESSARY	850.00	-
	TO SPRAY & PAINTING ON AFFECTED AREA.		1,200.00	500.00
			7,430.00	1,500.00
GRAND TOTAL			18,614.00	1,500.00
RECOMMENDED COST OF REPAIRS				1,500.00

Report Ref No. CS/EQI22000341/Uvy3n2

CHUA KANG SENG

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	05/01/2022 12:12 (SGT)
Date of Accident	04/01/2022 00:10 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE (AFTER SOUTH BUONA VISTA ROAD EXIT 8)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB8691H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TEE ENVIRONMENTAL PTE LTD
Company Reg No	2XXXXX873W
Email Address	laykeng.low@teeinfra.com
Mobile Phone No	(Phone) +65-91219367
Alternative Phone No	(Office) +65-63831703

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P360CB 6X4MHZ
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	12742

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MJ001332-R03
Cover Note Number	-

DRIVER

Name of Driver	ABU KHUROIAH BIN ALI
Passport No/FIN	GXXXX739P



Date Of Birth	02/11/1986
Occupation	Outdoor
Date Of Driving Pass	12/05/2015
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91219367
Alt. Phone Number	-
Email Address	laykeng.low@teeinfra.com
Address	41 DEFU LANE 1
Address complement	-
Postcode	539494
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ABDUL AZIS BIN SUNOJO
Gender	Male

PASSENGER 2

Name	SA ADIN @ SA'ADIN BIN ISMAIL
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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

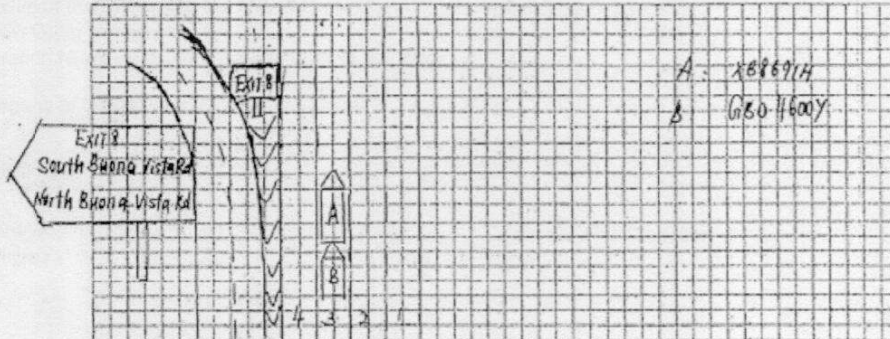
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD4600Y
Vehicle Manufacturer	Nissan

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VICKNESH S/O KANDASAMY
NRIC No	SXXXX100Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE After South Buena Vista Rd Exit 8 & I was driving straight on Lane 3. out of sudden, I felt that there was an big impact & Vehicle B was banged onto rear portion of my vehicle & caused an accident.

I have video recording in my vehicle to prove that I was driving straight & his vehicle suddenly came and banged my vehicle rear portion.

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 & Time:

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

GAJMC SketchPlanForm_V3

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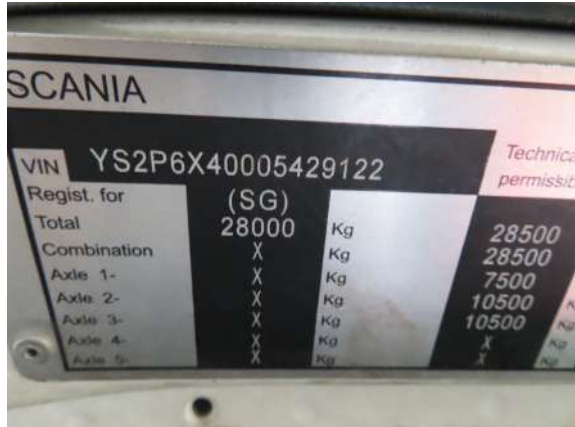
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PHOTOGRAPHS FOR VEHICLE NO. XB 8691H

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RE-INSPECTION

