



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. AC2203674

INV Date 14/06/2022

Reference CS/EQI22004436/Uty3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. XD 4441D

Insured Veh. YL 4104Z

Claim No. DM22HO00744/JT

Policy No. DMCPHQ21-001842

Accident Date 05/05/2022

Inspection Date 12/05/2022

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/EQI22004436/Uty3e2 Date: 14/06/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YL 4104Z	Veh. Inspected	XD 4441D
Policy No.	DMCPHQ21-001842	Coverage (\$)	0.00
Claim No.	DM22HO00744/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	11/05/2022
2. Vehicle Particulars & Condition			
Make & Model	MAN TGS	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	WMA26SZZXBM563799	Colour	WHITE
Odometer	737895 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	HILO	6 mm
L/H Front Tyre	295/80 R22.5	HILO	6 mm
R/H Rear Tyre	295/80 R22.5 (D/D)	HILO	6/6/6/6 mm
L/H Rear Tyre	295/80 R22.5 (D/D)	HILO	6/6/6/6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	05/05/2022	Inspection Date	12/05/2022
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:		2 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XD 4441D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	CORNER PANEL RH	CRACKED	219.62	219.62
1	DOOR ASSY RH	BENT	2,438.12	2,438.12
1	DOOR HINGE UPPER RH	BENT	134.50	134.50
1	DOOR HINGE LOWER RH	BENT	134.50	134.50
1	SIDE MIRROR ASSY RH	NOT NECESSARY	1,220.26	-
1	SIDE MIRROR BRACKET LOWER RH	NOT NECESSARY	20.14	-
	LESS 10% DISCOUNT		-	-292.67
			4,167.14	2,634.07
	<u>LABOUR</u>			
	LABOUR TO RENEW CORNER PANEL, DOOR ASSY RH, SIDE MIRROR.		980.00	500.00
	TO SPRAY & PAINTING ON AFFECTED AREA.		1,800.00	350.00
	TO RUST PROOFING.		480.00	50.00
			3,260.00	900.00
GRAND TOTAL			7,427.14	3,534.07

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,800.00
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Report Ref No. CS/EQI22004436/Uty3e2

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 09/05/2022 10:51 (SGT)
Date of Accident 05/05/2022 13:00 (SGT)
Exact Location of Accident 249 Jln Boon Lay, Singapore 619523
Additional Location Information 249 JALAN BOON LAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD4441D

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) +65-92371678
Alternative Phone No (Office) +65-63831703

VEHICLE PARTICULARS

Manufacturer Man
Model Tgs
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 10518

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 21-MJ001333-R03
Cover Note Number -

DRIVER

Name of Driver TAY LING TIAM
NRIC No SXXXX384B

Date Of Birth	08/11/1963
Occupation	Outdoor
Date Of Driving Pass	13/05/1985
Driving experience	37 YEARS
Gender	Male
Mobile Number	(Phone) +65-92371678
Alt. Phone Number	-
Email Address	laykeng.low@teeinfra.com
Address	BLK 308A ANCHORVALE ROAD #15-08
Address complement	-
Postcode	541308
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	Collided into Parked Vehicle
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	COLLEAGUE
Gender	Male

PASSENGER 2

Name	COLLEAGUE
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	YL4104Z
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)	1

SKETCH PLAN

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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 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:
 - (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/tan 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:
 - (i) 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.

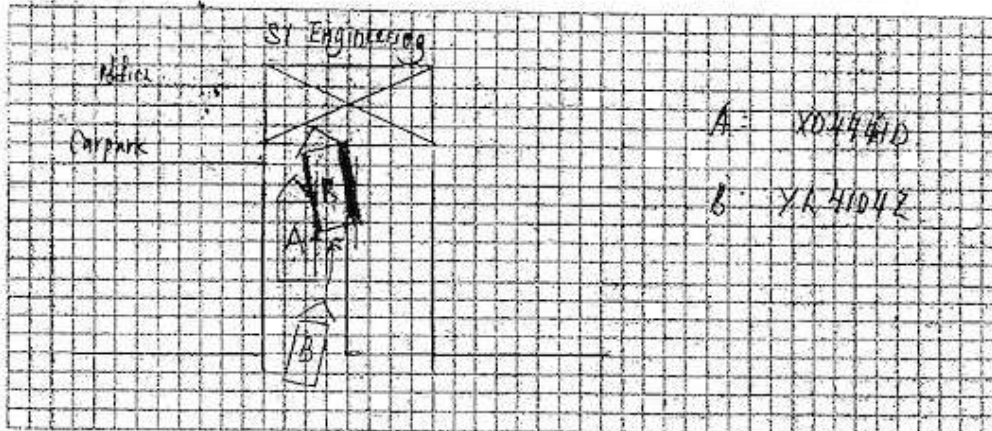
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA RMC Sketch Plan Form_v1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle was Stationary front of ST Engineering to get pass from office & they just only allow my vehicle to drive inside loading & unloading Bay to carry Rubbish. In a while, i was open my door & out of sudden, Vehicle B was cut over my vehicle & turn left, Vehicle B was a 24ft lorry, When he turn left, his vehicle rear portion was hit into my vehicle RH door caused damages.

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:

STARMC SketchPlanForm_V3


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



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PHOTOGRAPHS FOR VEHICLE NO. XD 4441D

INSPECTION





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RE-INSPECTION





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