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. AC2203507

INV Date 08/06/2022

Reference CS/EQI22005178/Uty3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBL 7802U

Insured Veh. SFK 9559S

Claim No. DM22HO00867/JS

Policy No.

Accident Date 30/05/2022

Inspection Date 31/05/2022

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

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 COMPLEXSINGAPORE 069110

Ref: CS/EQI22005178/Uty3n2

Date: 08/06/2022

Code: EQI

1.	Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SFK 9559S	**Veh. Inspected**	GBL 7802U
	Policy No.		**Coverage ($)**	0.00
	Claim No.	DM22HO00867/JS	**Excess ($)**	0.00
	Assign From	NEO JIE SI	**Assign Date**	31/05/2022

2.	Vehicle Particulars & Condition			
	Make & Model	NISSAN NV350 URVAN (A)	**c.c**	1998
	Engine No.	HIDDEN	**Year of Reg.**	2022
	Chassis No.	JN1MA2E26Z0000318	**Colour**	SILVER
	Odometer	3075 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	GOOD		

3.	Conditions of Tyres			
		Size	**Make**	**Balance**
	R/H Front Tyre	195/80 R15	YOKOHAMA	9 mm
	L/H Front Tyre	195/80 R15	YOKOHAMA	9 mm
	R/H Rear Tyre	195/80 R15	YOKOHAMA	9 mm
	L/H Rear Tyre	195/80 R15	YOKOHAMA	9 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5.	General Information			
	Accident Date	30/05/2022	**Inspection Date**	31/05/2022
	Survey held at	FASTECH AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883		

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. GBL 7802U

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR WINDSCREEN	NOT NECESSARY	1,288.20	-
1	TAILGATE	DENTED / BENT	2,416.70	1,961.00
1	TAILGATE "NISSAN" LOGO	NECESSARY	64.90	64.90
1	TAILGATE "URVAN" EMBLEM	SERVICEABLE	55.00	-
1	REAR BUMPER	DENTED / DEFORMED	720.60	720.60
2	REAR BUMPER SIDE RETAINERS @$27.00	NOT NECESSARY	54.00	-
2	REAR BUMPER SIDE HOLDERS @$28.00	NOT NECESSARY	56.00	-
1	REAR END PANEL	TO REPAIR SEE LABOUR	247.10	-
1	REAR END PANEL INNER	TO REPAIR SEE LABOUR	1,110.20	-
1	REAR STEP PANEL	TO REPAIR SEE LABOUR	178.90	-
	LESS 10% DISCOUNT		-619.16	-274.65
			5,572.44	2,471.85
	SPECIAL NETT ITEMS			
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	50.00	40.00
1	REAR WINDSCREEN INNER SEAL (SN)	NECESSARY	50.00	40.00
1	SET TAILGATE INNER TRIM CLIPS (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER CLIPS (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	280.00	-
1	REAR END PANEL SEALANT (SN)	NOT NECESSARY	50.00	-
1	SET TAILGATE 70KM/H & 8 PAX STICKER (SN)	NECESSARY	20.00	20.00
			550.00	100.00
	LABOUR			
	TO CHECK WIRING.		50.00	20.00
	TO DISMANTLE & REPLACED REVERSE SENSOR.		80.00	50.00
	TO DISMANTLE & REFIX REAR WINDSCREEN.		150.00	120.00
	TO TRANSFER TAILGATE MECHANISM.		100.00	60.00
	TO SPRAY RUST PROOFING.		100.00	30.00

Report Ref No. CS/EQI22005178/Uty3n2

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Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	LABOUR FOR PANEL BEATING & REPLACED PARTS.INCLUSIVE OF THE REPAIR OF REAR END PANEL,REAR END PANEL INNER AND REAR STEP PANEL.		800.00	300.00
	TO PUTTY & SPRAY PAINTING.		880.00	550.00
			2,160.00	1,130.00
	GRAND TOTAL		**8,282.44**	**3,701.85**

RECOMMENDED COST OF REPAIRS			**3,701.85**

Report Ref No. CS/EQI22005178/Uty3n2

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying 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 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.
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	30/05/2022 20:32 (SGT)
Date of Accident	30/05/2022 07:57 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS BENDEMEER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7802U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CALGIN ENTERPRISES PTE LTD
Company Reg No	1XXXXX415G
Email Address	calgin@singnet.com.sg
Mobile Phone No	(Phone) +65-97810262
Alternative Phone No	(Office) +65-62989412

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	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7220041258
Cover Note Number	-

DRIVER

Name of Driver	CHUA KENG HENG , LEE (CAI QINGXING. LEE)
NRIC No	SXXXX174E

Date Of Birth	05/12/1974
Occupation	Outdoor
Date Of Driving Pass	20/09/1996
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97810262
Alt. Phone Number	-
Email Address	calgin@singnet.com.sg
Address	BLK 158A RIVERVALE CRESCENT #08-707
Address complement	-
Postcode	541158
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)	1
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?	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	SFK9559S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR. YEE
Contact Number	(Phone) +65-96659595
Address	-
Address complement	-

Postcode	-
Insurance Company Name	Etiqa Insurance Pte Ltd
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**.
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' 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.

CHOON ENTERPRISES PTE LTD

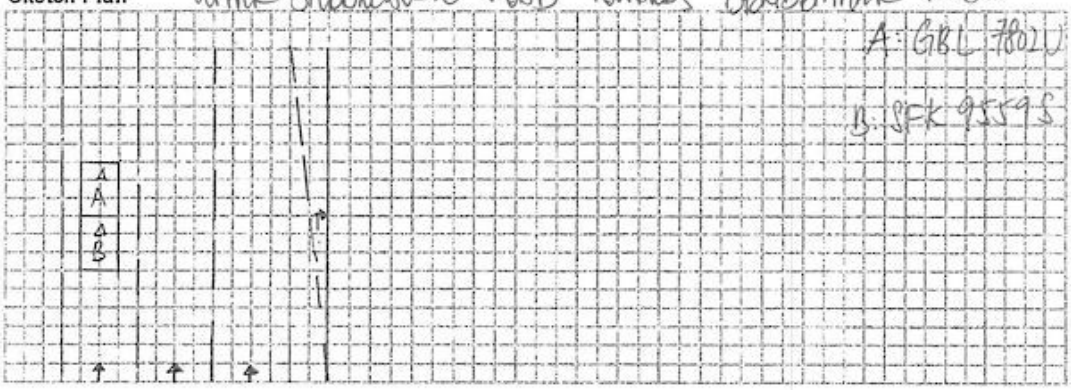
30/05/2022

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

Sketch Plan UPPER SHELONG ROAD TOWARDS BEDDEMGAR ROAD

A: GBL 7802U

B: SFK 9559S



Describe Circumstances of the Accident

On 30/05/2022 at 07:57AM. I was travelling along Upper Serangoon Rd twds Bendemeer Rd. I was stationary due to the traffic light ahead. Suddenly, I felt an impact. Vehicle B hit the rear portion of my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

CHICON ENTERPRISES PTE LTD

Policyholder's Signature / Date & Time

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

30/05/2022

Witnessed by Reporting Centre Personnel

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PHOTOGRAPHS FOR VEHICLE NO. GBL 7802U **INSPECTION**

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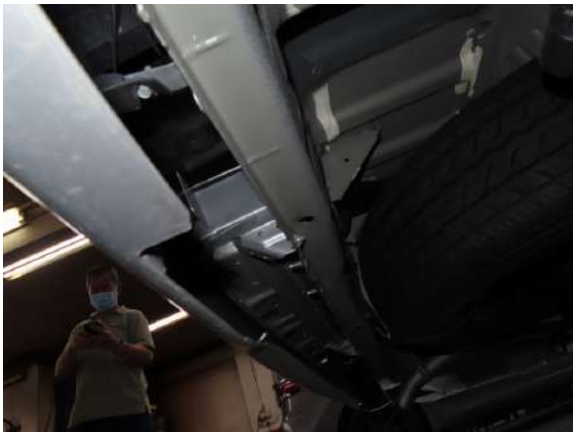

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