



## 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. AC2206268

INV Date 07/10/2022

Reference CS/EQI22005419/Avy3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. GW 2509H

Insured Veh. GBE 4256C

Claim No. DM22HO00907/JT

Policy No.

Accident Date 06/06/2022

Inspection Date 07/06/2022

Description	Total
Survey Inspection	230.00
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>230.00</b>
<b>GST (7%)</b>	<b>16.10</b>
<b>Grand Total</b>	<b>246.10</b>

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/EQI22005419/Avy3e2 Date: 07/10/2022 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GBE 4256C	Veh. Inspected	GW 2509H	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM22HO00907/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	07/06/2022	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA DYNA	c.c	2986	
Engine No.	HIDDEN	Year of Reg.	2003	
Chassis No.	JTFUF34Y203001111	Colour	WHITE	
Odometer	434252 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	185 R14C	YOKOHAMA	6 mm	
L/H Front Tyre	185 R14C	YOKOHAMA	6 mm	
R/H Rear Tyre	155 R12C	YOKOHAMA	6 mm	
L/H Rear Tyre	155 R12C	YOKOHAMA	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	06/06/2022	Inspection Date	07/06/2022	
Survey held at	HD PERFECT AUTOWORK PTE LTD 8 KAKI BUKIT AVENUE 4, #08-09, PREMIER @ KAKI BUKIT, SINGAPORE 415875			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:			7 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GW 2509H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	TAILGATE	DENTED	1,370.00	1,370.00
4	TAILGATE HINGE @\$165.00	BENT	660.00	320.00
2	TAILGATE SIDE LOCK @\$125.00	BENT	250.00	250.00
2	TAILGATE STOPPER RUBBER @\$35.00	MISSING	70.00	70.00
2	TAILGATE STOPPER BRACKET @\$175.00	BENT	350.00	350.00
2	SIDE GATE @\$1968.90	DENTED	3,937.80	1,968.90
2	SIDE GATE SAFETY LOCK @\$132.10	BENT	264.20	264.20
2	TAIL LAMP @\$245.00	CRACKED	490.00	490.00
2	TAIL LAMP SUPPORT BRACKET @\$185.00	BENT	370.00	370.00
1	REAR END PANEL	DENTED	1,245.00	495.00
1	REAR CARGO BED	TO REPAIR SEE LABOUR	2,899.30	-
	LESS 25% DISCOUNT		-2,976.58	-1,487.03
			8,929.72	4,461.07
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR NUMBER PLATE (SN)	BENT	50.00	30.00
1	TAIL GATE COMPANY STICKER (SPECIAL TYPE) (SN)	NECESSARY	380.00	200.00
1	TAIL GATE '70KM/H' STICKER (SN)	NECESSARY	40.00	10.00
1	TAIL GATE '13PAX' STICKER (SN)	NECESSARY	850.00	10.00
2	SIDE GATE COMPANY STICKER (SPECIAL TYPE) (SN) @ \$580.00 (SN)	NECESSARY	1,160.00	800.00
1	SET REVERSE SENSOR (SN)	NOT NECESSARY	220.00	-
			2,700.00	1,050.00
<b><u>LABOUR</u></b>				
	TO PANEL BEAT, WELD, CUT, ADJUST, KNOCK. INCLUSIVE OF THE REPAIR OF REAR CARGO BED.		1,800.00	1,000.00
	TO PUTTY, SPRAY PAINT, POLISH WAX.		1,600.00	1,000.00
	REMOVE AND REFIX REAR RAILING.		350.00	200.00
	REMOVE AND REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	REMOVE AND REFIX REAR CARGO BED.	NOT NECESSARY	650.00	-



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REAR CHASSIS ALIGNMENT.	NOT NECESSARY	250.00	-
			4,730.00	2,200.00
GRAND TOTAL			16,359.72	7,711.07
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				4,200.00

Report Ref No. CS/EQI22005419/Avy3e2

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 ..... 07/06/2022 16:00 (SGT)  
Date of Accident ..... 06/06/2022 12:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... KJE Toward BKE After Sungei Tengah Exit  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GW2509H

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Khind Systems ( Singapore ) Pte Ltd  
Company Reg No ..... 196400399W  
Email Address ..... abc8627e@gmail.com  
Mobile Phone No ..... (Phone) +65-98629109  
Alternative Phone No ..... +65-98629109

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... Dyna  
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 ..... Manual  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... P2094379  
Cover Note Number ..... nil

#### DRIVER

Name of Driver ..... Mohd Noh Bin Osman  
NRIC No ..... S1619363A

Date Of Birth .....	13/08/1963
Occupation .....	Outdoor
Date Of Driving Pass .....	13/11/2000
Driving experience .....	21 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83600797
Alt. Phone Number .....	-
Email Address .....	abc8627e@gmail.com
Address .....	Blk 262 Boon Lay Drive #10-563
Address complement .....	-
Postcode .....	640262
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Justin
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

Report 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 .....	GBE4256C
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	YP2700U
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) .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

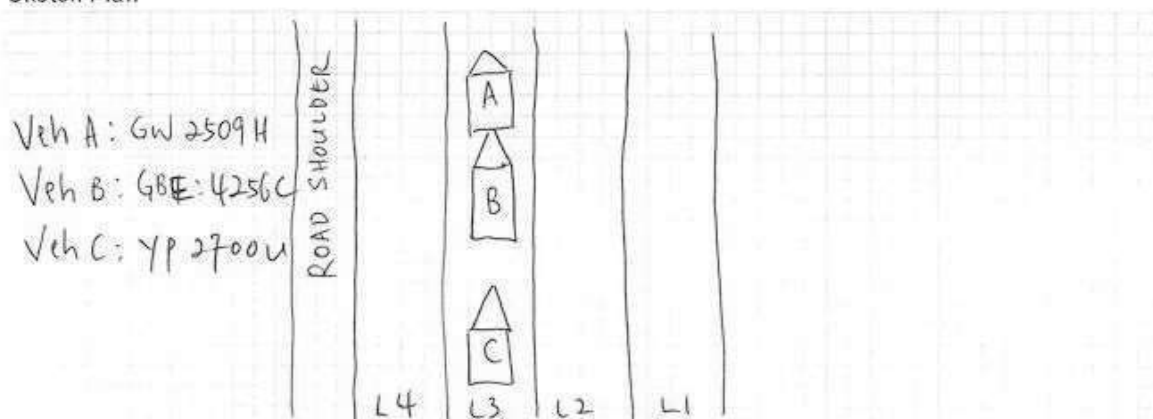
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.



*[Signature]* 06/06/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**





**Describe Circumstances of the Accident**

On 06/06/2022 (Mon) at about 10.15am, I was driving my company lorry bearing registration number plate GW 2509H along KJE towards BKE at lane three. Halfway past the Sungai Tengah exit, our company lorry broke down. We came down with the hazard light on and placed the breakdown sign. We then waited at the road shoulder for EMAS to come and assist us.

However, after one and a half hour, no sight of EMAS. Suddenly, one lorry bearing registration number plate GBE 4256C hit onto our rear portion of lorry. After that another lorry bearing registration number plate YP 2700 U then hit onto the second lorry. The second lorry banged onto our stationary lorry first. No one was injured. That's all.

I got one passenger namely: Justin (male chinese).

**Declaration**

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



Policyholder's Signature / Date & Time

 06/06/22

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

Witnessed by Reporting Centre Personnel



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PHOTOGRAPHS FOR VEHICLE NO. GW 2509H

INSPECTION





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