



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. AC2302323

INV Date 14/04/2023

Reference CS/EQI22008148/Equy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. XD 8446P

Insured Veh. YP 5079K

Claim No. DM22HO01268/JT

Policy No. DMCFHQ22-000049

Accident Date 27/07/2022

Inspection Date 29/08/2022

| Description | Total |
|---------------------|---------------|
| Survey Inspection | 230.00 |
| Resurvey Inspection | |
| Digital Photographs | |
| Transportation | |
| Subtotal | 230.00 |
| GST (8%) | 18.40 |
| Grand Total | 248.40 |

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/EQI22008148/Eqy3e2 Date: 14/04/2023 Code: EQI | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | YP 5079K | Veh. Inspected | XD 8446P |
| Policy No. | DMCFHQ22-000049 | Coverage (\$) | 0.00 |
| Claim No. | DM22HO01268/JT | Excess (\$) | 0.00 |
| Assign From | JAIME TAY | Assign Date | 24/08/2022 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | UD TRUCKS GKB5 | c.c | 10837 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | GKB5E00194 | Colour | WHITE |
| Odometer | 531000 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | FAIR | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 295/80 R22.5 | BRIDGESTONE | 4 mm |
| L/H Front Tyre | 295/80 R22.5 | BRIDGESTONE | 4 mm |
| R/H Rear Tyre | 295/80 R22.5 | BRIDGESTONE | 4 mm |
| L/H Rear Tyre | 295/80 R22.5 | BRIDGESTONE | 4 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 27/07/2022 | Inspection Date | 29/08/2022 |
| Survey held at | TAN CHONG IND. MACHINERY PTE LTD 23 JALAN BUROH . SINGAPORE 619479 | | |
| 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: | | 4 Working Days | |



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XD 8446P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|---------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | LH DOOR ASSY | DENTED | 6,308.80 | 6,308.80 |
| 1 | DOOR EMBLEM | NECESSARY | 178.00 | 178.00 |
| 1 | LH BUMPER ASSY | DENTED | 348.00 | 348.00 |
| 1 | LH BUMPER SIDE | MISSING | 85.44 | 85.44 |
| 1 | LH SIGNAL LAMP | BROKEN | 48.00 | 48.00 |
| 1 | LH UPPER STEP GARNISH | NOT NECESSARY | 287.00 | - |
| 1 | LH LOWER STEP GARNISH | BROKEN | 258.00 | 258.00 |
| 1 | LH LOWER STEEL STEP | BROKEN | 245.40 | 245.40 |
| 2 | LH STEP HANGER BRACKET @\$274.56 | BENT | 549.12 | 549.12 |
| 1 | LH SPLASH GUARD | CUT | 233.00 | 233.00 |
| 1 | LH FENDER | CRUSHED | 1,033.22 | 1,033.22 |
| 1 | LOGO PAINTING | NECESSARY | 80.00 | 80.00 |
| 1 | LH MIRROR ASSY | BROKEN | 195.00 | 195.00 |
| 1 | LH MIRROR ARM | BENT | 486.70 | 486.70 |
| 1 | MIRROR ARM MOTOR ASSY (ADDITIONAL) | BROKEN | 855.00 | 855.00 |
| | LESS 15% DISCOUNT | | -1,678.60 | -1,635.55 |
| | | | 9,512.08 | 9,268.13 |
| | <u>LABOUR</u> | | | |
| | TO PUTTY / PRIMER APPLICATION AND SPRAY PAINTING INCLUDING TOUCH-UP AFFECTED AREAS WITH POLYURETHANE PAINT. | | 550.00 | 450.00 |
| | TO REPLACE ABOVE MENTION ITEMS. TO STRAIGHTEN AND ALIGN BUMPER REINFORCEMENT. CARRY OUT SIDE SLIP ALIGNMENT TEST. | | 1,920.00 | 1,200.00 |
| | | | 2,470.00 | 1,650.00 |
| | GRAND TOTAL | | 11,982.08 | 10,918.13 |



| | | | |
|---|--|--|-----------------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 8,700.00 |
|---|--|--|-----------------|

Report Ref No. CS/EQI22008148/Eqy3e2

CHEN TSUE YEE

Automotive Assessor

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.

**TAN CHONG INDUSTRIAL MACHINERY PTE LTD****23 JALAN BUROH****SINGAPORE 619479****TEL:67038755 FAX:62665862**

| | | | |
|-------------|---------------------------------|----------------|-------------------------|
| From | ALFRED LEE | Date | 16-Jan-23 |
| To | EQ INSURANCE COMPANY LTD | Our ref | AL/8446-011/0822 |
| Attn | MOTOR CLAIM DEPT | Tel | 68277880 |
| | | Fax | 62257402 |

VEH NO : XD8446P**Model : GKB5ELDHNT****Chassis : GKB4E00194****Eng No : GH11716269**

We are please to finalise the repair cost as follows.

Claim Type: 3RD PARTY DIRECT

| <u>Description</u> | <u>Qty</u> | <u>Unit Price</u> | <u>discount</u> | <u>Amount</u> |
|------------------------|------------|-------------------|-----------------|---------------|
| LH DOOR ASSY | 1 | \$ 6,308.80 | 15% | \$ 5,362.48 |
| DOOR EMBLEM | 1 | \$ 178.00 | 15% | \$ 151.30 |
| LH BUMPER ASSY | 1 | \$ 348.00 | 15% | \$ 295.80 |
| LH BUMPER SIDE | 1 | \$ 85.44 | 15% | \$ 72.62 |
| LH SIGNAL LAMP | 1 | \$ 48.00 | 15% | \$ 40.80 |
| LH LOWER STEP GRANISH | 1 | \$ 258.00 | 15% | \$ 219.30 |
| LH LOWER STEEL STEP | 1 | \$ 245.40 | 15% | \$ 208.59 |
| LH STEP HANGER BRACKET | 2 | \$ 274.56 | 15% | \$ 466.75 |
| LH SPLASH GUARD | 1 | \$ 233.00 | 15% | \$ 198.05 |
| LH FENDER | 1 | \$ 1,033.22 | 15% | \$ 878.24 |
| LOGO PAINTING | 1 | \$ 80.00 | 15% | \$ 68.00 |
| LH MIRROR ASSY | 1 | \$ 195.00 | 15% | \$ 165.75 |
| LH MIRROR ARM | 1 | \$ 486.70 | 15% | \$ 413.70 |
| Estimated parts cost | | | | \$ 8,541.38 |

SUPPLEMENTRY PARTS

| | | | | | | |
|-----------------------|----|---|-----------|-----|-----------|---|
| MIRROR ARM MOTOR ASSY | BR | 1 | \$ 855.00 | 15% | \$ 726.75 | ✓ |
|-----------------------|----|---|-----------|-----|-----------|---|

Labour cost

| | | |
|---|----|--------|
| To putty/primer application and spray painting including touch-up affected areas with polyurethane paint. | \$ | 450.00 |
|---|----|--------|

| | | |
|---|----|----------|
| TO REPLACE ABOVE MENTION ITEMS. TO STRAIGHTEN AND ALIGN BUMPER REINFORCEMENT. CARRY OUT SIDE SLIP ALIGNMENT TEST. | \$ | 1,200.00 |
|---|----|----------|

| | | |
|-----------------------|----|----------|
| Estimated labour cost | \$ | 1,650.00 |
|-----------------------|----|----------|

| | | |
|-------------------------------------|-----------|------------------|
| EST. LABOUR & PARTS COST | \$ | 10,918.13 |
|-------------------------------------|-----------|------------------|

| | | |
|-----------------------------------|-----------|-----------------|
| LUMP SUM REPAIR (LESS 20%) | \$ | 8,700.00 |
|-----------------------------------|-----------|-----------------|

NOTE: CLAIMING FOR LOST OF USE FOR 4 DAYS. (\$200 X 4 =\$800.00)

2. All prices quoted are subjected to GST.

3. If you are agreeable with this quotation, kindly endorse and fax this quotation back to us in order for us to proceed with the repair.

4. Please be informed that the acceptance of this quotation will render the company herein liable for all repair costs incurred in accordance with the above quotation.

Thank you and regards



ALFRED LEE **DID : 67038755**
Marketing Executive **HP : 97879034**
Service Department
Validity of quote : 30 days from date hereof.

Authorised Signature
& CO. stamp

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 Actual 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 01/08/2022 16:06 (SGT)
Reported by Driver
Date of Accident 27/07/2022 15:45 (SGT)
Exact Location of Accident 210 Jln Buroh, Singapore 609831
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD8446P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CWT INTEGRATED PTE LTD
Company Reg No 1XXXXX671C
Email Address lawrence@int.cwtlimited.com
Mobile Phone No (Phone) +65-97849154
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer UDTrucks
Model GKB5ELDNT ESCOT V
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 Manual
CC 10837

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number B 400001452 MKF

DRIVER

Name of Driver LIM CHEE BENG
NRIC No SXXXX244C
Date Of Birth 16/12/1959
Occupation Outdoor

| | |
|--|----------------------------------|
| Date Of Driving Pass | 17/02/1983 |
| Driving experience | 39 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97849154 |
| Alt. Phone Number | - |
| Email Address | lawrence@int.cwtlimited.com |
| Address | BLK 289D COMPASSVALE LINK #02-85 |
| Address complement | - |
| Postcode | 544289 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Paid Driver |
| 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 - Change/cross lane |
| 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

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

I WAS TRAVELLING ALONG JALAN BURUH ON THE 1ST LANE. WHEN SUDDENLY VEHICLE YP5079K CAME FROM MY LEFT SIDE AND COLLIDED ONTO MY VEHICLE. MY LEFT SIDE CABIN AND DOOR IS DAMAGED. NO INJURY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|------------------------|
| Vehicle Registration Number | YP5079K |
| Vehicle Manufacturer | Hino |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | White |
| Vehicle Category | Commercial vehicle |
| Name of Driver | SAKTHIVEL NAREEN KUMAR |

| | |
|---|----------------------|
| Passport No/FIN | GXXXX111P |
| Contact Number | (Phone) +65-82673669 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

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 willful 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.

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.

Witnessed by Reporting Centre
Personnel

Sketch Plan

Resin Attached

Describe Circumstances of the Accident

I was travelling along Jalan Bursah on the 1st lane when suddenly vehicle YP5079K came from my left side and collided onto my vehicle. My left side cabin and door is damaged. No injury.

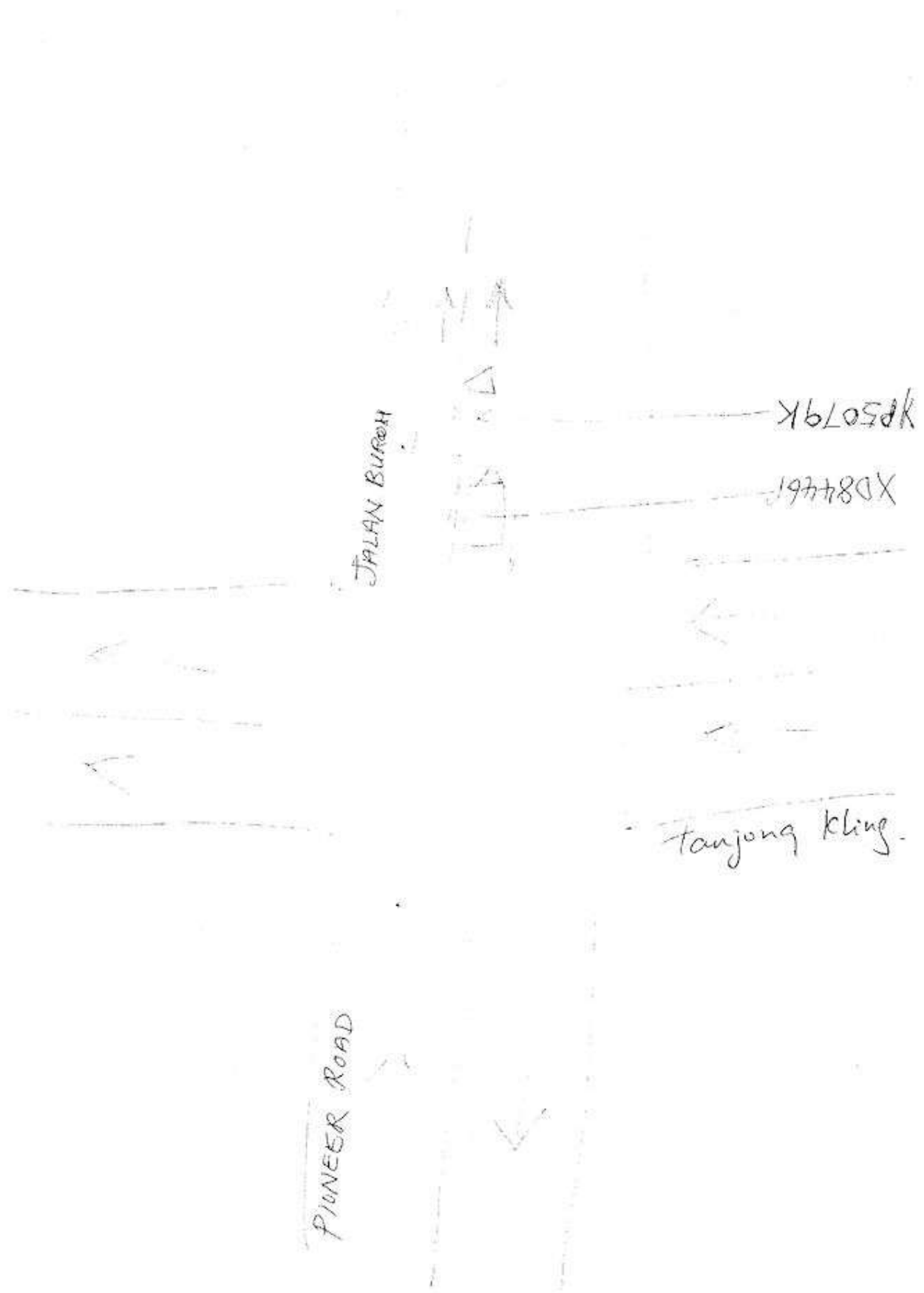
Declaration

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

Witnessed by Reporting Centre Personnel





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PHOTOGRAPHS FOR VEHICLE NO. XD 8446P

INSPECTION





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RE-INSPECTION





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RE-INSPECTION

