



## 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. AC2302519

INV Date 20/04/2023

Reference CS/EQI22009827/Gny3m4

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. CB 7551J  
Insured Veh. YN 3577M  
Claim No. DM22HO01701  
Policy No. DMCFHQ22-000023  
Accident Date 03/10/2022  
Inspection Date 05/10/2022

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
<b>Subtotal</b>	<b>160.00</b>
<b>GST (8%)</b>	<b>12.80</b>
<b>Grand Total</b>	<b>172.80</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

**SML**



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## Affiliated to Federation Internationale Des Experts En Automobile

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#17-00 TOWER BLOCK  
MND COMPLEX SINGAPORE 069110

Ref: CS/EQI22009827/Gny3m4

Date: 20/04/2023

Code: EQI

### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b>	YN 3577M	<b>Veh. Inspected</b>	CB 7551J
<b>Policy No.</b>	DMCFHQ22-000023	<b>Coverage (\$)</b>	0.00
<b>Claim No.</b>	DM22HO01701	<b>Excess (\$)</b>	0.00
<b>Assign From</b>	NEO JIE SI	<b>Assign Date</b>	05/10/2022

### 2. Vehicle Particulars & Condition

<b>Make &amp; Model</b>	NISSAN URVAN 3.0	<b>c.c</b>	2953
<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2005
<b>Chassis No.</b>	JN1TG4E25Z0702294	<b>Colour</b>	SILVER
<b>Odometer</b>	-	<b>Steering</b>	IN ORDER
<b>Brakes</b>	IN ORDER	<b>Modification</b>	NIL
<b>General</b>	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
<b>R/H Front Tyre</b>	195R15	BRIDGESTONE	6 mm
<b>L/H Front Tyre</b>	195R15	BRIDGESTONE	6 mm
<b>R/H Rear Tyre</b>	195R15	BRIDGESTONE	6 mm
<b>L/H Rear Tyre</b>	195R15	BRIDGESTONE	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.  
DAMAGES SEE DETAILS.

### 5. General Information

<b>Accident Date</b>	03/10/2022	<b>Inspection Date</b>	05/10/2022
<b>Survey held at</b>	BEDOK TRANSPORT PTE LTD 30/32 DEFU LANE 9 SINGAPORE 539270		

### 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. CB 7551J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RIGHT SIDE BODY PANEL ASSY	TO REPAIR SEE LABOUR	1,989.50	-
1	REAR BUMPER ASSY	TO REPAIR SEE LABOUR	349.50	-
	LESS 20% DISCOUNT		-467.80	-
			1,871.20	-
<b>LABOUR</b>				
	SPRAY PAINTING.		1,400.00	600.00
	TO REMOVE AND REFIT CCTV CAMERA.	NOT NECESSARY	400.00	-
	TO REMOVE AND RENEW THE ABOVE PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF RIGHT SIDE BODY PANEL ASSY AND REAR BUMPER ASSY.		1,200.00	400.00
			3,000.00	1,000.00
<b>GRAND TOTAL</b>			<b>4,871.20</b>	<b>1,000.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>1,000.00</b>

Report Ref No. CS/EQI22009827/Gny3m4

XING GUO QIANG

M.MATAI, AMSAE-A

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.

## 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	03/10/2022 12:36 (SGT)
Reported by	Both
Date of Accident	03/10/2022 06:21 (SGT)
Exact Location of Accident	Near 8 Flora Rd, Singapore 509728
Additional Location Information	Loyang Ave
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7551J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Bedok Transport Pte Ltd
Company Reg No	2XXXX654W
Email Address	workshop@bedoktransport.com
Mobile Phone No	(Phone) +65-91905859
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	Bus
Transmission	Manual
CC	2953

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTSCBU000118

#### DRIVER

Name of Driver	Teo Lee Khuan
NRIC No	SXXXX020E
Date Of Birth	28/04/1956
Occupation	Outdoor

Date Of Driving Pass	07/07/1976
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98957278
Alt. Phone Number	-
Email Address	shuwen@bedokmotor.com
Address	Blk 158B Rivervale Crescent #15-695
Address complement	-
Postcode	542158
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 on 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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	3
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	-

PASSENGER 1

Name	Passenger 1
Gender	Male

PASSENGER 2

Name	Passenger 2
Gender	Female

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 the description

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

**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 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.

**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.

*[Signature]*

Policyholder's Signature / Date & Time

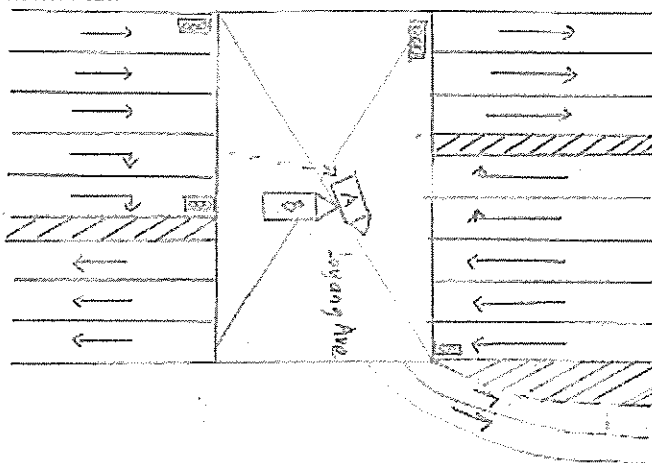
*[Signature]*

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**




veh A : CB7551J  
veh B : YH3577M


**Describe Circumstances of the Accident**

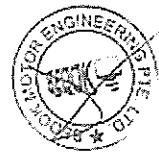
On 2/10/2022 at about 6.11am, while I was travelling along Juyang Ave. I was waiting for turn right with the lorry YH3517M in the first lane. when I turn right in the second lane. I discovered that the lorry in the first lane didn't turn right. It was going straight. The results was hitting my vehicle right side body. Nobody was injured in the accident.

**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. CB 7551J

## INSPECTION







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**PHOTOGRAPHS FOR VEHICLE NO. CB 7551J**

**RE-INSPECTION**





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