



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. AC2206716

INV Date 01/11/2022

Reference CS/EQI22010454/Uny3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBB 9001D
Insured Veh. SMN 6303J
Claim No. DM22HO01719/JT
Policy No. DMPPHQ-22-006726
Accident Date 20/09/2022
Inspection Date 21/10/2022

Description	Total
Survey Inspection	230.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	230.00
GST (7%)	16.10
Grand Total	246.10

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/EQI22010454/Uny3e2 Date: 01/11/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMN 6303J	Veh. Inspected	GBB 9001D
Policy No.	DMPPHQ-22-006726	Coverage (\$)	0.00
Claim No.	DM22HO01719/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	20/10/2022
2. Vehicle Particulars & Condition			
Make & Model	NISSAN CABSTAR (M)	c.c	2953
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	JN1SC2F24Z0801473	Colour	SILVER
Odometer	496696 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195 R15	HABILEAD	6 mm
L/H Front Tyre	195 R15	HABILEAD	6 mm
R/H Rear Tyre	165 R13 (D)	HABILEAD	6/6 mm
L/H Rear Tyre	165 R13 (D)	HABILEAD	6/6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/09/2022	Inspection Date	21/10/2022
Survey held at	2ND AUTO PTE LTD 15 KAKI BUKIT ROAD 4, #01-53, BARTLEY BIZ CENTRE, SINGAPORE 417808		
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. GBB 9001D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TAILGATE ASSY	TO REPAIR SEE LABOUR	1,697.00	-
3	REAR TAILGATE HINGES	NOT NECESSARY	260.00	-
1	REAR TAILGATE LEFT TOP LOCK	NOT NECESSARY	248.00	-
1	REAR TAILGATE RIGHT TOP LOCK	NOT NECESSARY	248.00	-
1	REAR TAILGATE LEFT LOWER LOCK HINGE	NOT NECESSARY	176.00	-
1	REAR TAILGATE RIGHT LOWER LOCK HINGE	NOT NECESSARY	176.00	-
2	REAR TAILGATE LEFT RUBBER STOPPER	NOT NECESSARY	68.00	-
2	REAR TAILGATE RIGHT RUBBER STOPPER	NOT NECESSARY	68.00	-
1	REAR TAILGATE LEFT RUBBER STOPPER BRACKET	NOT NECESSARY	88.00	-
1	REAR TAILGATE RIGHT RUBBER STOPPER BRACKET	NOT NECESSARY	88.00	-
1	REAR TAILGATE LOWER PANEL	TO REPAIR SEE LABOUR	1,465.00	-
1	REAR LEFT TAILLAMP	BROKEN	668.00	208.00
1	REAR RIGHT TAILLAMP	NOT NECESSARY	668.00	-
1	REAR LEFT TAILLAMP BRACKET	NO SUCH PARTS	116.00	-
1	REAR RIGHT TAILLAMP BRACKET	NO SUCH PARTS	116.00	-
1	REAR SPARE TYRE LOCK HOLDER	NOT NECESSARY	396.00	-
1	REAR TOWING HOOK	NOT NECESSARY	180.00	-
1	REAR NO PLATE LAMP	NOT NECESSARY	89.00	-
1	REAR NO PLATE SUPPORT BRACKET	NOT NECESSARY	120.00	-
1	REAR EXHAUST PIPE ASSY	NOT NECESSARY	1,650.00	-
	LESS 10% DISCOUNT		-858.50	-20.80
			7,726.50	187.20
SPECIAL NETT ITEMS				
1	REAR TAILGATE '70KM/H' STICKER (SN)	NOT NECESSARY	50.00	-
1	REAR TAILGATE '13 PAX' STICKER (SN)	NOT NECESSARY	50.00	-
1	REAR TAILGATE 'COMPANY' STICKER (SN)	NOT NECESSARY	250.00	-
1	REAR TAILGATE 'TOOLS' STICKER (SN)	NOT NECESSARY	250.00	-
1	REAR TAILGATE INNER ALUMINIUM PLATE (SN)	NOT NECESSARY	1,250.00	-
1	REAR FLOOR PANEL INNER ALUMINIUM PLATE (SN)	NOT NECESSARY	2,500.00	-

Report Ref No. CS/EQI22010454/Uny3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR SPARE TYRE (SN)	NOT NECESSARY	650.00	-
1	REAR VIEW CAMERA (SN)	NOT NECESSARY	450.00	-
1	REAR NO PLATE (BENT) (SN)	NOT CONSISTENT WITH THE IMPACT	100.00	-
1	REAR STEP PANEL (SN)	NOT NECESSARY	450.00	-
1	SET REAR REVERSE SENSOR (SN)	CRACKED	300.00	200.00
			6,300.00	200.00
	LABOUR			
	LABOUR FOR PANEL BEATING ,CUT ,WELD ,STRAIGHTEN REAR AFFECTED AREA AND REPLACE REAR DAMAGED PARTS.INCLUSIVE OF THE REPAIR OF REAR TAILGATE ASSY AND REAR TAILGATE LOWER PANEL .		1,200.00	400.00
	TO PUTTY AND SPRAY PAINTING REAR PORTION .		1,200.00	400.00
	TO CHECK REAR LIGHTING AND WIRING .		50.00	20.00
	TO REMOVE AND INSTALL REAR EXHAUST PIPE ASSY .	NOT NECESSARY	120.00	-
	TO APPLY ANTI RUST PROOFING TO REAR AFFECTED AREA.	NOT NECESSARY	150.00	-
	TO REMOVE AND INSTALL REAR TAILGATE INNER ALUMINIUM PLATE .	NOT NECESSARY	150.00	-
	TO REMOVE AND INSTALL REAR FLOOR PANEL INNER ALUMINIUM PLATE .	NOT NECESSARY	150.00	-
	TO REMOVE AND INSTALL REAR REVERSE SENSOR .		80.00	50.00
	TO REMOVE AND INSTALL REAR VIEW CAMERA.	NOT NECESSARY	80.00	-
	TOWING SERVICE .	NOT NECESSARY	100.00	-
			3,280.00	870.00
GRAND TOTAL			17,306.50	1,257.20

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,000.00
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Report Ref No. CS/EQI22010454/Uny3e2

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 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 23/09/2022 17:08 (SGT)
Reported by Driver
Date of Accident 20/09/2022 09:45 (SGT)
Exact Location of Accident Paya Lebar Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB9001D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TAT SENG CONSTRUCTION & TRADING PTE. LTD.
Company Reg No 201303622W
Email Address tatsengts@gmail.com
Mobile Phone No (Phone) +65-97772353
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
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 2953

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5125496429

DRIVER

Name of Driver MAIA MD SHOHAG
Passport No/FIN G6890298W
Date Of Birth 15/07/1990
Occupation Outdoor

Date Of Driving Pass	06/05/2021
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98743831
Alt. Phone Number	-
Email Address	tatsengts@gmail.com
Address	19A TOH GUAN ROAD EAST DORMITORY
Address complement	04-11
Postcode	608567
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	Raining
Road Surface	Wet

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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	SMV6303J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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

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 willful misrepresentation or withholding of material facts may allow insurance companies to invalidate 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 printing 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 (joint) 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' lawyer/s law firm, 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/postal 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' lawyer/s law firm, 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 lawyer/s law firm) which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel (Base as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I was traveling straight along the third lane of paya lebow Road, as the front vehicle slow down, I follow suit, suddenly I felt an impact from the rear and realize vehicle B has collided onto my rear portion of vehicle.

Declaration

I/We declare the foregoing information is true in every respect.


Policyholder's Signature / Date & Time




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


Witnessed by Reporting Officer / Date & Time




**SINGAPORE
POLICE FORCE**



T/20220922/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220922/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2022 16:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAIA MD SHOHAG			Address:		
ID Type / ID No.: FIN NO / G6890298W			Contact No.:		Mobile: 98743831
Nationality: BANGLADESHI			Email: tatsengts@gmail.com		
Sex: Male	Age: 32	Date of Birth: 15/07/1990	Type of Informant: Driver		
Race: Others			Language: English		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/09/2022 09:45	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB9001D	Lorry	NISSAN	CABSTAR MANUAL	Silver		0
SMN6303J	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220922/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220922/7031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBB9001D	NTUC Income Insurance Co-Operative Limited	5125496429	12/03/2022	11/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MAIA MD SHOHAG		ID No.	G6890298W
Related Vehicle	GBB9001D (Lorry)		Contact No.	98743831
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details:

At stated date and time, i was travelling straighy along the third lane of paya lebar road, as the front vehicle slow down, i follow suit, suddenly i felt an impact from the rear and realise vehicle b has collided onto the rear portion of my vehicle



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220922/7031

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Report No. T/20220922/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPiB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/09/2022 16:14

Classification Of Case:



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PHOTOGRAPHS FOR VEHICLE NO. GBB 9001D

INSPECTION



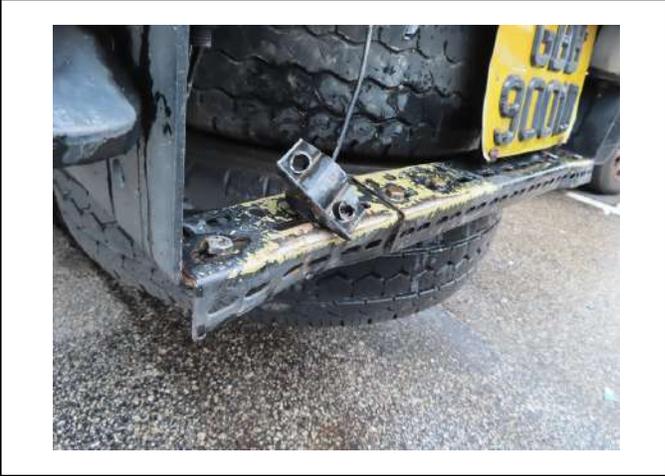


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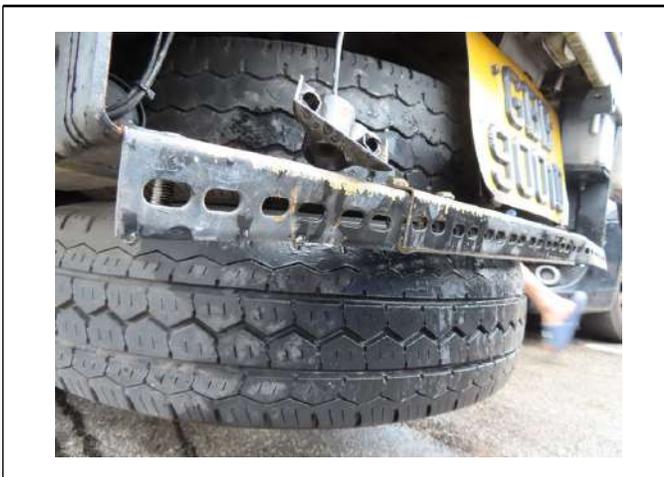
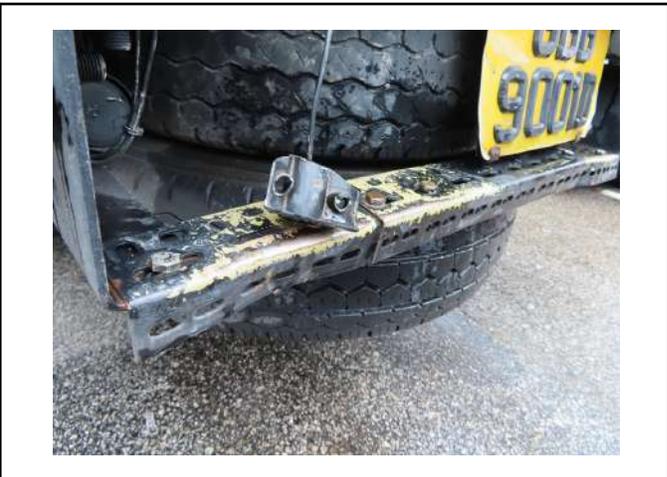
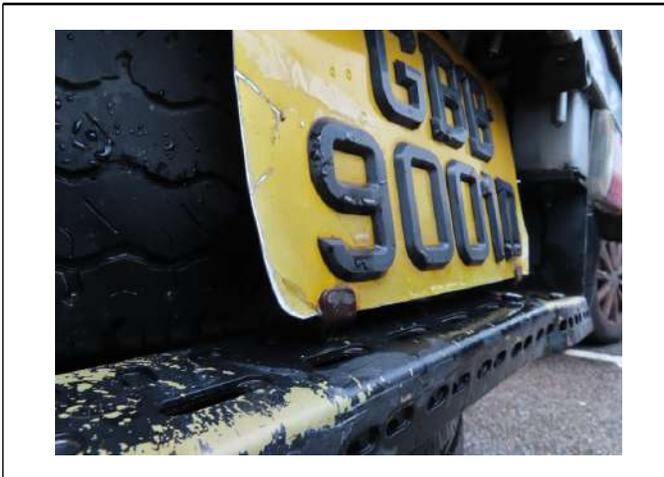
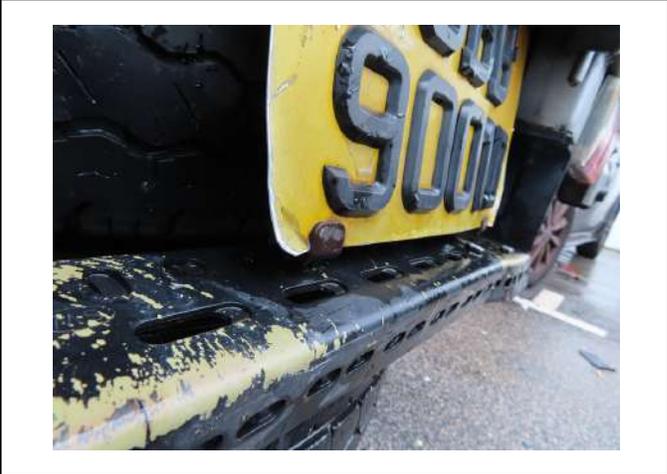


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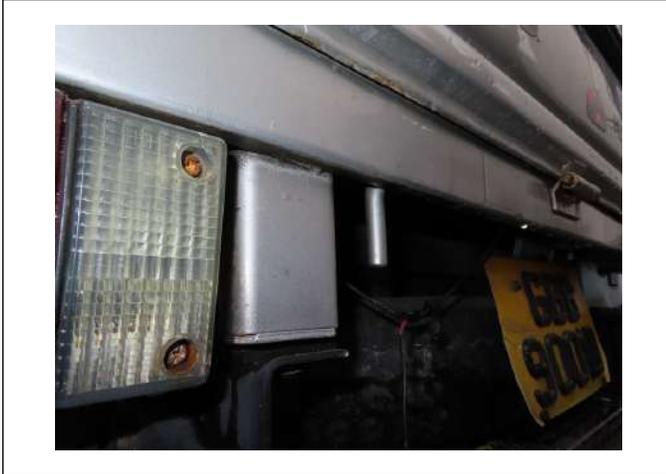


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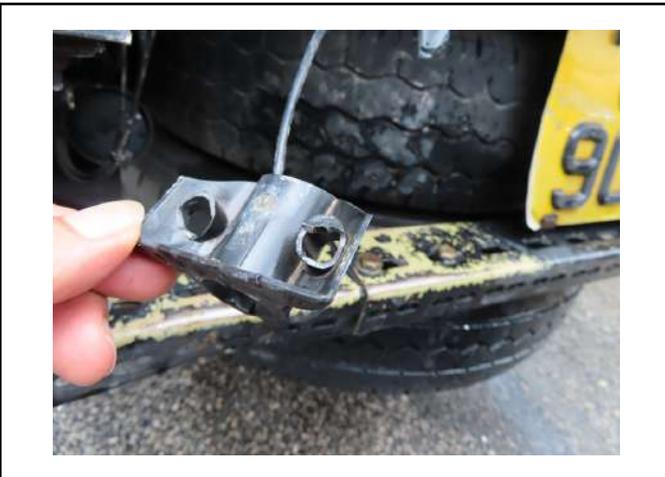
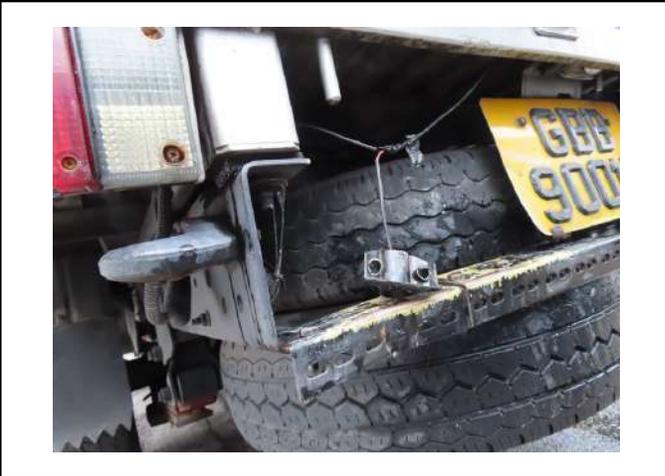


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RE-INSPECTION

