



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. AC2303395

INV Date 30/05/2023

Reference CS/EQI23005008/Uqy3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. GBL 6637L
Insured Veh. GBE 5193T
Claim No. DM23HO01017/JT
Policy No. DMCPHQ22-004161
Accident Date 12/05/2023
Inspection Date 18/05/2023

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

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
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MND COMPLEX SINGAPORE 069110

Ref: CS/EQI23005008/Uqy3e2

Date: 30/05/2023

Code: EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 5193T	Veh. Inspected	GBL 6637L
Policy No.	DMCPHQ22-004161	Coverage (\$)	0.00
Claim No.	DM23HO01017/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	16/05/2023

2. Vehicle Particulars & Condition

Make & Model	NISSAN NV350 (A)	c.c	1998
Engine No.	HIDDEN	Year of Reg.	2021
Chassis No.	VR2E26138193	Colour	BLUE
Odometer	41160 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	3 mm
L/H Front Tyre	195/80 R15	YOKOHAMA	3 mm
R/H Rear Tyre	195/80 R15	YOKOHAMA	6 mm
L/H Rear Tyre	195/80 R15	YOKOHAMA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	12/05/2023	Inspection Date	18/05/2023
Survey held at	YEW HOK AUTO SERVICES 1 KAKI BUKIT AVE 6 #02-11 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: **5 Working Days**



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBL 6637L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER (N)	DISTORTED / TORN	656.60	636.80
1	FRONT BUMPER FOG LAMP COVER - LH (N)	SCRATCHED	158.70	158.70
1	FRONT BUMPER GRILLE (N)	TORN	155.10	155.10
1	FRONT BUMPER REINFORCEMENT (N)	BENT	495.50	495.50
1	FRONT BUMPER SIDE RETAINER - LH (N)	CRACKED	199.10	199.10
1	FRONT CAB PANEL (N)	BADLY DENTED	1,485.00	1,367.80
1	FRONT CORNER PANEL - LH (N)	TO REPAIR SEE LABOUR	587.00	-
1	FRONT GRILLE (N)	CRACKED	596.20	596.20
1	FRONT GRILLE LOGO (N)	NOT NECESSARY	86.60	-
1	FRONT HEADLAMP - LH (N)	CRACKED	638.60	516.10
1	SET FRONT WINDSCREEN MOULDING (N)	NECESSARY	120.60	120.60
1	AIR CON BLOWER ASSY (N)	CRACKED	1,055.90	1,055.90
1	AIR CON PIPE (N)	TWISTED	189.60	189.60
1	OIL COOLER (N)	SERVICEABLE	870.70	-
1	OIL COOLER AIR GUIDE (N)	BROKEN	187.20	187.20
	LESS 10% DISCOUNT		-748.24	-567.86
			6,734.16	5,110.74
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	50.00	30.00
1	SET FRONT WINDSCREEN SEALANT (SN)	NECESSARY	80.00	40.00
1	R.O.V STICKER (SN)	NECESSARY	45.00	30.00
			175.00	100.00
<u>LABOUR</u>				
	TO REMOVE, REFIX FRONT WINDSCREEN.		180.00	120.00
	TO REMOVE, REFIX FRONT INTERIOR TRIMS TO ASSIST REPAIR.	NOT NECESSARY	120.00	-
	TO REMOVE, REFIX FRONT DASHBOARD.		350.00	200.00
	TO REMOVE, REFIX A/C COOLING SYSTEM / REFILL A/C GAS.		250.00	100.00
	TO RESPRAY UNDERCOATING.		100.00	30.00

Report Ref No. CS/EQI23005008/Uqy3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RESPRAY PAINTING AND ETC.		1,000.00	800.00
	PANEL BEATING, CUT, WELD REMOVE & REPACING ABOVE PARTS. INCLUSIVE OF THE REPAIR OF FRONT CORNER PANEL - LH.		1,000.00	800.00
			3,000.00	2,050.00
	GRAND TOTAL		9,909.16	7,260.74
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,800.00

Report Ref No. CS/EQI23005008/Uqy3e2

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 15/05/2023 16:05 (SGT)
Reported by Actual Driver
Date of Accident 12/05/2023 15:44 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 205 KOVAN CENTRAL CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL6637L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner A-VINZ PTE LTD
Company Reg No 201117811Z
Email Address yeosanny2177@gmail.com
Mobile Phone No (Phone) +65-65701622
Alternative Phone No -

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 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00145552201

DRIVER

Name of Driver YEO SANNY
NRIC No S1713995I
Date Of Birth 03/02/1955
Occupation Outdoor

Date Of Driving Pass	02/07/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91430606
Alt. Phone Number	-
Email Address	yeosanny2177@gmail.com
Address	APT BLK 256B SUMANG WALK
Address complement	# 16-631
Postcode	822256
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	Side Swipe
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

PLEASE REFER TO THE ATTACHED STATEMENT

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	GBE5193T
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
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 Actual Driver.
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4. The issuance 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 submission 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.

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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

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

Witnessed 15/5/2023

Sketch Plan

Blk 205 Koran Central Carpark



Describe Circumstance of the Accident

On 12/05/2023 @ 1544hrs I was driving the vehicle
GSL 6637L along the corporate driveway of #1205
Kovan Control when the vehicle GBE 5193T came out
of the parking lot in my left side causing my front
partition to hit his driver's door. No injury involved.

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



Policyholder's Signature / Date & Time

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

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

[Signature] 15/5/2023



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PHOTOGRAPHS FOR VEHICLE NO. GBL 6637L

INSPECTION



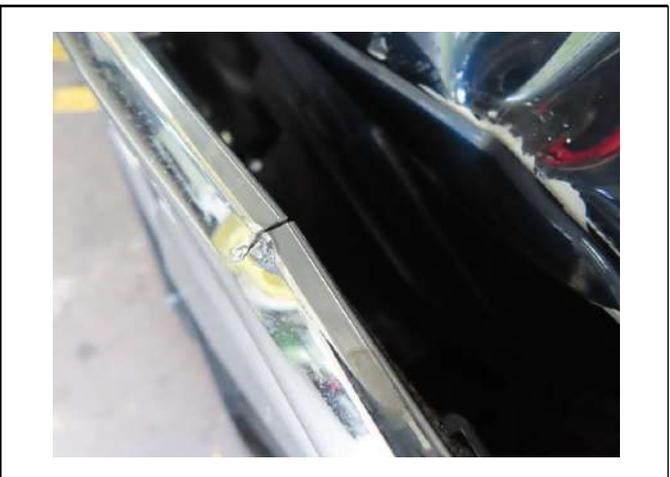
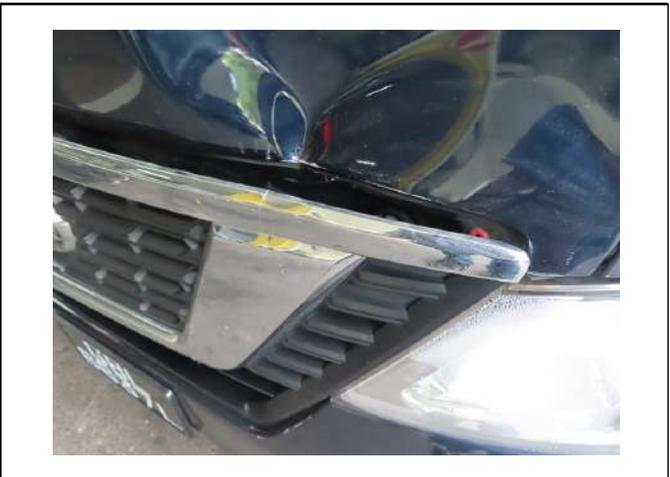
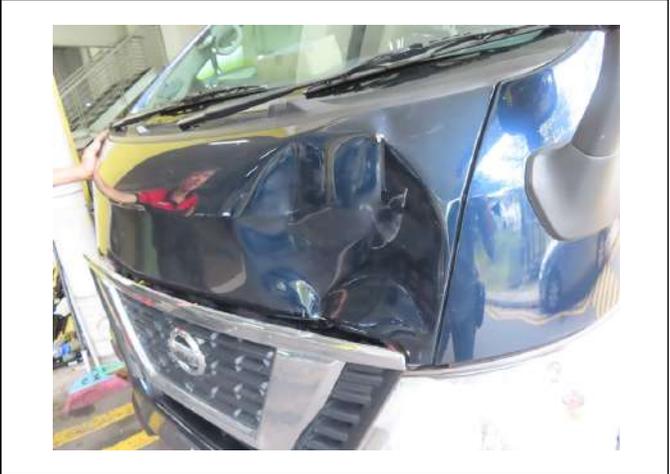
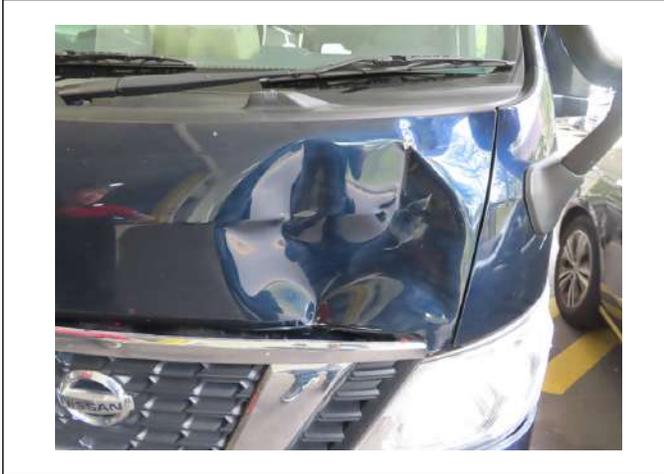


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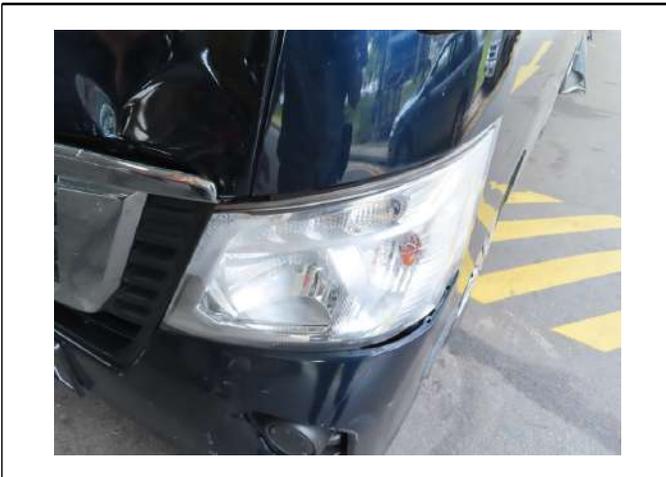
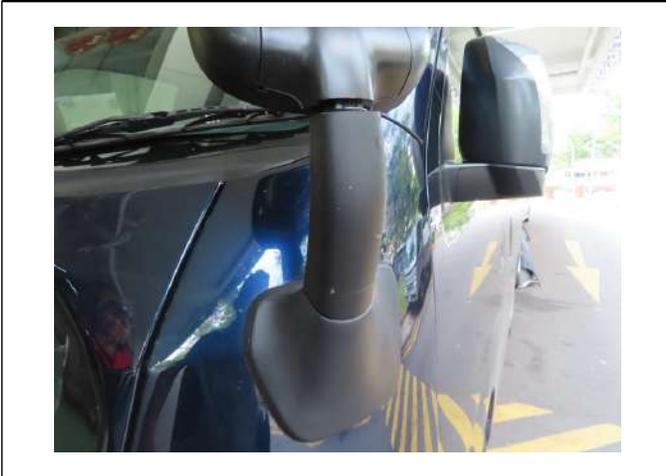


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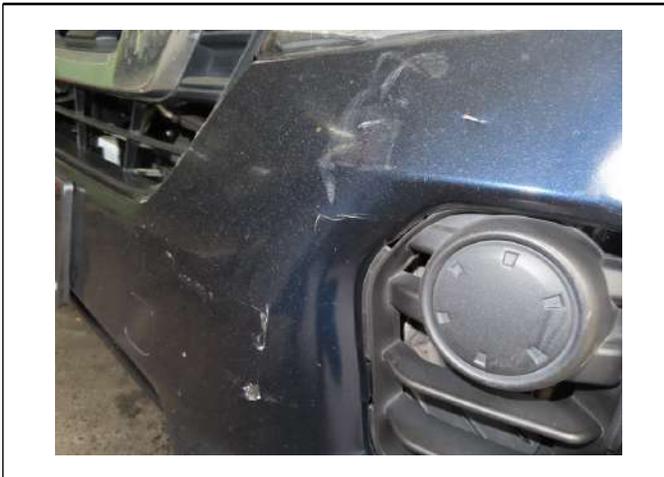
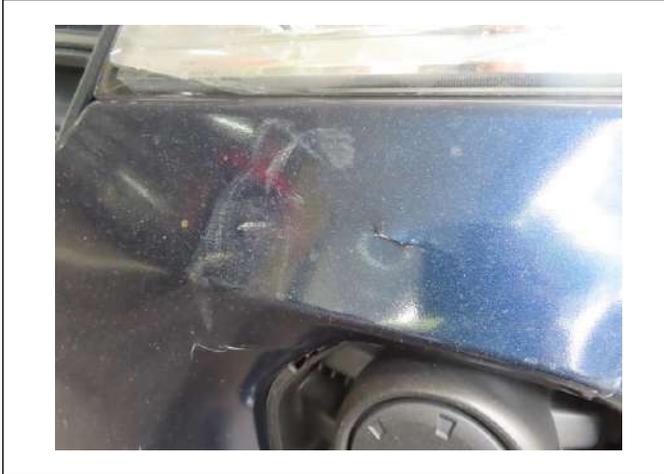


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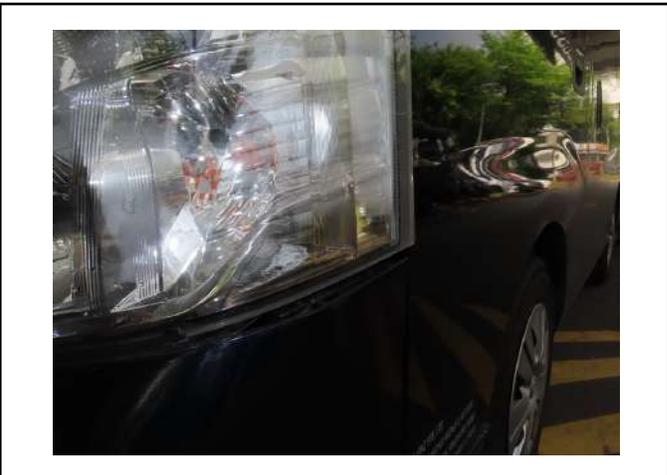
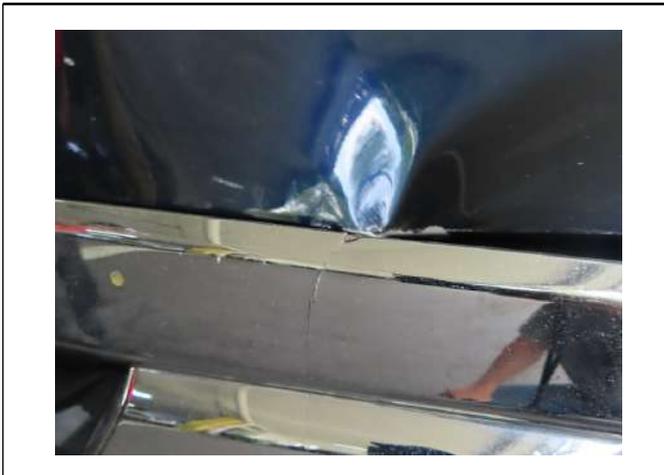


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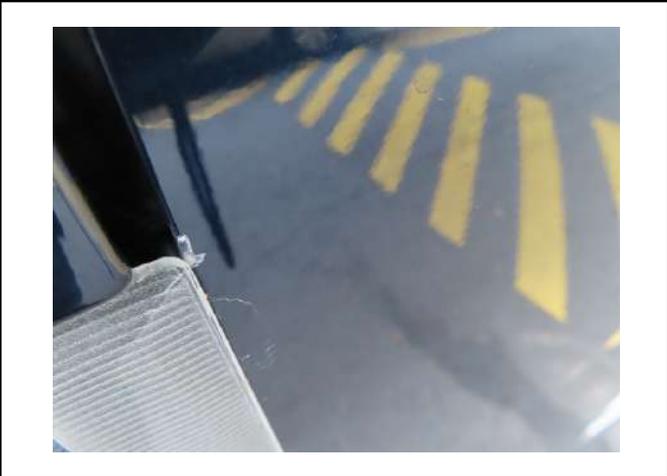
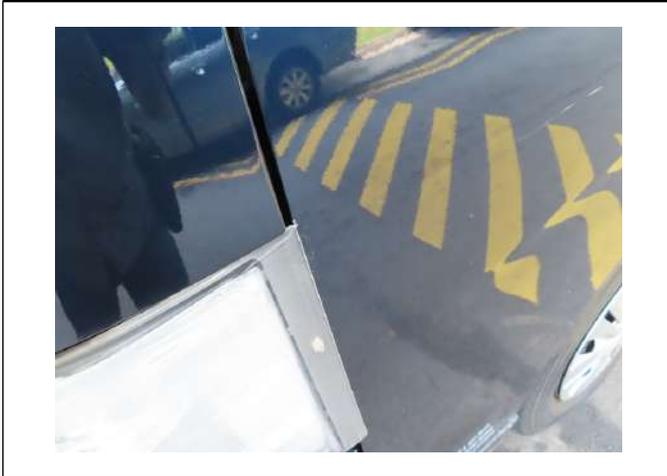


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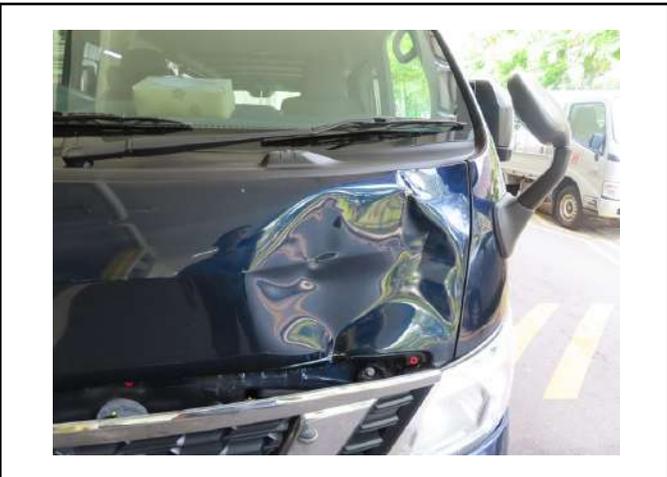
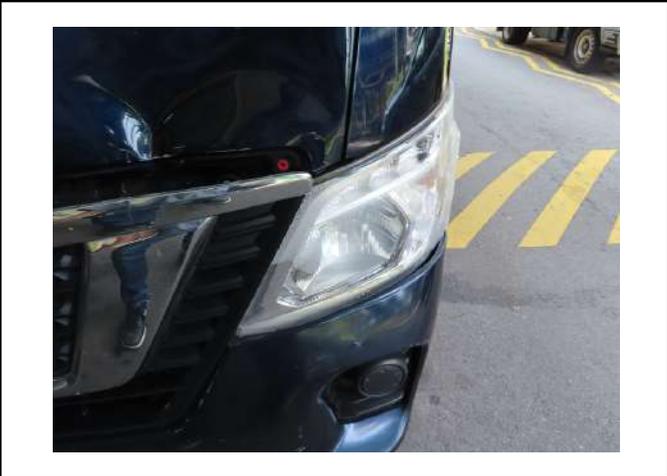
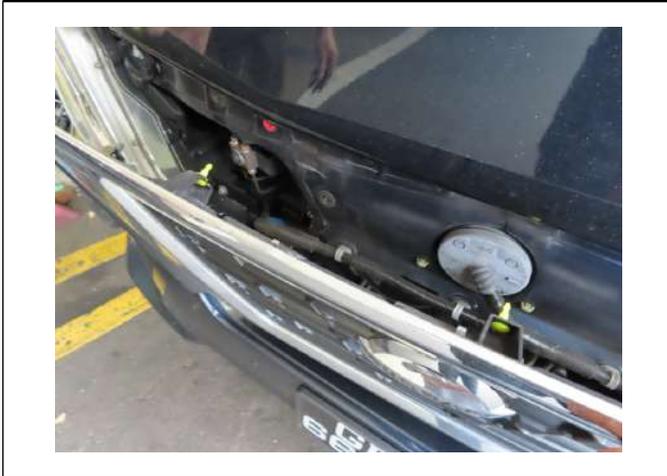
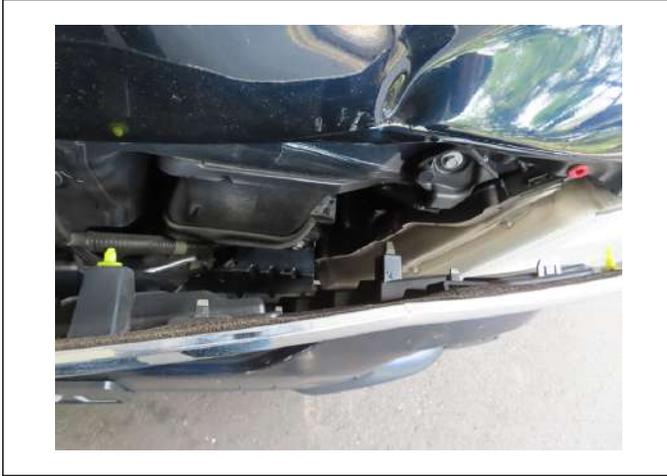


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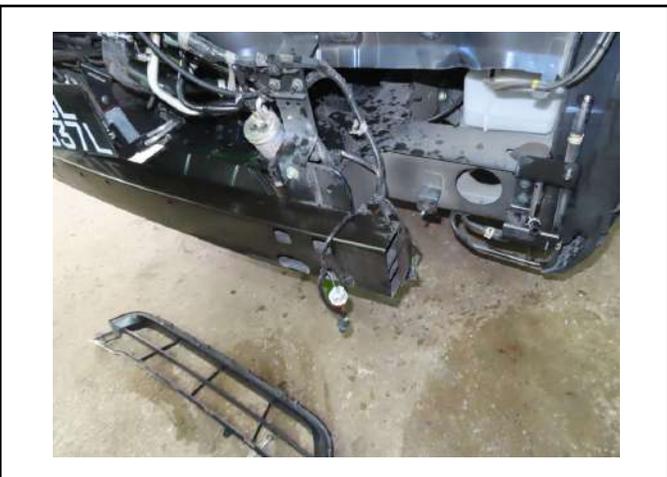
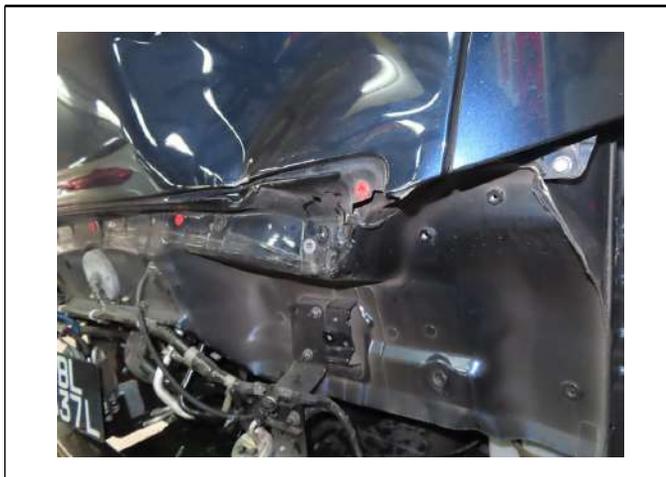
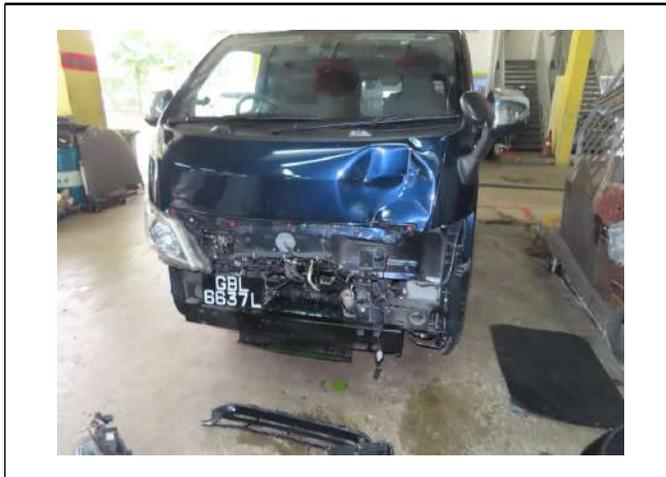
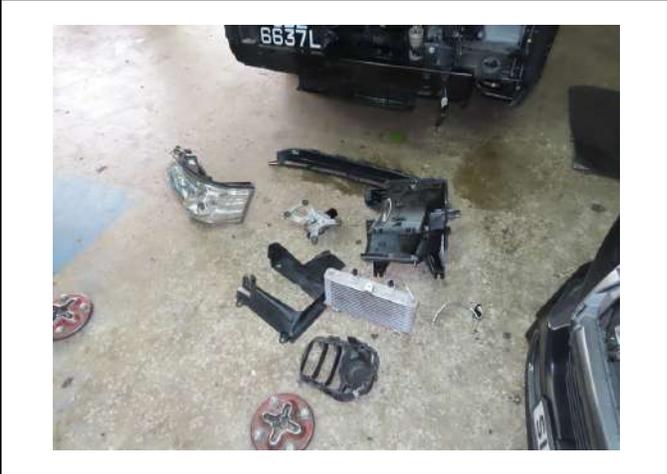
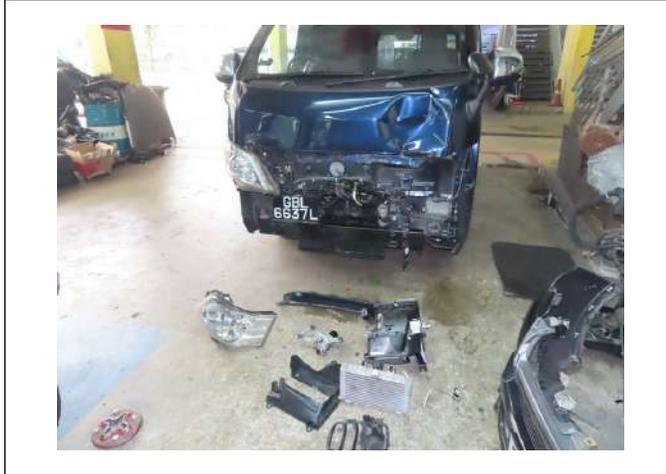
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RE-INSPECTION





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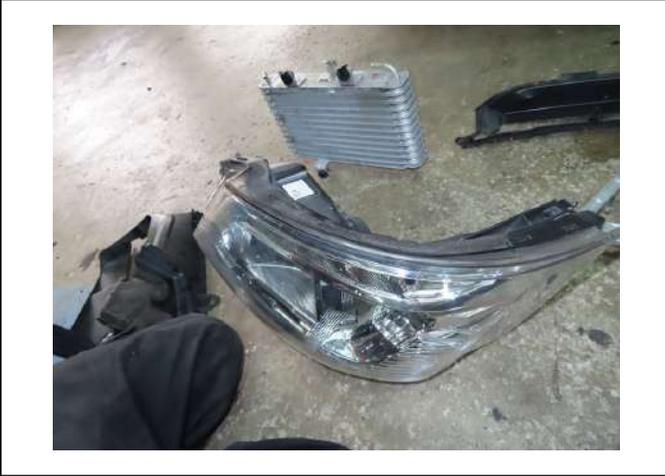


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