



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. AC2107336

INV Date 25/10/2021

Reference CS/EQI21005611/R1qf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. FBP 8445P

Insured Veh. SMG 2731U

Claim No. DM21HO00658/SL

Policy No. DMCTHQ-20-000087

Accident Date 27/04/2021

Inspection Date 10/05/2021

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/EQI21005611/R1qf3e2 Date: 25/10/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMG 2731U	Veh. Inspected	FBP 8445P
Policy No.	DMCTHQ-20-000087	Coverage (\$)	0.00
Claim No.	DM21HO00658/SL	Excess (\$)	0.00
Assign From	STEVE LIM	Assign Date	07/05/2021
2. Vehicle Particulars & Condition			
Make & Model	DUCATI DIAVEL 1260 S	c.c	1262
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	ZDMGE00AAKB000403	Colour	BLACK
Odometer	26664 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	120/70 R17	DIABLO	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	240/45Z R17	DIABLO	5 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	27/04/2021	Inspection Date	10/05/2021
Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.		
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:		2 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBP 8445P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	SIDE STAND (SN)	BENT	178.20	178.20
1	AXLE, SIDE STAN (SN)	NECESSARY	13.00	13.00
1	NUT (SN)	NECESSARY	5.90	5.90
1	STEERING HEAD 8 (SN)	SCRATCHED	686.30	686.30
2	SEAL RING (SN)	NECESSARY	21.80	21.80
1	WASHER (SN)	NECESSARY	4.10	4.10
2	BEARING, STEERI (SN)	NECESSARY	171.60	171.60
1	STEERING HEAD (SN)	SCRATCHED	544.30	544.30
2	VIBRATION DAMPE (SN)	NECESSARY	42.40	42.40
6	WASHER 6.4X16X (SN)	NOT NECESSARY	2.40	-
2	SCREW TCEI M6X (SN)	NECESSARY	2.60	2.60
7	CLAMP (SN)	NOT NECESSARY	2.80	-
1	FORK LEG ASSY (SN)	SERVICEABLE	3,076.10	-
1	FORK LEG ASSY (SN)	BENT	3,216.30	3,216.30
2	REFLECTOR, ADHE (SN)	NECESSARY	18.20	18.20
7	SCREW (SN)	NOT NECESSARY	7.00	-
5	SCREW TCEIR M6 (SN)	NOT NECESSARY	5.50	-
4	VIBRATION DAMP (SN)	NECESSARY	10.00	10.00
1	FRONT FENDER, B (SN)	SERVICEABLE	343.10	-
1	DECAL DUCATI SA (SN)	NOT NECESSARY	16.60	-
1	DECAL DUCATI SA (SN)	NOT NECESSARY	16.60	-
4	SPACER 6.2X8.5X (SN)	NOT NECESSARY	15.20	-
1	SCREW, TAPPING (SN)	NOT NECESSARY	0.90	-
1	FRONT WHEEL RIM (SN)	BENT	2,200.60	2,200.60
2	FRONT BRAKE DIS (SN)	SERVICEABLE	990.60	-
1	VALVE, TUBELESS (SN)	NECESSARY	20.30	20.30
10	SCREW (SN)	NECESSARY	23.00	23.00
1	FRONT WHEEL SPI (SN)	SCRATCHED	239.00	239.00
1	SEAL RING (SN)	NOT NECESSARY	10.70	-
1	INNER SPACER (SN)	NOT NECESSARY	35.70	-
1	SEAL RING (SN)	NECESSARY	35.80	35.80

Report Ref No. CS/EQI21005611/R1qf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	BEARING (SN)	NECESSARY	85.40	85.40
1	C RING (SN)	NECESSARY	22.20	22.20
			12,064.20	7,541.00
	<u>LABOUR</u>			
	RECEIVE PRE-BOOKED CUSTOMER.	NOT NECESSARY	0.20	-
	ACCIDENT DAMAGE ASSESSMENT.	NOT NECESSARY	70.00	-
	TO REPLACE DAMAGED PARTS CAUS.		3,600.00	2,400.00
	INSURANCE PARTICULARS RESEARC.	NOT NECESSARY	7.50	-
			3,677.70	2,400.00
GRAND TOTAL			15,741.90	9,941.00
RECOMMENDED COST OF REPAIRS				9,941.00

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MOHAMMED RASUL BIN MOHD YUNUS

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 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 28/04/2021 16:42 (SGT)
Date of Accident 27/04/2021 18:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Marina view Asia tower 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP8445P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO ZHI HAO
NRIC No S9026809J
Email Address Zhao90@gmail.com
Mobile Phone No (Phone) +65-84681641
Alternative Phone No +65-84681641

VEHICLE PARTICULARS

Manufacturer Ducati
Model Diavel
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Motorcycle
Transmission Manual
CC 1260

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110504941-01
Cover Note Number -

DRIVER

Name of Driver TEO ZHI HAO
NRIC No S9026809J

Date Of Birth	03/07/1990
Occupation	Indoor
Date Of Driving Pass	08/07/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84681641
Alt. Phone Number	+65-84681641
Email Address	Zhao90@gmail.com
Address	14 CACTUS DRIVE #04-01
Address complement	-
Postcode	809689
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Parked Vehicle
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG2731U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private hire
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-86912632
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

SAP 7214-S0001

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 Authorized 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 re-evaluate 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 lodgment 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;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature: [Signature] Date & Time: 25/11/15 / 14:00
 Driver's Signature (if driver is not the policyholder): _____ Date & Time: _____
 Reporting Centre Personnel's Signature: [Signature] Name: Heng A. AUC/FIN No.: 5194554

SKETCH PLAN

Central Blvd

Marina View

Marina View

A: FOP 545P
B: SMG 27110

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/4/2022 at around 18:50hrs, I parked my motorcycle (FOP 545P) along Marina View at Acacia Square tower 2. When

DECLARATION

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

Policyholder's Signature
Date & Time: 27/04/2022 18:50

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

Reporting Centre Personnel's Signature
Name: Heng On
NRIC/IN NO: 5722574



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PHOTOGRAPHS FOR VEHICLE NO. FBP 8445P

INSPECTION





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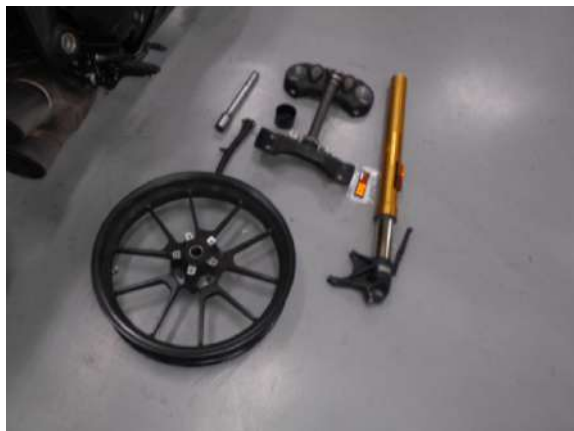
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PHOTOGRAPHS FOR VEHICLE NO. FBP 8445P

RE-INSPECTION



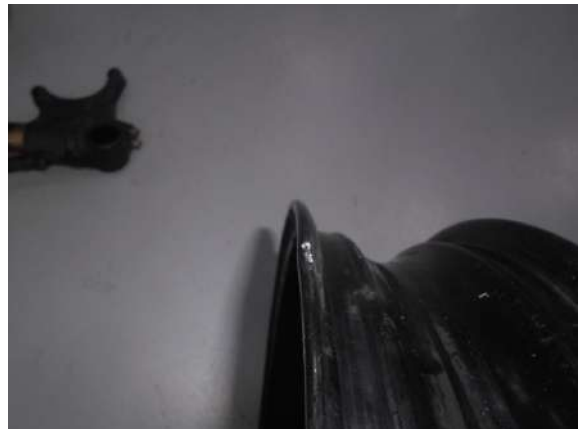


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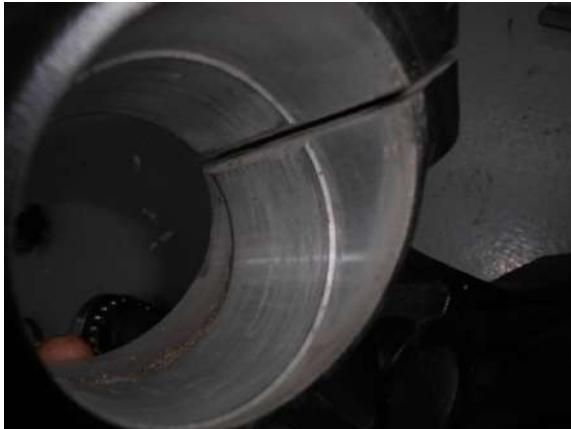


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