



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. AC2105108

INV Date 21/07/2021

Reference CS/EQI21006407/Uvf3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. FBK 9308Y
Insured Veh. GBC 1409J
Claim No. DM21HO00802-JG
Policy No.
Accident Date 24/05/2021
Inspection Date 04/06/2021

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	160.00
GST (7%)	11.20
Grand Total	171.20

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

HYN



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Affiliated to Federation Internationale Des Experts En Automobile

EQ INSURANCE COMPANY LTD
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#17-00 TOWER BLOCK
MND COMPLEX SINGAPORE 069110

Ref: CS/EQI21006407/Uvf3n2

Date: 21/07/2021

Code: EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBC 1409J	Veh. Inspected	FBK 9308Y
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO00802-JG	Excess (\$)	0.00
Assign From	JOEL GOH	Assign Date	04/06/2021

2. Vehicle Particulars & Condition

Make & Model	ADIVA AR3 200 3-WHEELER	c.c	171
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	RGVTC40AAGA000004	Colour	BLUE
Odometer	33161 KM	Steering	AFFECTED
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	120/70-14	TIMSUN	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	120/70-14	TIMSUN	6 mm
L/H Rear Tyre			mm

4. Description of Damages

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

5. General Information

Accident Date	24/05/2021	Inspection Date	04/06/2021
Survey held at	BAN HOCK HIN CO.PTE LTD NO 6 DEFU LANE 4 SINGAPORE 539410		

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. FBK 9308Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BALL SET	NECESSARY	19.00	19.00
1	BALL SET SMALL	NECESSARY	14.00	14.00
1	BOTTOM DUST GUARD	TORN	27.00	27.00
1	COVER COMPARTMENT TANK	CRACKED	42.00	42.00
1	FORK FRONT ASSY COMPLETE	BENT / TWISTED	845.00	845.00
1	HEADLIGHT LH	BROKEN	217.00	217.00
1	HEADLIGHT RH (CRACKED)	NOT CONSISTENT WITH THE IMPACT	217.00	-
1	LEG SHIELD	CRACKED	147.00	147.00
1	RACE STRG TOP COND	NECESSARY	28.00	28.00
1	SEAL DUST STRRING CONE	NECESSARY	7.00	7.00
1	SHIELD ASSY FRONT METALLIC (BLUE)	BROKEN	528.00	528.00
1	TOP CAP (STEERING CONE TOP)	NECESSARY	28.00	28.00
1	TOP CAP (STEERING CONE BOTTOM)	NECESSARY	28.00	28.00
	LESS 10% DISCOUNT		-	-193.00
			2,147.00	1,737.00
<u>LABOUR</u>				
	LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.		378.00	280.00
	TRANSPORT CHARGES (MOTORCYCLE) OVERSIZED-BIKE TOWED BACK TO BHH.		98.00	35.00
			476.00	315.00
GRAND TOTAL			2,623.00	2,052.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,600.00

Report Ref No. CS/EQI21006407/Uvf3n2

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 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	25/05/2021 17:10 (SGT)
Date of Accident	24/05/2021 13:57 (SGT)
Exact Location of Accident	International Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK9308Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE POST LIMITED
Company Reg No	1XXXXX623M
Email Address	afiqanuar@singpost.com
Mobile Phone No	(Phone) +65-83132048
Alternative Phone No	(Office) +65-68412000

VEHICLE PARTICULARS

Manufacturer	Adiva
Model	AR3 200 3-WHEELER CVT
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	Motorcycle
Transmission	Auto
CC	171

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	V0107634-VMF
Cover Note Number	-

DRIVER

Name of Driver	FIZWAN BIN WAHAB
Passport No/FIN	GXXXX134U

Date Of Birth	23/03/1993
Occupation	Outdoor
Date Of Driving Pass	03/06/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83132048
Alt. Phone Number	-
Email Address	afiqanuar@singpost.com
Address	HOTEL 81, LORONG 8 GEYLANG
Address complement	-
Postcode	399121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 Motorcyclist
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)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 24/5/2021 AT ABOUT 1357HRS, I WAS DRIVING MOTORCYCLE A FBK9308Y ALONG INTERNATIONAL ROAD. SUDDENLY VEHICLE B GBC1409J FROM OPPOSITE ROAD (INTERNATIONAL) DIDN'T STOP AND TURN RIGHT INTO QUALITY ROAD. MY MOTORCYCLE LEFT HIT ONTO VEHICLE B REAR LEFT EVEN THOUGH I APPLIED BRAKE. UNABLE TO EXCHANGE PARTICULAR. NO INJURY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC1409J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
NRIC No	-1

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 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 be 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/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, lawyers/law firms, may be 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 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.

<p>Policyholder's Signature / Date & Time</p> <p><i>[Signature]</i></p>	<p>Driver's Signature (if driver is not the policyholder) / Date & Time</p> <p><i>[Signature]</i> 24/12/21 / 1538hrs</p>	<p>Witnessed by Reporting Centre Personnel</p> <p><i>[Signature]</i></p> <p>A FBK 93084 B GBC 11001</p>
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Describe Circumstances of the Accident

ON 24/05/21 AT ABOUT 15:45 HRS I WAS RIDING MOTORCYCLE
A FOR 93884 POND INTERNATIONAL RD. AND WANTED TO TURN
LEFT INTO QUALITY RD. SUBORDINATE VEHICLE B (GSC 4894) FROM
OPPOSITE RD (INTERNATIONAL) DID NOT STOP AND TURN RIGHT INTO
QUALITY RD. MY MOTORCYCLE LEFT HIT VEHICLE B REAR LEFT
EVEN THOUGH I APPLIED BRAKES. UNABLE TO CHECK REAR VIEW
MIRROR

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

24/05/21 / 15:38 HRS

Witnessed by Reporting Centre Personnel



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PHOTOGRAPHS FOR VEHICLE NO. FBK 9308Y

INSPECTION



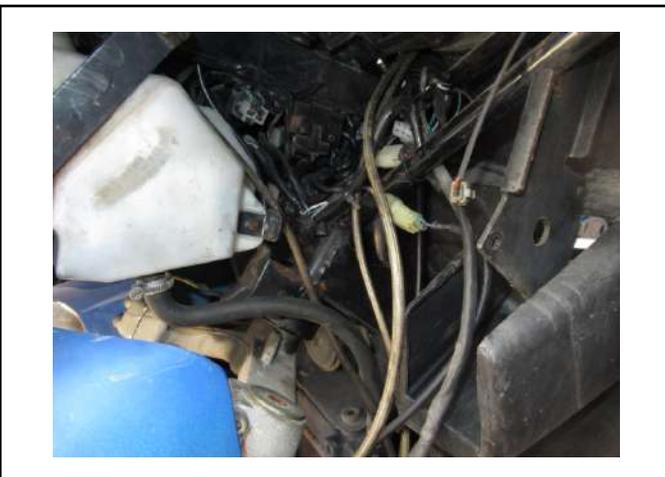
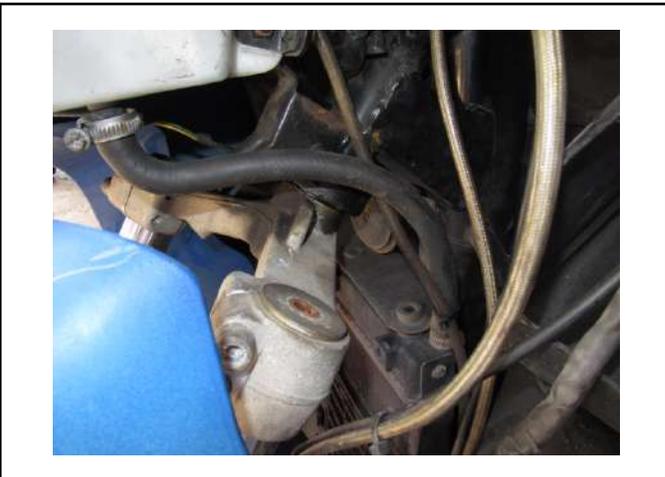
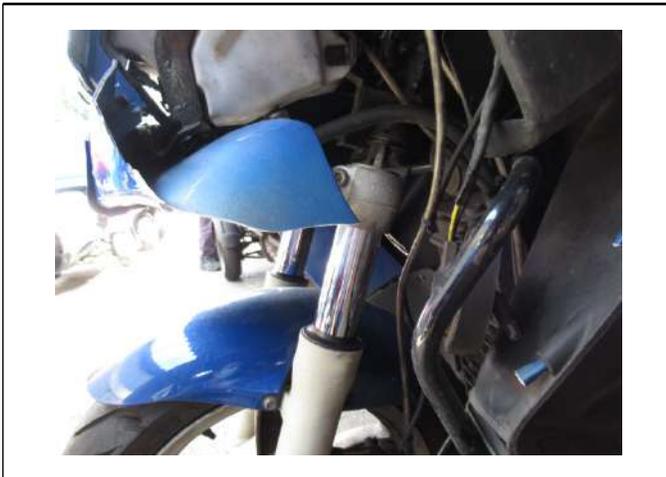
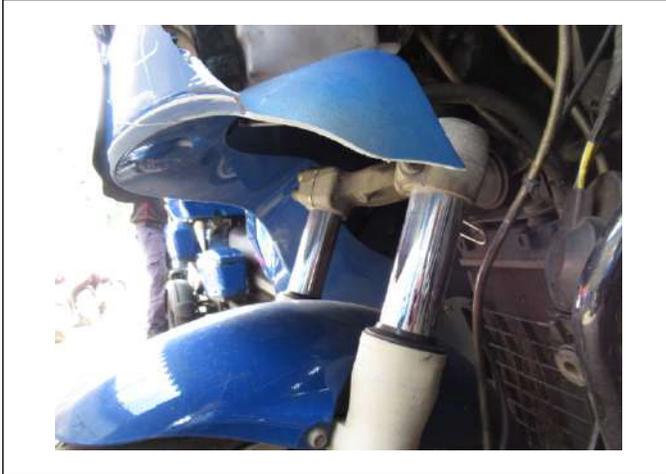


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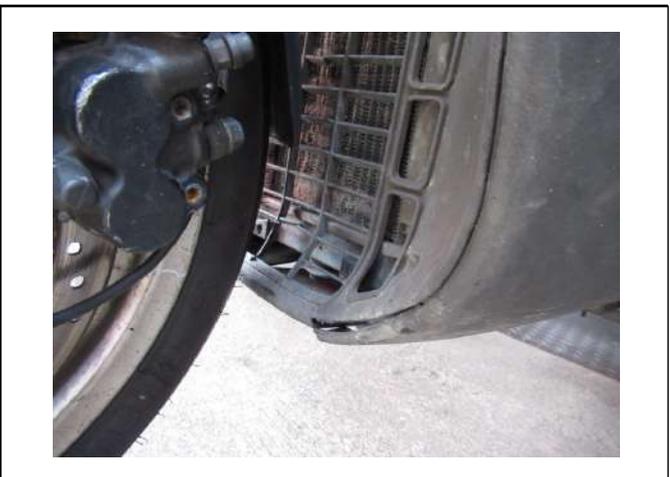
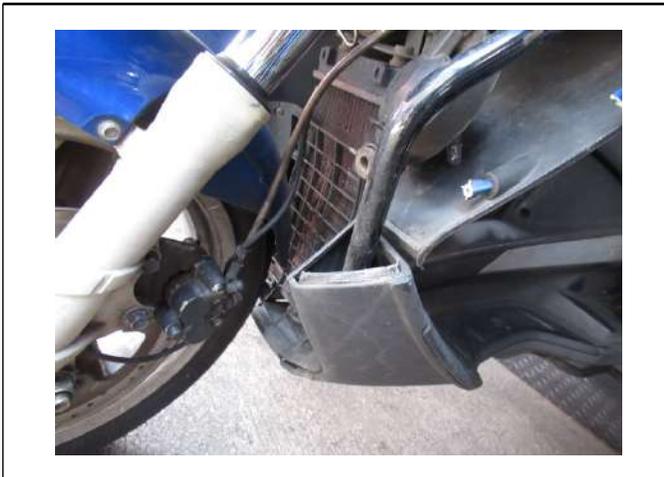
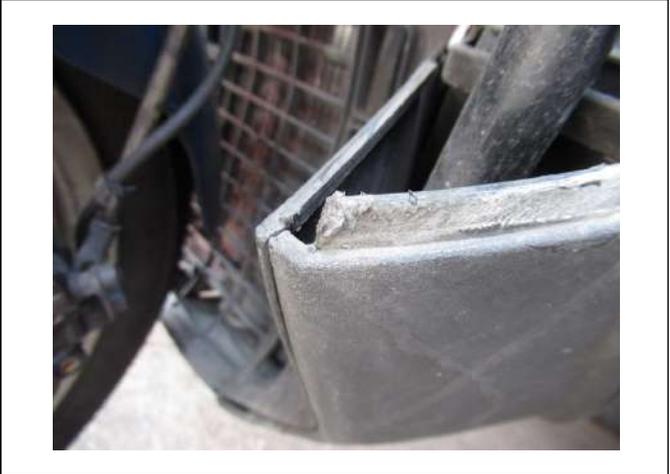


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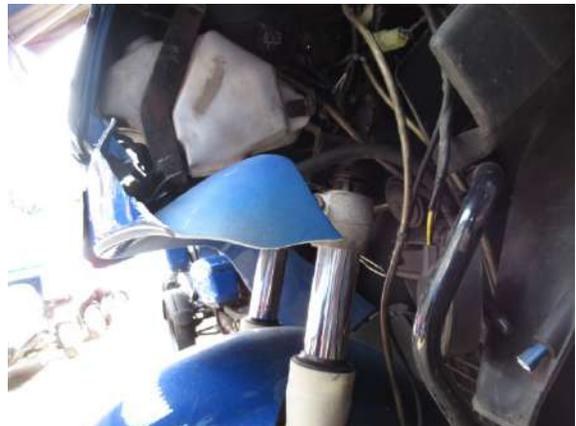


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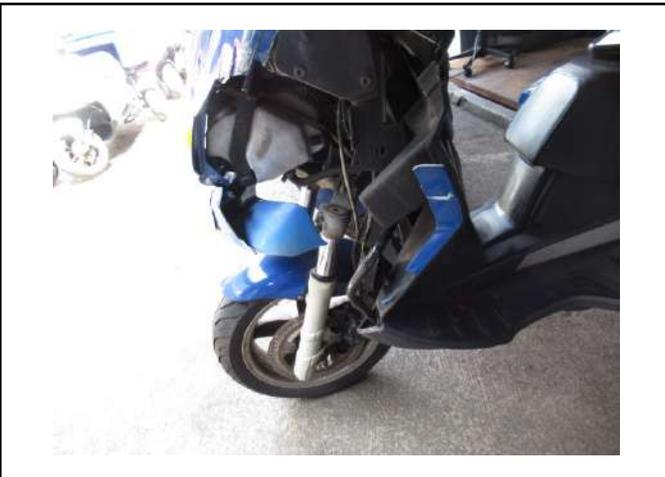
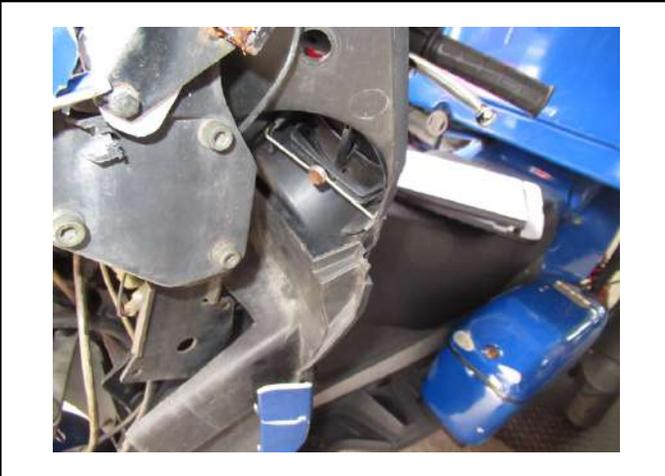
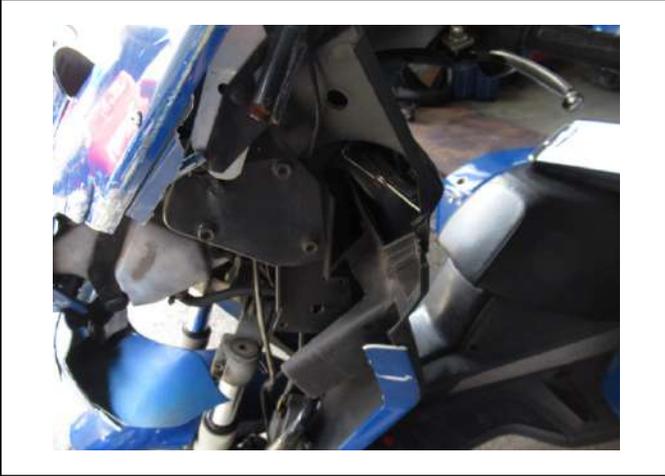
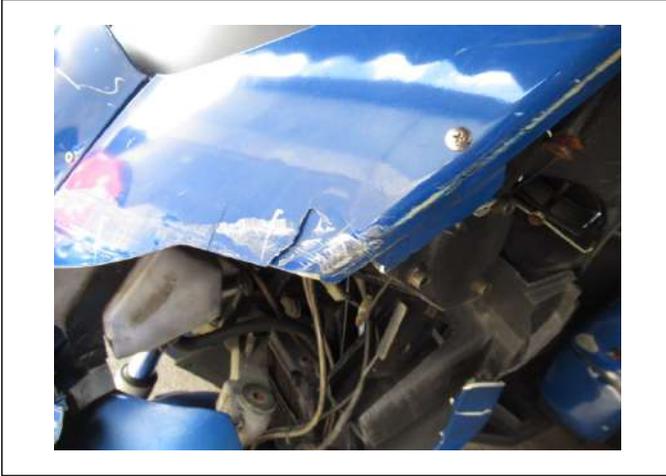


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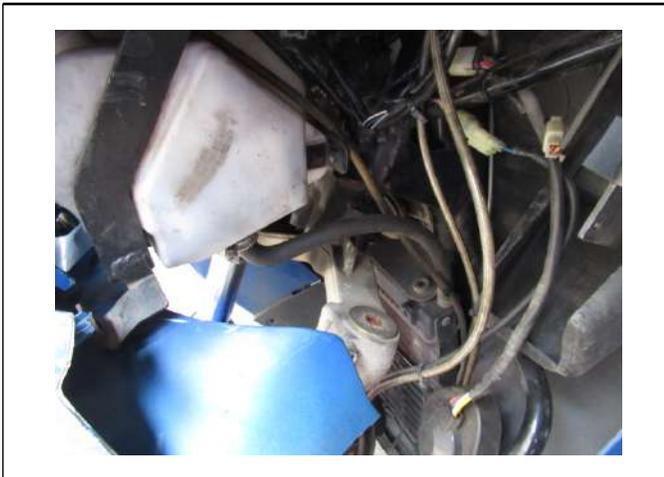
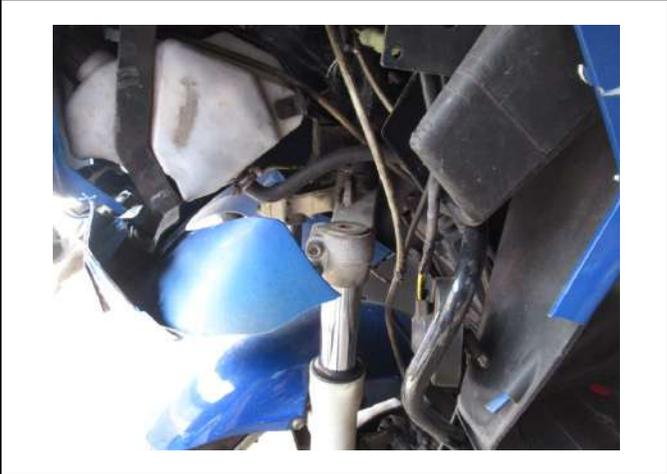
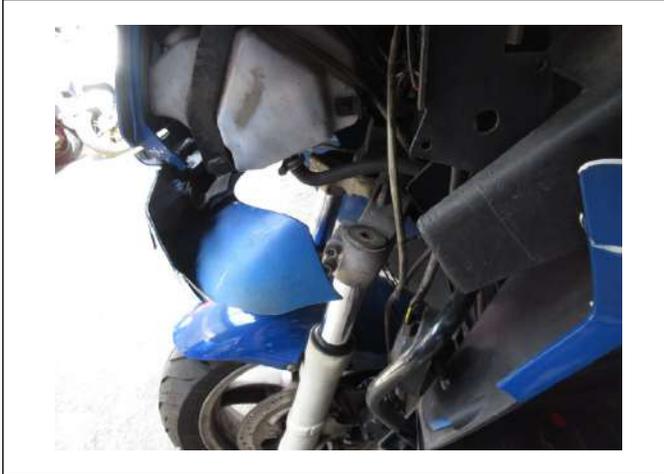


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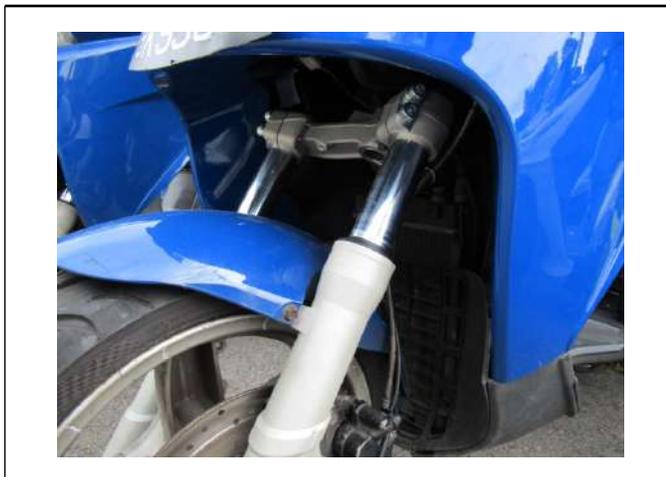
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RE-INSPECTION





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