



## 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. AC2107200

INV Date 18/10/2021

Reference CS/EQI21006409/Dqf3e2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. FBM 3957C

Insured Veh. SDU 84A

Claim No. DM21HO00786 / SL

Policy No. DMPPHQ20-006640

Accident Date 22/05/2021

Inspection Date 07/06/2021

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

**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/EQI21006409/Dqf3e2 Date: 18/10/2021 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SDU 84A	Veh. Inspected	FBM 3957C
Policy No.	DMPPHQ20-006640	Coverage (\$)	0.00
Claim No.	DM21HO00786 / SL	Excess (\$)	0.00
Assign From	STEVE LIM	Assign Date	04/06/2021
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HONDA CBF190	c.c	184
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	LWBMC4690J1300886	Colour	ORANGE / RED
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	100/80 R17	PIRELLI	2 mm
L/H Front Tyre			mm
R/H Rear Tyre	140/70 R17	PIRELLI	2 mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND N/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	22/05/2021	Inspection Date	07/06/2021
Survey held at	SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBM 3957C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	HEAD LAMP	SCRATCHED	350.00	350.00
1	HANDLE BAR O/S	DISTORTED	145.00	145.00
1	BRAKE LEVER	CUT	78.00	78.00
1	SET BALANCER	O/S CUT	140.00	70.00
1	SET MIRROR	O/S CUT	195.00	97.50
1	SET DOMINO THROTTLE GRIP	SERVICEABLE	180.00	-
1	SET CRASH BAR	BENT	350.00	350.00
1	SET CRASH BAR - SLIDER	CUT	170.00	170.00
1	FRONT RH SIGNAL	CUT	78.00	78.00
1	FRONT LH PANEL	CUT	140.00	140.00
1	FRONT MUDGUARD	BROKEN	215.00	215.00
1	SET FORK TUBE	BROKEN / DISTORTED	480.00	480.00
1	FRONT FOOTREST RH	DISLodge / BROKEN	85.00	85.00
1	BRAKE PEDAL	CUT	79.00	79.00
1	PEDAL BIG FOOT	NOT NECESSARY	150.00	-
1	REAR FOOTREST RH	CUT	85.00	85.00
1	FRONT SIGNAL RH	CUT	78.00	78.00
1	SET PILLION GRIP	NOT NECESSARY	68.00	-
1	REAR TAIL LIGHT COVER	NOT NECESSARY	160.00	-
1	TAIL LAMP (ADDITIONAL)	MTG CRACKED	205.00	205.00
1	REAR MOUNTING (ADDITIONAL)	CUT	350.00	350.00
1	FRONT RIM WITH STICKER REPSO (ADDITIONAL)	BENT / DEFORMED	380.00	380.00
	LESS 10% DISCOUNT		-416.10	-343.55
			3,744.90	3,091.95
	<b><u>SPECIAL NETT ITEMS</u></b>			
2	FRONT & REAR NUMBER PLATE (SN)	BENT	30.00	30.00
1	SET BODY DECAL STICKER (SN)	NECESSARY	250.00	80.00
			280.00	110.00

Report Ref No. CS/EQI21006409/Dqf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>LABOUR</u></b>			
	TOWING FEE.	NOT NECESSARY	40.00	-
	ALIGN FRONT RIM LABOUR.		120.00	20.00
	PHONE HOLDER.	NOT NECESSARY	60.00	-
	REMOVE & REPLACE NECESSARY PARTS, ALIGN & ETC.		280.00	150.00
	REMOVE & REPLACE FORK TUBE & TOP UP FORK OIL.		1,580.00	80.00
	PUTTY & TOUCH UP PAINT WORK.		220.00	100.00
			2,300.00	350.00
	<b>GRAND TOTAL</b>		<b>6,324.90</b>	<b>3,551.95</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>2,800.00</b>

Report Ref No. CS/EQI21006409/Dqf3e2

**ANG BRYAN TANI**

**Automotive Assessor / Investigator**

**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.

# SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg\_motor\_enterprise@yahoo.com.sg

Date: 10th June 2021

To : LKK

By Fax:

Attn: Bryan

Tel :

VEHICLE NO : FBM 3957C  
ACCIDENT DATE: 22nd May 2021

Honda CBF 190WH

Description	Qty	Quotation \$
Supplementary Items		
1 Tail Lamp <i>mainly crack</i>	1	205.00 ✓
2 Rear Mounting <i>cut</i>	1	350.00 ✓
3 Front Rim with sticker Repso <i>dr / deformed</i>	1	380.00 <i>CH 214</i> ✓
Total		935.00

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion  
Thank you

SG 98 MOTOR PTE LTD

935.00  
10% 841.50  
=

*2kk studs*

## 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 .....	03/06/2021 16:15 (SGT)
Date of Accident .....	22/05/2021 14:50 (SGT)
Exact Location of Accident .....	Bishan St. 15, Singapore
Additional Location Information .....	BISHAN STREET 15, SINGAPORE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBM3957C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RAFIDAH BINTE EUNOS
NRIC No .....	S8812824I
Email Address .....	rafidaheunos@gmail.com
Mobile Phone No .....	(Phone) +65-94271422
Alternative Phone No .....	+65-94271422

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	CBF 190WH
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 .....	Manual
CC .....	190

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5095283725-03 (TPFT)
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	RAFIDAH BINTE EUNOS
NRIC No .....	S8812824I

Date Of Birth .....	22/04/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	11/10/2017
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-94271422
Alt. Phone Number .....	+65-94271422
Email Address .....	rafidaheunos@gmail.com
Address .....	BLK 621B EDGEFIELD WALK #04-49
Address complement .....	-
Postcode .....	822621
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 .....	Collision - U-Turn
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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? .....	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

#### REFER TO POLICE REPORT

#### 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 .....	SDU84A
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	RAFIDAH BINTE EUNOS
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LEFT KNEE, RIGHT ANKLE, RIGHT ELBOW AND OTHER PARTS OF BODY SWOLLEN.
Injured person in which vehicle? .....	FBM3957C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

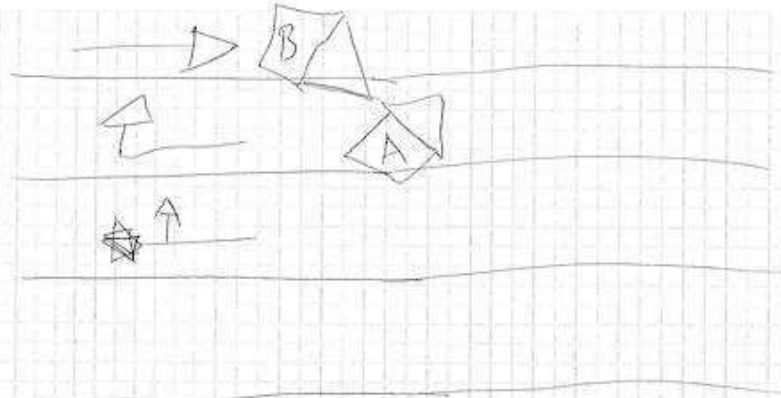
**SKETCH PLAN****IMPORTANT NOTICE**

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

*ho* 30 JUNE 2021  
1438 HRS  
Policyholder's Signature / Date & Time

03 JUN 2021  
Driver's Signature (If driver is not the policyholder) / Date & Time

WITCOM ASSESSMENT CENTRE  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

[illegible]

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

03 JUN 2021

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



Witnessed by Reporting Centre  
Personnel



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### PHOTOGRAPHS FOR VEHICLE NO. FBM 3957C

### INSPECTION





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RE-INSPECTION





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