



## 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. AC2105117

INV Date 22/07/2021

Reference CS/EQI21006975/Uvf3n2

Code EQI

### PROFESSIONAL SERVICE FEE

Vehicle No. FBD 1088X

Insured Veh. SJL 4091D

Claim No. DM21HO00903/JT

Policy No.

Accident Date 21/06/2021

Inspection Date 24/06/2021

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

**HYN**



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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/EQI21006975/Uvf3n2 Date: 22/07/2021 Code: EQI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJL 4091D	Veh. Inspected	FBD 1088X	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM21HO00903/JT	Excess (\$)	0.00	
Assign From	JAIME TAY	Assign Date	24/06/2021	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	YAMAHA X-1R	c.c	135	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	4S3301319	Colour	BLUE	
Odometer	21251 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	60/80-17	MAXXIS	6 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	90/80-17	DUNLOP	6 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION AND O/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	21/06/2021	Inspection Date	24/06/2021	
Survey held at	EROFIA MOTOR TRADING PTE LTD 1 KAKI BUKIT AVENUE 6 #02-62 SINGAPORE 417883			
<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:			3 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBD 1088X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	SIDE MIRROR O/S	CUT	130.00	60.00
1	FRONT SIGNAL O/S	CRACKED	180.00	80.00
1	HANDLE BAR	NOT NECESSARY	190.00	-
1	SET HANDLE BAR ENDS	NOT NECESSARY	85.00	-
1	BRAKE LEVER	SCRATCHED	65.00	65.00
1	FRONT FOOTREST RUBBER	CUT	58.00	40.00
1	FRONT FOOTREST BRACKET	CUT / BENT	120.00	120.00
1	BRAKE PEDAL	TO REPAIR SEE LABOUR	60.00	-
1	EXHAUST ASSY	TO REPAIR SEE LABOUR	525.00	-
1	EXHAUST PROTECTOR-CHROME	BENT	68.00	68.00
1	EXHAUST PROTECTOR-BLACK	CUT	55.00	55.00
1	SET REAR FOOTREST	CUT	68.00	68.00
1	SET REAR FOOTREST BRACKET	NOT NECESSARY	108.00	-
1	FAIRING ASSY	CUT	880.00	650.00
1	REAR RIM	NOT NECESSARY	580.00	-
1	REAR RIM BEARING	NOT NECESSARY	90.00	-
1	REAR RIM SHAFT	NOT NECESSARY	90.00	-
1	REAR BRAKE DISC	NOT NECESSARY	185.00	-
1	REAR FENDER	DEFORMED	135.00	125.00
1	REAR SWING ARM	NOT NECESSARY	520.00	-
	LESS 10% DISCOUNT		-419.20	-133.10
			3,772.80	1,197.90
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR NUMBER PLATE (SN)	BENT	38.00	10.00
1	REAR BOX (SN)	NOT NECESSARY	380.00	-
1	REAR BOX BRACKET (SN)	NOT NECESSARY	150.00	-
			568.00	10.00
<b><u>LABOUR</u></b>				
	TO PROVIDE TOWING SERVICE (LOD).		50.00	50.00

Report Ref No. CS/EQI21006975/Uvf3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK ELECTRICAL AND HEADLAMP FOCUSING.	NOT NECESSARY	80.00	-
	TO CHECK,REPAIR AND STRAIGHT BODY FRAME.	NOT NECESSARY	380.00	-
	TO PROVIDE LABOUR.INCLUSIVE OF THE REPAIR OF BRAKE PEDAL AND EXHAUST ASSY.		420.00	220.00
			930.00	270.00
<b>GRAND TOTAL</b>			<b>5,270.80</b>	<b>1,477.90</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,150.00</b>

Report Ref No. CS/EQI21006975/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	22/06/2021 09:20 (SGT)
Date of Accident	21/06/2021 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Boundary Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1088X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YE LIN THANT
NRIC No	SXXXX847E
Email Address	YELINTHANT70@GMAIL.COM
Mobile Phone No	(Phone) +65-91010034
Alternative Phone No	+65-91010034

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	X-1r
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	135

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	A300358834
Cover Note Number	-

#### DRIVER

Name of Driver	YE LIN THANT
NRIC No	SXXXX847E

Date Of Birth	09/09/1970
Occupation	Indoor
Date Of Driving Pass	14/07/2008
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91010034
Alt. Phone Number	+65-91010034
Email Address	YELINTHANT70@GMAIL.COM
Address	Apt Block 463 Ang Mo Kio Ave 10 #08-1124
Address complement	-
Postcode	560483
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 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?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the attached

#### 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	SJL4091D
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)	-

Describe Circumstances of the Accident

I am riding Angleshire Ave 10 toward Boundary Road. I saw Traffic signal 'Green Arrow' for turn left was blinking and I stop at junction. Subsequently the car behind collided on the rear of my motorcycle.


Handwritten description of the accident circumstances, including the location (Angleshire Ave 10 toward Boundary Road) and the event (collision with a car behind the motorcycle at a junction with a blinking 'Green Arrow' traffic signal).

Declaration

I declare that the above information is true and correct to the best of my knowledge.

  
 Signature of the injured person (Name & Date)

  
 Driver's Signature & Date (if the other person is not the policyholder, Date & Name)

  
 Witness by Police Officer (Signature)



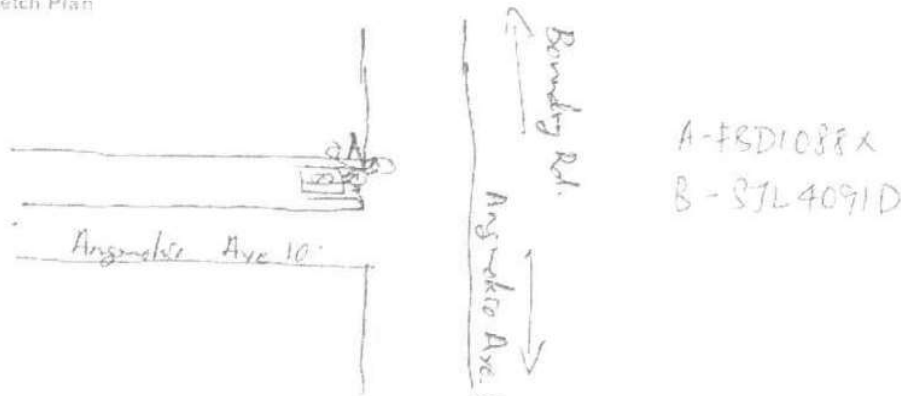
# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to your insurance company.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any wilful misrepresentation will render the insurance policy null and void and may result in repudiate policy liability.
4. The insurer and acceptance of this form by insurance company will not constitute policy liability or payment of insurance claims.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be held at the offices of the Traffic Management Centre (TMC) established by the General Insurance Association of Singapore (GIA) for a period of 30 days of the report & if for a fee, be made available upon application. Information copies.
7. By the submission of this report to the insurance company or by clicking to the activation of this report at the centre, you are deemed to be accepting the report being made and not withdrawn.
8. Consent under the Personal Data Protection Act (PDPA)
9. I understand, acknowledge, agree and consent that:
  - (a) My insurer, my solicitor and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and otherwise process my personal data and information contained in this form and any other personal information provided by me, or furnished by my insurer exclusively for the Personal Information, and to disclose and transfer such data only in relation to all insurers who have insured vehicles involved in the accident (an individual who have insured vehicle(s) involved in this accident shall be collectively referred to as the insurers). The insurers' lawyers and law firms, the Ministry, Authority of Singapore and any related government agencies may also have access to the data for the purpose of:
    - (i) processing, handling and or carrying out my claims including involvement of the courts, and/or 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 making of correspondence, statements, evidence and/or notices to me, which may include disclosure of certain personal data about me taking or not delivery of the claim as well as on the external cover of envelopes and packages, and/or;
    - (v) carrying out and/or dealing with my claims including processing, handling and/or dealing with my claims (collectively the Purposes).
  - (b) All insurers who have insured vehicles involved in the accident and the insurers' lawyers and law firms, may also permit to collect and otherwise process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may not be disclosed by any of the insurers and/or GIA to their third party service providers or agents, including their lawyers and law firms, which may be used 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 (Signature)

Sketch Plan





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### INSPECTION





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**PHOTOGRAPHS FOR VEHICLE NO. FBD 1088X**

**RE-INSPECTION**





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