



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. AC2105704

INV Date 17/08/2021

Reference CS/EQI21008111/Uqf3n2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. FBQ 5487H

Insured Veh. SKR 8234P

Claim No. DM21HO01109/MT

Policy No.

Accident Date 26/07/2021

Inspection Date 02/08/2021

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 5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Ref: CS/EQI21008111/Uqf3n2 Date: 17/08/2021 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKR 8234P	Veh. Inspected	FBQ 5487H
Policy No.		Coverage (\$)	0.00
Claim No.	DM21HO01109/MT	Excess (\$)	0.00
Assign From	MELODY TEOH	Assign Date	02/08/2021
2. Vehicle Particulars & Condition			
Make & Model	HONDA SUPRA GTR 150	c.c	149
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	MH1KB2119KK088022	Colour	RED / BLACK
Odometer	34993 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	90/80-17	IRC	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	120/70-17	IRC	6 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION AND O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/07/2021	Inspection Date	02/08/2021
Survey held at	EROFIA MOTOR TRADING PTE LTD 1 KAKI BUKIT AVENUE 6 #02-62 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:		1 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBQ 5487H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
2	FRONT FORK TUBE ASSY	NOT NECESSARY	680.00	-
1	FRONT UNDER BRACKET	NOT NECESSARY	220.00	-
1	FRONT RIM	NOT NECESSARY	580.00	-
1	FRONT BRAKE DISC	NOT NECESSARY	185.00	-
1	FRONT RIM SHAFT	NOT NECESSARY	50.00	-
1	FRONT RIM BEARING	NOT NECESSARY	42.00	-
1	HANDLE BAR	NOT NECESSARY	88.00	-
1	HANDLE BAR END	NOT NECESSARY	32.00	-
1	HAND GRIP (1 SET)	NOT NECESSARY	76.00	-
1	SIDE MIRROR-R/H (CUT)	NOT CONSISTENT WITH THE IMPACT	120.00	-
1	FRONT SIGNAL LOWER GARNISH (GRAZED)	NOT CONSISTENT WITH THE IMPACT	125.00	-
1	BRAKE LEVER (CUT)	NOT CONSISTENT WITH THE IMPACT	70.00	-
1	FAIRING ASSY (1 SET)(CUT)	NOT CONSISTENT WITH THE IMPACT	625.00	-
1	FRONT FOOTREST BRACKET (BENT)	NOT CONSISTENT WITH THE IMPACT	65.00	-
1	FRONT FOOTREST RUBBER (TORN)	NOT CONSISTENT WITH THE IMPACT	50.00	-
1	BRAKE PEDAL	NOT NECESSARY	42.00	-
2	REAR FOOTREST	NOT NECESSARY	84.00	-
1	REAR FOOTREST BRACKET	NOT NECESSARY	78.00	-
1	EXHAUST ASSY	TO REPAIR SEE LABOUR	585.00	-
1	EXHAUST PROTECTOR (CUT)	NOT CONSISTENT WITH THE IMPACT	105.00	-
1	EXHAUST PROTECTOR END COVER (CUT)	NOT CONSISTENT WITH THE IMPACT	85.00	-
	LESS 10% DISCOUNT		-398.70	-
			3,588.30	-
	<u>SPECIAL NETT ITEMS</u>			
1	NUMBER PLATE (1 SET)(SN)	REAR BENT	38.00	10.00

Report Ref No. CS/EQI21008111/Uqf3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	FORK OILS (SN)	NOT NECESSARY	30.00	-
2	FORK OIL SEALS (SN)	NOT NECESSARY	56.00	-
1	STEERING CONE (1 SET)(SN)	NOT NECESSARY	96.00	-
1	STICKER (SN)	NOT NECESSARY	95.00	-
1	REAR BOX (SN) (CUT)	NOT CONSISTENT WITH THE IMPACT	480.00	-
1	REAR BOX BRACKET (SN) (BENT)	NOT CONSISTENT WITH THE IMPACT	180.00	-
			975.00	10.00
	LABOUR			
	TO CHECK WIRING AND RESET HEADLAMP FOCUSING.	NOT NECESSARY	80.00	-
	TO REPAIR BODY FRAME.	NOT NECESSARY	380.00	-
	TO PROVIDE LABOUR.INCLUSIVE OF THE REPAIR OF EXHAUST ASSY.		420.00	50.00
			880.00	50.00
GRAND TOTAL			5,443.30	60.00
RECOMMENDED COST OF REPAIRS				60.00

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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	27/07/2021 17:09 (SGT)
Date of Accident	26/07/2021 10:40 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5487H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKK WORKS PTE LTD
Company Reg No	2XXXXX018C
Email Address	seongskk@gmail.com
Mobile Phone No	(Phone) +65-63342636
Alternative Phone No	(Office) +65-63342636

VEHICLE PARTICULARS

Manufacturer	Honda
Model	SUPRA GTR 150 MANUAL
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	149

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMFG21003556
Cover Note Number	-

DRIVER

Name of Driver	ELUMALAI SURESH
Passport No/FIN	GXXXX949K



Date Of Birth	09/06/1992
Occupation	Indoor
Date Of Driving Pass	10/08/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85083162
Alt. Phone Number	-
Email Address	seongskk@gmail.com
Address	2 YISHUN INDUSTRIAL ST 1 #07-22
Address complement	-
Postcode	768159
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	Collision - Head to Rear
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?	No
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

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

I STOP MY VEHICLE TO GIVE WAY TO TRAFFIC IN THE ROUNDABOUT WHEN SUDDENLY, VEHICLE B COLLIDED ONTO MY VEHICLE'S REAR PORTION.

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	SKR8234P
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ELUMALAI SURESH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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/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 the 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



1. I stop my vehicle to give way to traffic in the municipality
when suddenly vehicle B entered into my vehicle's rear portion

We declare the foregoing particulars are true in every respect



E. S. S.

Witnessed by Reporting Centre
Personnel



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RE-INSPECTION





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