

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. AC2108710

INV Date 20/12/2021

Reference CS/EQI21012071/Uqf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. FBQ 4897P

Insured Veh. GBE 3672R

Claim No. DM21HO01588-JG

Policy No. DMCPHQ21-000804

Accident Date 26/10/2021

Inspection Date 29/11/2021

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

KHM



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

		Affiliated to Federation Internation	nale Des Experts En A	Automol	pile
	EQ INSURANCE C	OMPANY LTD	F	Ref:	CS/EQI21012071/Uqf3e2
	5 MAXWELL ROAI #17-00 TOWER BL MND COMPLEXSI		[Date:	20/12/2021
			(Code:	EQI
1.		Policy Particulars	- THIRD PARTY	CLAIM	
	Insured Veh.	GBE 3672R	Veh. Inspected		FBQ 4897P
	Policy No.	DMCPHQ21-000804	Coverage (\$)		0.00
	Claim No.	DM21HO01588-JG	Excess (\$)		0.00
	Assign From	JOEL GOH	Assign Date		29/11/2021
2.		Vehicle Partic	ulars & Conditio	n	
	Make & Model	YAMAHA MTN155	c.c		155
	Engine No.	HIDDEN	Year of Reg.		2019
	Chassis No.	MH3RG5620K0003894	Colour		BLACK
	Odometer	62535 KM	Steering		IN ORDER
	Brakes	IN ORDER	Modification		SPORTS RIM
	General	GOOD			
3.		Condition	ons of Tyres		
		Size	Make		Balance
	R/H Front Tyre	110/70 R17	MAXXIS		6 mm
	L/H Front Tyre				mm
	R/H Rear Tyre	140/60 R17	BRIDGESTONE		6 mm
	L/H Rear Tyre				mm
4.		Description	on of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE N/S	AND O/S BODY.		
	DAMAGES SEE D	ETAILS.			
5.		General	Information		
	Accident Date	26/10/2021	Inspection Date		29/11/2021
	Survey held at	FASTECH AUTO PTE LTD			
		1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883			
5a.		Re	emarks		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.		Estimate l	Days of Repair		
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:	4	Worki	ng Days
	•				



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBQ 4897P

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	HEADLAMP COVER	CUT	280.00	199.00
1	FRONT COWLING	NOT FITTED	250.00	-
1	FRONT COVER PANEL INNER	NOT NECESSARY	85.00	-
1	FUEL TANK	TO REPAIR SEE LABOUR	810.00	-
2	FUEL TANK OUTER COVERS @\$410.00	O/S CUT / N/S TO REPAIR SEE LABOUR	820.00	292.00
1	SET FUEL TANK STICKER	NECESSARY	80.00	80.00
1	FRONT SIDE LOWER GARNISH O/S	CUT	300.00	285.00
1	MIRROR O/S	NOT NECESSARY	136.00	-
1	FRONT FENDER	CUT	85.00	85.00
1	REAR WHEEL	TO REPAIR SEE LABOUR	545.00	-
1	REAR WHEEL BEARING	NOT NECESSARY	60.00	-
1	HANDLE BAR	BENT / CUT	192.00	192.00
2	HANDLE GRIPS @\$60.00	O/S TORN	120.00	60.00
1	MASTER PUMP	CUT	195.00	195.00
1	FRONT LOWER UNDER COVER	CUT	382.00	300.00
2	FRONT FOOTREST @\$90.00	O/S CUT	180.00	60.00
1	FRONT FOOTREST BRACKET O/S	BENT	300.00	180.00
1	SIDE STAND	NOT NECESSARY	80.00	-
1	MAIN STAND	NOT NECESSARY	190.00	-
2	REAR FOOT RESTS @\$85.00	N/S BENT	170.00	60.00
1	REAR EXHAUST OUTER COVER	CUT	244.00	165.00
1	REAR EXHAUST OUTER REAR COVER	CUT	80.00	80.00
1	REAR SEAT COVER O/S	TO REPAIR SEE LABOUR	468.00	-
1	REAR SEAT COVER N/S	TO REPAIR SEE LABOUR	468.00	-
1	SET REAR SEAT COVER STICKER	NECESSARY	80.00	80.00
2	REAR FOOT RESTS @\$90.00	REPEATED	180.00	-
2	REAR FOOT REST BRACKETS @\$180.00	NOT NECESSARY	360.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	BRAKE PEDAL	CUT	150.00	150.00
2	FRONT SIGNAL LAMPS @\$85.00	O/S CUT	170.00	85.00
2	REAR SIGNAL LAMPS @\$85.00	O/S CUT	170.00	85.00
1	REAR SWING ARM	CUT / DENTED	1,100.00	980.00
	LESS 10% DISCOUNT		-873.00	-361.30
			7,857.00	3,251.70
	SPECIAL NETT ITEMS			
1	REAR LICENCE PLATE (SN)	BENT	10.00	10.00
1	FRONT LICENCE PLATE (SN)	CUT	10.00	10.00
1	REAR TOP BOX (SN)	CUT	480.00	380.00
1	SET REAR TOP BOX RACK (SN)	BENT	250.00	180.00
			750.00	580.00
	<u>LABOUR</u>			
	TO STRAIGHTEN BODY ALIGNMENT.	NOT NECESSARY	380.00	-
	LABOUR CHARGE. INCLUSIVE OF THE REPAIR OF FUEL TANK, FUEL TANK OUTER COVER N/S, REAR WHEEL, REAR SEAT COVER O/S AND REAR SEAT COVER N/S.		350.00	280.00
	TO PUTTY & SPRAY PAINTING.		500.00	280.00
			1,230.00	560.00
	GRAND TOTAL		9,837.00	4,391.70
	RECOMMENDED COST OF LUMP SUM REPAIRS			3,500.00

RECOMMENDED COST OF LUMP SUM REPAIRS		3,500.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/EQI21012071/Uqf3e2

CHUA KANG SENG

Licensed Appraiser



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

04/11/2021 10:18 (SGT) 26/10/2021 07:30 (SGT) Singapore CTE(AYE) AFTER ANG MO KIO AVENUE 3 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBQ4897P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No. Email Address Mobile Phone No. Alternative Phone No.

VEHICLE PARTICULARS

'Ianufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

MOHAMMED KASIM B SAKIM S6806103B rzuanamr@gmail.com (Phone) +65-96457101 +65-97201000

Yamaha Mtn 155

Private use

No - Claiming third party Motorcycle Manual 160

NTUC Income Insurance Co-operative Ltd ThirdPartyFireTheft

No

5113334450-02

MOHAMMED KASIM B SAKIM S6806103B



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Outdoor 26/03/1986

10/03/1968

35 YEARS AND 7 MONTHS

(Phone) +65-96457101

+65-97201000

rzuanamr@gmail.com

BLK 676 WOODLANDS AVENUE 6 #12-726

730678

Yes

No

Collision - Change/cross lane

Clear

Dry

No

2

Yes No

Yes

No

Yes

Woodlands East Neighbourhood Police Centre

(Phone) +65-18007679999

3 Woodlands Drive 63 Singapore 737890

No

Yes No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

GBE3672R

Commercial vehicle KOH PENG TAT

Accident report SN0721B40006

Page 2 of 14

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

S1201532A

INJURED PERSONS DETAILS

Name of injured person

Gender Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

'njured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

MOHAMMED KASIM B SAKIM

Male

(Phone) +65-96457101

BLK 676 WOODLANDS AVENUE 6 #12-726

730678

FBQ4897P

No

No

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (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
- 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,

pencyholder's Signature Date & Time: 4/11/21 1000

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

Reporting Centre Personnel's Signature Name: MAGE NRIC/FIN No. 1599/750

SKETCH PLAN	CTELATED after Ang Mo	KIO AYEMUL 3
		A - PBQ 4397P
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(Achu	al drawing accident of	Her Ant CTE hunce 3
	COETONARO	ds City)
	1 1	1 7
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		A: FBQ 4897P
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/	BIA	B: GBE 3672R
		1
	171-24-11	
		ripe posto my bika and bit
	my handle and	1 fell down I was trained to 80km but the which
	around 15km	to 80km but the vehicle
	was going growsa	95-105 km /bacquse who
	The stopped was	far from the place of 1
	incident.	
DECLARATION	rujare wa trug in manurus	
t/We declare the foregoing parti	curary and true in every respect.	
		A
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
The state of the s	(If driver is not the policyholder)	





1 of 4

Report No. T/20211102/2046

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2021 13:52		fade:	Vide Report No.:	Station Diary No.: 38	
Informa	nt's Partici	ulars			
	Informant:		Address:		
MOHAMMED KASIM BIN SAKIM			APT BLK 678 WOODLANDS AVENUE 6 #12-726 SINGAPORE 730678		
ID Type / ID No.:			Contact No.:		
NRIC NO	O / S68061	03B	Home/Office: Mobile: 96457101		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 53	Date of Birth: 10/03/1968	Type of Informant: Rider		
Race: Javanes	se		Language:	Institution / School Name:	
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B	Date of Expiry:	

	mation of the Acci			A CENTRAL PROPERTY OF THE PROP
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2021 07:30	Type of Location Straight Road
Location: CENTRAL EX	KPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Control: Dual Carriage Way Not Controlled				Traffic Volume: Moderate
Type of Collis Between Mov		Swipe - Same Direction		Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBQ4897P	Motorcycle	YAMAHA	MTN155	Black	Seriously Damaged	0	
GBE3672R	Van					0	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4897P	NTUC Income Insurance Co-Operative Limited	5113334450-02	14/10/2021	10/10/2022





Police Station Of Origin:
Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

2 of 4 Report No. T/20211102/2046

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No		11	and the same of the same of		
No. of Pedestrian	Use of Pe	edestrian	Cross	ing: NA		
Rider	在数据的现在					
Name	MOHAMMED KASIN	M BIN SAKI	М	ID No.		S6806103B
Related Vehicle	FBQ4897P (Motorcy	/cle)		Conta	ct No.	96457101
Hospital/Clinic	TAN TOCK SENG F		Class Driving Licent Expiry	g ce &	Class: 2B Date of Expiry: NIL	
Date Treatment	26/10/2021		Date Dis	charge	30/10	0/2021
No. of Days gran	ted Medical Leave	28		of Injury	Serio	us
Driver			The second			
Name	KOH PENG TAT			ID No		S1201532A
Related Vehicle	GBE3672R (Van)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licens Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	scharge	NIL		
No. of Days gran	ited Medical Leave	NIL	Degree		NIL	

Brief Details.

On 26/10/2021, at about 0730hrs to 0745hrs, I was travelling along CTE towards town after the exit to Ang Mo Kio Avenue 3. I was travelling in lane 2. I did not have any passengers with me. I was travelling in my motorcycle bearing registration no. FBQ4897P. I am unsure of how the accident took place but there was a side swipe in the same direction between the right side of a van bearing registration no. GBE3672R and the left side of my motorcycle. I then fell onto the road. I cannot recall what happened next but when I woke up next, I was at the road shoulder. An unknown subject assisted to bring my motorcycle to the road shoulder too. At the point of time, I was unaware of my injures. I exchanged particulars with the van driver, for whom the particulars is stated above. EMAS recovery came to scene to tow away my motorcycle and I accompanied EMAS to where my motorcycle will be towed to. Subsequently, my friend brought me to my workplace, Tan Teoh Clinic located at 101 Towner road. A doctor diagnosed me, where the doctor informed that I needed immediate medical attention after an X-ray. I was brought to Tan Tock Seng Hospital, where I was hospitalized from 26/10/2021 to 30/10/2021 and given 28 days Medical Leave from 30/10/2021 to 26/11/2021. I was diagnosed with four broken ribs and injury to my left armpit, where an operation had to be done. I do not have the medical report with me to provide the full injures.

I am yet to make a check on my motorcycle but my friend assisted to do so. As of now, the engine is unable to start and there are other damages to the side mirrors and handlebars, amidst other damages. I am yet to bring my motorcycle to a repair shop and I do not know the repair costs yet.





T/20211102/2046

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Report No. T/20211102/2046

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

Report No. T/20211102/2046

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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report L / SC2 MOHAMMED RIDHWAN HOUSSENE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2021 13:52
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

Authentication Stamp

Singapor Falls Force



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PHOTOGRAPHS FOR VEHICLE NO. FBQ 4897P

INSPECTION















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PHOTOGRAPHS FOR VEHICLE NO. FBQ 4897P

RE-INSPECTION















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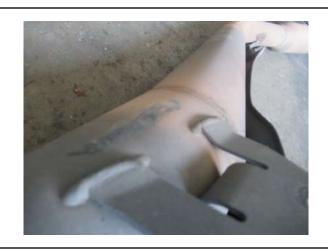




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RE-INSPECTION















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