



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. AC2202712

INV Date 12/05/2022

Reference CS/EQI22000215/Dtf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. FBF 2862K

Insured Veh. SKR 5685R

Claim No. DM22HO00024/JT

Policy No.

Accident Date 02/01/2022

Inspection Date 07/01/2022

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



LKK Auto Consultants Pte Ltd

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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/EQI22000215/Dtf3e2 Date: 12/05/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKR 5685R	Veh. Inspected	FBF 2862K
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO00024/JT	Excess (\$)	0.00
Assign From	JAIME TAY	Assign Date	07/01/2022
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA T135	c.c	135
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	5YP012931	Colour	BLUE / WHITE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	70/90 R17	PIRELLI	2 mm
L/H Front Tyre			mm
R/H Rear Tyre	80/90 R17	PIRELLI	2 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	02/01/2022	Inspection Date	07/01/2022
Survey held at	SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622		
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:		4 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBF 2862K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	HANDLE BAR	NOT NECESSARY	135.00	-
1	BRAKE LEVER	NOT NECESSARY	95.00	-
1	FRONT PANEL	CUT	125.00	125.00
1	HEAD LAMP	NOT NECESSARY	350.00	-
1	HEAD LAMP COVER	NOT NECESSARY	230.00	-
1	MIRROR-LEFT	NOT NECESSARY	65.00	-
1	FRONT MUDGUARD	BROKEN	250.00	250.00
1	FRONT RIM	DISTORTED	230.00	230.00
1	SET FORK TUBE	BENT	480.00	480.00
1	GEAR PANEL	BENT	55.00	55.00
1	FRONT LH PANEL-FAIRING	BROKEN / CUT	165.00	165.00
1	HANDLE BAR BRACKET	NOT NECESSARY	135.00	-
1	EXHAUST GUARD	NOT NECESSARY	150.00	-
1	FOOTREST LH	BENT	65.00	65.00
1	SET FOOTREST RUBBER X2	N/S DEFORMED / O/S NOT NECESSARY	120.00	60.00
1	WHEEL SHAFT	BENT / CUT	65.00	65.00
1	FOOTREST BRACKET	NOT NECESSARY	95.00	-
1	FRONT BRAKE DISC	NOT NECESSARY	130.00	-
1	EXHAUST GDR PIPE (ADDITIONAL)	DENTED	850.00	350.00
	LESS 10% DISCOUNT		-379.00	-184.50
			3,411.00	1,660.50
	<u>SPECIAL NETT ITEMS</u>			
1	SET BODY DECAL STICKER (SN)	NECESSARY	120.00	50.00
1	REAR BOX (SN)	NOT NECESSARY	150.00	-
			270.00	50.00
	<u>LABOUR</u>			
	TOWING FEE.	NOT NECESSARY	40.00	-
	REMOVE & REPLACE NECESSARY PARTS,ALIGN & ETC.		250.00	150.00
	REMOVE & REPLACE FORK TUBE,TOP UP FORK OIL.		120.00	80.00

Report Ref No. CS/EQI22000215/Dtf3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE & REPLACE FRONT RIM,BRAKE DISC,ETC.		120.00	20.00
			530.00	250.00
GRAND TOTAL			4,211.00	1,960.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,500.00

Report Ref No. CS/EQI22000215/Dtf3e2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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.

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: 10 January 2022

To : LKK

Attn : Bryan

Tel: 97237799

VEHICLE NO : FBF 2862K
ACCIDENT DATE: 2 January 2022

Yamaha LC Spark 135

Supplementary Item:

<u>Description</u>	<u>Qty</u>	<u>Quotation \$</u>
1 Exhaust GDR Pipe <i>Denhi</i>	1	350.00 850.00 ✓
	Sub-Total	850.00
	Less 10%	85.00
	Total	765.00

[Signature]

2kk And

315.00

[Signature]

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

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 04/01/2022 17:56 (SGT)
Date of Accident 02/01/2022 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information T JUNCTION OF RACE COURSE ROAD AND BUFFALO ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF2862K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SUPERBIKE MOTORS
Company Reg No 53405606K
Email Address SUPERBIKEMOTORSRENTAL@GMAIL.COM
Mobile Phone No (Phone) +65-90098334
Alternative Phone No +65-90098334

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T135
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 130

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5114188470-02
Cover Note Number -

DRIVER

Name of Driver GANESWARAN S/O AMIRTHALINGAM
NRIC No S8848254I

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

26/11/1988
Outdoor
03/08/2009
12 YEARS AND 5 MONTHS
Male
(Phone) +65-94999932

-
SUPERBIKEMOTORSRENTAL@GMAIL.COM
BLOCK 161 MEI LING STREET #03-333

-
140161
No
Hirer
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Major/Minor Rd
Raining
Wet

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?

No
2
Yes
No
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Queenstown Neighbourhood Police Centre
(Phone) +65-18004719999
(Fax) +65-64715299
No. 3 Queensway #01-03 Singapore 149073
No

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?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

SKR5685R
-
-
-
-
Private car

Name of Driver
Contact Number
Address
Postcode
Insurance
Details

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)

NIZAM
(Phone) +65-84644245
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained

GANESWARAN S/O AMIRTHALINGAM
Male
(Phone) +65-94999932
-
-
-

Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

33
PAIN ON LEFT KNEE, INNER THIGH, BOTH SHIN AND LEFT
TOE
FBF2862K
No
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 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. 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 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 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



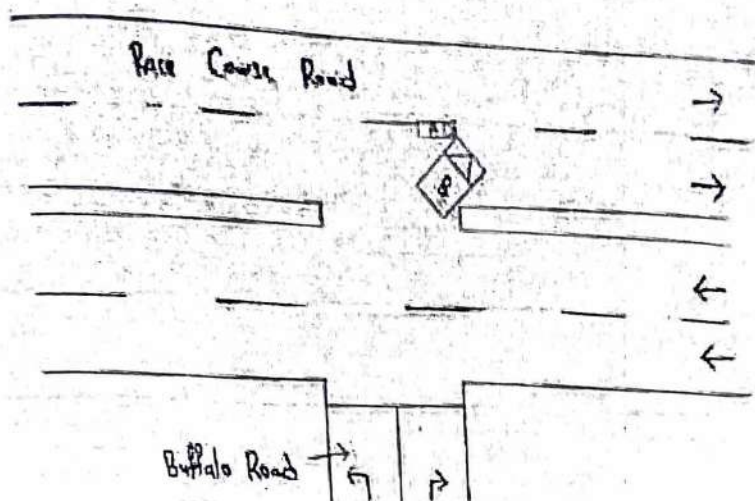
Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/1/2022
1800h15

[Signature]

Reporting Centre Personnel's Signature
Name: Low Lm
NRIC/FIN No: 8994520



B: STR 5685 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20220103/2075

DECLARATION

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



Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/1/2012

4/1/2012
1800 hrs

Reporting Centre Personnel's Signature
Name: Louis Lim
NRIC/FIN No: S994220



Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 15:57	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: GANESWARAN S/O AMIRTHALINGAM			Address: 161 MEI LING STREET #03-333 SINGAPORE 140161		
ID Type / ID No.: NRIC NO / S88482541			Contact No.: Home/Office: Mobile: 94999932		
Nationality: SINGAPORE CITIZEN			Email: gans.6.6.6@icloud.com		
Sex: Male	Age: 33	Date of Birth: 26/11/1988	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 2B,3,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2022 15:00	Type of Location: Straight Road
Location:				
FACE COURSE ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
3F2862K	Motorcycle	YAMAHA	135LC	Multi-Colored	Seriously Damaged	0
KR5685R	Car	RENAULT		Maroon	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20220103/2075

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220103/2075

CONTINUATION OF REPORT

Rider				
Name	GANESWARAN S/O AMIRTHALINGAM		ID No.	S8848254I
Related Vehicle	FBF2862K (Motorcycle)		Contact No.	94999932
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3,3A Date of Expiry: NIL
Date Treatment	02/01/2022		Date Discharge	02/01/2022
No. of Days granted Medical Leave	08		Degree of Injury	Slight
Driver				
Name	NIZAM		ID No.	NIL
Related Vehicle	SKR5685R (Car)		Contact No.	84644245
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 02/01/2022 at about 1500hr, I was riding my motorbike, registration number FBF2862K, along Race Course Road at the right lane, Near to Little Indian MRT Station, doing my food delivery. As I was riding suddenly, a car, registration number SKR5685R, turned right from Buffalo Road, hit onto my front right fork. Due to that, I fell, and my motorbike was damaged. The driver alighted and assisted me. As I felt pain on my left knee, inner thigh, both shin and left toe, I went to Tan Tock Seng Hospital and was given 8 days of MC. I did not have any camera. I managed to get the driver's name and contact number. I also took photo of the accident scene.



**SINGAPORE
POLICE FORCE**



T/20220103/2075

3 of 3

Report No. T/20220103/2075

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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
D /
Sgt 1 NOORHIDAYAT BIN
WAHID

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
03/01/2022 15:57

Officer In Charge Of Case:
TP / AEIT /
Insp (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168





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PHOTOGRAPHS FOR VEHICLE NO. FBF 2862K

INSPECTION





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RE-INSPECTION





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