



KARZ WORKS PTE LTD  
53 UBI AVENUE 1 #01-23, PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408934  
(TEL) 6 8 4 4 5 9 3 4 (FAX) 6 8 4 4 2 4 7 4 - (E-MAIL) KARZWORKSSG@GMAIL.COM

REPAIR PERFORMANCE INVOICE

Vehicle number	FBP3260M
Make / Model	YAMAHA JUPITER
Chassis number	MH3UE1120KJ213202
Accident date	9/2/22
Reference	KK2202-05

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	EXHAUST SILENCER	500.00 X R
1	EXHAUST COVER (SILVER)	120.00 / SL
1	EXHAUST COVER (BLACK)	50 120.00 / SL
1	FRONT FAIRING OUTER	165 250.00 / SL
1	FRONT FAIRING INNER	165 250.00 / SL
1	FRONT HEADLAMP	145 350.00 / SL
1	FRONT HEADLAMP FAIRING	280.00 X SL
1 SET	BALANCER	90 120.00 / SL
1	FOOTREST RH	90.00 / BT
1	FOOTREST RUBBER RH	60.00 / m.s
1	MIDDLE FAIRING LH	165 200.00 / BT
1	MIDDLE FAIRING RH	165 200.00 / BT
1 SET	FRONT FORK	400 600.00 / BT
1	FRONT FORK BRACKET	180.00 / X SL
1	GEAR PEDAL	90.00 / BT
1	BRAKE PEDAL	90.00 / SL
1	HANDLE BAR	200 250.00 / BT
1	HANDLE BAR BRACKET	115 150.00 / BT
1	WING MIRROR	120.00 X SL
1	SIGNAL LAMP RH	120.00 / SL
1	PILLION FOOTREST LH	90.00 / SL
1	PILLION FOOTREST RH	90.00 X SL
		4320.00
	Less 10 %	432.00
	Subtotal	3888.00
	Balance C/F	3888.00
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1	REAR NUMBER PLATE	50.00 X SL
1	FORK OIL	30.00 / X NN
1	FORK SEAL	30.00 / X NN
	Subtotal	110.00
	Balance C/F	3998.00
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
1	TO CHECK WIRING SYSTEM	60.00 30
2	REMOVE AND REPLACE FRONT FORK	200.00 / 50
3	TO R&R EXHAUST SILENCER	150.00 40
4	TO R&R SUSPENSION, HANDLE BAR, HEADLAMP & FAIRING	600.00 200
5	TO SPRAY FENDER, FAIRINGS AND AFFECTED AREAS	600.00 200
	Subtotal	1610.00
	Grand total	5608.00

Theran@lkhqaf.com  
82235769  
11/2/22 1730  
3 days wp

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

KARZ WORKS PTE LTD  
 53 UBI AVENUE 1 #01-23, PAYA UBI INDUSTRIAL PARK  
 SINGAPORE 408934  
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REPAIR PERFORMA INVOICE

Vehicle number	FBP3260M
Make / Model	YAMAHA JUPITER
Chassis number	MH3UE1120KJ213202
Accident date	9/2/22
Reference	KK2202-05

Qty	Particulars	Unit Price - SGD \$
	<u>PARTS REPLACEMENT - LIST ITEMS</u>	
1	BALANCER RUBBER	60 90.00 ✓ Cut
		90.00
	Less 10 %	9.00
	Subtotal	81.00

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

722Z

### Vehicle Details

Vehicle No.:

FBP3260M

Vehicle to be Exported:

No

Intended Deregistration Date:

04 Mar 2022

Vehicle Make:

YAMAHA

Vehicle Model:

JUPITER 115 Z1

Primary Colour:

Blue

Manufacturing Year:

2019

Engine No.:

E3R5E0224712

Chassis No.:

MH3UE1120KJ213202

Maximum Power Output:

-

Open Market Value:

\$1,485.00

Original Registration Date:

14 Mar 2019

First Registration Date:

14 Mar 2019

Transfer Count:

1

Actual ARF Paid:

\$223.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

13 Mar 2029

COE Category:

D - Motorcycle

COE Period(Years):

10

QP Paid:

\$3,689.00

COE Rebate Amount:

\$2,591.00

Total Rebate Amount:

\$2,591.00

The information contained herein is correct as at 04 Mar 2022

OK

dp:115

7rs 1/8s

115x8s

= 977s

= 10h

10h - 2591

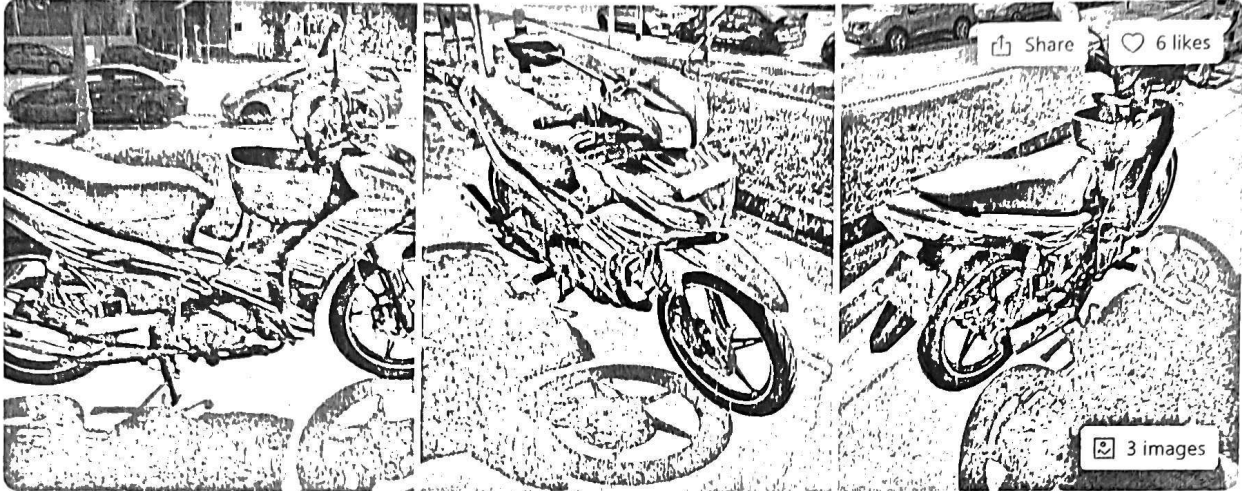
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Yamaha Jupiter 115 Z1

**S\$8,900**

@unitedcycles2

5.0 ★★★★★ (4 reviews)

Used

Meetup

Synergy@kb

Sold

## Description

Bumped

Make

Type

8 months ago

Yamaha

Cub

Yamaha Jupiter 115 Z1

Coe expire Apr 2028 renewable

Welcome Contact Us

Tel +65-63459060

Our Location @

No25 Kaki Bukit Road 4

#01-23/24/25 SYNERGY @KB

S'PORE 417800

Business Hours

Monday-Friday 10am-7:30pm

Saturday 10am-4:30pm

Sunday &amp; PH Close

## Meet-up

Synergy@kb

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Choose your plan today

## 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	10/02/2022 16:57 (SGT)
Date of Accident	09/02/2022 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE TOWARDS JURONG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3260M
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE. LTD.
Company Reg No	200406722Z
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-96472570
Alternative Phone No	+65-96472570

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Jupiter z1
Variant	JUPITER 115 Z1
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	Manual
CC	114

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	-
Cover Note Number	-

#### DRIVER

Name of Driver	KHAIRUL MUBIN BIN MOHD AMIN
NRIC No	S9335162B

Date Of Birth	27/09/1993
Occupation	Outdoor
Date Of Driving Pass	02/06/2015
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96472570
Alt. Phone Number	-
Email Address	khierthii@rosetlimo.com
Address	663C PUNGGOL DRIVE #07-232 SPORE 823663
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

#### 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?	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 SKETCH PLAN/POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH HIRER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA9523U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Goods vehicle
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	KHAIRUL MUBIN BIN MOHD AMIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FBP3260M
Injured person in which vehicle?	No
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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 Authorized 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 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.



Witnessed by Reporting Centre  
Personnel

### Sketch Plan

A: IBP3260M  
B: GBM9523U

**Describe Circumstances of the Accident**

Refer to police report T120220210/7036

I am hirer of Roset Limousine Services Pte Ltd. I am using vehicle FBP3260m for private use.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220210/7036

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220210/7036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2022 15:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KHAIRUL MUBIN BIN MOHD AMIN			Address: 663C PUNGGOL DRIVE #07-232 SINGAPORE 823663		
ID Type / ID No.: NRIC NO / S9335162B			Contact No.: Home/Office: Mobile: 96472570		
Nationality: SINGAPORE CITIZEN			Email: mubinkhairul@gmail.com		
Sex: Male	Age: 28	Date of Birth: 27/09/1993	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: ENGINEERING			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2022 16:15	Type of Location:
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP3260M	Motorcycle					0
GBA9523U	Van					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220210/7036

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20220210/7036

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	KHAIRUL MUBIN BIN MOHD AMIN		ID No. S9335162B
Related Vehicle	FBP3260M (Motorcycle)		Contact No. 96472570
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight
<b>Driver</b>			
Name	CHONG KWAI CHUEN		ID No. S1227975B
Related Vehicle	GBA9523U (Van)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated date and time, I was riding my bike FBP3260M along PIE towards Jurong. I was traveling straight along the lane 2. Out of sudden, vehicle GBA9523U swerved into my lane abruptly and hit onto my bike causing my bike to fall towards right side. I wish to state that there was a witness provided his video footage to me.

I sustained injuries due to the accident and was given 5 days of MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220210/7036

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Report No. T/20220210/7036

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP18 /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
10/02/2022 15:53

Classification Of Case:

NP168