



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

INV No. AC2207552

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEX
SINGAPORE 069110

INV Date 07/12/2022
Reference CS/EQI22006601/Eqy3m4
Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. FBL 8706H

Insured Veh. SLF 9977Z

Claim No. DM22HO01073

Policy No.

Accident Date 29/06/2022

Inspection Date 13/07/2022

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

SML



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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/EQI22006601/Eqy3m4 Date: 07/12/2022 Code: EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLF 9977Z	Veh. Inspected	FBL 8706H
Policy No.		Coverage (\$)	0.00
Claim No.	DM22HO01073	Excess (\$)	0.00
Assign From	NEO JIE SI	Assign Date	12/07/2022
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA SNIPER T150	c.c	150
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MH3UG0740G0031213	Colour	BLACK
Odometer	120210 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	60/70-17	BRIDGESTONE	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	70/80-17	BRIDGESTONE	4 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION & N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	29/06/2022	Inspection Date	13/07/2022
Survey held at	SOUTHERN MOTOR BLOCK 1006 BUKIT MERAH LANE 2 #01-10 SINGAPORE 159762		
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:		3 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBL 8706H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	SET BODY	BROKEN	480.00	350.00
1	HANDLE BAR	BENT	75.00	75.00
1	CLUTCH LEVER	BENT	25.00	25.00
1	HANDLE BALANCER	CUT	20.00	20.00
1	MIRROR	CUT	55.00	55.00
1	SIDE STAND	BENT	35.00	35.00
1	REAR KAPPA BOX	CUT	190.00	190.00
	LESS 10% DISCOUNT		-88.00	-75.00
			792.00	675.00
	<u>LABOUR</u>			
	TRANSPORT.		40.00	40.00
	ALIGNMENT FORK.		85.00	85.00
	LTA FEES.	NOT NECESSARY	7.45	-
	LABOUR.		150.00	150.00
			282.45	275.00
	GRAND TOTAL		1,074.45	950.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			750.00

Report Ref No. CS/EQI22006601/Eqy3m4

CHEN TSUE YEE

Automotive Assessor

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.

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	01/07/2022 19:07 (SGT)
Reported by	Both
Date of Accident	29/06/2022 17:20 (SGT)
Exact Location of Accident	Serangoon Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8706H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD AMINUDDIN BIN AHZMI
NRIC No	S9147545F
Email Address	AMINUDDIN151114@OUTLOOK.COM
Mobile Phone No	(Phone) +65-87424184
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	Third Party, Fire & Theft

DRIVER

Name of Driver	MUHAMMAD AMINUDDIN BIN AHZMI
NRIC No	S9147545F
Date Of Birth	15/12/1991
Occupation	Indoor

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

30/11/2010

11 YEARS AND 7 MONTHS

Male

(Phone) +65-87424184

AMINUDDIN151114@OUTLOOK.COM

BLK 242 HOUGANG ST 22

02-71

530242

Yes

-

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Cross Junction

Clear

Dry

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?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No

2

Yes

No

Yes

1

No

-

-

-

-

-

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Paya Lebar Neighbourhood Police Post

Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114

No

-

CIRCUMSTANCES OF ACCIDENT

-

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SLF9977Z

-

-

-

-

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)

-
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD AMINUDDIN BIN AHZMI
Gender	Male
Phone No	(Phone) +65-87424184
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL8706H
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 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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(1)	(2)	(3)

Describe Circumstances of the Accident

Refer police report

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/20220630/2078

1 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20220630/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
30/06/2022 18:06

Video Report No.:

Station Diary No.:
17

Informant's Particulars

Name of Informant:
MUHAMMAD AMINUDDIN BIN
AHZMI

Address:
APT BLK 242 HOUGANG STREET 22 #02-71 SINGAPORE
530242

ID Type / ID No.:
NRIC NO / S9147545F

Contact No.:
Home/Office: Mobile: 87424184

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 30 Date of Birth: 15/12/1991

Type of Informant:
Rider

Race:
Malay

Language:

Institution / School Name:

Occupation:
GRAB RIDER

Driving Licence Information:
Class: 2B,2A,2,3

Date of Expiry:

General Information of the Accident

Type of
Accident: Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
29/06/2022 17:20

Type of Location:
T-Junction

Location:

SERANGOON AVENUE 1

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Not Controlled

Traffic Volume:
No Traffic

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
FBL8706H	Motorcycle	YAMAHA	SNIPER T150	Black	Slightly Damaged	0
SLF9977Z	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8706H	NTUC Income Insurance Co-Operative Limited	5118104907-01	03/07/2021	02/07/2022



**SINGAPORE
POLICE FORCE**



T/20220630/2078

2 of 3

Report No. T/20220630/2078

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

CONTINUATION OF REPORT

Brief Details.

On 29/06/2022 at about 1720hrs, I was riding on my motorbike, plate number: FBL8706H, along Serangoon Ave 1 on the way to pick up an order. I met with an accident at the T-junction with another car, car plate number: SLF9977Z. The car position on the extreme left of the lane, made a right turn signal to turn. The car was making a U-turn. I met with an accident with the car as I crashed on the back taillight of the car.

I was injured but I was still able to move and went to see a doctor afterward. I received a 5 days medical certificate from the doctor.



**SINGAPORE
POLICE FORCE**



T/20220630/2078

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20220630/2078

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:

F/

SGT 1 MUHAMMAD RAFIQUE
BIN ROSLAN

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
30/06/2022 18:06

Classification Of Case:

NP168



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PHOTOGRAPHS FOR VEHICLE NO. FBL 8706H

INSPECTION





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RE-INSPECTION

