

22/03/2002

ASS. REC. BY:

REF: CS3/MSG17016937/W002

Special Instruction:

Dang

Surveys
men

Wilson.

ASSIGNMENT (Office)

From (Person): Catherine Thia of MSIG Date/Time: 31/8/17 11:18

Estimated Cost: Bill to:

OD / ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: FBM15714

Insured: SKP4666M

at Workshop m/s Asia Motorsport

Tel: 6745 3811

of No. 568 Geylang Rd, 389514

Policy No: P2881847 ODMA

Claim No: 528181

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 29/08/2017

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time: 31/8/17 12:33pm Person Contacted: Loo

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	FBM15714-X
	SKP4666M-X
	Range \$1900 - \$2900

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Evt Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Inc Auth'd	Status
Main	30 Aug 2017		31 Aug 2017 11:18 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	TENG CHUAN HIANG, ID: S1713085D		
Main Claimant:	MUHAMAD RIZAL SHAH BIN SHAHARI, ID: S7915669H		
Vehicle Reg. No.:	FBM1571U	Date of Loss:	29/08/2017 08:00 - :59
Claim Type:	TP / 528181	Policy/Cover Note No.:	P28818470DMA(COMP) (Comprehensive) Coverage: 12/09/2016 - 11/09/2017
Vehicle Reg. No. (Insured):	SKP4666M	Policy No. (Claimant):	
		Excess:	
Repairer:	Asia Motorsports Solution Pte Ltd (HQ) No 568 Geylang Road, 389514 Geylang - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 01/09/2017]		
Driver/Custodian (Insured):	TENG LAY AN (J), NRIC: S0454972D, Tel: +6597731678		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
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No results.

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBM1571U		
Vehicle Type :	P01 - Passenger Scooter		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	YAMAHA		
Vehicle Model :	NMAX155 ABS		
Chassis No. :	MH3SG3110HK089289		
Propellant :	Petrol		
Engine No. :	G3E4E0492006		
Engine Capacity :	155 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	295 kg		
Unladen Weight :	127 kg		
Year Of Manufacture :	2017		
Original Registration Date :	01 Aug 2017		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$5,851.00		
COE Expiry Date :	31 Jul 2027		
Road Tax Expiry Date :	31 Jul 2018		
Inspection Due Date :	31 Jul 2020		
Intended Transfer Date :	19 Apr 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5669H
Vehicle Details	
Vehicle No.:	FBM1571U
Vehicle to be Exported:	No
Intended De-registration Date:	19 Apr 2018
Vehicle Make:	YAMAHA
Vehicle Model:	NMAX155 ABS
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	G3E4E0492006
Chassis No.:	MH3SG3110HK089289
Maximum Power Output:	-
Open Market Value:	\$2,442.00
Original Registration Date:	01 Aug 2017
First Registration Date:	01 Aug 2017
Transfer Count:	1
Actual ARF Paid:	\$367.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$5,851.00
COE Rebate Amount:	\$5,431.00
Total Rebate Amount:	\$5,431.00

The information contained herein is correct as at 19 Apr 2018

OK

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 ability.
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 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 Report	30/08/2017 14:20
Date Of Accident	29/08/2017 08:45
Exact Location Of Accident	CHANGI ROAD JUNCTION BEFORE JALAN KEMBAGAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1571U
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD RIZAL SHAH BIN SHAHARI
NRIC No	S7915669H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85865196
Alternative Phone No	OFFICE-85865196

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3158054
Cover Note Number	

Driver

Name of Driver	MUHAMAD RIZAL SHAH BIN SHAHARI
NRIC No	S7915669H
Date Of Birth	27/05/1979
Occupation	INDOOR
Date Of Driving Pass	17/06/2004
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85865196
Fax Number	
Contact Number	OFFICE-85865196
EMail Address	NOEMAIL

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT.

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 SKP4666M
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

MUHAMAD RIZAL SHAH BIN SHAHARI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

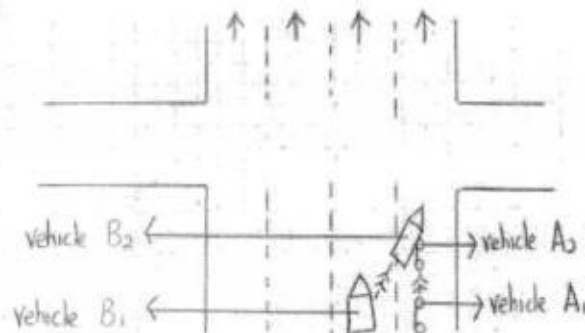
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: FBM1571U
Vehicle B: SKP4666M

Sketch Plan #2


Describe Circumstances of the Accident


As per police report T/20170829/2074

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

Common Statement

fax: 6746 5110
asiamotorsports@hotmail.com
KIV: PHOTO

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of incidents and facts which will speed up the settlement of claims

1 Date of accident 29/8/2017	Time 0845	2 Exact location of accident Changi Road, Junction before Jalan Kembangan	3 To be signed by BOTH drivers Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be undertaken if he/she is passenger in vehicle A or vehicle B)	

Registration No. **FBM1571U**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **MUHAMMAD RIZAL SHAH**
(capital letters) **BIN SHAHARI**
Address **Blk 43 Chai Chee Street**
NRIC / Passport no. **#09-96 5461043 579156AH**
Tel no. (from 9am till 5pm)
HP **8586 5196**

7 Vehicle
Make, type **Yamaha NMAX155**

8 Insurance company
AXA
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from insured A above)
Name **AS ABOVE**
(capital letters)
NRIC / Passport no.
Class of licence

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. **SKP 4666M**
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type
Insurance company
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 4:

15 Signatures of drivers

A

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf
Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.
For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)						
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop. (Use a separate sheet of paper where necessary)						
Insured	1. Occupation (if more than one, state all)		Personal Driver			
	2. Vehicle registration no.		CC.		If commercial vehicle, state permissible carrying capacity	
	3. Is driver the owner?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)			
	4. Exact purpose for which vehicle was being used at time of accident					
	<input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify					
Of which vehicle are you the owner?	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present Workshop Tel no.					
	6. Are you claiming under your own insurance policy for repair to your vehicle? If no, state action to be taken Third party Claim					
Driver or person in charge of vehicle at time of accident (including insured)	7. Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?	
	27/5/1979	Personal Driver	Since 17/6/2004	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability					
	9. Full details of all driving convictions including pending prosecutions in the last 36 months					
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	
	Ahmed Rizal Shah Bin Shahari		Limbs injuries		Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
Police action	12. Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station Bedok South N.P.C.					
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom?					
Accident details	14. Weather conditions		Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/>			
	15. Road surface		Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/>			
	16. Speed of vehicles		A <input type="text"/> km/hr	B <input type="text"/> km/hr		
	17. What warnings were given by driver or other party?					
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	19. What lights were displayed on your vehicle/the other vehicle(s)?					
	20. If your vehicle is commercial, state weight of load carried at time of accident.					
21. State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)						
Declaration						
I/We declare the foregoing particulars are true in every respect						
Policyholder's signature _____ Date _____						
Driver's signature (if driver is not the policyholder) _____ Date _____						

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170829/2074

1 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20170829/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2017 13:18		Vide Report No.:		Station Diary No.: 23
Informant's Particulars				
Name of Informant: MUHAMAD RIZAL SHAH BIN SHAHARI		Address: APT BLK 43 CHAI CHEE STREET #09-96 SINGAPORE 461043		
ID Type / ID No.: NRIC NO / S7915669H		Contact No.: Home/Office: Mobile: 85865196		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 38	Date of Birth: 27/05/1979	Type of Informant: Rider	
Race: Javanese		Language:	Institution / School Name:	
Occupation: PERSONAL DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/08/2017 08:45	Type of Location: Straight Road
Location: Along Road 1 CHANGI ROAD JUNCTION BEFORE JALAN KEMBANGAN				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
FBM1571U	Motorcycle	YAMAHA	NMAX155 ABS	Grey	Seriously Damaged	0
SKP4666M	Car		MAZDA 6	Black	Slightly Damaged	3

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBM1571U	AXA INSURANCE SINGAPORE PTE LTD	AN3158054	03/08/2017	02/08/2018	



**SINGAPORE
POLICE FORCE**



T/20170829/2074

2 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20170829/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMAD RIZAL SHAH BIN SHAHARI	ID No.	S7915669H
Related Vehicle	FBM1571U (Motorcycle)	Contact No.	85865196
Hospital/Clinic	SINGHEALTH POLYCLINICS - BEDOK	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/08/2017	Date Discharge	29/08/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TENG LAY AN	ID No.	S0454972D
Related Vehicle	NIL	Contact No.	97731678
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 the above mentioned date, time and location, I was travelling along Changi Road before the junction at Jalan Kembangan on my vehicle bearing registration number FBM1517U. It was a straight road and the traffic light was in my favor.

I was travelling on the outermost right lane when a stationary vehicle bearing registration number SKP4666M suddenly move out from its lane into my lane. I did not managed to stop in time and the front left side of his car hit the middle section of my motorbike.

We immediately exchanged particulars as given. I was given 3 days Medical Leave and suffered normal abrasion.

I am lodging this report for record purpose and for insurance claim.



SINGAPORE
POLICE FORCE



T/20170829/2074

3 of 3

Report No. T/20170829/2074

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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:

G /

Sgt 2 NORFARHANA BINTE BAHARUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2017 13:18

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



(Condition (CON))

(01) Bent (2) Denied (3) Distorted (4) Cracked (5) Cut (6) Scratched
(07) Deformed (08) Dislipped (09) Buckled (10) Broken (11) Necessary
(12) Missing (13) Turn (14) Unconfirmed (15) Not Working

FOR MOTORCYCLE

ACTION (AC)

May 2005

1. Replace (✓) 2. Repair (X) 3. Check (?)
4. Not Consistent (NC)

Vehicle No: FBM15714

Motorcycle

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate			
3001	995065	Front Tyre			
3002	995095	Front Rim	WP	✓	
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard	SCR	✓	
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy			
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp Inner Garnish	SCR	✓	
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing			
3017	992130	Front Windshield	SCR/chip off	✓	
3018	992134	Front Wing Mirror (LH)	SCR	✓	
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp			
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar			
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip			
3031	995184	Handle Bar Balancer LH			
3032	992300	Handle Bar Balancer RH			
1252	992179	Fuel Tank			
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever			
3035	992293	Hand Brake Lever	BT/SCR	✓	
3036	991119	Side Fairing			
3037	994220	Side Fairing Top Garnish			
3038	994219	Side Fairing Inner Garnish			
3039	991118	Fairing Shield			
3040	992047	Front Top Fairing Inner Garnish			
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing			
3043	993378	Rear Fairing			
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower			
		Headlamp Fairing	SCR	✓	
		Signal lamp Fairing	SCR	✓	
		LHS Lower Stop	SCR	✓	
		- Garnish			

No of Items: _____

Assessor: _____

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator			
1053	992738	Radiator Cowling			
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake			
3050	991154	Front Foot Rest			
3051	991779	Front Foot Rest Bracket			
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter			
3058	993500	Rear Foot Rest			
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield			
3061	991058	Exhaust Muffler Assy			
1405	993719	Rear LH Shock Absorber			
1445	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
1420	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp			
1137	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box			
3078	992928	Rear Box Bracket			
3079	991328	Emblem			
1136	990247	Sticker			
		LHS Rear Lowering	SCR	✓	
		- Fairing			
		LHS Rear Upper	SCR	✓	
		- Fairing (Met)			

ORIGINAL COPY

...CLAIM SUBFOLDER...(Pending for Survey Report)








































CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Aug 2017		31 Aug 2017 11:18 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	TENG CHUAN HIANG , ID: S1713085D								
Main Claimant:	MUHAMAD RIZAL SHAH BIN SHAHARI , ID: S7915669H								
Vehicle Reg. No.:	FBM1571U	Date of Loss:	29/08/2017 08:00 - :59 [28 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 528181	Policy/Cover Note No.:	P28818470DMA(COMP) (Comprehensive) Coverage: 12/09/2016 - 11/09/2017						
Vehicle Reg. No. (Insured):	SKP4666M	Policy No. (Claimant):							
		Excess:							
Repairer:	Asia Motorsports Solution Pte Ltd (HQ) No 568 Geylang Road, 389514 Geylang - Tel:								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Teo Cheng Ming Wilson] ... [Imm.Advice due 01/09/2017]								
Driver/Custodian (Insured):	TENG LAY AN (), NRIC: S0454972D, Tel: +6597731678								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*FBM1571U (528181)
[SKP4666M]
TP
MUHAMAD RIZAL SHAH BIN SHAHARI
Aug 29 2017 8:00AM
[TENG CHUAN HIANG]
Asia Motorsports Solution Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		View		View in Browser	
Assessment Reports						1 per page		<input checked="" type="checkbox"/>	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)					Thumbnail	Print	
1	31/08/17 09:52	Accident Statement From:SC - Reg. No: SKP4666M, Claimant: TENG CHUAN HIANG				1	Load HTM		
Photos/Images						3 per page		<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)					Thumbnail	Print	
1	19/04/18 15:32	General View				1	Load JPG	<input checked="" type="checkbox"/>	
2	19/04/18 15:32	General View				1	Load JPG	<input checked="" type="checkbox"/>	
3	19/04/18 15:32	General View				1	Load JPG	<input checked="" type="checkbox"/>	
4	19/04/18 15:32	General View				1	Load JPG	<input checked="" type="checkbox"/>	
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6	19/04/18 15:32	General View				1	Load JPG	<input checked="" type="checkbox"/>	
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29	19/04/18 15:32	General View				1	Load JPG	<input checked="" type="checkbox"/>	
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33	19/04/18 15:32	General View				1	Load JPG	<input checked="" type="checkbox"/>	

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
34	19/04/18 15:32	General View	 Load JPG	<input checked="" type="checkbox"/>
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60	19/04/18 15:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
61	19/04/18 15:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
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Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	31/08/17 09:52	TP FBM1571U GIA REPORT From: SC - Reg. No: SKP4666M, Claimant: TENG CHUAN HIANG	 Load PDF	
2	31/08/17 11:23	Email to TP to appoint LKK & Workshop address	 Load PDF	
3	04/09/17 17:10	TP request for survey on 6.9.2017, 1630hrs	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer
Note: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG17016937/WBE2

Date: 20/04/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: P28818470DMA(COMP)

Claimant Vehicle No: FBM1571U

Insured Vehicle No: SKP4666M

Date of Loss: 29/08/2017

Nature of Claim: TP

Claim No: 528181

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: FBM1571U

Make & Model: YAMAHA MIO I, 125cc

Reg. Date: 01/08/2017 (Man. Year: 2017)

Colour: Silver

Engine Capacity: 155 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: G3E4E0492006

Chassis No: MH3SG3110HK089289

Odometer: 970 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 110/70

Rear Tyre Size: 110/70

Front Left Side: Bridgestone 4 mm

Rear Left Side: Bridgestone 4 mm

Front Right Side: 0 mm

Rear Right Side: 0 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 31/08/2017

Date Inspected: 31/08/2017 Inspected At:

Asia Motorsports Solution Pte Ltd (HQ)

No 568 Geylang Road

Singapore 389514

Estimated Period of Repair: 0.0 days

Adjuster: Teo Cheng Ming Wilson

Manager: CATHERINE CHONG KAI LING

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$1,900.00 - \$2,900.00

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 20 Apr 2018)	
Parts:	N/A	YAMAHA MIO I 125cc (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for FBM1571U)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >