| Fre | rveyet i _ om (Person): | Vilson Yue Pe | | ASS of | EG. | T (Office) | | Special Interestion Dete/Time | 31/6 |
|-----------|----------------------------|------------------------|----------|-----------|----------|---------------------|-----|--------------------------------|-----------|
| Est | tinged Cost | | | | | Sill te | | | |
| To | D (1) WS Inspect Veh | icle No: | FB | G 242 | 5) | | | GBB 1 | |
| | Workshop m | Section 1981 Telephone | | antu | Motor | 1 | | 6744 | -1+33 |
| | _ Kaki olicy No: | sukit m | (e 6 # (| 2-43 | Autoba | 19 117 Claim No. | | MCV 17 | 01514 |
| Su | ım İnsured. | | | | | Excess | | | |
| | lake of Veh | | | | | 223000 | | D.G.A. D | 5/06/2017 |
| . 100.000 | lient's Record | | | wp1 | | | 01/ | 11/2017 | |
| | A / REV / | | | | vataotsi | Mr. Jau | va | Vénis D. | |
| D): | ate/Time | Action/inst | uction (| X) E | stimate | | | | |
| | | FBG | 24251- | -X | | | | | |
| | | | 3507- | | | | | | |
| | | | | | | | | | |

Weekend (5

Report Format:

Lump Sum / 1.B.1: (S

Survey Department Check List (Case Handler)

| Reference Policy Typ | No.: pe: OD / TP / TP RES / TL / EVA | Case Handler | Typist |
|-------------------------|---|---------------------------|---------------------------|
| Admin (|): Case handler to make sure all informa | ation created by the assi | gnment team are ACCURATE. |
| | Assign Form | Y-Date N-Date | Y-Date N-Date |
| | Reference No. | | |
| C | Customer Code | / | |
| N | Assign From | / | |
| | Assign Date | ✓ | |
| | Veh No (Inspected) | / | |
| C | Veh No (Insured) | V | |
| C | D.O.A | / | |
| c | Policy No | ` | |
| C | Claim No | / | |
| c | Insurance Authorisation (CA /REV/REP) | | |
| C | Report Type | / | |
| С | Weekend Charges | | |
| N | Survey held at/Repairer | / | |
| C | Excess | | |
| C | | | W 21 (FS 23 CA) |
| Surveyo | or (): Case handler to make sure th | e surveryor completed a | ell required information. |
| (1) Assign | nment Form | | |
| C | Vehicle No | V | |
| C | Regn Month/Year | / | |
| Ν. | Vehicle Type | / | - 4 |
| N | Make & Model | 1 | |
| C | Engine Capacity. (C.C) | / | - |
| N | Colour | V | |
| C | Odometer. (Sp.Reading) | / | |
| C | Chassis No | V | |
| N. | General Condition | V | |
| N | Steering | / | |
| N | Brake | 1 | |
| N | Modification (Modi) | / | |
| C | Tyre Size | / | |
| N | Tyre Make | | |
| C | Tyre Balance | / | |
| C | Date of Inspection | / | |
| N | Survey held | V, | |
| N | Des.of Damages | | |
| (2) Syste | em - (Views/Merimen) | | |
| C | Damaged Vehicle Photographs Uploaded | | |
| (2) Mor | kshop Estimate/Assignment Form | 3411 | |
| (3) WUI | ALL Parts condition | | |
| | Market Value for OD cases | | |
| С | | - | |
| C | Estimate Repair Cost for PRI (RSI, TMI, MSIG) | | 1 |
| C | Days of repair | - | |
| C | Finalised Amount | | |
| C (4) 5 | Re-inspection Cases to Finalize within 5 Days | | |
| (4) Syst | em - (Views/Merimen) Resurvey photo Uploaded | | |
| | Check By: | | |

*C: Critical *N: Non-Critical



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

| EDG | O INSURANCE PT | ELTD | Ref : CS3/EGI17020 | 793/Wb |
|------|--|---|---------------------------|----------------|
| ENG | O INSURANCE FI | LLID | | |
| 5 TE | MASEK BOULEVA | RD | | |
| | 01 SUNTEC TOWE | ER FIVE | Date: 31-10-2017 | |
| SING | GAPORE 038985 | | Code: EGI | |
| | | | | m. |
| 1. | | | ulars :- (THIRD PARTY CLA | FBG 2425J |
| | Insured Veh. | GBB 1350Z | Veh. Inspected | |
| | Policy No. | | Coverage (\$) | 0.00 |
| | Claim No. | DSMCV1701514 | Excess (\$) | 0.00 |
| | Assign From | YEE PEI LI | Assign Date | 31/10/2017 |
| 2. | | Vehicl | e Particulars & Condition | |
| | Make & Model | | c.c | 0 |
| | Engine No. | HIDDEN | Year of Reg. | |
| | Chassis No. | | Colour | |
| | Odometer | <i>5</i> 5 | Steering | |
| | Brakes | | Modification | |
| | General | | | |
| 3. | and Chiefe Section | AND DESCRIPTION | Conditions of Tyres | |
| | | Size | Make | Balance |
| | R/H Front Tyre | | | mm |
| | L/H Front Tyre | | | mm |
| | R/H Rear Tyre | | | mm |
| | L/H Rear Tyre | | | mm |
| 4. | Charles of the | De | escription of Damages | Harris Control |
| | | | | |
| 5. | | | General Information | |
| | Accident Date | 05/06/2017 | Inspection Date | 01/11/2017 |
| | Survey held at | SANFU MOTOR PL | | |
| | | 1 KAKI BUKIT AVENUE #02-43 AUTOBAY @ K SINGAPORE 417883 | | |
| 5a. | SSOUND LEADER OF THE PARTY OF T | BURNSHE ISSNE | Remarks | |

THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

Nivitha (LKK Auto)

From:

Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>

Sent:

Tuesday, 31 October, 2017 3:16 PM

To:

'admin-d@lkkauto.com'

Subject:

OI : GBB1350Z / TP : FBG2425J/LKK / DOA : 05.06.2017 (DSMCV1701514)

Attachments:

GBB1350Z - SAS.pdf; FBG2425J - SAS.pdf; FBG2425J - PRS NOTICE.pdf

Dear Ashley,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **DAVID NAYAR AND VARDAN**,

ADDRESS

: SANFU PTE LTD

1 KAKI BUKIT AVENUE 6

#02-43 AUTOBAY @ KAKI BUKIT

SINGAPORE 417883

PERSON TO CONTACT

: JAWA NG @ 6744 7753

ERGO OFFICER-IN-CHARGE

: ROHAINI

Note: To survey on without prejudice basis. Please advise the consistency of damages to third party vehicle and Inform the repairer <u>in writing</u>, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact yo ur office directly. Please do keep us in the loop.

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via Survey.Report@ergo.com.sg.

Attached are insured and third party SAS (note: reports not to be released to any Third Party).

Kindly acknowledge receipt of this email.

Thank you.

Yee Pei Li

Claims Assistant (Motor) ERGO Insurance Pte. Ltd. 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Tel.: 65 6829 9199 DID: 65 6829 9194 Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

ERGO

| 250 | 27.10.203 | 17 | | Sent via Fax | | - |
|--|--------------------------------|---|--------------------|---------------------------|--|--|
| | | 701514/RH/pl | | or | | |
| Reference: | | | | | | |
| r Reference: | DNV/DN/ | /BL/10320.17 | | Email | dnv. | law@pacific.net.sg/ nas1@singnet.com.sg |
| | DAVID | NAYAR AND VARDAN | | L | Julion | |
| e-Repair Si | urvey (PRS |) Acknowledgement | | | | |
| hicle For Ins | | FBG 2425J | | | | |
| sured's Vehic | | GBB 1350Z | | | | |
| ate Of Accide | | 05.06.2017 | | | | |
| Market Commission Commission of the Commission of the Commission Commission of the C | | your request for PRS on: | 25.10.2017 | | | |
| compliance le list below | and indicate | Courts Practice Directions Ame your selection in the box mark | ed *. | | - | |
| AIS | Automob | ile Inspection Services Pte Ltd | LBS | LB.S Auto Con | sultants Pt | e Lta |
| FTA | FormTear | m Consultancy Pte Ltd | LKK | Priority Service | | Lio |
| IAS | | praisal Service | PS VAC | Vicom Ltd | | |
| JPK | JP Knight | s Pte Ltd | VAC | Tiberii air | ************************************** | The state of the s |
| We ac | knowledge yo sured's driver | pection does not have your client's ur interest for direct settlement, w has not reported the accident to u ER-IN-CHARGE - ROHAINI | e will assess & re | vert soon upon r | eceipt of es | |
| | | · ^ | Pel Li | 6829 | 9194 | claims@ergo.com.sg |
| Prepared by: Signature: | | De. | | | | FAX: 6829 9247 |
| Signature. | | Wight Version of the Committee | | | | |
| Assessor use | only: | | Workshop us | e only: ended workshop | on: | |
| | | | Date: | | Mousi. | |
| Assignment | Date: | | Time | | | |
| Assignment | 11116 | ************************************* | Inspector: | available at the a | ppointed d | ate and time. |
| Remarks: | | | I VEHICLE HOLD | | | |
| VGIII91 v2 | | Į. | | | | for the above job |
| Remarks. | | | | owledge our Asse | essor prese | nce for the above job . |

DAVID NAYAR AND VARDAN ADVOCATES & SOLICITORS 49A TEMPLE STREET. NOTARY PUBLIC & COMMISSIONER FOR OATHS

49A TEMPLE STREET, SINGAPORE 058594

TEL: (65) 6324 5545 FAX (65) 6324 1711 (NOT FOR SERVICE OF COURT DOCUMENTS)

UEN NO. 53131372K

*Email Security: We reserve the right not to act on email until verification of the same Email: dnv.law@pacific.net.sg / jthomasl@singnet.com.sg

Our Ref

DNV/DN/bV10320.17

Your Ref

DSMCV1701514

October 31, 2017

ERGO INSURANCE PTE LTD 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985 Via email & mail claims@ergo.com.sg

Attn: Ms Yee Pei Li, Claims Assistant (Motor)

Dear Madam

RE:

MUHAMMAD HAFIZ BIN NOORDIN (NRIC NO S9348256E)
ACCIDENT ON 5.6.2017 AT 0720 HRS BETWEEN MOTORCYCLE NO FBG
2425J AND MOTOR-VEHICLE NO GBB1350Z ALONG SERAYA AVENUE,
SINGAPORE

We refer to the above matter and to your email dated 27.10.2017.

As requested, we return the surveyor list duly indicated the appointment of LKK Auto Consultants Pte Ltd for the Pre-Repair Survey.

Kindly acknowledge receipt and let us have a copy of the Survey Report once the same is completed.

Thank you.

Yours faithfully

DAVID NAYAR

enc cc client

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

| | ACCIDENT STATEMENT |
|-----------------------------|----------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 29/06/2017 16:33 |
| Date Of Accident | 05/06/2017 07:20 |
| Exact Location Of Accident | SERAYA AVE (JURONG ISLAND) |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBG2425J |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD HAFIZ BIN NOORDIN |
| NRIC No | S9348256E |
| Email Address | MUHDHAFIZNOORDIN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-86664068 |
| Alternative Phone No | OFFICE-86664068 |
| Vehicle Particulars | |

SUZUKI Manufacturer DRZ400SML1

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?

If No. Please state action to be taken

THIRD PARTY MOTORCYCLE

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5078055843-01 Policy Number

Cover Note Number

Driver

MUHAMMAD HAFIZ BIN NOORDIN Name of Driver

S9348256E NRIC No 17/12/1993 Date Of Birth INDOOR Occupation 24/10/2015 Date Of Driving Pass

1 YEAR AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-86664068 Mobile Number

Fax Number

OFFICE-86664068 Contact Number

MUHDHAFIZNOORDIN@GMAIL.COM **EMail Address**

Address

BLK 622 WOODLANDS DRIVE 52 #07-24

Postcode

730622

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION- HEAD TO SIDE

Weather Conditions

CLEAR

Road Surface

DRY

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

WOODLANDS WEST NPC

Police Station Address

ROAD: 9 MARSILING LANE, POSTCODE: 739146, COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: - FAX NO:

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT: T/20170622/2192.

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

GBB1350Z

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

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

MUHAMMAD HAFIZ BIN NOORDIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBG2425J

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claim process.
- 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 police liability.
- 4. The inssue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may 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 Date Protection Act (PDPA)

understandm acknowledge, agree and conset that:

- (a) My insurer, my workshop and the Genareal Insurance Association of Singapore ("GIA") may/ are permitted to collect, use, disclose and/or process my personal date/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 insurer 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 investigation relating to the claims.

invertigating 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, involves, reports or notices to me, which could involve disclosure of certain personal date 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 Pesonal Informatopn 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 lawyer/law firms), which may be sited ourside of Singapore, for one or more of the above Purposes.

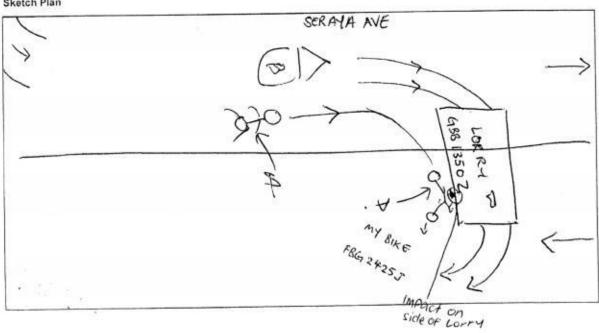
2934NE 20170 1540

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personal

Sketch Plan



Sketch Plan #2 Pg. 1

| | FER T | . 1 | ouce | REP. | 27. | | | | |
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| declare th | ne foregoing par | ticulars are t | true in every | respect. | | | | | |
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| Jen. | | a P Dima | er's Signatu | ure (If driver is i | not the policyr | idider)r Date | | sonal | |
| | Signature / Date | & T | ime | | | | | | |
| | Signature / Date | & T | ime | NTUC | 8 | | | | |
| | Signature / Date | & T | | NTUC | | ^ | sln6 (20 | 79 | |
| cyholders | Signature / Date | co | 0475] | MTUC- | Date o | faccident 0 | 5(06 (m | 79 | |
| | Signature / Date | Co | 0475] | | Date o | faccident 0 | 5(06(20 | 79 | |

Sketch Plan #3 Pg. 1





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999 1 of 3 Report No. T/20170622/2192

| REPOR | T OF A | TRAFFIC | ACCIDENT |
|-------|--------|---------|----------|

| | ne Report N 017 22:20 | Made: | Vide Report No.: | Station Diary No.: 118 |
|------------------------|---------------------------|------------------------------|---|--------------------------------|
| Informa | nt's Partici | ulars | AFFECT CONTROL OF THE PARTY OF | 公共发展的企业 的企业和 |
| | f Informant: IMAD HAFI | Z BIN NOORDIN | Address: APT BLK 622 WOODL 730622 | ANDS DRIVE 52 #07-24 SINGAPORE |
| Control of the Control | / ID No.: O / S93482 | 56E | Contact No.: Home/Office: | Mobile: 86664068 |
| National SINGAP | ity: PORE CITIZ | EN . | Email: | |
| Sex: Male | Age: 23 | Date of Birth: 17/12/1993 | Type of Informant: Rider | |
| Race: Malay | -0/// | | Language: | Institution / School Name: |
| Occupat | | | Driving Licence Inform Class: 2B,2A,2,3 | ation: Date of Expiry: |

| Type of Accident: | Injury Conveyed By Amb | ulance | Drink Drive: No | Date/Time of Accident: 05/06/2017 07:2 | 0 | Type of Location Straight Road | |
|--|---------------------------|-------------|-----------------------|--|--------------------------|-----------------------------------|--|
| Location: Along Road 1 SERAYA AVI Jurong Island | NUE | | | | | | |
| Weather: Clear | X | Road Dry | Road Surface: Dry | | | Road Speed Limit: | |
| Traffic Flow: Traffic | | c Control: | | 10.000 | Traffic Volume: Light | | |
| Traffic Flow: Two Way | | NOI C | Oritioned | | 9. | l . | |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenge |
|-------------|------------|--------|-----------|-------|----------------------|----------------|
| FBG2425J | Motorcycle | SUZUKI | DRZ400SML | Black | Seriously Damaged | 0 |
| GBB1350Z | Lorry | | | | | 0 |

| Details of V | ehicle Insurance | | A TOTAL | 100 |
|--------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBG2425J | NTUC Income Insurance Co-Operative Limited | 5078055843-01 | 08/04/2017 | 07/04/2018 |

Sketch Plan #4 Pg. 1





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999 2 oi Report No. T/20170622/21s

CONTINUATION OF REPORT

Brief Details.

9 2 1 1 2

On 5th of June 2017, Monday, at approximately 0720hrs, I was on my way to work riding my motorbike, FBG 2425 J, Suzuki DRZ along Seraya Ave towards Seraya Rd on a two-way lane road with a single white line marking. There was a blue pickup truck, GBB 1350 Z, in front of me and I was travelling behind him making sure there were ample space between both our vehicles. Suddenly, the pickup truck made an abrupt U-turn without signaling. I had no choice but had to hit on my brakes and was unable to stop in time thus collided onto the side of the pick up truck.

The driver then alighted from his vehicle. And without making a proper check upon exiting, the driver side door hit onto my head. I was conscious throughout the incident and managed to speak to the driver whom informed me that he overlooked to signal his intention to turn.

I was assisted by some passer by and also my colleague before the arrival of Traffic Police and was conveyed to Ng Teng Fong General Hospital by SCDF ambulance.

I suffered a fracture on my left knee and a torn ligament. I also suffered jaw laceration.

I was admitted on the 5th of June and was subsequently discharged on 11th June 2017. I was given 6 weeks of hospitalization leave till 28 July 2017.

The TP IO that is handling this case is IO Raziz, telephone number; 6547 6200.

Sketch Plan #5 Pg. 1





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999 3 of 3 Report No. T/20170622/2192

CONTINUATION OF REPORT

| 0 | | - | 4 | DI | - | |
|---|----|---|---|----|---|---|
| J | ke | L | п | | a | п |

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: J/ Staff Sgt MOHAMED ISMAIL BIN MOHAMED MUBARAK | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 22/06/2017 22:20 |
| Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213 | Classification Of Case: |



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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT CS3/EGI17020793/Wbs2 Ref: ERGO INSURANCE PTE LTD 13-12-2017 5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER Date: FIVESINGAPORE 038985 Code: EGI Policy Particulars :- (THIRD PARTY CLAIM) 1. FBG 2425J Veh. Inspected **GBB 1350Z** Insured Veh. 0.00 Coverage (\$) Policy No. 0.00 Excess (\$) DSMCV1701514 Claim No. 31/10/2017 YEE PEI LI Assign Date Assign From Vehicle Particulars & Condition 2. 398 SUZUKI DRZ400 Make & Model C.C 2012 Year of Reg. HIDDEN Engine No. BLACK JS1B8111300101174 Colour Chassis No. IN ORDER Steering Odometer SPORTS RIM Modification IN ORDER Brakes FAIR General **Conditions of Tyres** 3. Balance Make Size PIRELLI 3 mm 120/70ZR17 R/H Front Tyre mm L/H Front Tyre 3 mm PIRELLI 160/60ZR17 R/H Rear Tyre mm L/H Rear Tyre **Description of Damages** THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. General Information 5. 01/11/2017 (01:31 PM) Inspect Date / Time 05/06/2017 **Accident Date** SANFU MOTOR PL Survey held at 1 KAKI BUKIT AVENUE 6 #02-43 AUTOBAY @ KAKI BUKIT SINGAPORE 417883 Remarks 5a. 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. D)THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,800- \$4,800 **Estimate Days of Repair** 5b. ESTIMATED NORMAL PERIOD FOR REPAIR: 4 Working Days

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Inspected By

WILSON TEO CHENG MING

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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