

range & days

REGISTRATION
ASS. FRC RM

REF CS3/GAI17021027/Wbz

Surveyor Wilson

ASSIGNMENT (Office)

From (Person) Sharon Ng

GAI

Date/Time 3/11/17 @ 10:10am

Estimated Cost Bill to

OD (IP) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No. FBL8426R

Insured GBD 3218 A

at Workshop no. HL Cycle

Tel 6484 4842

of 1 Kaki Bukit Ave 6 # 02-58 Autobay 41788

Policy No Claim No CLMOMVL000001501

Sum Insured Excess

Make of Veh. D.O.A. 31/10/2017
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time 10:21am @ 3/11/17

Person Contacted Sharolyn

Vehicle IN OUT

Date/Time	Action/Instruction
	(X) Estimate
	FBL8426R-X
	GBD 3218 A-X

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No: **FBL 8426 R**at Workshop m/s: **HL Cycle**of: **1, Kale; Bulent Ave. 6 #02 - SC**

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: **FBL 8426 R** Vr Regn: **3/4/2017**Type: M.Car / ~~M.Cycle~~ / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Yamaha**CC: **847**Colour: **Black**

A.D. Insured / Std / NI / NA

Sp. Reading: **6825**

T. Race: Insured / Std / NI / NA

Eng/No:

C.No: **JYARN 435000005102**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **NK** / **S/Rim** / STD A/Rim or

Tyre Size

F:

120 / 10 R17

R:

180 / 85 ZR17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **Bat: lax (15) (12)**

Front

Rear

R. Bat

mm

R. Bat

3

mm

L. Bat

mm

L. Bat

3

mm

D.O.A.

31/10/2017

D.O.I.

3/11/2017 @

Survey held at:

As Above**1243 PM**Des. of Damages: **Frt** / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Range \$3900 - \$4900**3 Days Repair****9/4/2018**

RECEIVED 11 APR 2018

Data/Time File Pass to:

10042018

Data/Time File Return to:

☐ : Preli. Report☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Fuel & RR

Vr. Photos

Vr. Check

Report Format:

PRS

Lump Sum / I.B.I. (\$) :

Add Fee:

☐ Site Insp. (\$) :☐ Interview (\$) :☐ Tech. Insp. (\$) :☐ Weekend (\$) :

Total:




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

Affiliated to Federation Internationale Des Experts En Automobile			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS3/GAI17021027/Wb	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 03-11-2017	
		Code : GAI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	GBD 3218A	Veh. Inspected	FBL 8426R
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	03/11/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer		Steering	
Brakes		Modification	
General			
3. 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. Description of Damages			
5. General Information			
Accident Date	31/10/2017	Inspection Date	03/11/2017
Survey held at	HL CYCLE PL 1 KAKI BUKIT AVE 6 #02-58 SINGAPORE 417883		
5a. Remarks			
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.			

Nivitha (LKK Auto)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Friday, 3 November, 2017 10:10 AM
To: SUR
Cc: assignments
Subject: TP survey/PRI to FBL8426R ; Our ref: GBD3218A
Attachments: Insd - GBD3218A.PDF; PRI -GA - HL CYCLE.docx; TP -FBL8426R.pdf

Dear Sir

Please conduct survey to TP veh no. FBL8426R at HL Cycle Pte Ltd.

Both reports are attached for your verification on damages consistency.

Regards
Sharon Ng
Great American

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

Your ref : To be advised

Our ref : CLLC.1150.2017

02 NOVEMBER 2017

GREAT AMERICAN INSURANCE COMPANY

BY HAND

3 TEMASEK AVENUE

#16-01 CENTENNIAL TOWER

Singapore 039190

Attn: **Officer-In-Charge**

Dear Sirs,

**NOTICE TO INSURANCE TO CONDUCT PRE-REPAIR INSPECTION
WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF PRE-
ACTION PROTOCOL FOR NIMA CASE**

We act for NUR AFIQ BIN RAYDUWAN, the owner of motor vehicle FBL8426R, who has appointed us to act on his behalf to claim against your insured's vehicle no GBA3218A in regards to the road traffic accident on 31.10.2017.

Please be informed that the said motor vehicle can be inspected at:-

H L Cycle Pte Ltd

1 Kaki Bukit Ave 6

#02-58 Autobay Singapore 41788

Kindly contact **Mr SUM Tel: 6484 4842**

Please note that if you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully,

CENTRO-LEGAL LAW CORPORATION

Cc **Mr SUM**

FAX NO: 6484-4342

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (

): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
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(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

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Check By:

--	--

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/20



SINGAPORE POLICE FORCE



T/20171101/2081

1 of 3

Report No. T/20171101/2081

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2017 13:07.		Vide Report No.:		Station Diary No.: 54	
Name of Informant: NUR AFIQ BIN RAYDUWAN			Address: APT BLK 626 WOODLANDS AVENUE 6 #06-890 SINGAPORE 730626		
ID Type / ID No.: NRIC NO / S9022803Z			Contact No.:		Mobile: 84444147
Nationality: SINGAPORE CITIZEN			Home/Office:		
			Email:		
Sex: Male	Age: 27	Date of Birth: 07/07/1990	Type of Informant: Rider		Institution / School Name:
Race: Javanese			Language: English		
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2017 08:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 RIVERSIDE ROAD ADMIRALTY ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		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					
FBL8426R	Motorcycle	YAMAHA	MTN850A	Black	Seriously Damaged
GBD3216A	Lorry				0

Details of Insurance				
FBL8426R	NTUC Income Insurance Co-Operative Limited	5089678638	04/04/2017	03/04/2018



**SINGAPORE
POLICE FORCE**



T/20171101/2081

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20171101/2081

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	NUR AFIQ BIN RAYDUWAN	ID No.	S9022803Z
Related Vehicle	FBL8426R (Motorcycle)	Contact No.	84444147
Hospital/Clinic	YIM MEDICAL CENTRE (ADMIRALTY MRT)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/11/2017	Date Discharge	01/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 31/10/2017 at about 0845hrs, I was riding my motor bicycle (FBL8426L) along riverside road towards admiralty road. Suddenly, a lorry (GBD3218A) came out from Marsiling industrial estate road which is on my left and stopped in the middle of the road. I tried to jammed brake but still collided onto the right side of the lorry. After the collision, I stood up and my own and moved my motor bicycle to the side of the road and exchanged particulars with the lorry driver. My front part of my motor bicycle was damaged due to the collision. The lorry driver particulars are (ABD TAHMAN BIN JANTAN, S680358AH, HP:92984624). After exchanging particulars, me and the other parties just go off.

Subsequently, on 01/11/2017 when I wake up I felt pain on my right hand and leg. Hence, I went to seek doctor and the doctor had gave me 3 days of MC. I wish to informed that I had no bike camera.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20171101/2081

3 of 3

Report No. T/20171101/2081

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:

J/

Sgt 2 DESMOND ANG JUN HAO

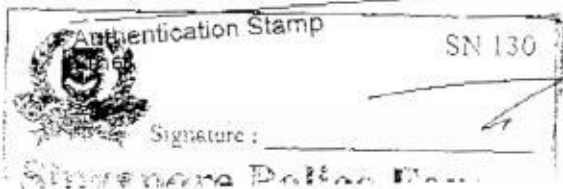
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
01/11/2017 13:07

Classification Of Case:



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	31/10/2017 10:28
Date Of Accident	31/10/2017 08:45
Exact Location Of Accident	RIVERSIDE RD TWRDS ADMIRALTY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8426R
Insured/Policyholder	
Name Of Registered Owner	NUR AFIQ BIN RAYDUWAN
NRIC No	S9022803Z
Email Address	CHRO7AME@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84444147
Alternative Phone No	OTHERS-84444147
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MTN850A
Exact Purpose for which vehicle was being used at time of accident	PVT USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089678638
Cover Note Number	04/04/2017 -03/04/2018
Driver	
Name of Driver	NUR AFIQ BIN RAYDUWAN
NRIC No	S9022803Z
Date Of Birth	07/07/1990
Occupation	INDOOR
Date Of Driving Pass	28/12/2015
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84444147
Fax Number	
Contact Number	OTHERS-84444147
Email Address	CHRO7AME@GMAIL.COM

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO.: FBL 8426 R
INSURER: NTUC
DATE & TIME: 31/10/17 8:45 AM

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 T&A 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 lodging 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 a/c/a s/d.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

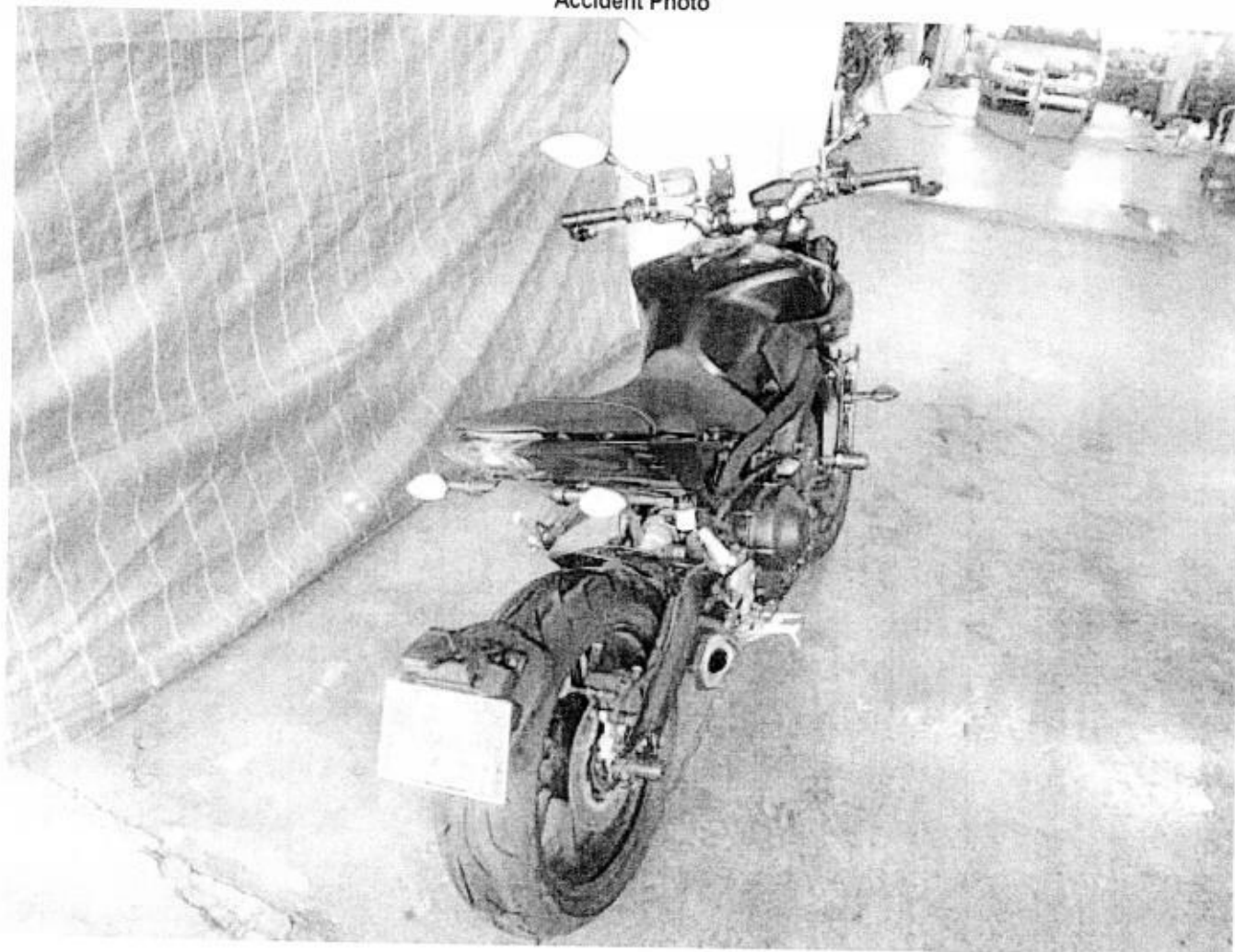
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 package(s) and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, or for 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/are 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 a Claims History for the purpose of fraud detection, investigation and management, prevention and/or future claims;
- (e) the information so collected under (a) 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:

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

Reported by the Person's Signature
Name: NTUC
Vehicle No: NTUC

Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9022803Z



Name
NUR AFIQ BIN RAYDUWAN

نور افق بن ريدوان

Race
JAVANESE

Date of birth
07-07-1990

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9022803Z

Name:
NUR AFIQ BIN RAYDUWAN

Birth Date: 07 Jul 1990
Issue Date: 27 Jan 2010




3738468



NRIC No. S9022803Z



Date of issue
07-07-2005

Address
APT BLK 526 WOODLANDS AVENUE 6
#05-890
SINGAPORE 730626

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	29 Jan 2014
Class 2A	Motorcycles between 201 CC and 400 CC	28 Dec 2015
Class 1	Motorcycles > 400 CC	24 Mar 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	27 Jan 2010

S / No. 9000257866

S9022803Z

428A

Licence No: S9022803Z



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5089678638

1. Index mark and Registration Number of Vehicle
Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$1,000
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: NUR AFIQ BIN RAYDUWAN
NAMED DRIVER (2)	: AHMAD NIZAM BIN JUMALI
HIRE PURCHASE COMPANY	: H L CYCLE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)
Date of Issue : 04 Apr 2017 09:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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

GREAT AMERICAN INSURANCE COMPANY
3 TEMASEK AVENUE #16-01 CENTENNIAL
TOWER SINGAPORE 039190

Ref: CS3/GAI17021027/Wbe2

Date: 11-04-2018

Code: GAI



1.

Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GBD 3218A	Veh. Inspected	FBL 8426R
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000001501	Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	03/11/2017

2.

Vehicle Particulars & Condition

Make & Model	YAMAHA	c.c	847
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JYARN435000005102	Colour	BLACK
Odometer	6825 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3.

Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	120/70 R17	BRIDGESTONE	3 mm
L/H Front Tyre			mm
R/H Rear Tyre	180/55Z R17	BRIDGESTONE	3 mm
L/H Rear Tyre			mm

4.

Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.



5.

General Information

Accident Date	31/10/2017	Inspect Date / Time	03/11/2017 (12:43 PM)
Survey held at	HL CYCLE PL 1 KAKI BUKIT AVE6 #02-58 SINGAPORE 417883		

5a.

Remarks

- 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 \$3,900-\$4,900

5b.

Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
-------------------------------------	----------------

Report Ref No. CS3/GAI17021027/Wbe2

Inspected By

WILSON TEO CHENG MING
Automotive Assessor

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE
REGD Auto Consultant-SAE, Licensed Appraiser

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relying on this Report, in whole or in part, does so at his or her own risk.