

Surveyor

ASSIGNMENT (Office)

From (Person) Sharon Ng of GAI Date/Time 6/11/17 @ 4:19pm

Estimated Cost: _____ Bill to: _____

OD (TP) WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No. JSG 4476 Insured: SLR 7284Pat Workshop m/s SG 98 Motor Tel: 6452 4898of BLK 4001 AMK Ind Park 1#01-21, 569622Policy No: _____ Claim No: CLMOMVE000001787

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11/10/2017
(Client's Record)CA / REV / REP. / REV 24 HRS 'wp' 7/11/2017Date/Time: 444pm @ 6/11/17 Person Contacted: Rose H.O.D. Endorsement: _____Vehicle (IN) OUT

| Date/Time | Action/Instruction (✓) Estimate |
|--------------------------|--|
| | <u>JSG 4476-x</u> |
| | <u>SLR 7284P-x</u> |
| <u>08/11/17 @ 2:05pm</u> | <u>Informed Sharon, we are pending estimate from repairer.</u> |
| <u>7/1/17 @ 11:24am</u> | <u>Confirmed with Rose US \$700, 2 days.</u> |
| | <u>Cred \$1890, 73%.</u> |

ASSIGNMENT

Daul

08/8/2017

From

Date

7/11/2017

Veh No

JSC 4476

Yr Regn

Estimated Cost

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

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

Truck / Trailer or

To Inspect Vehicle No: JSG 4476

Make

YAMAHA LC135

cc

135

at Workshop mis

SG 98 Motor

Colour

Whitel Black

Insured / Std / Nil / NA

of BIK 4001 AMK Ind Park I #01-21, 569622

Sp. Reading

4864

T. Radio: Insured / Std / Nil / NA

Insured

Eng/No

Policy No.

C/No

PMYUG0420H

0094152

Claims No

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured

Excess

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

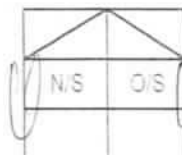
Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

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



Bal. or Market Value:

Front

Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal.

mm

R/Bal.

mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs: 2 days Res: Yes or No

D.O.A.

D.O.A.

A/1/2017

Lum Sum: % 3 Val: Yes or No

Survey held at

CA / REV / REP. / 24 HRS 'up'

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

NS body OS body

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

Date / Time Action / Instruction

* workshop didn't not provide us police report.

Date/Time File Pass to?

☐

: Prelim. Report

Days Of Repair: 2

My turn

☐

: Final Report

Resurvey No. of Trip: 1

Date/Time File Return to?

Survey Fee

290

Transportation

Fuel & Road

Phone

Other

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Tech Insp \$

☐

Weekend \$

Report Format:

Lump Sum / 1.5% / 3

TP

700

290



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 : CS/GAI17021163/R1qb

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 06-11-2017



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-----------|----------------|------------|
| Insured Veh. | SLR 7284P | Veh. Inspected | JSG 4476 |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | SHARON NG | Assign Date | 06/11/2017 |

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 | 11/10/2017 | Inspection Date |
| Survey held at | SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622 | |

5a. Remarks

| |
|---|
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|---|

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 8 November, 2017 2:05 PM
To: 'Ng, Sharon'; assignments
Cc: SUR; Kelvyna.Ngian@sg.gaig.com
Subject: RE: Plse arrange PRI on bike JSG 4476 as per attached - claiming against SLR7284P (Grab) - DOA: 11/10/17

Dear Sharon,

Please be informed that we have inspected the vehicle JSG 4476 on 07/11/2017.

We are pending for estimate from repairer.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Monday, 6 November, 2017 4:46 PM
To: 'Ng, Sharon' <Sharon.Ng@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; Kelvyna.Ngian@sg.gaig.com
Subject: RE: Plse arrange PRI on bike JSG 4476 as per attached - claiming against SLR7284P (Grab) - DOA: 11/10/17

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ng, Sharon [<mailto:Sharon.Ng@sg.gaig.com>]
Sent: Monday, 6 November, 2017 4:19 PM
To: SUR; 'assignments'
Subject: FW: Plse arrange PRI on bike JSG 4476 as per attached - claiming against SLR7284P (Grab) - DOA: 11/10/17

Dear Catherine

Please make arrangement to survey TP bike JSG4476.

Insured veh no. is SLR7284P, report is attached.

Regards

Shiau Chan (LKKAUTO)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Monday, 12 February 2018 4:02 PM
To: Shiau Chan (LKKAUTO)
Subject: RE: Plse arrange PRI on bike JSG 4476 as per attached - claiming against SLR7284P (Grab) - DOA: 11/10/17 || GAIC ref: CLMOMVC000001787

Dear Shiau Chan

Please let us know if there is any survey done/follow-up from TP workshop.

If no, you may close file.

Regards
Sharon
GAIC

From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Wednesday, November 08, 2017 2:05 PM
To: Ng, Sharon <Sharon.Ng@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Subject: RE: Plse arrange PRI on bike JSG 4476 as per attached - claiming against SLR7284P (Grab) - DOA: 11/10/17

Dear Sharon,

Please be informed that we have inspected the vehicle JSG 4476 on 07/11/2017.

We are pending for estimate from repairer.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Monday, 6 November, 2017 4:46 PM
To: 'Ng, Sharon' <Sharon.Ng@sg.gaig.com>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; Kelvyna.Ngian@sg.gaig.com
Subject: RE: Plse arrange PRI on bike JSG 4476 as per attached - claiming against SLR7284P (Grab) - DOA: 11/10/17

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,
G.Nivitha | Admin
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ng, Sharon [mailto:Sharon.Ng@sg.gaig.com]

Sent: Monday, 6 November, 2017 4:19 PM

To: SUR; 'assignments'

Subject: FW: Plse arrange PRI on bike JSG 4476 as per attached - claiming against SLR7284P (Grab) - DOA: 11/10/17

Dear Catherine

Please make arrangement to survey TP bike JSG4476.

Insured veh no. is SLR7284P, report is attached.

Regards

Sharon Ng

Great American

From: Ong, Joanna **On Behalf Of** General Claims

Sent: Monday, November 06, 2017 11:08 AM

To: Ng, Sharon <Sharon.Ng@sg.gaig.com>

Cc: Ngian, Kelyna <C>

Subject: FW: Plse arrange PRI on bike JSG 4476 as per attached.

Hi Sharon,

FYNA. Thanks.

Joanna

From: Sg Motor [mailto:sgmotor2000@yahoo.com.sg]

Sent: Monday, November 06, 2017 11:07 AM

To: General Claims <GeneralClaims@sg.gaig.com>

Subject: Plse arrange PRI on bike JSG 4476 as per attached.

Attn: Motor Claims Dept

Plse arrange PRI on bike JSG 4476 as per attached.

Thank You

Regards

Leena

SG 98 Motor Pte Ltd

Blk 4001 #01-21

Ang Mo Kio Industrial Park 1

Singapore 569622

Tel: 64524898 Fax: 64526898

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.

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.

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 | 12/10/2017 15:40 |
| Date Of Accident | 11/10/2017 22:30 |
| Exact Location Of Accident | JURONG GATEWAY ROAD TOWARDS TOH GUAN ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLR7284P |
| Insured/Policyholder | |
| Name Of Registered Owner | GRAB RENTALS PTE LTD |
| Co Reg No | 201617200G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98235248 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | HONDA |
| Model | VEZEL-1.5 HYBRID X (A) |
| Exact Purpose for which vehicle was being used at time of accident | HIRE AND REWARD |
| 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 | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|----------------------------------|
| Name of Insurance Company | GREAT AMERICAN INSURANCE COMPANY |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | |
| Cover Note Number | MTGRAB20172105 |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | SUHAILIL BIN SUNARI |
| NRIC No | S7934613F |
| Date Of Birth | 30/10/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/06/2000 |
| Driving Experience | 17 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98954835 |
| Fax Number | |
| Contact Number | |
| Email Address | MALDINIRAMOS34@GMAIL.COM |

| | |
|---|--|
| Address | BLOCK 11 UPPER BOON KENG ROAD #15-903 |
| Postcode | 380011 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLIDED INTO MOTORCYCLIST |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|----------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JSG4476 (MOTORCYCLE) |
| 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) | 3 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | JURONG WEST NPC |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

refer to police report T/20171012/2009

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | JSG4476 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | MING |
| NRIC/Passport Number | |
| Contact Number | 98943558 |
| 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 MING
Approximate Age
Injuries Sustain
Injured person in which vehicle? JSG4476
Were seat belts worn? NO
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? JSG4476
Were seat belts worn? NO
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) 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.

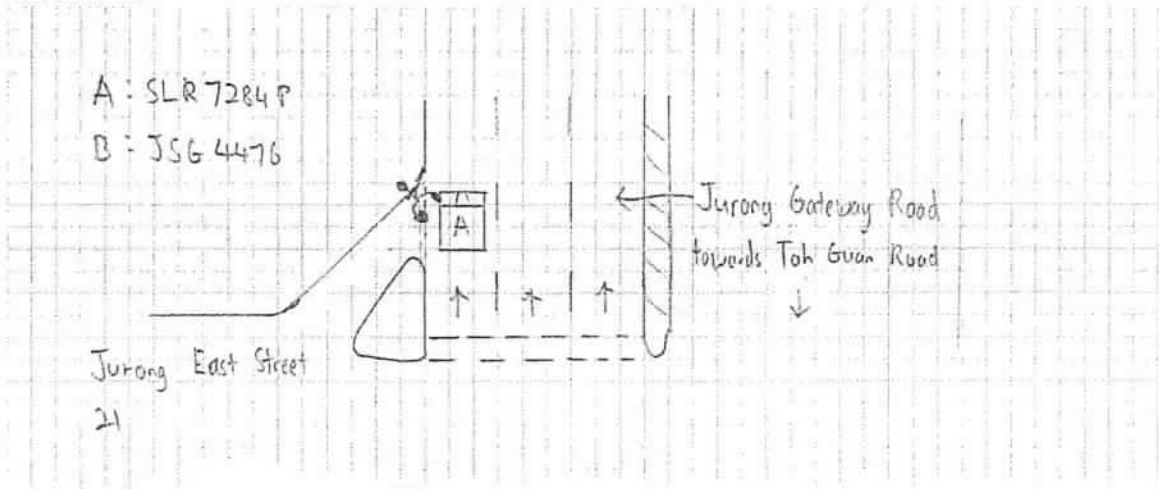
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.10.17 @ 14 20 hrs


Reporting Centre Personnel's Signature
Name: Sam
NRIC/FIN No.: S88598960

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20171012/2009

DECLARATION

I/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: 12.10.17 @ 1420hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: S885989613



**SINGAPORE
POLICE FORCE**



T/20171012/2009

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20171012/2009

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 12/10/2017 01:24 | | Vide Report No.: D/20171011/0149 | | Station Diary No.: 25 | |
| Informants Particulars | | | | | |
| Name of Informant: SUHAIDIL BIN SUNARI | | | Address: APT BLK 11 UPPER BOON KENG ROAD #15-903 SINGAPORE 380011 | | |
| ID Type / ID No.: NRIC NO / S7934613F | | | Contact No.: Home/Office: Mobile: 92414174 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 37 | Date of Birth: 30/10/1979 | Type of Informant: Driver | | |
| Race: Javanese | | | Language: | | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 11/10/2017 22:30 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 JURONG GATEWAY ROAD JURONG EAST STREET 21 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|---------------------|-------|-----------|-----------------|
| JSG4476 | Motorcycle | YAMAHA | 135 LC | | | 1 |
| SLR7284P | Car | HONDA | VEZEL HYBRID 1.5X A | Green | | 2 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20171012/2009

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20171012/2009

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------------|------------------|--|-----------------------------------|
| Rider | | | | |
| Name | MING | | ID No. | NIL |
| Related Vehicle | JSG4476 (Motorcycle) | | Contact No. | 98943558 |
| 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 | Slight | |
| Driver | | | | |
| Name | SUHAIDIL BIN SUNARI | | ID No. | S7934613F |
| Related Vehicle | SLR7284P (Car) | | Contact No. | 92414174 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 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 11/10/2017, at about 2230hrs, I was driving a Grab car, bearing plate number , V1) SLR7284P along Jurong Gateway road towards PIE. I had just passed the X junction of Jurong Gateway road and Jurong East Street 21 when a Malaysian motorcycle , later discovered to be bearing plate number V2) JSG4476, entered Jurong Gateway road by the left filter lane of Jurong East St 21 without stopping at the give way line and we had an accident. There is in vehicle camera in my car which recorded the accident. I will be downloading the footage to my hand phone.

After which, Police was called, reference report number D/20171011/0149 and ambulance at scene and conveyed both the rider and pillion. I was then advised by the Traffic Police officers at scene to lodge an accident report, and the in charge case is Traffic Police IO Rashidah , tel : 65476216.



**SINGAPORE
POLICE FORCE**



T/20171012/2009

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20171012/2009

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 MOHAMED AZRIN BIN MOHAMED ALI | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 12/10/2017 01:24 |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200 | Classification Of Case: |
| Authentication Stamp NP168 SN 126 | |

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 8 November 2017

To : LKK

By Fax: 6256-4315

Attn: Rasul

Tel : 90010068

VEHICLE NO : JSG 4476

Spark LC 135

ACCIDENT DATE: 11 October 2017

| <u>Description</u> | <u>Qty</u> | <u>Quotation \$</u> |
|-------------------------------------|------------|---------------------|
| 1 Tail Lamp broken NH | 1 | 135.00 X |
| 2 Mudguard defunct | 1 | 150.00 ✓ |
| 3 Rear Signal broken | 2 | 120.00 ✓ |
| 4 Rear Side Fairing LH NH | 1 | 150.00 X |
| 5 Exhaust Pipe Bt | 1 | 350.00 ✓ |
| 6 Gear Shifter NH | 1 | 125.00 X |
| 7 Front Footrest NH | 1 | 75.00 X |
| 8 Footrest Rubber NH | 1 | 50.00 X |
| 9 Front LH Mirror broken | 1 | 60.00 ✓ |
| 10 Handle Bar NH | 1 | 135.00 X |
| 11 Rear Rim NH | 1 | 250.00 X |
| 12 Swing Arm NH | 1 | 350.00 X |
| Sub-Total | | 1,950.00 |
| Less 10% | | 195.00 |
| Sub-Total | | 1,755.00 |



VEHICLE NO : JSG 4476

Spark LC 135

Nett items

| | | | |
|---|-------------------------------------|--------|-------|
| 1 | Box rack <i>NH</i> | 75.00 | X |
| 2 | Rear box <i>NH</i> | 280.00 | X |
| 3 | Number plate <i>broken</i> | 20.00 | ✓ |
| 4 | Towing fee <i>NH</i> | 30.00 | ✓ |
| 5 | Remove & replace parts, align & etc | 250.00 | 150/- |
| 6 | Remove & replace rim, swing arm | 180.00 | 50/- |

Sub-Total 835.00

Nett Total 2,590.00

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion

Thank you


SG 98 MOTOR PTE LTD

LG

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

(Z)




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 : CS/GAI17021163/R1qbe2 | |
| 3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190 | | | Date : 26-04-2019 |  |
| | | | Code : GAI | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SLR 7284P | Veh. Inspected | JSG 4476 | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | CLMOMVC000001787 | Excess (\$) | 0.00 | |
| Assign From | SHARON NG | Assign Date | 06/11/2017 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | YAMAHA LC135 | c.c | 135 | |
| Engine No. | HIDDEN | Year of Reg. | 2017 | |
| Chassis No. | PMYUG0420H0094152 | Colour | WHITE / BLACK | |
| Odometer | 4864 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 70/90 R17 | VEE RUBBER | 8 mm | |
| L/H Front Tyre | | | mm | |
| R/H Rear Tyre | 80/90 R17 | VEE RUBBER | 8 mm | |
| L/H Rear Tyre | | | mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S AND O/S BODY. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 11/10/2017 | Inspection Date | 07/11/2017 | |
| Survey held at | SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622 | | | |
| 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: | | 2 Working Days | | |



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. JSG 4476

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--------------------------------------|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | TAIL LAMP | NOT NECESSARY | 135.00 | - |
| 1 | MUDGUARD | DEFORMED | 150.00 | 150.00 |
| 2 | REAR SIGNAL | BROKEN | 120.00 | 120.00 |
| 1 | REAR SIDE FAIRING LH | NOT NECESSARY | 150.00 | - |
| 1 | EXHAUST PIPE | BENT | 350.00 | 350.00 |
| 1 | GEAR SHIFTER | NOT NECESSARY | 125.00 | - |
| 1 | FRONT FOOTREST | NOT NECESSARY | 75.00 | - |
| 1 | FOOTREST RUBBER | NOT NECESSARY | 50.00 | - |
| 1 | FRONT LH MIRROR | BROKEN | 60.00 | 60.00 |
| 1 | HANDLE BAR | NOT NECESSARY | 135.00 | - |
| 1 | REAR RIM | NOT NECESSARY | 250.00 | - |
| 1 | SWING ARM | NOT NECESSARY | 350.00 | - |
| | LESS 10% DISCOUNT | | -195.00 | -68.00 |
| | | | 1,755.00 | 612.00 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | BOX RACK (SN) | NOT NECESSARY | 75.00 | - |
| 1 | REAR BOX (SN) | NOT NECESSARY | 280.00 | - |
| 1 | NUMBER PLATE (SN) | BROKEN | 20.00 | 20.00 |
| | | | 375.00 | 20.00 |
| <u>LABOUR</u> | | | | |
| | TOWING FEE. | | 30.00 | 30.00 |
| | REMOVE & REPLACE PARTS, ALIGN & ETC. | | 250.00 | 150.00 |
| | REMOVE & REPLACE RIM, SWING ARM. | | 180.00 | 50.00 |
| | | | - | - |
| | | | - | - |
| | | | 460.00 | 230.00 |
| GRAND TOTAL | | | 2,590.00 | 862.00 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 700.00 |

Report Ref No. CS/GAI17021163/R1qbe2



Report Ref No. CS/GAI17021163/R1qbe2

MOHAMMED RASUL BIN MOHD YUNUS

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.