

ASS. REC. BY:

REF:

183 / GA11714288 / Gbez

Special Instruction:

range & days

Surveyor:

GG

ASSIGNMENT (Office)

From (Person):

Rachel Tan

of

GFA

Date/Time:

21.12.2017 6.18pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBF 5172Z

Insured:

XE 883H

at Workshop m/s

Heng Motor

Tel:

9880 4346

of

471 Changi Road

Policy No:

Claim No:

CLMOMV000002139

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

21.11.2017

- 3 yrs 9 mths

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

H.O.D. Endorsement:

Date/Time:

21.12.2017 1053am

Person Contacted:

Brendon

Vehicle:

IN / OUT

Date/Time	Action/Instruction (X) Estimate
	FBF 5172Z - x
	XE 883H - x
	Dismantle Part, 27.12.2017

Signature: *[Handwritten Signature]*

REF: **GAI**

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: **Heng Motor**
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **FBF 51728** Yr Regn: **5 Aug 2011**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Rieju RS3125** cc **125**
 Colour: **white** A.O. Insured / Std / NI / NA
 Sp. Reading: **62798.5** T. Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **VTPRS320D00A00155**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In Order / Jammed / Leaked / Burnt or
 Brake: In Order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or

<input checked="" type="radio"/>	<input checked="" type="radio"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

(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: **4** days Res.: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Tyre Size: F: **110/70-17**
 R: **140/70-17**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **4** mm R/Bal. **4** mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. **22-12-17**
 Survey held at **w/s Heng motor 4:30pm**
 Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
Estimated repair range \$3,000 - \$3,500

[Handwritten Signature]
26/3/2018

RECEIVED **2 APR 2018**

Date/Time File Pass to? Preli. Report
 Final Report
 1) **26 03 2018**

Days Of Repair:

Resurvey No. of Trip:

Survey Fee	100
Transportation	
Photos	
Other	

Date/Time File Return to?

Add Fee: Site Insp \$
 Interview \$
 Tech. Invs \$
 Weekend \$

Report Format: **PRS**
 Lump Sum / I.B.I. \$



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/GAI17024288/Gb

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 22-12-2017



Code : GAI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	XE 883H	Veh. Inspected	FBF 5172Z
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	21/12/2017

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	21/11/2017	Inspection Date	22/12/2017
Survey held at	HENG MOTOR ENTERPRISE NO.471, 5 1/2ms CHANGI ROAD SINGAPORE 419889		

5a. Remarks

<p>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.</p>
--

Catherine Chong (LKK Auto)

From: Ai Phing (LKKAuto) <aiphing@lkkauto.com>
Sent: Thursday, 21 December, 2017 6:18 PM
To: assignments
Cc: SUR
Subject: FW: XE883H (GA) and FBF5172Z along Pioneer Road on 21/11/2017
Attachments: 21122017175003-0001.pdf

Dear Assignment Team,

FYNA.

"Wishes you a Merry Christmas & Happy New Year 2018"

Best Regards,

Ai Phing | Case Handler

LKK Auto Consultants Pte Ltd

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

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

From: Tan, Rachel [mailto:Rachel.Tan@sg.gaig.com]
Sent: Thursday, 21 December, 2017 6:05 PM
To: Jerdine Wang <jerdine.wang@ksteoptr.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: XE883H (GA) and FBF5172Z along Pioneer Road on 21/11/2017

Without Prejudice

Dear Jerdine

We don't agree with your list of surveyors. We will be appointing LKK for PRS.

Hi LKK

Please accept assignment, thank you. Attached is the request.

Regards,

Rachel Tan, Executive | P. +65 6804 7846 | Rachel.tan@sg.gaig.com



Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190

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Moody's
A1 (Good)
Assigned June 13, 2013

Standard & Poor's
A+ (Strong)
Assigned March 7, 2010

For more information on our financial ratings, visit GAIG.com/FinancialStrength.

From: Jerdine Wang [<mailto:jerdine.wang@ksteoptr.com>]
Sent: Thursday, December 21, 2017 6:00 PM
To: Tan, Rachel <Rachel.Tan@sg.gaig.com>
Subject: Re: XE883H (GA) and FBF5172Z along Pioneer Road on 21/11/2017

Dear Sir,

We refer to your email of even date.

Our client **do not** agree to your list. We propose to use one of the motor surveyors named herein to conduct the joint pre-repair survey as a single-joint expert:

Name of Surveyor	Name of Company
TEO LIAK HOO	L H Teo Appraisal Services
OH HAN CHEONG	OH Appraisal Services

Please let us know within two (2) working days whether you agree to the appointment of the above motor surveyor as a single-joint expert.

Thank you.

On 21 Dec 2017 17:56, "Tan, Rachel" <Rachel.Tan@sg.gaig.com> wrote:

Without prejudice

Dear Sir/ Madam

Claim No: pending

The attached letter refers, we append the following list of our panel surveyors:-

1. AJAX Adjusters & Surveyors Pte Ltd
2. L.B.S. Automotive Appraisal Pte Ltd
3. Priority Services
4. RT Appraisal Pte Ltd
5. LKK Auto Consultants

Kindly let us know which SJE is selected and furnish the estimates for the survey to be carried out.

Regards,

Rachel Tan, Executive | P. [+65 6804 7846](tel:+6568047846) | Rachel.tan@sg.gaig.com

Claims | 3 Temasek Avenue #16-01 Centennial Tower Singapore 039190

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张景祥大律師樓
(开禧集团及富華中心)

TEO KENG SIANG LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098. Tel: 6333 4222 Fax: 63
ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@sing
(PAX - NOT FOR SERVICE OF CO)

Our Ref : TKS/H461-ACC-MISC.17/my
Your Ref : XE 883H
Date : 21 December 2017

Secretary in charge: Jerdine
Tel : 6333 4222
Fax : 6333 5676/6333 5688
Email: jerdine.wang@ksteoptr.com

To: Great American Insurance Company
3 Temasek Avenue
#16-01 Centennial Tower
Singapore 039190
Attn: Motor Claim Department

BY HAND & FAX: 6235 2616

To: Joon Thiam Industrial Services Pte Ltd
3 Ang Mo Kio Industrial Park 2A
#02-10 AMK Tech 1
Singapore 568050

BY POST

RECEIVED
21 DEC 2017

BY:

NOTIFICATION OF ACCIDENT

ACCIDENT INVOLVING FBF 5172Z/ XE 883H ALONG PIONEER ROAD ON 21/11/2017

We act for ARIF BORHAN SAID in an accident above.

We are instructed by the abovenamed to notify you of a road traffic accident on 21/11/2017 at about 1305pm ALONG PIONEER ROAD involving our client's motor vehicle **FBF 5172Z** and motor vehicle **XE 883H** driven by you or your authorized driver at the material time. A copy of the GIA/Traffic Police Report is enclosed. Kindly also let us have your GIA/Traffic Police report for our necessary.

As a result of the accident, our client's vehicle has been damaged. Before we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle **FBF 5172Z** is now at the following workshop: -

HENG MOTOR ENTERPRISE
471 Changi Road
Singapore 419889

Contact Person: Mr. Brendon (9880 4346)

(BY Fax 6747 2411)

Yours faithfully

M/S TEO KENG SIANG LLC
c.c.Heng Motor Enterprise

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

Wong Yong Sheng, Keaneth
LL.B (Hons) University of Bristol

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

✓					
---	--	--	--	--	--

(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

--	--	--	--	--	--

Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

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	20/12/2017 16:11
Date Of Accident	21/11/2017 13:05
Exact Location Of Accident	PIONEER ROAD
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF5172Z
Insured/Policyholder	
Name Of Registered Owner	ARIF BORHAN SAID
NRIC No	S9101318E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84840574
Alternative Phone No	OTHERS-84840574

Vehicle Particulars

Manufacturer	RIEJU
Model	RS3 125 MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5083168704-01
Cover Note Number	

Driver

Name of Driver	ARIF BORHAN SAID
NRIC No	S9101318E
Date Of Birth	15/01/1991
Occupation	INDOOR
Date Of Driving Pass	04/08/2015
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84840574
Fax Number	
Contact Number	OTHERS-84840574
Email Address	NOEMAIL

Address BLK 209 #05-347 JURONG EAST STREET 21
 Postcode 600209
 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 SIDE SWIPE
 Weather Conditions CLOUDY
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 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 JURONG EAST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20171127/2025. ATTENDED BY SITI

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 XE883H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ARIF BORHAN SAID
Approximate Age	26
Injuries Sustain	
Injured person in which vehicle?	FBF5172Z
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 209 #05-347 JURONG EAST STREET 21
Postcode	600209

Accident Sketch Plan

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:

20/12/12

162043

Driver's Signature

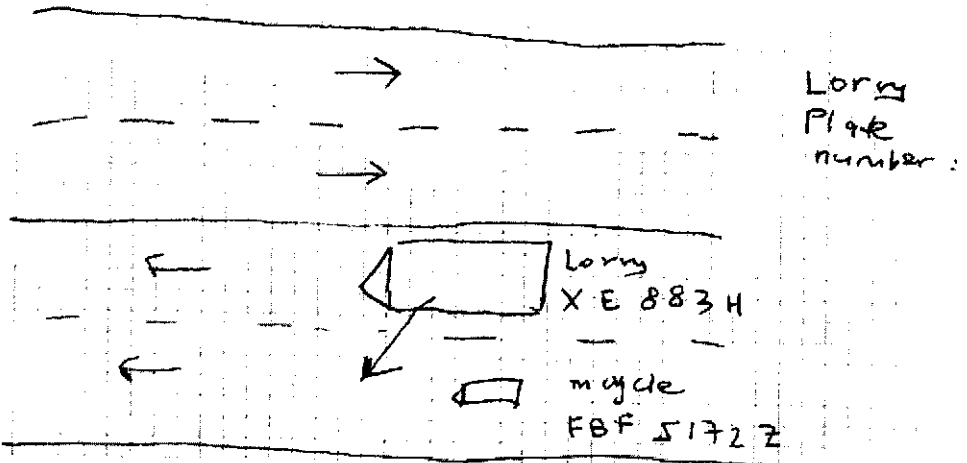
(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4

Reporting Person's Signature
Name: 67416697
Tel: 67492305
NRIC/FIN No.:
Fax: 67492305
Email: vackb@singnet.com.sg

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 20/12/17
 @ 1420 hrs

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

IDAC KAKI BUKIT(VAC)
 23 KAKI BUKIT AVE 4
 Singapore 415933

Reporting Centre: 67492305
 Name: Fax: 67492305
 Email: novackb@singnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20171127/2025

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20171127/2025

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	ARIF BORHAN SAID	ID No.	S9101318E
Related Vehicle	FBF5172Z (Motorcycle)	Contact No.	84840574
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	21/11/2017	Date Discharge	24/11/2017
No. of Days granted Medical Leave	14	Degree of Injury	NIL

Brief Details.

On the 21/11/2017 at about 1305hrs I was riding my motorbike along Pioneer road towards Jalan Buroh on the left lane, while riding there's a lorry driving at the right side. Subsequently the lorry swerve abruptly to his left lane without signaling which cause me to swerve to the left and cause me to skid and fell of from my vehicle. I then got up and move to the side, a few of the member of publics approach me and they assisted me to called for the ambulance as I felt pain on my right hand and fore arm and my right knee. The ambulance arrive at the location. The ambulance then convey me to Ng Teng Fong General Hospital, before conveying the traffic police arrived and interview for facts. The Doctor namely Ho yew Ming inform that I suffer puncture wound of knee and open wound, hand, thumb sprain. I was warded in the hospital for 4 days and I was given 14 days of medical leave. This is the first time such incident have happened.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20171127/2025

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3


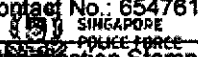

Report No. T/20171127/2025

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: D / Sgt 1 CHANG ZHEN LONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2017 10:26
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI	Classification Of Case:
Contact No.: 65478138  SN 34 Authentication Stamp  NP168 SIGNATURE	

Accident Sketch Plan



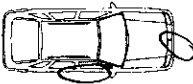
LKK Auto Consultants Pte Ltd

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		Ref:	CS3/GAI17024288/Gbe2
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWERSINGAPORE 039190		Date:	28-03-2018
		Code:	GAI
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	XE 883H	Veh. Inspected	FBF 5172Z
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000002139	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	21/12/2017
2. Vehicle Particulars & Condition			
Make & Model	RIEJU RS3 125	c.c	124
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	VTPRS320D00A00155	Colour	WHITE
Odometer	62798 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	110/70-17	PIRELLI	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	140/70-17	PIRELLI	4 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND FRONT PORTION.			
5. General Information			
Accident Date	21/11/2017	Inspect Date / Time	22/12/2017 (04:30 PM)
Survey held at	HENG MOTOR ENTERPRISE NO.471, 5 1/2ms CHANGI ROAD SINGAPORE 419889		
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 \$3,000-\$3,500			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	

Report Ref No. CS3/GAI17024288/Gbe2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

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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