

ASS. RES. BY

REF

CS3 / MS / 11/01/2017 / TIGB-1

Mehman

ASSIGNMENT (Office)

From (Person) Jasmine Lok

MSUN

09/01/2018

Estimated Cost

EDUC

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

To Inspect Vehicle No. FBI 9832U

SLB 5194m

at Workshop name Speedway Motor

6316160

of 36 Ton Guan Road 2991 27132

Policy No

Client No M523528

Sum Insured

Event

Make of Veh.

(Client's Record)

1467307

CA / REV / REP / REV 24 HRS Wpt

11/8/2017 12pm

Date/Time 20077017 1155am

Person Contacted

Sally

Date/Time

Action/Instructions

X 11/8/2017

Do Not Finalize

Dismantle Part 11/08/2017

160917 12pm email to Jasmine Lok thru mefimen.

01/2/18 Submit LS to FLOD, 6 days.
(Red to 2400, 24%)

1/2/18 7=50, 6days


1/2/18

RECEIVED 11/2 2018



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

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS3/MSG17014062/T1qb-1

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 09-01-2018



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLB 5194M	Veh. Inspected	FBL 9832U
Policy No.		Coverage (\$)	0.00
Claim No.	M523328	Excess (\$)	0.00
Assign From	MERIMEN (JASMINE LOK)	Assign Date	09/01/2018

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	14/07/2017	Inspection Date	09/01/2018
Survey held at	SPEEDWAY MOTOR PL 36 TOH GUAN ROAD EAST #01-32 ENTERPRISE HUB SINGAPORE 608580		

5a. Remarks

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

Catherine Chong (LKK Auto)

From: Jasmine Lok Kheng Kwei <jasmine_lok@sg.msig-asia.com>
Sent: Tuesday, 9 January, 2018 3:05 PM
To: Catherine Chong (LKK Auto)
Cc: SUR; 'assignments'
Subject: Our ref: M523328 TP vehicle: FBJ3019B DOA: 14/07/2017

Importance: High

Urgent

Dear Catherine,

We refer to this accident.

Please conduct paper survey for this matter.

Grants right in merimen for your perusal.

Thank you.





Have a nice day ahead.

Jasmine Lok

Executive, Claims Services (Motor)

Direct line +65 6594 2550 | Direct fax +65 6225 7402 | jasmine_lok@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us on    

A member of **MS&AD** INSURANCE GROUP

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or otherwise use the information.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth	Status
Main	14 Jul 2017		20 Jul 2017 11:45	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS

Insured:	SEE TOH KOK KHUIN, ID: S7727835D, Tel: +6587146610, Email: deric.seetoh@gmail.com	[Created by insurer]
Main Claimant:	SALIHUDDIN BIN MOHAMMAD, ID: F2871124R	
Vehicle Reg. No.:	FBL9832U	
Claim Type:	TP / 523328	Date of Loss: 14/07/2017 08:00 - :59
Vehicle Reg. No. (Insured):	SLB5194M	Policy/Cover Note No.: S28922924SMF (Comprehensive) Coverage: 12/04/2017 - 11/04/2018
		Policy No. (Claimant):
Repairer:	Speedway Motor Pte Ltd (Toh Guan) No. 36 Toh Guan Road East #01-32 Enterprise Hub, 608580 Jurong East - Tel: 63161611	Excess: S\$500.00
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwel - 6594 2550]	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 11/01/2018]	
Driver/Custodian (Insured):	SEE TOH KOK KHUIN (39 / Male), NRIC: S7727835D, Tel: +6587146610	
Adj Asg. Remarks:	Third Party Pre-Repair Survey	

ASSOCIATED MAIL RECEIVED

- MSIG_SG (09/01/2018): Report Send Back Alerts - FBL9832U (TP)

View All Compose Case Mail

ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	View All	Search Tasks	Create New Task	Complete
No results.						Assigned By	Completed On	Created On	Done?

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	17/07/2017 17:23
Date Of Accident	14/07/2017 08:00
Exact Location Of Accident	BUKIT TIMAH EXPRESSWAY TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9832U
Insured/Policyholder	
Name Of Registered Owner	SALIHUDDIN BIN MOHAMMAD
Work Permit No	F2871124R
Email Address	UDDIN.NC901@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96349943
Alternative Phone No	OFFICE-96349943

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC F3V

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY
Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AN3156344
Cover Note Number	

Driver

Name of Driver	SALIHUDDIN BIN MOHAMMAD
Work Permit No	F2871124R
Date Of Birth	05/05/1996
Occupation	INDOOR
Date Of Driving Pass	18/05/2017
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96349943
Fax Number	
Contact Number	OFFICE-96349943
Email Address	UDDIN.NC901@GMAIL.COM

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

General Information of the Accident

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

Other Information

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

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB5194M
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name SALIHUDDIN BIN MOHAMAD

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBL9832U

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan Pg. 1

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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

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

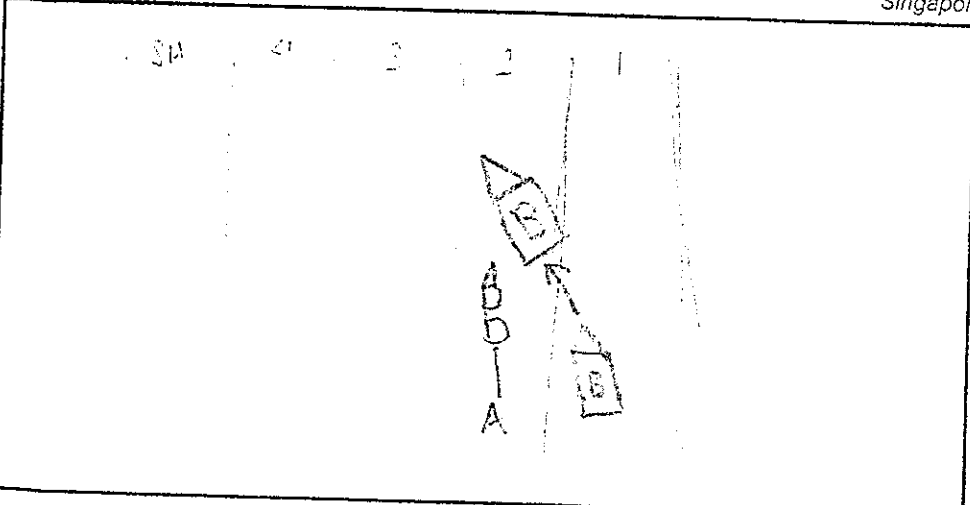


Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

	<p><u>Number Plate</u></p> <p>A - FBL 9832U B - SLB 5194M</p> <p><u>Legend</u></p> <p> A Vehicle</p> <p> B Bike</p>
--	---

Accident Sketch Plan

Describe Circumstances of the Accident

Date of Accident:

Time of Accident:

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT THIS INFORMATION UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
5A, 3021A Ubi Road 1 #01-15/46
Singapore 408716

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

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

1 Date of accident 14-07-17 0800		2 Exact location of accident BUKIT TIMAH EXPRESSWAY towards Jurong		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) FBL 9832U

6 Insured / policyholder (see insurance cert.)

Name SALIHUDDIN BIN MUHAMMAD

Address

NRIC / Passport no. F2871124R

Tel no. (from 9am till 5pm)

HP 963 44443

7 Vehicle

Make, type

8 Insurance company

AXA ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. AN 3156349

9 Driver ☒ Same as Owner

Name

(capital letters)

NRIC / Passport no.

Class of licence 2

HP

Gender Male ☒ Female ☐

10 Indicate the point

of initial impact with

an arrow (→)



11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

Put a cross (x) in each of the following boxes applicable to your vehicle

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

State TOTAL number of boxes marked with a cross

13 Sketch of accident when impact occurred

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

REFER TO ATTACHED

A *Indicatively please refer to page 1 for the sketch of the accident

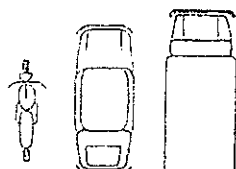
15 Signatures of drivers

A

15

14 My remarks

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



11 Visible damage to vehicle B

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement Pg. 1

Reporting Centre: Progressive Automobiles Inc Ltd 0110 0110

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all)		Email: <u>uddin.nc901@gmail.com</u>												
	2 Vehicle registration no.	CC.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner		state the vehicle number and name of Insurer of driver's own vehicle (where applicable)												
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify														
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.														
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)														
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A														
	<input type="checkbox"/> B														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	05-05-1946	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	13-05-2017												
	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>														
	Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
8 Give details of any pre-existing Impairment of sight or hearing and of any other disability															
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
Police action	12 Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>TP HQ</u>														
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom?														
Accident details	14 Weather conditions <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>														
	15 Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/>														
	16 Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr														
	17 What warnings were given by driver or other party?														
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)?														
	20 If your vehicle is commercial, state weight of load carried at time of accident.														
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
Declaration	22 State number of Passengers (including Driver) <input type="checkbox"/>														
	I/We declare the foregoing particulars are true in every respect														
Policyholder's signature <u> </u> Date <u> </u>															
Driver's signature (if driver is not the policyholder) <u> </u> Date <u> </u>															

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20170714/2076

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20170714/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2017 13:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Salihuddin Bin Mohammad			Address: 339D KANG CHING RD #10-356 HDB TAMAN JURONG SINGAPORE 614339		
ID Type / ID No.: FIN NO / F2871124R			Contact No.: Home/Office: Mobile: 96349943		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 21	Date of Birth: 05/05/1996	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Building technician			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2017 08:00	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY Towards Jurong after the traffic police speed camera.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9832U	Motorcycle	HONDA	CB400SF STD MANUAL	Red	Seriously Damaged	0
SLB5194M	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20170714/2076

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20170714/2076

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBL9832U	AXA INSURANCE SINGAPORE PTE LTD	AN3156344	02/06/2017	01/06/2018

Brief Details.

As above mention date time and location,

i was at the location mentioned, going towards Jurong to my work place I was at the 2nd lane at BKE after the traffic police speed camera. In front of me there was a grey car (slb5194m) at the 1st lane, and at the 1st lane was a bit jam then suddenly the mentioned car switched lane without signalling cut into my lane and I had to jammed my brakes and I skidded and hit onto the vehicle side after hitting onto the car then my motorcycle dragged me onto the extreme left lane to the road shoulder.
I only have the driver's hand phone number : 87146610



**SINGAPORE
POLICE FORCE**



T/20170714/2076

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20170714/2076

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: TP / MUHAMMAD ALFIE AASRIQ BIN MOHAMMED IRWAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sgt YEO KIA HUAT Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 14/07/2017 13:55
Classification Of Case:
<p>SINGAPORE POLICE FORCE</p>

Signature:

Loss Adjuster, Consulting Automotive Engineer, Accident Reconstruction & Analyst.

Mr. Salihuddin Bin Mohammad
339D Kang Ching Rd #10-356
HDB Taman Jurong
Singapore -614339

Bill No : AA170808
Our Ref : TP/1707/FBL9832/ws
Date : 10 August 2017

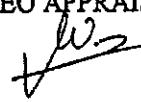
To our Services rendered in connection with the below matters: -

<u>Description</u>	<u>Amount</u>
Survey fees	\$ 578.00
Transportation	
Photographs (38) Copies	
Total	\$ 578.00

Dollars: Five Hundred And Seventy Eight Only.

Please quote our bill No, or return a copy of our bill with your remittance. Cheque should be made payable to L H Teo Appraisal Services.

L H TEO APPRAISAL SERVICES


Teo Liak Hoo
Advance Automotive Engineer (UK)
Dip. Mech. Engr. M Prof BTM(Dip.BTM)
MIE, MIM, AMSIM

Loss Adjuster, Consulting Automotive Engineer, Accident Reconstruction & Analyst.**VEHICLE APPRAISAL REPORT**

Mr. Salihuddin Bin Mohammad
339D Kang Ching Rd #10-356
HDB Taman Jurong
Singapore -614339

Our Ref : TP/1707/FBL9832/ws
Date : 10 August 2017

REFERENCE PARTICULARS

Your Reference No : Not Advised
Date of Accident : 14 July 2017

Date of Assignment : 20 July 2017
Date of Inspection : 20 July 2017
Date of Re-inspn. : NA

PARTICULARS OF VEHICLE

Regn. No : FBL 9832 U
Make : HONDA
Model : CB400SF STD MANUAL
Year : 2017

Odometer : 3005 km
Color : Red
Chassis No. : NC421802403
Engine No : NC42E1207033

TYRE / CONDITION

<u>Location</u>	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	Bridgestone	120/60 R17	5mm
Rear	Bridgestone	160/60 R17	5 mm

DAMAGE PROFILE

The motor cycle sustained damage at all sides.

Please refer to photographs and assessment of repairs for details.

ASSESSMENT SUMMARY

Repair cost to the motor cycle is assessed as **\$ 10,000.00 lump sum**

Survey conducted at: Speedway Motor Pte Ltd.

Enclosed (38) photographs depicting damage to the vehicle.

Estimated time required for repairs: (6) days.

The survey was conducted on a **WITHOUT PREJUDICE Basis.**

ASSESSMENT-FOR-REPAIR : FBL 9832 U

Qty	Description	Condition	Repairer's Estimate	Our Assessment
1 pc	Handle bar	Bent	160.00	160.00 - bt ✓
1 set	Handle bar balancer	Cut	60.00	60.00 - cut ✓
1 pc	Handle grip	Usable	42.00	~ svc
1 pc	Clutch lever	Cut	36.00	36.00 - cut ✓
1 set	Mirror	Cut	130.00	130.00 - cut ✓
1 pc	Meter complete	Cut	1,120.00	1,120.00 - cut ✓
2 pcs	Front signal light @75.00	LH Cut	150.00	75.00 - cut ✓
1 pc	Headlight assy	Cut	525.00	525.00 - cut ✓
1 pc	Headlight case	Cut & Dented	265.00	265.00 - cut ✓
2 pcs	Headlight brackets @58.00	Shfited	116.00	116.00 x NN
1 pc	Front fender	Cut	265.00	265.00 - cut ✓
1 pc	Front forks assy LH	Cut	815.00	407.50 x R local repair
1 pc	Front forks assy RH	Repair	815.00	~ SN \$120
1 pc	Fork under bracket	Distorted	270.00	270.00 - dis ✓
1 pc	Radiator	Deform & Leak	820.00	820.00 - dis ✓
1 pc	Radiator side cover LH	Cut	58.00	58.00 - cut ✓
1 pc	Radiator lower hose	Cut	68.00	68.00 x cut
1 pc	Fuel tank complete	Cut & Dented	1,480.00	1,480.00 x R local repair 92.00
1 pc	Body side cover LH	Cut	92.00	92.00 - cut ✓
1 pc	Gear lever	Cut & Bent	60.00	60.00 - cut ✓
1 pc	Brake lever	Grazed	65.00	65.00 - cut ✓
2 pcs	Front footrest assy @75.00	Bent / Cut	150.00	150.00 - bt ✓
2 pcs	Front footrest holder @185.00	Bent	370.00	185 370.00 x RH - bt ✓, LH
1 pc	Side stand	Cut	85.00	85.00 x R
1 pc	Rear footrest LH	Cut	48.00	48.00 - cut ✓
2 pcs	Shock absorber assy @750.00	Cut / Distorted	1,500.00	750 1,500.00 x LH - bt ✓, RH
1 pc	Swing arm assy	Cut	955.00	955.00 x def ✓
2 pcs	Tail board @280.00	Cut / Cracked	560.00	560.00 - cut ✓
2 pcs	Rear signal light @75.00	LH Cut	150.00	75.00 - cut ✓
1 pc	Exhaust header complete	Cut	1,450.00	1,450.00 - bt ✓
4 pcs	Header gasket @12.00	Necessary	48.00	48.00 - N.E.
1 pc	Muffler	Deformed	960.00	960.00 - bt ✓
1 pc	Muffler protector	Deformed	112.00	112.00 - bt ✓
			13,800.00	12,385.50
		Less 10%	1,380.00	1,238.55
			12,420.00	11,146.95

Special Nett Items

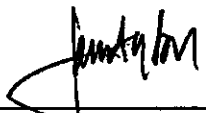
1 set	Steering cone & bearing	Necessary	120.00	120.00 80
2 pcs	Engine guard @200.00 150	Cut 160	400.00	150 400.00 80 X LH-dd ✓, RH-dd
<u>Labours</u>				
1	Towing	310	80.00	60.00 ✓
2	Body chassis repair and alignment		400.00	350.00 250 X 2 200

3	Workmanship to repair, remove, renew accident damaged areas	500.00	³⁰⁰ 450.00 250
		980.00	860.00
			880
	Total Parts & Labours Concluded	<u>13,920.00</u>	<u>12,526.95</u>
	Final Lump Sum Repair Adjustment		<u>10,000.00</u>


ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle. We have listed the breakdown of our findings and our recommendation as per assessment above.

Inspected by


Dylan Lee

Faithfully Yours
L H TEO Appraisal Services


Teo Liak Hoo
Advance Automotive Engineer (UK)
Dip. Mech. Engr. M Prof BTM(Dip.BTM)
MIIIE, MIMI, AMSIM

9716.70
1/5 \$ 7750
6 days

Total \$ 3609.65 - Top \$ 4000
=
L/Sun. \$ 2,800.

Reference No. : 93/MSK/14007/195-1
Policy Type: OD / (TP) / TP RES / TL / EVA

FBL 98324

(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

[illegible]

(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

[illegible]

(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

21/05/2014

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	14 Jul 2017		20 Jul 2017 11:45 Edit Adj Rpt	S\$7,600.00 Edit Estimates	S\$7,600.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	SEE TOH KOK KHUIN, ID: S7727835D, Tel: +6587146610, Email: deric.seetoh@gmail.com								
Main Claimant:	SALIHUDDIN BIN MOHAMMAD, ID: F2871124R								
Vehicle Reg. No.:	FBL9832U	Date of Loss:	14/07/2017 08:00 - :59						
Claim Type:	TP / 523328	Policy/Cover Note No.:	S28922924SMF (Comprehensive) Coverage: 12/04/2017 - 11/04/2018						
Vehicle Reg. No. (Insured):	SLB5194M	Policy No. (Claimant):							
		Excess:	S\$500.00						
Repairer:	Speedway Motor Pte Ltd (Toh Guan) No. 36 Toh Guan Road East #01-32 Enterprise Hub, 608580 Jurong East - Tel: 63161611								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 11/01/2018]								
Driver/Custodian (Insured):	SEE TOH KOK KHUIN (39 / Male), NRIC: S7727835D, Tel: +6587146610								
Adj Asg. Remarks:	Third Party Pre-Repair Survey								
ASSOCIATED MAIL RECEIVED		View All Compose Case Mail							
<ul style="list-style-type: none"> MSIG_SG (09/01/2018): Report Send Back Alerts - FBL9832U (TP) 									
ALL ASSOCIATED TASKS		View All Search Tasks Create New Task Complete							
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***FBL9832U (523328)**
[SLB5194M]
TP
SALIHUDDIN BIN MOHAMMAD
Jul 14 2017 8:00AM
[SEE TOH KOK KHUIN]
Speedway Motor Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

View View in Browser

Video				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print	
1	20/07/17 10:07	Video - Accident <small>From:OD - Reg. No: SLB5194M, Claimant: SEE TOH KOK KHUIN</small>	 Load AVI		

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print	
1	20/07/17 10:07	Accident Statement <small>From:OD - Reg. No: SLB5194M, Claimant: SEE TOH KOK KHUIN</small>	 Load HTM		

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print	
1	16/09/17 11:59	Chassis Number	Load JPG	<input checked="" type="checkbox"/>	
2	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
3	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
4	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
5	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
6	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
7	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
8	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
9	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
10	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
11	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
12	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
13	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
14	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
15	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
16	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
17	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
18	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
19	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
20	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
21	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
22	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
23	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
24	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
25	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
26	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	
27	16/09/17 11:59	General View	Load JPG	<input checked="" type="checkbox"/>	

28	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
29	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
30	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
31	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
32	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
33	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
34	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
35	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
36	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
37	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
38	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
39	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
40	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
41	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
42	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
43	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
44	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
45	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
46	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
47	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
48	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
49	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
50	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
51	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
52	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
53	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
54	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
55	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
56	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
57	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
58	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
59	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
60	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
61	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
62	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
63	16/09/17 11:59	General View	1	Load JPG	<input checked="" type="checkbox"/>
64	16/09/17 11:59	Odometer Reading	1	Load JPG	<input checked="" type="checkbox"/>
65	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
66	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
67	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
68	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
69	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
70	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
71	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
72	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
73	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
74	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
75	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
76	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
77	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>

78	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
79	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
80	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
81	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
82	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
83	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
84	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
85	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
86	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
87	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
88	16/09/17 11:59	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
Documentation					
			1 per page	<input checked="" type="checkbox"/>	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	20/07/17 10:07	TP REPORT FBL9832U From:OD - Reg. No: SLB5194M, Claimant: SEE TOH KOK KHUIN	1	Load PDF	
2	20/07/17 10:09	TP PRI & ACCDT REPORT	1	Load PDF	
3	20/07/17 11:43	TP LIST OF SJE & OUR REJECTION REPLY & NOMINATED LKK TO BE OU SJE	1	Load PDF	
4	28/09/17 14:39	PIR result	1	Load PDF	
5	14/11/17 11:50	TP SURVEY REPORT & PHOTOS	1	Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	01/02/18 13:30	Invoice	1	Load PDF	
2	01/02/18 13:30	PHOTO	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer Note: Remarks are private unless you show it to other parties.			

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG17014062/T1QBE2-1

Date: 01/02/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: S28922924SMF

Claimant Vehicle No : FBL9832U

Insured Vehicle No : SLB5194M

Date of Loss: 14/07/2017

Nature of Claim: TP

Claim No: 523328

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: FBL9832U

Make & Model: HONDA CB400 S, 399cc (M)

Engine No: NC42E1207033

Reg. Date: 02/06/2017 (Man. Year: 2017)

Chassis No: NC421802403

Colour: Red

Odometer: 3581 km

Engine Capacity: 399 cc

Market Value/New Car Price: N/A

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

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 120/60 R17

Rear Tyre Size: 160/60 R17

Front Left Side: Bridgestone 6 mm

Rear Left Side: Bridgestone 6 mm

Front Right Side: 0 mm

Rear Right Side: 0 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	12,940.00	8,975.80	3,964.20	30.64
Miscellaneous Items	0.00	0.00	0.00	
Labour	980.00	560.00	420.00	42.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	13,920.00	9,535.80	4,384.20	31.50
Approved Total (Overridden) (S\$)		7,600.00		
(S\$)	13,920.00	7,600.00	6,320.00	45.40
+ GST 7.00/7.00% (S\$)	974.40	532.00	442.40	45.40
Nett Amount (S\$)	14,894.40	8,132.00	6,762.40	45.40

INSPECTION

Date of Assignment: 20/07/2017

Date Inspected: 20/07/2017 Inspected At:

Speedway Motor Pte Ltd (Toh Guan)

No. 36 Toh Guan Road East #01-32

Enterprise Hub

Singapore 608580

Estimated Period of Repair: 6.0 days

Adjuster: MOHD TAUFIKH BIN HAMID**Manager:** CATHERINE CHONG KAI LING

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

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 01 Feb 2018)

Parts: N/A HONDA CB400 S 399cc (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for FBL9832U)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*HANDLE BAR	Bent	160.00 FL	*160.00 FL
2	1		*SET HANDLE BAR BALANCER	Cut	60.00 FL	*60.00 FL
3	1		*CLUTCH LEVER	Cut	36.00 FL	*36.00 FL
4	1		*SET MIRROR	Cut	130.00 FL	*130.00 FL
5	1		*METER COMPLETE	Cut	1,120.00 FL	*1,120.00 FL
6	1		*FRONT SIGNAL LIGHT	N/S Cut	150.00 FL	*75.00 FL
7	1		*HEADLIGHT ASSY	Cut	525.00 FL	*525.00 FL
8	1		*HEADLIGHT CASE	Cut	265.00 FL	*265.00 FL
9	2		*HEADLIGHT BRACKETS	Not Necessary	116.00 FL	*- FL
10	1		*FRONT FENDER	Cut	265.00 FL	*265.00 FL
11	1		*FRONT FORKS ASSY LH (LOCAL REPAIR)	Cut	733.50 FS	*120.00 FS
12	1		*FORK UNDER BRACKET	Distorted	270.00 FL	*270.00 FL
13	1		*RADIATOR	Distorted	820.00 FL	*820.00 FL
14	1		*RADIATOR SIDE COVER LH	Cut	58.00 FL	*58.00 FL
15	1		*RADIATOR LOWER HOSE	Cut	68.00 FL	*68.00 FL
16	1		*FUEL TANK COMPLETE (LOCAL REPAIR)	Cut / Dented	1,332.00 FS	*200.00 FS
17	1		*BODY SIDE COVER LH	Cut	92.00 FL	*92.00 FL
18	1		*GEAR LEVER	Cut	60.00 FL	*60.00 FL
19	1		*BRAKE LEVER	Cut	65.00 FL	*65.00 FL
20	2		*FRONT FOOTREST ASSY	Bent	150.00 FL	*150.00 FL
21	1		*FRONT FOOTREST HOLDER	O/S Bent / N/S Repair	370.00 FL	*185.00 FL
22	1		*SIDE STAND	Repair	85.00 FL	*- FL
23	1		*REAR FOOTREST LH	Cut	48.00 FL	*48.00 FL
24	1		*SHOCK ABSORBER ASSY	N/S Bent / O/S Not Necessary	1,500.00 FL	*750.00 FL
25	1		*SWING ARM ASSY	Dented	955.00 FL	*955.00 FL
26	2		*TAIL BOARD	Cut	560.00 FL	*560.00 FL
27	1		*REAR SIGNAL LIGHT	N/S Cut	150.00 FL	*75.00 FL
28	1		*EXHAUST HEADER COMPLETE	Bent	1,450.00 FL	*1,450.00 FL
29	4		*HEADER GASKET	Necessary	48.00 FL	*48.00 FL
30	1		*MUFFLER	Bent	960.00 FL	*960.00 FL
31	1		*MUFFLER PROTECTOR	Bent	112.00 FL	*112.00 FL
32	1		*SET STEERING CONE & BEARING	Necessary	120.00 FS	*80.00 FS
33	1		*ENGINE GUARD	N/S Dented / O/S Not Necessary	400.00 FS	*150.00 FS
34	1		*HANDLE GRIP	Serviceable	42.00 FL	*- FL
35	1		*FRONT FORKS ASSY RH	Repair	815.00 FL	*- FL

F=Franchise part. S=SpcNett. L=ListItemDisc.

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
					Sub Total (S\$)	14,090.50
					9,912.00	
					- List Item Discount on L Items 10.00/10.00% (S\$)	1,150.50
					936.20	
					Total Parts (S\$)	12,940.00
					8,975.80	

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TOWING	New	80.00	60.00
2	BODY CHASSIS REPAIR AND ALIGNMENT	New	400.00	200.00
3	WORKMANSHIP TO REPAIR, REMOVE, RENEW ACCIDENT DAMAGED AREAS	New	500.00	300.00
Gross Labour Cost (\$\$)			980.00	560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >