

INS. CASE OWNER:

LYNN

cc 4, AXA 18001268, Geo3sr

LKK:

IDAC:

Surveyor:

XLR

DOI:

ASSIGNMENT

19-01-18

Date / Time:

19.01.18

Registered in Merimen:

19-01-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 9209 R

Name of Insured:

TRANS-CAB SERVICES P/L

Insured Tel No.:

HP:

5,000-00

D.O.A.:

08-01-18

Excess Sec II :SS

Is driver the owner?

( YES / (NO) )

Nature of Accident:

If NO, Driver Name / Age:

TAN KIAN Lam

Driver Tel No.:

91686118

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

P1680520

CHEROKEE EPICA

WORME ROAD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

FBL 7823J



INSRS:

WSP:

Tel:

Liability:

RMKS:

Pantano Bikes P/L



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

24/1

AHR

FBL 7823J - X;

SHD 9209 R. 47/11/18/2011323/AXA 16/18: 01/18 05/06/18

- 03/AXA 16/18 25/10/18: 01/18 4/1/18

Sent letter to CI.

29/1/18

Email WSP Limbun Cam.

11.10.18

File pass to typist to prepare report.

RECEIVED 16 OCT 2018

TP's

\* signature, DV: ATA &amp; GIA.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

Email 3/1/18

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

23/01/18

Sent By:

Jm

FINALIZATION

Date/Time:

Confirm with:

Confirm by: X68

Repair Cost:

TP SS 1,208.30

( 3 days)

Reduction:

11

%

Email

Call

FINAL SETTLEMENT

Date/Time: 12.12.18

Confirm with: KIN WAM

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

11A

If NO or B 28, Ass. Lia:

Repair Cost:

W/L 51 SS 1,112.88

DID MAKE A WORKMAN AT TP.

Loss of Rental (LOR):

SS -

( days)

Loss of Use (LOU):

SS 125.00

(\$ 25 x 5 days)

Loss of Income (LOI):

SS -

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS -

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost

SS -

Total:

SS 1,831.88

Global Sum SS:

FINAL PAYMENT

Date/Time: 12.12.18

Confirm with: KIN WAM

Email

Call

Payee 1:

SS 1,831.88

Name 1:

PANTANO BIKES PTE LTD

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

+350

COPY SENT 4/1/19





# 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                                                                      |                                                                                              |                            |            |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------|------------|-------------------------------------------------------------------------------------|
| AXA INSURANCE PTE LTD                                                                                                                  |                                                                                              | Ref : CC4/AXA18001268/Gea3 |            |                                                                                     |
| 8 SHENTON WAY #24-01<br>AXA TOWERSINGAPORE 068811                                                                                      |                                                                                              | Date : 22-01-2018          |            |  |
|                                                                                                                                        |                                                                                              | Code : AXA2                |            |                                                                                     |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>                                                                                      |                                                                                              |                            |            |                                                                                     |
| Insured Veh.                                                                                                                           | SHD 9209R                                                                                    | Veh. Inspected             | FBL 7823J  |                                                                                     |
| Policy No.                                                                                                                             |                                                                                              | Coverage (\$)              | 0.00       |                                                                                     |
| Claim No.                                                                                                                              |                                                                                              | Excess (\$)                | 0.00       |                                                                                     |
| Assign From                                                                                                                            |                                                                                              | Assign Date                | 22/01/2018 |                                                                                     |
| <b>2. Vehicle Particulars &amp; Condition</b>                                                                                          |                                                                                              |                            |            |                                                                                     |
| Make & Model                                                                                                                           |                                                                                              | c.c                        | 0          |                                                                                     |
| Engine No.                                                                                                                             | HIDDEN                                                                                       | Year of Reg.               |            |                                                                                     |
| Chassis No.                                                                                                                            |                                                                                              | Colour                     |            |                                                                                     |
| Odometer                                                                                                                               | -                                                                                            | Steering                   |            |                                                                                     |
| Brakes                                                                                                                                 |                                                                                              | Modification               |            |                                                                                     |
| General                                                                                                                                |                                                                                              |                            |            |                                                                                     |
| <b>3. Conditions of Tyres</b>                                                                                                          |                                                                                              |                            |            |                                                                                     |
|                                                                                                                                        | Size                                                                                         | Make                       | Balance    |                                                                                     |
| R/H Front Tyre                                                                                                                         |                                                                                              |                            | mm         |                                                                                     |
| L/H Front Tyre                                                                                                                         |                                                                                              |                            | mm         |                                                                                     |
| R/H Rear Tyre                                                                                                                          |                                                                                              |                            | mm         |                                                                                     |
| L/H Rear Tyre                                                                                                                          |                                                                                              |                            | mm         |                                                                                     |
| <b>4. Description of Damages</b>                                                                                                       |                                                                                              |                            |            |                                                                                     |
|                                                                                                                                        |                                                                                              |                            |            |                                                                                     |
| <b>5. General Information</b>                                                                                                          |                                                                                              |                            |            |                                                                                     |
| Accident Date                                                                                                                          | 08/01/2018                                                                                   | Inspection Date            | 19/01/2018 |                                                                                     |
| Survey held at                                                                                                                         | PAN EURO BIKES PTE LTD<br>21 MOONSTONE LANE #01-01<br>POH LENG BUILDING<br>SINGAPORE 328462. |                            |            |                                                                                     |
| <b>5a. Remarks</b>                                                                                                                     |                                                                                              |                            |            |                                                                                     |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |                                                                                              |                            |            |                                                                                     |

## ...CLAIM SUBFOLDER...(New Assignment)

BI Direct Settlement

## CLAIM SUBFOLDER TRACKING

| Case | Notified    | Est Submitted | Adj Assigned                                   | Adj Rpt | Adj Submitted | Ins Auth'd | Status                                               |
|------|-------------|---------------|------------------------------------------------|---------|---------------|------------|------------------------------------------------------|
| Main | 17 Jan 2018 |               | 19 Jan 2018<br>14:18<br><a href="#">Assign</a> |         |               |            | <b>New Assignment</b><br><a href="#">Cancel Case</a> |

Main

Reference

Claim Details

Documents

[Show All](#)

## CLAIM SUBFOLDER DETAILS

[\[Created by insurer\]](#)

|                             |                                                                                                          |                        |                             |
|-----------------------------|----------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|
| Insured:                    | TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K                                                     |                        |                             |
| Main Claimant:              | NG MING KIONG, ID: S1560963Z                                                                             |                        |                             |
| Vehicle Reg. No.:           | FBL7823J                                                                                                 | Date of Loss:          | 08/01/2018 00:00 - :59      |
| Claim Type:                 | TP                                                                                                       | Policy/Cover Note No.: | P1680520 (Third Party Only) |
| Vehicle Reg. No. (Insured): | SHD9209R                                                                                                 | Policy No. (Claimant): |                             |
|                             |                                                                                                          | Excess:                | S\$5,000.00                 |
| Repairer:                   | Pan Euro Bikes Pte Ltd (HQ) 21 Moonstone Lane #01-01 Poh Leng Building, 328462 Serangoon - Tel: 62994929 |                        |                             |
| Handling Insurer:           | AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Tan Kwee May]                                |                        |                             |
| Adjuster:                   | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 30/01/2018]                        |                        |                             |
| Driver/Custodian (Insured): | TAN KIAN LAM (63 / Male), NRIC: S0100930C, Tel: +6591686118                                              |                        |                             |
| Adj Asg. Remarks:           | ARC - No                                                                                                 |                        |                             |

## ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- AXA\_SG (19/01/2018): New TP Assignment - /P1680520

## 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.

3:15pm @ 19/01/2018  
 vehicle in  
 person @ kin wah  
 sur @ GQ

# PAN EURO BIKES PTE LTD

21 Moonstone Lane #01-01 Poh Leng Building Singapore 328462  
Tel: 62994929 Fax: 62994430 Email: paneurobikes@singnet.com.sg  
Biz/GST Reg: 200916151R

PAGE 1

TO: CLAIMS DEPT.

AXA INSURANCE (S) PTE LTD

DATE: 17.01.2018

## ESTIMATED COST OF REPAIRS TO ADIVA AD3-200

ENGINE NO :

CHASSIS NO :

VEHICLE NO : FBL 7823J

ACCIDENT ON : 08.01.2018

INSURED : NG MING KIONG

|               |                                                 |    |          |
|---------------|-------------------------------------------------|----|----------|
| 1 PC          | WINDSHIELD / CRA                                | \$ | 1,150.00 |
| 1 PC          | RH MIRROR/SIGNAL ASSY / CR                      | \$ | 280.00   |
| 1 PC          | RH FRONT COWLING, MATT METAL GREY / cut.        | \$ | 185.00   |
| 1 PC          | HEADLAMP ASSY, RH / CR                          | \$ | 385.00   |
| 1 PC          | FRONT NOSE PANEL, MATT METAL GREY / CRA         | \$ | 55.00    |
| 1 PC          | FRONT NOSE LOWER PANEL, MATT / CRA              | \$ | 22.00    |
| 1 PC          | RH FRONT INNER PANEL, MATT / CRA                | \$ | 79.00    |
| 1 PC          | RH FRONT MUDGUARD, MATT / CRA                   | \$ | 64.00    |
| 1 PC          | FRONT MUDGUARD STAY / BT                        | \$ | 48.00    |
| 1 PC          | RH FRONT RIM/HUB, BLACK / cut                   | \$ | 448.00   |
| 1 PC          | RH FRONT BRAKE DISC / CR                        | \$ | 135.00   |
| 1 PC          | RADIATOR / BT                                   | \$ | 342.00   |
| 1 PC          | INNER BOX/GLOVE COMPARTMENT, MATT / CRA         | \$ | 155.00   |
| 1 PC          | VENTILATION COVER, RH, INNER BOX / mis.         | \$ | 6.00     |
| 1 PC          | CENTRE REARVIEW MIRROR / mis.                   | \$ | 45.00    |
| 1 PC          | FOOTREST STEP, RH, FRONT / CRA                  | \$ | 42.00    |
| 1 PC          | MAIN FLOORBOARD, RH, MATT / CRA                 | \$ | 166.00   |
| 1 PC          | SEAT / TIV                                      | \$ | 290.00   |
| 1 PC          | EXHAUST PROTECT PLATE, GUN METAL / cut          | \$ | 75.00    |
| 1 PC          | REAR TRUNK COVER ASSY, MATT METALLIC GREY / CRA | \$ | 550.00   |
| 1 PC          | LID, REAR TRUNK, MATT METALLIC GREY / cut.      | \$ | 260.00   |
| TOTAL         |                                                 | \$ | 4,782.00 |
| LESS 10%      |                                                 | \$ | 478.20   |
| SUB TOTAL C/F |                                                 | \$ | 4,303.80 |

### NETT ITEMS:

|             |                                            |                  |
|-------------|--------------------------------------------|------------------|
| 1 PC        | ADIVA LOGO, RH FRONT COWLING X NN          | ** INCLUDED **   |
| 1 SET       | FOG LAMPS, KAPPA ITALY / mis               | \$ 180.00        |
| 1 PC        | RH FRONT TIRE, 130/60-13 / CR              | \$ 120.00        |
|             | COOLANT / MC                               | \$ 35.00         |
| 1 SET       | CUSTOM RAIN DEFLECTOR, RH, LEG / mis.      | \$ 75.00 150     |
| 1 SET       | BEADING ACCESSORY, BLACK / mis             | \$ 38.00 76      |
| 1 SET       | CUSTOM RAIN DEFLECTOR, RH, ROOF / cut      | \$ 85.00 170     |
| 1 PC        | ADIVA LOGO, REAR TRUNK LID X               | ** INCLUDED **   |
| 1 PC        | "ADIVA" BADGE, SILVER, REAR TRUNK LID X NN | ** INCLUDED **   |
| 1 PC        | Front plate NO. PLATE / MC                 | \$ 12.00         |
|             | LABOUR CHARGE                              | \$ 450.00 300 40 |
| TOTAL       |                                            | \$ 5,298.80      |
| ADD 7% GST  |                                            | \$ 370.92        |
| GRAND TOTAL |                                            | \$ 5,669.72      |

**REMARKS:** Insureds hence notify the Repairer of the following:  
Kindly send a surveyor down for a 3rd party claim against your insured SHD 9209R.  
\* Parts prices are subject to confirmation  
\* No illegal modification(s) is allowed Kin Wah, 9731-7133  
\* Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

3 Days. Part by part. After repair parts.  
Guo Qiang - 82880282  
19/1/18.  
7258.30

# PAN EURO BIKES PTE LTD

21 Moonstone Lane #01-01 Poh Leng Building Singapore 328462  
Tel: 62994929 Fax: 62994430 Email: paneurobikes@singnet.com.sg  
Biz/GST Reg: 200916151R

PAGE 1

TO: CLAIMS DEPT.

DATE: 01.10.2018

AXA INSURANCE (S) PTE LTD

## FINAL BILL

ENGINE NO :

CHASSIS NO :

VEHICLE NO : FBL 7823J

ACCIDENT ON : 08.01.2018

|               |                                                                                                   |    |              |
|---------------|---------------------------------------------------------------------------------------------------|----|--------------|
| 1 PC          | WINDSHIELD                                                                                        | \$ | 1,150.00     |
| 1 PC          | RH MIRROR/SIGNAL ASSY                                                                             | \$ | 280.00       |
| 1 PC          | RH FRONT COWLING, MATT METAL GREY                                                                 | \$ | 185.00       |
| 1 PC          | HEADLAMP ASSY, RH                                                                                 | \$ | 385.00       |
| 1 PC          | FRONT NOSE PANEL, MATT METAL GREY                                                                 | \$ | 55.00        |
| 1 PC          | FRONT NOSE LOWER PANEL, MATT                                                                      | \$ | 22.00        |
| 1 PC          | RH FRONT INNER PANEL, MATT                                                                        | \$ | 79.00        |
| 1 PC          | RH FRONT MUDGUARD, MATT                                                                           | \$ | 64.00        |
| 1 PC          | FRONT MUDGUARD STAY                                                                               | \$ | 48.00        |
| 1 PC          | RH FRONT RIM/HUB, BLACK                                                                           | \$ | 448.00       |
| 1 PC          | RH FRONT BRAKE DISC                                                                               | \$ | 135.00       |
| 1 PC          | RADIATOR                                                                                          | \$ | 342.00       |
| 1 PC          | INNER BOX/GLOVE COMPARTMENT, MATT                                                                 | \$ | 155.00       |
| 1 PC          | VENTILATION COVER, RH, INNER BOX                                                                  | \$ | 6.00         |
| 1 PC          | CENTRE REARVIEW MIRROR                                                                            | \$ | 45.00        |
| 1 PC          | FOOTREST STEP, RH, FRONT                                                                          | \$ | 42.00        |
| 1 PC          | MAIN FLOORBOARD, RH, MATT                                                                         | \$ | 166.00       |
| 1 PC          | SEAT                                                                                              | \$ | 290.00       |
| 1 PC          | EXHAUST PROTECT PLATE, GUN METAL                                                                  | \$ | 75.00        |
| 1 PC          | REAR TRUNK COVER ASSY, MATT METALLIC GREY                                                         | \$ | 550.00       |
| 1 PC          | LID, REAR TRUNK, MATT METALLIC GREY                                                               | \$ | 260.00       |
| 1 PC          | END CAP COVER, EXHAUST, GUN METAL                                                                 | \$ | 55.00 (P)    |
| 1 PC          | BOTTOM BODY, REAR TRUNK, MATT                                                                     | \$ | 180.00 (P)   |
| TOTAL         |                                                                                                   | \$ | 5,017.00     |
| LESS 10%      |                                                                                                   | \$ | 501.70       |
| SUB TOTAL C/F |                                                                                                   | \$ | 4,515.30     |
| NETT ITEMS:   |                                                                                                   |    |              |
| 1 SET         | FOG LAMPS, KAPPA ITALY                                                                            | \$ | 180.00       |
| 1 PC          | RH FRONT TIRE, 130/60-13                                                                          | \$ | 120.00       |
|               | COOLANT                                                                                           | \$ | 35.00        |
| 1 SET         | CUSTOM RAIN DEFLECTOR, RH, LEG                                                                    | \$ | 150.00       |
| 1 SET         | BEADING ACCESSORY, BLACK                                                                          | \$ | 76.00        |
| 1 SET         | CUSTOM RAIN DEFLECTOR, RH, ROOF                                                                   | \$ | 170.00       |
| 1 PC          | REAR NO. PLATE                                                                                    | \$ | 12.00        |
|               | SEND BIKE FOR HEAT-WELD RE-ALIGNMENT OF MAIN FRAME & REAR RH FRAME (INCLUDING LABOUR & TRANSPORT) | \$ | 1,550.00 (P) |
|               | LABOUR CHARGE                                                                                     | \$ | 400.00       |
| TOTAL         |                                                                                                   | \$ | 7,208.30     |
| ADD 7% GST    |                                                                                                   | \$ | 504.58       |
| GRAND TOTAL   |                                                                                                   | \$ | 7,712.88     |

### REMARKS:

For a 3rd party claim against your insured  
**SHD 9209R.**

Thank You.

Kin Wah, 9731-7133



**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

To: AXA Insurance Pte Ltd  
8 Shenton Way #24-01  
AXA Tower  
Singapore 068811

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Tan Kwee May

Date: 23 Jan 2018

**Preliminary Advice**

|                    |                                                                                                 |                         |              |
|--------------------|-------------------------------------------------------------------------------------------------|-------------------------|--------------|
| Insured Vehicle No | : SHD9209R                                                                                      | Accident Date           | : 08/01/2018 |
| TP Vehicle No      | : FBL7823J                                                                                      | Assignment Date         | : 19/01/2018 |
| Make               | : CHEVROLET EPICA                                                                               | Est. Duration of Repair | : 3 days     |
| Date of Inspection | : 19/01/2018                                                                                    |                         |              |
| Inspection At      | : Pan Euro Bikes Pte Ltd (HQ)<br>21 Moonstone Lane #01-01 Poh Leng Building<br>Singapore 328462 |                         |              |

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages ....O/S... portion and parts claimed are consistent to the accident.

|                             |      |          |
|-----------------------------|------|----------|
| Repairer's Estimate (Gross) | :S\$ | 5,298.80 |
| Revised Amount              | :S\$ | 5,027.30 |
| Check Items (Estimated)     | :S\$ | 121.50   |
| Total                       | :S\$ | 5,148.80 |

|                 |      |
|-----------------|------|
| Lump Sum Repair | :S\$ |
|-----------------|------|

**Total Loss Consideration**

|                    |      |
|--------------------|------|
| New for Old Value  | :S\$ |
| Pre-Accident Value | :S\$ |
| COE / PARF Rebate  | :S\$ |
| Salvage Value      | :S\$ |
| Margin for Repair  | :S\$ |

**Remarks**

- ( ) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- ( ) The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- ( X ) Other comments : We have not authorized repairs.

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             | 10/01/2018 16:24   |
| Date Of Accident           | 08/01/2018 19:40 ✓ |
| Exact Location Of Accident | LORNIE ROAD ✓      |
| Country/State of Loss      | SINGAPORE          |

**DETAILS OF OWN VEHICLE**

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | FBL7823J ✓                  |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | NG MING KIONG               |
| NRIC No                     | S1560963Z                   |
| Email Address               | PANEUROBIKES@SINGNET.COM.SG |
| Mobile Phone No             | (LOCAL) +65-96868395        |
| Alternative Phone No        | OTHERS-96868395             |

**Vehicle Particulars**

|                                                                              |             |
|------------------------------------------------------------------------------|-------------|
| Manufacturer                                                                 | ADIVA       |
| Model                                                                        | AD3 200ST   |
| 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             | AN3154090             |
| Cover Note Number         |                       |

**Driver**

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | NG MING KIONG               |
| NRIC No              | S1560963Z                   |
| Date Of Birth        | 25/03/1962                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 03/07/1979                  |
| Driving Experience   | 38 YEARS AND 6 MONTHS       |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-96868395        |
| Fax Number           |                             |
| Contact Number       | OTHERS-96868395             |
| E Mail Address       | PANEUROBIKES@SINGNET.COM.SG |



|                                                     |                                         |
|-----------------------------------------------------|-----------------------------------------|
| Address                                             | BLK 403 FAJAR ROAD #06-239<br>SINGAPORE |
| Postcode                                            | 670403                                  |
| 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 - U-TURN |
| Weather Conditions | CLEAR              |
| Road Surface       | DRY                |

#### Other Information

|                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident?                                          | NO  |
| Number of vehicles involved in the accident                                                 | 2   |
| Was any body injured in the Accident?                                                       | YES |
| Was any injured conveyed to hospital by ambulance?                                          | 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                       | BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE                   |
| Police Station Address                    | ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-8929999 - FAX NO: 67673650                     |
| Was notice of intended Prosecution given? | NO                                                          |
| If Yes, against whom?                     |                                                             |

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### 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 | SHD9209R     |
| Vehicle Make/Model/Colour   |              |
| Details Of Properties       |              |
| Vehicle Category            | TAXI         |
| Name of Driver              | TAN KIAM LAM |
| NRIC/Passport Number        | S0100930C    |
| Contact Number              | 91686118     |
| Address                     |              |
| Postcode                    |              |
| Insurance Company Name      |              |
| Nature Of Damage            |              |

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NG MING KIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBL7823J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## 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 purposes) 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 my 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:

10/1/18  
3:55pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ID No.:

PERWEN

## Sketch Plan #2

### SKETCH PLAN



Vehicle No

A - FBL 78233

B - SHD929R

### Legend



Vehicle



Bike

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated time frame from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 3:55pm

Signature: [Signature]

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Signature:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Signature: [Signature]

# Common Statement

## ACCIDENT STATEMENT (Part 1)

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: 8/1/18                                                                                                          |  | 2. Exact location of accident: Lorrie Road                                                             |  | To be signed by BOTH drivers                                                                       |  |
| 3. Material damage:<br>To vehicle other than vehicle A and B:<br>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |  | To correct other than vehicles:<br>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |  | 4. Injuries even if slight:<br>No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> |  |
| 5. Witnesses' names, address and tel no. (to be undated if vehicle is passenger in vehicle A or vehicle B):                          |  | Vehicle Video Camera Available:<br>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> |  |                                                                                                    |  |

Registration No. (VEHICLE A) **FB-7823J**

6. Insured / policyholder (see insurance card):  
Name: **Ng Ming Keng**  
Address: \_\_\_\_\_  
NRIC / Passport no: **S15607637**  
Tel no. (from home or office): **96868395**

7. Vehicle:  
Make / type: **Active AN3, 2005**  
Model: **ATC**

8. Insurance company:  
**ANP** ☒ TPT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No: **AN3154090**

9. Driver:  
Name: \_\_\_\_\_  
NRIC / Passport no: \_\_\_\_\_  
Class of licence: **3**  
Gender: Male ☒ Female ☐

12. CIRCUMSTANCES  
(Type A, B or C in 192 or 192C or 192C1 or 192C2 or 192C3 or 192C4 or 192C5 or 192C6 or 192C7 or 192C8 or 192C9 or 192C10 or 192C11 or 192C12 or 192C13 or 192C14 or 192C15 or 192C16 or 192C17 or 192C18 or 192C19 or 192C20 or 192C21 or 192C22 or 192C23 or 192C24 or 192C25 or 192C26 or 192C27 or 192C28 or 192C29 or 192C30 or 192C31 or 192C32 or 192C33 or 192C34 or 192C35 or 192C36 or 192C37 or 192C38 or 192C39 or 192C40 or 192C41 or 192C42 or 192C43 or 192C44 or 192C45 or 192C46 or 192C47 or 192C48 or 192C49 or 192C50 or 192C51 or 192C52 or 192C53 or 192C54 or 192C55 or 192C56 or 192C57 or 192C58 or 192C59 or 192C60 or 192C61 or 192C62 or 192C63 or 192C64 or 192C65 or 192C66 or 192C67 or 192C68 or 192C69 or 192C70 or 192C71 or 192C72 or 192C73 or 192C74 or 192C75 or 192C76 or 192C77 or 192C78 or 192C79 or 192C80 or 192C81 or 192C82 or 192C83 or 192C84 or 192C85 or 192C86 or 192C87 or 192C88 or 192C89 or 192C90 or 192C91 or 192C92 or 192C93 or 192C94 or 192C95 or 192C96 or 192C97 or 192C98 or 192C99 or 192C100 or 192C101 or 192C102 or 192C103 or 192C104 or 192C105 or 192C106 or 192C107 or 192C108 or 192C109 or 192C110 or 192C111 or 192C112 or 192C113 or 192C114 or 192C115 or 192C116 or 192C117 or 192C118 or 192C119 or 192C120 or 192C121 or 192C122 or 192C123 or 192C124 or 192C125 or 192C126 or 192C127 or 192C128 or 192C129 or 192C130 or 192C131 or 192C132 or 192C133 or 192C134 or 192C135 or 192C136 or 192C137 or 192C138 or 192C139 or 192C140 or 192C141 or 192C142 or 192C143 or 192C144 or 192C145 or 192C146 or 192C147 or 192C148 or 192C149 or 192C150 or 192C151 or 192C152 or 192C153 or 192C154 or 192C155 or 192C156 or 192C157 or 192C158 or 192C159 or 192C160 or 192C161 or 192C162 or 192C163 or 192C164 or 192C165 or 192C166 or 192C167 or 192C168 or 192C169 or 192C170 or 192C171 or 192C172 or 192C173 or 192C174 or 192C175 or 192C176 or 192C177 or 192C178 or 192C179 or 192C180 or 192C181 or 192C182 or 192C183 or 192C184 or 192C185 or 192C186 or 192C187 or 192C188 or 192C189 or 192C190 or 192C191 or 192C192 or 192C193 or 192C194 or 192C195 or 192C196 or 192C197 or 192C198 or 192C199 or 192C200 or 192C201 or 192C202 or 192C203 or 192C204 or 192C205 or 192C206 or 192C207 or 192C208 or 192C209 or 192C210 or 192C211 or 192C212 or 192C213 or 192C214 or 192C215 or 192C216 or 192C217 or 192C218 or 192C219 or 192C220 or 192C221 or 192C222 or 192C223 or 192C224 or 192C225 or 192C226 or 192C227 or 192C228 or 192C229 or 192C230 or 192C231 or 192C232 or 192C233 or 192C234 or 192C235 or 192C236 or 192C237 or 192C238 or 192C239 or 192C240 or 192C241 or 192C242 or 192C243 or 192C244 or 192C245 or 192C246 or 192C247 or 192C248 or 192C249 or 192C250 or 192C251 or 192C252 or 192C253 or 192C254 or 192C255 or 192C256 or 192C257 or 192C258 or 192C259 or 192C260 or 192C261 or 192C262 or 192C263 or 192C264 or 192C265 or 192C266 or 192C267 or 192C268 or 192C269 or 192C270 or 192C271 or 192C272 or 192C273 or 192C274 or 192C275 or 192C276 or 192C277 or 192C278 or 192C279 or 192C280 or 192C281 or 192C282 or 192C283 or 192C284 or 192C285 or 192C286 or 192C287 or 192C288 or 192C289 or 192C290 or 192C291 or 192C292 or 192C293 or 192C294 or 192C295 or 192C296 or 192C297 or 192C298 or 192C299 or 192C300 or 192C301 or 192C302 or 192C303 or 192C304 or 192C305 or 192C306 or 192C307 or 192C308 or 192C309 or 192C310 or 192C311 or 192C312 or 192C313 or 192C314 or 192C315 or 192C316 or 192C317 or 192C318 or 192C319 or 192C320 or 192C321 or 192C322 or 192C323 or 192C324 or 192C325 or 192C326 or 192C327 or 192C328 or 192C329 or 192C330 or 192C331 or 192C332 or 192C333 or 192C334 or 192C335 or 192C336 or 192C337 or 192C338 or 192C339 or 192C340 or 192C341 or 192C342 or 192C343 or 192C344 or 192C345 or 192C346 or 192C347 or 192C348 or 192C349 or 192C350 or 192C351 or 192C352 or 192C353 or 192C354 or 192C355 or 192C356 or 192C357 or 192C358 or 192C359 or 192C360 or 192C361 or 192C362 or 192C363 or 192C364 or 192C365 or 192C366 or 192C367 or 192C368 or 192C369 or 192C370 or 192C371 or 192C372 or 192C373 or 192C374 or 192C375 or 192C376 or 192C377 or 192C378 or 192C379 or 192C380 or 192C381 or 192C382 or 192C383 or 192C384 or 192C385 or 192C386 or 192C387 or 192C388 or 192C389 or 192C390 or 192C391 or 192C392 or 192C393 or 192C394 or 192C395 or 192C396 or 192C397 or 192C398 or 192C399 or 192C400 or 192C401 or 192C402 or 192C403 or 192C404 or 192C405 or 192C406 or 192C407 or 192C408 or 192C409 or 192C410 or 192C411 or 192C412 or 192C413 or 192C414 or 192C415 or 192C416 or 192C417 or 192C418 or 192C419 or 192C420 or 192C421 or 192C422 or 192C423 or 192C424 or 192C425 or 192C426 or 192C427 or 192C428 or 192C429 or 192C430 or 192C431 or 192C432 or 192C433 or 192C434 or 192C435 or 192C436 or 192C437 or 192C438 or 192C439 or 192C440 or 192C441 or 192C442 or 192C443 or 192C444 or 192C445 or 192C446 or 192C447 or 192C448 or 192C449 or 192C450 or 192C451 or 192C452 or 192C453 or 192C454 or 192C455 or 192C456 or 192C457 or 192C458 or 192C459 or 192C460 or 192C461 or 192C462 or 192C463 or 192C464 or 192C465 or 192C466 or 192C467 or 192C468 or 192C469 or 192C470 or 192C471 or 192C472 or 192C473 or 192C474 or 192C475 or 192C476 or 192C477 or 192C478 or 192C479 or 192C480 or 192C481 or 192C482 or 192C483 or 192C484 or 192C485 or 192C486 or 192C487 or 192C488 or 192C489 or 192C490 or 192C491 or 192C492 or 192C493 or 192C494 or 192C495 or 192C496 or 192C497 or 192C498 or 192C499 or 192C500 or 192C501 or 192C502 or 192C503 or 192C504 or 192C505 or 192C506 or 192C507 or 192C508 or 192C509 or 192C510 or 192C511 or 192C512 or 192C513 or 192C514 or 192C515 or 192C516 or 192C517 or 192C518 or 192C519 or 192C520 or 192C521 or 192C522 or 192C523 or 192C524 or 192C525 or 192C526 or 192C527 or 192C528 or 192C529 or 192C530 or 192C531 or 192C532 or 192C533 or 192C534 or 192C535 or 192C536 or 192C537 or 192C538 or 192C539 or 192C540 or 192C541 or 192C542 or 192C543 or 192C544 or 192C545 or 192C546 or 192C547 or 192C548 or 192C549 or 192C550 or 192C551 or 192C552 or 192C553 or 192C554 or 192C555 or 192C556 or 192C557 or 192C558 or 192C559 or 192C560 or 192C561 or 192C562 or 192C563 or 192C564 or 192C565 or 192C566 or 192C567 or 192C568 or 192C569 or 192C570 or 192C571 or 192C572 or 192C573 or 192C574 or 192C575 or 192C576 or 192C577 or 192C578 or 192C579 or 192C580 or 192C581 or 192C582 or 192C583 or 192C584 or 192C585 or 192C586 or 192C587 or 192C588 or 192C589 or 192C590 or 192C591 or 192C592 or 192C593 or 192C594 or 192C595 or 192C596 or 192C597 or 192C598 or 192C599 or 192C600 or 192C601 or 192C602 or 192C603 or 192C604 or 192C605 or 192C606 or 192C607 or 192C608 or 192C609 or 192C610 or 192C611 or 192C612 or 192C613 or 192C614 or 192C615 or 192C616 or 192C617 or 192C618 or 192C619 or 192C620 or 192C621 or 192C622 or 192C623 or 192C624 or 192C625 or 192C626 or 192C627 or 192C628 or 192C629 or 192C630 or 192C631 or 192C632 or 192C633 or 192C634 or 192C635 or 192C636 or 192C637 or 192C638 or 192C639 or 192C640 or 192C641 or 192C642 or 192C643 or 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192C735 or 192C736 or 192C737 or 192C738 or 192C739 or 192C740 or 192C741 or 192C742 or 192C743 or 192C744 or 192C745 or 192C746 or 192C747 or 192C748 or 192C749 or 192C750 or 192C751 or 192C752 or 192C753 or 192C754 or 192C755 or 192C756 or 192C757 or 192C758 or 192C759 or 192C760 or 192C761 or 192C762 or 192C763 or 192C764 or 192C765 or 192C766 or 192C767 or 192C768 or 192C769 or 192C770 or 192C771 or 192C772 or 192C773 or 192C774 or 192C775 or 192C776 or 192C777 or 192C778 or 192C779 or 192C780 or 192C781 or 192C782 or 192C783 or 192C784 or 192C785 or 192C786 or 192C787 or 192C788 or 192C789 or 192C790 or 192C791 or 192C792 or 192C793 or 192C794 or 192C795 or 192C796 or 192C797 or 192C798 or 192C799 or 192C800 or 192C801 or 192C802 or 192C803 or 192C804 or 192C805 or 192C806 or 192C807 or 192C808 or 192C809 or 192C810 or 192C811 or 192C812 or 192C813 or 192C814 or 192C815 or 192C816 or 192C817 or 192C818 or 192C819 or 192C820 or 192C821 or 192C822 or 192C823 or 192C824 or 192C825 or 192C826 or 192C827 or 192C828 or 192C829 or 192C830 or 192C831 or 192C832 or 192C833 or 192C834 or 192C835 or 192C836 or 192C837 or 192C838 or 192C839 or 192C840 or 192C841 or 192C842 or 192C843 or 192C844 or 192C845 or 192C846 or 192C847 or 192C848 or 192C849 or 192C850 or 192C851 or 192C852 or 192C853 or 192C854 or 192C855 or 192C856 or 192C857 or 192C858 or 192C859 or 192C860 or 192C861 or 192C862 or 192C863 or 192C864 or 192C865 or 192C866 or 192C867 or 192C868 or 192C869 or 192C870 or 192C871 or 192C872 or 192C873 or 192C874 or 192C875 or 192C876 or 192C877 or 192C878 or 192C879 or 192C880 or 192C881 or 192C882 or 192C883 or 192C884 or 192C885 or 192C886 or 192C887 or 192C888 or 192C889 or 192C890 or 192C891 or 192C892 or 192C893 or 192C894 or 192C895 or 192C896 or 192C897 or 192C898 or 192C899 or 192C900 or 192C901 or 192C902 or 192C903 or 192C904 or 192C905 or 192C906 or 192C907 or 192C908 or 192C909 or 192C910 or 192C911 or 192C912 or 192C913 or 192C914 or 192C915 or 192C916 or 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192C1007 or 192C1008 or 192C1009 or 192C1010 or 192C1011 or 192C1012 or 192C1013 or 192C1014 or 192C1015 or 192C1016 or 192C1017 or 192C1018 or 192C1019 or 192C1020 or 192C1021 or 192C1022 or 192C1023 or 192C1024 or 192C1025 or 192C1026 or 192C1027 or 192C1028 or 192C1029 or 192C1030 or 192C1031 or 192C1032 or 192C1033 or 192C1034 or 192C1035 or 192C1036 or 192C1037 or 192C1038 or 192C1039 or 192C1040 or 192C1041 or 192C1042 or 192C1043 or 192C1044 or 192C1045 or 192C1046 or 192C1047 or 192C1048 or 192C1049 or 192C1050 or 192C1051 or 192C1052 or 192C1053 or 192C1054 or 192C1055 or 192C1056 or 192C1057 or 192C1058 or 192C1059 or 192C1060 or 192C1061 or 192C1062 or 192C1063 or 192C1064 or 192C1065 or 192C1066 or 192C1067 or 192C1068 or 192C1069 or 192C1070 or 192C1071 or 192C1072 or 192C1073 or 192C1074 or 192C1075 or 192C1076 or 192C1077 or 192C1078 or 192C1079 or 192C1080 or 192C1081 or 192C1082 or 192C1083 or 192C1084 or 192C1085 or 192C1086 or 192C1087 or 192C1088 or 192C1089 or 192C1090 or 192C1091 or 192C1092 or 192C1093 or 192C1094 or 192C1095 or 192C1096 or 192C1097 or 192C1098 or 192C1099 or 192C1100 or 192C1101 or 192C1102 or 192C1103 or 192C1104 or 192C1105 or 192C1106 or 192C1107 or 192C1108 or 192C1109 or 192C1110 or 192C1111 or 192C1112 or 192C1113 or 192C1114 or 192C1115 or 192C1116 or 192C1117 or 192C1118 or 192C1119 or 192C1120 or 192C1121 or 192C1122 or 192C1123 or 192C1124 or 192C1125 or 192C1126 or 192C1127 or 192C1128 or 192C1129 or 192C1130 or 192C1131 or 192C1132 or 192C1133 or 192C1134 or 192C1135 or 192C1136 or 192C1137 or 192C1138 or 192C1139 or 192C1140 or 192C1141 or 192C1142 or 192C1143 or 192C1144 or 192C1145 or 192C1146 or 192C1147 or 192C1148 or 192C1149 or 192C1150 or 192C1151 or 192C1152 or 192C1153 or 192C1154 or 192C1155 or 192C1156 or 192C1157 or 192C1158 or 192C1159 or 192C1160 or 192C1161 or 192C1162 or 192C1163 or 192C1164 or 192C1165 or 192C1166 or 192C1167 or 192C1168 or 192C1169 or 192C1170 or 192C1171 or 192C1172 or 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192C1256 or 192C1257 or 192C1258 or 192C1259 or 192C1260 or 192C1261 or 192C1

# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

| INDIVIDUAL STATEMENT (Part II)                                                                                                                                                |                                                                                                                                                                                                                                  |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------|-----|-----|-----|-----|----|
| To be completed and submitted within 24 hours to your insurer or JRC or appointed workshop (use a separate sheet if more space is necessary)                                  |                                                                                                                                                                                                                                  |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Insured                                                                                                                                                                       | 1. Occupation (if more than one, state all)                                                                                                                                                                                      |         | Email: <u>lanetobikes@gmail.com.sg</u>          |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 2. Vehicle registration no.                                                                                                                                                                                                      |         | C.C.                                            |                                                                                                                                                                             | If commercial vehicle, state permissible carrying capacity                                                                                                                  |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                      |         | State date of birth of driver with name         |                                                                                                                                                                             | State the vehicle number and name of owner of driver's own vehicle (before accident)                                                                                        |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | <input type="checkbox"/> Others - please specify                                                                                                                                                                                 |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, state where it is at present                                                                                         |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Of which vehicle are you the owner?                                                                                                                                           | <input checked="" type="checkbox"/> A                                                                                                                                                                                            |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | <input type="checkbox"/> B                                                                                                                                                                                                       |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                              |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| If yes, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop) |                                                                                                                                                                                                                                  |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Driver or person in charge of vehicle at the time of accident (including insured)                                                                                             | 7. Date of birth                                                                                                                                                                                                                 |         | Occupation                                      | Date of license pass                                                                                                                                                        | Way vehicle driven with the insured's permission?                                                                                                                           |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 25/3/62                                                                                                                                                                                                                          | Indoor  | Outdoor                                         | 3/7/19/19                                                                                                                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                         |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 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>Results</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>                 |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             | Date | Offence | Results |     |     |     |     |    |
| Date                                                                                                                                                                          | Offence                                                                                                                                                                                                                          | Results |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               |                                                                                                                                                                                                                                  |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               |                                                                                                                                                                                                                                  |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Injured persons                                                                                                                                                               | 10. Name(s), address(es) and approximate age(s)                                                                                                                                                                                  |         | Injuries sustained                              | If vehicle occupants, state in which vehicle                                                                                                                                | Were seat belts being worn?                                                                                                                                                 |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | Ng Ming Krong                                                                                                                                                                                                                    |         |                                                 |                                                                                                                                                                             | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table> | Yes  | No      | Yes     | No  | Yes | No  | Yes | No |
|                                                                                                                                                                               | Yes                                                                                                                                                                                                                              | No      |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | Yes                                                                                                                                                                                                                              | No      |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | Yes                                                                                                                                                                                                                              | No      |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               |                                                                                                                                                                                                                                  |         |                                                 | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table> | Yes                                                                                                                                                                         | No   | Yes     | No      | Yes | No  | Yes | No  |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               |                                                                                                                                                                                                                                  |         |                                                 | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table> | Yes                                                                                                                                                                         | No   | Yes     | No      | Yes | No  | Yes | No  |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               |                                                                                                                                                                                                                                  |         |                                                 | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table> | Yes                                                                                                                                                                         | No   | Yes     | No      | Yes | No  | Yes | No  |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Yes                                                                                                                                                                           | No                                                                                                                                                                                                                               |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| 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                                                                                                                                                            |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               |                                                                                                                                                                                                                                  |         |                                                 | Insurer's name and address (if known)                                                                                                                                       |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Police action                                                                                                                                                                 | 12. Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                 |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | If yes, please state which Police station: <u>Bukit Panjang NPC</u>                                                                                                                                                              |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Accident details                                                                                                                                                              | 13. Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | If yes, against whom?                                                                                                                                                                                                            |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others                                                                                                 |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 15. Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others                                                                                                           |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 19. What lights were displayed on your vehicle (the other vehicle)?                                                                                                                                                              |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 20. If your vehicle is commercial, state weight of load carried at time of accident                                                                                                                                              |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | 21. State how accident happened, width of road, speed limits, etc. (Note to attached)                                                                                                                                            |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| 22. State number of Passengers (including Driver): <u>1</u>                                                                                                                   |                                                                                                                                                                                                                                  |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
| Declaration                                                                                                                                                                   | I/We declare the foregoing particulars are true to every respect                                                                                                                                                                 |         |                                                 |                                                                                                                                                                             |                                                                                                                                                                             |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | Policyholder's signature: <u>[Signature]</u>                                                                                                                                                                                     |         |                                                 |                                                                                                                                                                             | Date: <u>10/1/18 3:55pm</u>                                                                                                                                                 |      |         |         |     |     |     |     |    |
|                                                                                                                                                                               | Driver's signature (if driver is not the policyholder): <u>[Signature]</u>                                                                                                                                                       |         |                                                 |                                                                                                                                                                             | Date: <u> </u>                                                                                                                                                              |      |         |         |     |     |     |     |    |



## POLICE REPORT PAGE 1 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180109/2047

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 4

Report No. T/20180109/2047

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                  |                          |
|--------------------------------------------|------------------|--------------------------|
| Date/Time Report Made:<br>09/01/2018 12:06 | Vide Report No.: | Station Diary No.:<br>41 |
|--------------------------------------------|------------------|--------------------------|

**Informant's Particulars**

|                                          |            |                              |                                                                         |  |                            |
|------------------------------------------|------------|------------------------------|-------------------------------------------------------------------------|--|----------------------------|
| Name of Informant:<br>NG MING KIONG      |            |                              | Address:<br>APT BLK 403 FAJAR ROAD #06-239 SINGAPORE 670403             |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1560963Z |            |                              | Contact No.:<br>Home/Office: Mobile: 96868395                           |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:                                                                  |  |                            |
| Sex:<br>Male                             | Age:<br>55 | Date of Birth:<br>25/03/1962 | Type of Informant:<br>Rider                                             |  |                            |
| Race:<br>Chinese                         |            |                              | Language:                                                               |  | Institution / School Name: |
| Occupation:<br>ESCALATOR OPERATOR        |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3,4,5<br>Date of Expiry: |  |                            |

**General Information of the Accident**

|                                                                                          |                                 |                                    |                                            |                                    |
|------------------------------------------------------------------------------------------|---------------------------------|------------------------------------|--------------------------------------------|------------------------------------|
| Type of Accident:                                                                        | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                 | Date/Time of Accident:<br>08/31/2018 19:40 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>LORNIE ROAD<br><br>along Lornie Road towards Toa Payoh Road |                                 |                                    |                                            |                                    |
| Weather:<br>Clear                                                                        |                                 | Road Surface:<br>Dry               | Road Speed Limit:<br>40 Km/h               |                                    |
| Traffic Flow:<br>One Way                                                                 |                                 | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic              |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Side                             |                                 |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make  | Model               | Color  | Condition         | No of Passenger |
|-------------|------------|-------|---------------------|--------|-------------------|-----------------|
| FBL7823J    | Motorcycle | ADIVA | AD3 200ST-3 WHEELER | Silver | Seriously Damaged | 0               |
| SHD9209R    | Car        |       |                     |        | Slightly Damaged  | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company               | Insurance No | Effective  | Expiry Date |
|-------------|---------------------------------|--------------|------------|-------------|
| FBL7823J    | AXA INSURANCE SINGAPORE PTE LTD | AN3154090    | 07/03/2017 | 06/03/2018  |



**SINGAPORE  
POLICE FORCE**



T/20180109/2047

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20180109/2047

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                        |                                        |                                             |
|-----------------------------------|------------------------|----------------------------------------|---------------------------------------------|
| Any Pedestrian Involved: No       |                        |                                        |                                             |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA         |                                             |
| <b>Rider</b>                      |                        |                                        |                                             |
| Name                              | NG MING KIONG          | ID No.                                 | S1560963Z                                   |
| Related Vehicle                   | FBL7823J (Motorcycle)  | Contact No.                            | 96868395                                    |
| Hospital/Clinic                   | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | 08/01/2018             | Date Discharge                         | 08/01/2018                                  |
| No. of Days granted Medical Leave | 04                     | Degree of Injury                       | Serious                                     |
| <b>Driver</b>                     |                        |                                        |                                             |
| Name                              | Tan Kiam Lam           | ID No.                                 | S0100930C                                   |
| Related Vehicle                   | SHD9209R (Car)         | Contact No.                            | 91686118                                    |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL           |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                                         |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                                         |

**Brief Details.**

On 8th January 2018 at about 1940hrs, I was riding my motorcycle bearing FBL7823J along Lornie Road towards Toa Payoh Road on the second lane. After I rode passed the traffic light about 100metres away, I saw a Red coloured taxi bearing SHD9209R on the opposite side of the road, trying to make a U-turn into the first lane. As I was riding near the taxi, the taxi did not make any stop and made the U-turn abruptly.

I then collided into the front left side of the Taxi. Due to the collision, I fell on my right side. I was the only one who was injured and the Taxi driver then called for ambulance for assistance. Ambulance came and I was also brought to Tan Tock Seng Hospital for further examination. I suffered abrasion on my right and left elbow, my left and right knees and also on my upper body.

I wish to state that a motorcyclist who was riding a motorcycle bearing FBC1919D was behind me and he witnessed the accident happened. The rider also stopped at the side and rendered assistance to me.

Due to the accident, the right side of my motorcycle is seriously damaged. The taxi's front bumper was fully detached. Traffic police was also at scene. I was also given a 4 days MC by DR Chong Ji Zhong.



**SINGAPORE  
POLICE FORCE**



T/20180109/2047

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20180109/2047

CONTINUATION OF REPORT

POLICE REPORT PAGE 4



SINGAPORE  
POLICE FORCE



T/20180109/2047

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20180109/2047

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 NURUL ATIQA BINTE DOL

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

09/01/2018 12:08

Officer In Charge Of Case

TP / GIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476423

SN 117

Classification Of Case

Authentication Stamp

20180109

Signature

Singapore Police Force

## SG AXA Insurance SM AXA SGP - Motor Survey

---

**From:** PanEuroBikes <paneurobikes@singnet.com.sg>  
**Sent:** Thursday, January 18, 2018 11:32 AM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Subject:** 3rd Party Survey request - Accident Between FBL 7823J/SHD 9209R on 08.01.2018 along Lornie Rd.  
**Attachments:** FBL 7823J Ng Ming Kiong GIA Report.PDF; CCF01172018.pdf  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged  
**Categories:** Amol

Hi,

Sorry did you receive the email below?

Thank You, & Best Regards,  
Kin Wah

---

Dear Claims,

Kindly arrange for a 3<sup>rd</sup> Party claim survey for our vehicle FBL 7823J, please find estimate and GIA report attached.

Dear OIC,

Please advise on **DIRECT SETTLEMENT** confirmation.

Thank You All, & Best Regards,  
Kin Wah

Pan Euro Bikes Pte Ltd  
Tel : +65 6299-4929  
Fax : +65 6299-4430  
Mobil : +65 9731-7133, +65 8121-2173  
Email : paneurobikes@singnet.com.sg

## SG AXA Insurance SM AXA SGP - Motor Survey

---

**From:** PanEuroBikes <paneurobikes@singnet.com.sg>  
**Sent:** Wednesday, January 17, 2018 12:51 PM  
**To:** 'PanEuroBikes'; SG AXA Insurance SM AXA SGP - Motor Survey  
**Subject:** 3rd Party Survey request - Accident Between FBL 7823J/SHD 9209R on 08.01.2018 along Lornie Rd.  
**Attachments:** FBL 7823J Ng Ming Kiong GIA Report.PDF; CCF01172018.pdf  
**Categories:** Shekhar

Dear Claims,

Kindly arrange for a 3<sup>rd</sup> Party claim survey for our vehicle FBL 7823J, please find estimate and GIA report attached.

Dear OIC,

Please advise on **DIRECT SETTLEMENT** confirmation.

Thank You All, & Best Regards,

Kin Wah

Pan Euro Bikes Pte Ltd

Tel : +65 6299-4929

Fax : +65 6299-4430

Mobil : +65 9731-7133, +65 8121-2173

Email : paneurobikes@singnet.com.sg

## Asher Sng (LKKAUTO)

---

**From:** Asher Sng (LKKAUTO)  
**Sent:** Monday, 29 January 2018 10:28 AM  
**To:** 'PanEuroBikes'  
**Cc:** Vic (LKKAUTO)  
**Subject:** Your Ref: FBL 7823J, Accident Involving FBL 7823J & SHD 9209R on 08/01/2018

WITHOUT PREJUDICE

Your Ref: FBL 7823J  
Our Ref: CC4/AXA18001268/Gea3

Dear Sir/Madam,

**Accident Involving FBL 7823J & SHD 9209R on 08/01/2018**

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, the liability is clear / under BOLA (subject to BOLA guideline settlement) and shall proceed with direct settlement for the above mentioned case.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle.

The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will base on the number of days of repair as recommended by our surveyor.

Kindly take note that the case handler in-charge is Asher and she can be contacted at her DID 6841 6051

Thank You.

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants Pte Ltd**

phone: 6841-6051 | email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) | fax: 6741-4108

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

## Print Sent Message

This mail is associated with :

\*FBL7823J  
[SHD9209R]  
TP  
NG MING KIONG  
Jan 8 2018 12:00AM  
[TRANS-CAB SERVICES PTE LTD]  
Pan Euro Bikes Pte Ltd

**From** LKK Auto Consultants Pte Ltd (LKK\_HQ), sent on 15/11/2018 11:47 AM.  
**To** jas.tan@axa.com.sg  
**CC** AXA\_SG; ashersng@lkkauto.com  
**Subject** [MANDATE REQUEST] Re: New TP Assignment - /P1680520

Hi Sir,

We refer to the above matter.

The accident occurred when insured make a U-turn and collided with third party vehicle.

Basing on the reports of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

We did clarify with insured the nature of the accident and he's aware that NCD (if any) would be affected.

We seek your approval to offer repairer at \$8,342.88 (all-in).

For your approval in merimen please.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

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

<-- Original Message -->

From: AXA\_SG

To: LKK\_HQ;sur@lkkauto.com;assignments@lkkauto.com

CC: AXA\_SG

Sent On: 19/01/2018 02:18 PM

Subject: New TP Assignment - /P1680520

Dear LKK Auto Consultants Pte Ltd,

Please survey the vehicle and proceed for direct settlement if damages consistent.

Workshop Name: Pan Euro Bikes Pte Ltd

Policy Number: P1680520

Vehicle Number: FBL7823J

Date of Accident:08/01/2018

Estimated Claim Amount:

Excess: 5000.00

Claim Handler Name: Tan Kwee May



## Print Received Message

This mail is associated with :

**\*FBL7823J**  
**[SHD9209R]**

TP

NG MING KIONG

Jan 8 2018 12:00AM

[TRANS-CAB SERVICES PTE LTD]

Pan Euro Bikes Pte Ltd

**From** AXA Insurance Pte Ltd (HQ) (AXA\_SG), sent on 10/12/2018 09:51 AM.  
**To** LKK\_HQ  
**Subject** Alert - Adj Mandate Maintained - FBL7823J - Claim Handler: Jas Tan

Maintained: please offer 5 days x \$25 for loss of use.

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

BI Direct Settlement

### CLAIM SUBFOLDER TRACKING

| Case | Notified    | Est Submitted | Adj Assigned                                         | Adj Rpt                                              | Adj Submitted                                  | Ins Auth'd | Status                                                          |
|------|-------------|---------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------|------------|-----------------------------------------------------------------|
| Main | 17 Jan 2018 |               | 19 Jan 2018<br>14:18<br><a href="#">Edit Adj Rpt</a> | <b>S\$7,208.30</b><br><a href="#">Edit Estimates</a> | <b>S\$7,208.30</b><br><a href="#">View Rpt</a> |            | <b>Pending for Survey Report</b><br><a href="#">Cancel Case</a> |

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

|                             |                                                                                                                   |                        |                                                                             |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|
| Insured:                    | TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K                                                              |                        |                                                                             |
| Main Claimant:              | NG MING KIONG, ID: S1560963Z                                                                                      |                        |                                                                             |
| Vehicle Reg. No.:           | FBL7823J                                                                                                          | Date of Loss:          | 08/01/2018 00:00 - :59<br>[10 Months and 2 Days From LTA Reg Date (Man Yr)] |
| Claim Type:                 | TP                                                                                                                | Policy/Cover Note No.: | P1680520 (Third Party Only)                                                 |
| Vehicle Reg. No. (Insured): | SHD9209R                                                                                                          | Policy No. (Claimant): | AN3154090                                                                   |
|                             |                                                                                                                   | Excess:                | S\$5,000.00                                                                 |
| Repairer:                   | Pan Euro Bikes Pte Ltd (HQ) 21 Moonstone Lane #01-01 Poh Leng Building, 328462 Serangoon - Tel: 62994929          |                        |                                                                             |
| Handling Insurer:           | AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Lynn Khong - 6880 4892]                               |                        |                                                                             |
| Claimant's Insurer:         | AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288                                                                       |                        |                                                                             |
| Adjuster:                   | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 30/01/2018] |                        |                                                                             |
| Driver/Custodian (Insured): | TAN KIAN LAM (63 / Male), NRIC: S0100930C, Tel: +6591686118                                                       |                        |                                                                             |
| Adj Asg. Remarks:           | ARC - No                                                                                                          |                        |                                                                             |

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- AXA\_SG (10/12/2018): Alert - Adj Mandate Maintained - FBL7823J - Claim Handler: Jas Tan
- AXA\_SG (28/11/2018): Alert - Adj Mandate Maintained - FBL7823J - Claim Handler: Jas Tan
- AXA\_SG (19/01/2018): New TP Assignment - /P1680520

### 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.



**\*FBL7823J**  
**[SHD9209R]**  
**TP**  
**NG MING KIONG**  
**Jan 8 2018 12:00AM**  
**[TRANS-CAB SERVICES PTE LTD]**  
**Pan Euro Bikes Pte Ltd**

## Documents Checklist

DOCUMENTS CHECKLIST

Reset

Save

Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To:

☒

 Handling Insurer

Note: Remarks are private unless you show it to other parties.



NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

|                   |                     |        |                          |
|-------------------|---------------------|--------|--------------------------|
| Vehicle No:       | SHD9209R (Insd veh) | Model: | ADIVA AD3 200ST 198CC 3- |
|                   | FBL7823J (TP veh)   |        | WHEELER                  |
| Date of Accident: | 08/01/2018          |        |                          |

|                       |   |         |                              |
|-----------------------|---|---------|------------------------------|
| Global Sum Settlement | : | [ ] Yes | [ X ] No                     |
| Repair Estimate       | : | \$      | 7,766.38                     |
| Final Repair Cost     | : | \$      | 7,712.88                     |
| Loss of Use           | : | \$      | 125.00                       |
| Rental (if any)       | : | \$      | 5.00 days at \$25.00 per day |
| LTA / GIA Search Fee  | : | \$      | days                         |
| Others:               | : | \$      |                              |
|                       | : | \$      |                              |
| Final Settlement Sum  | : | \$      | 7,837.88                     |

**Is Third Party Workshop GIA Registered?** [ ] YES [ X ] NO (Kindly indicate below)

**A) For Non GIA Registered Workshop:** Agreed Liability \_\_\_\_ 100 \_\_\_\_ (%)

**B) For GIA Registered Workshop:** BOLA Applicable: Yes/ No BOLA Scenario No: \_\_\_\_

BOLA Liability: \_\_\_\_ (%) Assessed Liability (\*): \_\_\_\_ (%)

*\* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.*

Remarks \_\_\_\_\_

| Payment Instruction: Payee's Breakdown |                        |   |             |
|----------------------------------------|------------------------|---|-------------|
| 1)                                     | Pan Euro Bikes Pte Ltd | : | \$ 7,837.88 |
| 2)                                     |                        | : | \$          |

NUR SHAQILAH BTE ABDOL WAHAB

LKK Auto Consultants Pte Ltd

09 Jan  
2019

Date

Please attach all the supporting documents to the form.

(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

## 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:** CC4/AXA18001268/GEA3S2  
**Date:** 09/01/2019

## REFERENCE

|                              |                       |                             |          |
|------------------------------|-----------------------|-----------------------------|----------|
| Handling Insurer:            | AXA Insurance Pte Ltd | Policy No:                  | P1680520 |
| <b>Claimant Vehicle No :</b> | FBL7823J              | <b>Insured Vehicle No :</b> | SHD9209R |
| Date of Loss:                | 08/01/2018            | Nature of Claim:            | TP       |
|                              |                       | Claim No:                   | N/A      |

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

|                             |                                   |             |                   |
|-----------------------------|-----------------------------------|-------------|-------------------|
| Reg No:                     | <b>FBL7823J</b>                   | Engine No:  | SK401900336       |
| Make & Model:               | ADIVA AD3 200ST, 198cc 3-WHEELER  | Chassis No: | RGVTD40AFGA000020 |
| Reg. Date:                  | 06/03/2017 (Man. Year: 2016)      | Odometer:   | 11136 km          |
| Colour:                     | Silver                            |             |                   |
| Engine Capacity:            | 198 cc                            |             |                   |
| Market Value/New Car Price: | N/A                               |             |                   |
| Sum Insured (S\$):          | <b>Market Value/New Car Price</b> |             |                   |

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

|                          |      |                         |     |                          |     |
|--------------------------|------|-------------------------|-----|--------------------------|-----|
| General Condition:       | Good | Steering (Serviceable): | Yes | Footbrake (Serviceable): | Yes |
| Handbrake (Serviceable): | Yes  | Engine Modification:    | No  | Pre-accident Condition:  |     |

## CONDITION OF TYRES

|                   |             |                  |             |
|-------------------|-------------|------------------|-------------|
| Front Tyre Size:  | 130/60-13   | Rear Tyre Size:  | 150/70-13   |
| Front Left Side:  | Maxxis 5 mm | Rear Left Side:  | 0 mm        |
| Front Right Side: | Maxxis 5 mm | Rear Right Side: | Maxxis 5 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS                                  | Repairer's      | Adjuster's      | Difference   | Diff %      |
|-------------------------------------------------|-----------------|-----------------|--------------|-------------|
| Parts                                           | 5,258.30        | 5,258.30        | 0.00         | 0.00        |
| Miscellaneous Items                             | 0.00            | 0.00            | 0.00         |             |
| Labour                                          | 2,000.00        | 1,950.00        | 50.00        | 2.50        |
| Paintwork Labour                                | 0.00            | 0.00            | 0.00         |             |
| Towing                                          | 0.00            | 0.00            | 0.00         |             |
| <b>Gross Total (S\$)</b>                        | <b>7,258.30</b> | <b>7,208.30</b> | <b>50.00</b> | <b>0.69</b> |
| <b>+ GST 7.00/7.00% (S\$)</b>                   | <b>508.08</b>   | <b>504.58</b>   | <b>3.50</b>  | <b>0.69</b> |
| <b>Nett Amount (S\$)</b>                        | <b>7,766.38</b> | <b>7,712.88</b> | <b>53.50</b> | <b>0.69</b> |
| <b>+ Loss of Use (5.0 x S\$25.00/day) (S\$)</b> |                 | <b>125.00</b>   |              |             |
| <b>Nett Liability (S\$)</b>                     |                 | <b>7,837.88</b> |              |             |

## INSPECTION

|                             |            |                                                                                                             |
|-----------------------------|------------|-------------------------------------------------------------------------------------------------------------|
| Date of Assignment:         | 19/01/2018 |                                                                                                             |
| Date Inspected:             | 19/01/2018 | Inspected At: Pan Euro Bikes Pte Ltd (HQ)<br>21 Moonstone Lane #01-01 Poh Leng Building<br>Singapore 328462 |
| Estimated Period of Repair: | 3.0 days   |                                                                                                             |

**Adjuster:** XING GUO QIANG**Manager:** Asher Sng Rong Yi

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  
[https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen\\_printpt&caseid=675732&extid=262411&CFID=46718317&C...](https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen_printpt&caseid=675732&extid=262411&CFID=46718317&C...) 1/4

*any other liability under any other circumstances is hereby expressly excluded.*



## REPAIR DETAILS

### Reference

|                      |                                                                                                                                                                              |                                                                   |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Part Source:</b>  | (Last Synchronised: 09 Jan 2019)                                                                                                                                             |                                                                   |
| <b>Parts:</b>        | N/A                                                                                                                                                                          | ADIVA AD3 200ST 198cc 3-WHEELER (Model not available in database) |
| <b>Labour:</b>       | Repairer's                                                                                                                                                                   | (Price-denominated Standard List)                                 |
| <b>Print Code:</b>   | (Unsubmitted, no print-code for FBL7823J)                                                                                                                                    |                                                                   |
| <b>Validity:</b>     | 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 |                                                                   |
| <b>Further Info:</b> | Items/values not in reference catalogue are prefixed with an asterisk *.                                                                                                     |                                                                   |

### Recommended Parts

| No. | Qty | Part No. Particulars                                     | Condition     | Repairer's  | Amount       |
|-----|-----|----------------------------------------------------------|---------------|-------------|--------------|
| 1   | 1   | *WINDSHIELD (CONSISTENT)                                 | Cracked       | 1,150.00 FL | *1,150.00 FL |
| 2   | 1   | *RH MIRROR / SIGNAL ASSY (CONSISTENT)                    | Cut           | 280.00 FL   | *280.00 FL   |
| 3   | 1   | *RH FRONT COWLING, MATT METAL GREY (CONSISTENT)          | Cut           | 185.00 FL   | *185.00 FL   |
| 4   | 1   | *HEADLAMP ASSY, RH (CONSISTENT)                          | Scratched     | 385.00 FL   | *385.00 FL   |
| 5   | 1   | *FRONT NOSE PANEL, MATT METAL GREY (CONSISTENT)          | Cracked       | 55.00 FL    | *55.00 FL    |
| 6   | 1   | *FRONT NOSE LOWER PANEL, MATT (CONSISTENT)               | Cracked       | 22.00 FL    | *22.00 FL    |
| 7   | 1   | *RH FRONT INNER PANEL, MATT (CONSISTENT)                 | Cracked       | 79.00 FL    | *79.00 FL    |
| 8   | 1   | *RH FRONT MUDGUARD, MATT (CONSISTENT)                    | Cracked       | 64.00 FL    | *64.00 FL    |
| 9   | 1   | *FRONT MUDGUARD STAY (CONSISTENT)                        | Bent          | 48.00 FL    | *48.00 FL    |
| 10  | 1   | *RH FRONT RIM / HUB, BLACK (CONSISTENT)                  | Cut           | 448.00 FL   | *448.00 FL   |
| 11  | 1   | *RH FRONT BRAKE DISC (CONSISTENT)                        | Necessary     | 135.00 FL   | *135.00 FL   |
| 12  | 1   | *RADIATOR (CONSISTENT)                                   | Bent          | 342.00 FL   | *342.00 FL   |
| 13  | 1   | *INNER BOX / GLOVE COMPARTMENT, MATT (CONSISTENT)        | Cracked       | 155.00 FL   | *155.00 FL   |
| 14  | 1   | *VENTILATION COVER, RH, INNER BOX (CONSISTENT)           | Missing       | 6.00 FL     | *6.00 FL     |
| 15  | 1   | *CENTRE REARVIEW MIRROR (CONSISTENT)                     | Missing       | 45.00 FL    | *45.00 FL    |
| 16  | 1   | *FOOTREST STEP, RH FRONT (CONSISTENT)                    | Cracked       | 42.00 FL    | *42.00 FL    |
| 17  | 1   | *MAIN FLOORBOARD, RH, MATT (CONSISTENT)                  | Cracked       | 166.00 FL   | *166.00 FL   |
| 18  | 1   | *SEAT (CONSISTENT)                                       | Torn          | 290.00 FL   | *290.00 FL   |
| 19  | 1   | *EXHAUST PROTECT PLATE, GUN METAL (CONSISTENT)           | Cut           | 75.00 FL    | *75.00 FL    |
| 20  | 1   | *REAR TRUNK COVER, ASSY, MATT METALLIC GREY (CONSISTENT) | Cracked       | 550.00 FL   | *550.00 FL   |
| 21  | 1   | *LID, REAR TRUNK, MATT METALLIC GREY (CONSISTENT)        | Cut           | 260.00 FL   | *260.00 FL   |
| 22  | 1   | *ADIVA LOGO, RH FRONT COWLING (NPA) (CONSISTENT)         | Not Necessary | 0.00 FS     | *- FS        |
| 23  | 1   | *SET FOG LAMPS, KAPPA ITALY (CONSISTENT)                 | Distorted     | 180.00 FS   | *180.00 FS   |
| 24  | 1   | *RH FRONT TIRE, 130/60-13 (CONSISTENT)                   | Torn          | 120.00 FS   | *120.00 FS   |
| 25  | 1   | *COOLANT (CONSISTENT)                                    | Necessary     | 35.00 FS    | *35.00 FS    |
| 26  | 1   | *SET CUSTOM RAIN DEFLECTOR, RH, LEG (CONSISTENT)         | Distorted     | 150.00 FS   | *150.00 FS   |
| 27  | 1   | *SET BEADING ACCESSORY, BLACK (CONSISTENT)               | Missing       | 76.00 FS    | *76.00 FS    |
| 28  | 1   | *SET CUSTOM RAIN DEFLECTOR, RH, ROOF (CONSISTENT)        | Cut           | 170.00 FS   | *170.00 FS   |
| 29  | 1   | *ADIVA LOGO, REAR TRUNK LID (NPA) (CONSISTENT)           | Not Necessary | 0.00 FS     | *- FS        |
| 30  | 1   | *ADIVA BADGE, SILVER, REAR TRUNK LID (NPA) (CONSISTENT)  | Not Necessary | 0.00 FS     | *- FS        |
| 31  | 1   | *FRONT NO. PLATE (CONSISTENT)                            | Necessary     | 12.00 FS    | *12.00 FS    |
| 32  | 1   | *END CAP COVER, EXHAUST, GUN METAL (CONSISTENT)          | Necessary     | 55.00 FL    | *55.00 FL    |
| 33  | 1   | *BOTTOM BODY, REAR TRUNK, MATT (CONSISTENT)              | Necessary     | 180.00 FL   | *180.00 FL   |

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

|                                                            |                 |                 |
|------------------------------------------------------------|-----------------|-----------------|
| <b>Sub Total (\$\$)</b>                                    | <b>5,760.00</b> | <b>5,760.00</b> |
| <b>- List Item Discount on L Items 10.00/10.00% (\$\$)</b> | <b>501.70</b>   | <b>501.70</b>   |
| <b>Total Parts (\$\$)</b>                                  | <b>5,258.30</b> | <b>5,258.30</b> |

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   |
|-------------------------|---------------------------------------------------------------------------------------------------|----------|------------|----------|
| <b>Labour Items</b>     |                                                                                                   |          |            |          |
| 1                       | LABOUR CHARGE.                                                                                    | New      | 450.00     | 400.00   |
| 2                       | SEND BIKE FOR HEAT-WELD RE-ALIGNMENT OF MAIN FRAME & REAR RH FRAME (INCLUDING LABOUR & TRANSPORT) | New      | 1,550.00   | 1,550.00 |
| Gross Labour Cost (S\$) |                                                                                                   |          | 2,000.00   | 1,950.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >