ASS. REC. BY: | REF: CS/MSG18003354/ Kvd3 n2 | Special Instruction:

Surveyor: Kenneth Menimen

ASSIGNMENT (Office)

From (Person): Monica Chung of MSIG Date/Time: 21/2/18 @ 5:22pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBF 3948R Insured: SJK 4398A

at Workshop m/s Complete VMS Tel: 64556012

of 176 Sin Ming Drive # 03-14

Policy No: A2903559SQMX Claim No: 519944

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 14/2/2018

26/2/18

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

H.O.D. Endorsement:

Date/Time: 11:21am @ 22/2/18 Person Contacted: Lihui Vehicle IN / OUT

Date/Time	Action/Instruction (c) Estimate
	FBF 3948R - x
	SJK 4398A - x
27/2/18	Send - preli revised by menimen

3/5/18 @ 9:37am & 9001 (LS) confirmed with Lily (Red 5092, 85%)

MSIG

ASSIGNMENT

Date: 26/2/18

Veh No: FBF 3948R 06 11

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

To inspect Vehicle No: FBF 3948R

Complete VMS

Blk 176, Sin Ming Drive #03-14

Make: Yamaha RX135 135

Colour: White / Red

Odo Reading: 85329

Ch No: 5YP 012975

Tyre Size: F Miz 70/90R17

R Duro 80/90R17

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

BSI / DUN / EXNOVA / GY / FS / LIZA / MIC / CHTSU / PIR / SUM / TOYO / YOKO

Bal or Market Value: 8.5k

Est. Repairs: 4 days

Lum Sum: 20

CA / REV / REP / 24 HRS

Front R.Bal: 5 mm

Rear R.Bal: 3 mm

DOA: 14/2/18

DI: 26/2/18

Rear & o/s body

Vehicle: IN / OUT

Date / Time — Action / Instruction

27/2 File pass to Catherine

RECEIVED 03 MAY 2018

Prelim. Report

Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

3/5 - typist

Report Format: merimen

LS 900/2

200
10
210

Survey Department Check List (Case Handler)

Reference No. : CS/MSG/800 3354/ Kvd3
Policy Type: OD / TP / TP RES / TL / EVA

		Case Handler		Typist	
Admin ( ): Case handler to make sure all Information created by the assignment team are **ACCURATE**.					
(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				
Surveyor ( ): Case handler to make sure the surveryor completed all required information.					
(1) Assignment Form					
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			
(2) System - (Views/Merimen)					
C	Damaged Vehicle Photographs Uploaded	✓			
(3) Workshop Estimate/Assignment Form					
N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				
(4) System - (Views/Merimen)					
C	Resurvey photo Uploaded	✓			

Check By: VERON (Case Handler) 3/5/18 (Date)

***C: Critical *N: Non-Critical**

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MSIG INSURANCE (SINGAPORE) PTE LTD

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Ref : CS/MSG18003354/Kvd3

Date : 22-02-2018

Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJK 4398A	Veh. Inspected	FBF 3948R
	Policy No.	A29035595QMX	Coverage ($)	0.00
	Claim No.	549944	Excess ($)	0.00
	Assign From	MERIMEN (MONICA CHUNG)	Assign Date	22/02/2018

2. Vehicle Particulars & Condition

	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

4. Description of Damages

5. General Information

	Accident Date	14/02/2018	Inspection Date	
	Survey held at	COMPLETE VMS PTE LTD BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721		

5a. Remarks

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

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Feb 2018		21 Feb 2018 17:22 Assign				***New Assignment*** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS			**[Created by insurer]**
Insured:	**MD ABU HANIFA**, ID: S8081381C, Tel: +6592399160, Email: abu.100@hotmail.com		
Main Claimant:	**PERIYASAMY KARTHIKEYAN**, ID: G5049542L		
Vehicle Reg. No.:	**FBF3948R**	**Date of Loss:**	14/02/2018 17:00 - :59
Claim Type:	**TP** / 549944	**Policy/Cover Note No.:**	A29035595QMX (Comprehensive) Coverage: 20/10/2017 - 19/10/2018
Vehicle Reg. No. (Insured):	**SJK4398A**	**Policy No. (Claimant):**	
		Excess:	S$500.00
Repairer:	**COMPLETE VMS PTE LTD (HQ)** 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex, 575721 Sin Ming - Tel: 6455 0012		
Handling Insurer:	**MSIG Insurance (Singapore) Pte. Ltd. (HQ)** - Tel: +65 6827 7888 ... [Handled by **Monica Chung Pei Zhen** - 6594 2552]		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [**Imm.Advice** due 22/02/2018]		
Driver/Custodian (Insured):	MD ABU HANIFA (37 / Male), NRIC: S8081381C, Tel: +6592399160		
Adj Asg. Remarks:	Pls assign Kenneth		

ASSOCIATED MAIL RECEIVED View All | Compose Case Mail

There are no mail for this case.

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.

(/listing/usedbike/yamaha-yamaha-t135-spark/6513/)

SGD$3680

Reg : **16/04/2007**

Type: **Cubs**

135cc

588400km

On behalf of my father in law. Bike in good working condition. Tires less than 1 yr old. Selling due to medical condition & retirement. Renewed 5 year COE at $3128. $50 off if renew 6 mths R...

Posted on : 13/03/2018

★ DIRECT SELLER

DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-T135-SPARK/6513/)

Yamaha T135 Spark (/listing/usedbike/yamaha-yamaha-t135-spark/6497/)

(/listing/usedbike/yamaha-yamaha-t135-spark/6497/)

SGD$6500

Reg : **11/05/2012**

Type: **Cubs**

135cc

-

Spark T135 Semi Auto model with electrical starter, Koso Meter and Yoshi pipe with cert provider. Condition are well maintain as it seldom use. Normally drive. Inspection just passed by Vicom on...

Posted on : 10/03/2018

★ DIRECT SELLER

DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-T135-SPARK/6497/)

Yamaha T135 Spark (/listing/usedbike/yamaha-yamaha-t135-spark/6236/)

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:	MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807	From:	LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn:	Monica Chung Pei Zhen	Date:	27 Feb 2018

Preliminary Advice

Insured Vehicle No	: SJK4398A		
TP Vehicle No	: FBF3948R	Accident Date	: 14/02/2018
Make	: YAMAHA SPARK	Assignment Date	: 21/02/2018
Date of Inspection	: 26/02/2018	Est. Duration of Repair	: 4.00
Inspection At	: COMPLETE VMS PTE LTD (HQ) 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and o/s body and parts claimed are consistent to the accident.

	Repairer's Estimate (Gross)	:S$	5,992.00
	Revised Amount	:S$	1,192.50
	Check Items (Estimated)	:S$	1,342.80
	Total	:S$	2,535.30
	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 economical/not economical for repair.

(X) The above survey was conducted on a 'without prejudice' basis.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Foreign Passport Country/Region: India
Owner ID:	9542L

Vehicle Details

Vehicle No.:	FBF3948R
Vehicle to be Exported:	No
Intended De-registration Date:	27 Feb 2018
Vehicle Make:	YAMAHA
Vehicle Model:	T135
Primary Colour:	Red
Manufacturing Year:	2010
Engine No.:	5YP012975
Chassis No.:	5YP012975
Maximum Power Output:	-
Open Market Value:	$1,717.00
Original Registration Date:	10 Jun 2011
Last Registration Date:	10 Jun 2011
Transfer Count:	2
Actual ARF Paid:	$258.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

E Expiry Date:	09 Jun 2021
E Category:	D - Motorcycle
E Period(Years):	10
Paid:	$2,491.00
Rebate Amount:	$818.00
al Rebate Amount:	**$818.00**

formation contained herein is correct as at 27 Feb 2018

OK

MSI318024432 / STA INSPECTION PTE LTD - Boon Lay
ENTRY DATE & TIME: 20/02/2018 14:00
SUBMITTED BY: Woodford Richard Vincent

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 20/02/2018 14:39

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 witholding 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 GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/02/2018 14:00
Date Of Accident	14/02/2018 17:30
Exact Location Of Accident	CORPORATION ROAD / YUNG HO ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3948R
Insured/Policyholder	
Name Of Registered Owner	PERIYASAMY KARTHIKEYAN
Passport No/FIN	G5049542L
Email Address	KARTHIKEYAN125@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97106973
Alternative Phone No	OFFICE-62262132
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091370601
Cover Note Number	
Driver	
Name of Driver	PERIYASAMY KARTHIKEYAN
Passport No/FIN	G5049542L
Date Of Birth	26/09/1983
Occupation	INDOOR
Date Of Driving Pass	12/10/2012
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97106973
Fax Number	
Contact Number	OFFICE-62262132
EMail Address	KARTHIKEYAN125@GMAIL.COM

Address	BLK 119 HO CHING ROAD #02-109
Postcode	610119
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 - HEAD TO REAR
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER ATTACHED

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

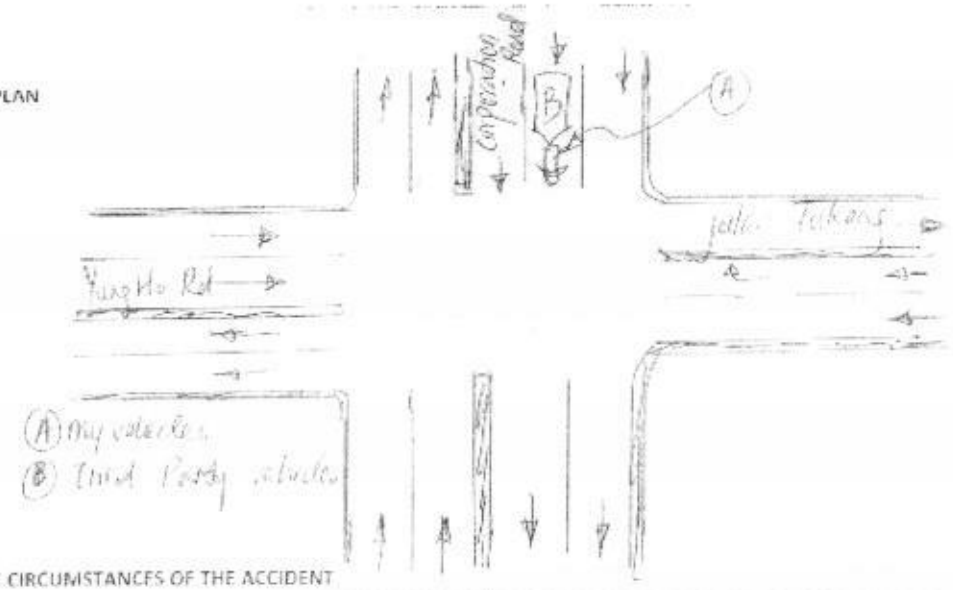
Vehicle Registration Number	SJK4398A
Vehicle Make/Model/Colour	TOYOTA PREMIO 1.5 - WHITE COLOR
Details Of Properties	FRONT PORTION DAMAGED
Vehicle Category	PRIVATE CAR
Name of Driver	MD ABU HANIFA
NRIC/Passport Number	S8081381C
Contact Number	92399160
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	PERIYASAMY KARTHIKEYAN
Approximate Age	34
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FBF3948R
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 119 HO CHING ROAD #02-109
Postcode	610119

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report
T/20180216/2046
T/20180220/2042

DECLARATION

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

R. Low 7-6-6

Policyholder's Signature
Date & Time:

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

Reporting Officer's Signature
Name: Tuas
NRIC/FIN No.:

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. This report will be forwarded by the insurers of the GIA Reporting Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and 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 thereat.
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 insure the 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 [and] 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 [illegible] relating to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, [illegible] 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

(v) complying with applicable laws in connection with 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 located 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 future claims.

(e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Rizwan NRIC/FIN No:

SINGAPORE
POLICE FORCE

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No
14/02/2018 15:17		61

Informant's Particulars

Name of Informant	Address
PERIYASAMY KARTHIKEYAN	APT BLK 119 HO CHING ROAD #02-[illegible] SINGAPORE 610119
ID Type / ID No	Contact No.:
FIN No / G5049542L	Home/Office: Mobile: 97[illegible]973
Nationality	Email:
INDIAN	
Sex / Age / Date of Birth	Type of Informant
M / 34 / 26/09/1983	Rider
Race	Language: Interpreter's Name:
Indian	
Occupation	Driving Licence Information
ADMINISTRATIVE EXECUTIVE	Class: 2B 3 Date of Issue:

General Information of the Accident

Type of Accident	Injury / Others	Drink Drive No	Date/Time of Accident	Type of Location
			14/02/2018 [illegible]	Choa Chu Kang Road

Location:

CORPORATION ROAD

Towards Jurong Port

Weather	Road Surface	Road Speed Limit
Clear	Dry	[illegible]
Traffic Flow	Traffic Control	Was Alcohol
One Way	Traffic Light - Working	Heavy
Type of Collision:		Injury Conveyed by
Between Moving Vehicles - Head To Rear		Police Escort
		No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBF [illegible]48R	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	0
SJK4[illegible]6A	Car	TOYOTA	PREMIO 1.5F A	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Compsny	Insurance No	Effective	Expiry Date
FBF3948R	NTUC Income Insurance Co-Operative Limited	5091370601	10/06/2017	09/06/2018

SINGAPORE
POLICE FORCE

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

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: N/A

Rider

Name	PERIYASAMY KARTHIKEYAN	ID No	G5041142J
Related Vehicle	FBF3948R (Motorcycle)	Contact No	97[illegible]
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3/3A | Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	MD ABU HANIFA	ID No	S8081381C
Related Vehicle	SJK4398A (Car)	Contact No	9[illegible]
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3/3A | Date of Expiry: 0[illegible]
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

On 14/2/2018 at around 1730hrs, I was riding my motorcycle(FBF3948R) along Corporation Road. I then came to a stop before a traffic light. At that point of time I was stationary. During that period, a white car(SJK4398A) with the driver namely Md Abu Hanifa, S8081381C, B/686B Jurong West Central 1 #03-140, HP: 92399160 was also station behind me. While waiting for the traffic suddenly, I felt with unknown plate number hit onto the back rear of SJK4398A which result it to meh forward and he also hit to me. Due to the impact which caused me to flew forward and landed on my chest and also I suffered scratches on my left elbow and both of my kneel. The driver of SJK4398A came out to assist me by pulling my motorcycle at the side of the road. At the same time also assisted me by bringing me to West Point Surgery Centre for treatment. I was given 02 days of medical leave from 15/2/2018 to 16/2/2018 and 07 days of light duty from 17/2/2018 to 23/2/2018.

On 15/2/2018, I still felt pain on the back of my neck and my chest and also I have difficulty in breathing. Thus, I went to Ng Teng Fong Hospital for another checkup and was given 06 days of medical leave from16/2/2018 to 21/2/2018.

SINGAPORE
POLICE FORCE

Police Station Of Origin
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2696999

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
Sgt 2 NIGEL LIM NIAN

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
16/02/2018 15:17

Officer In Charge Of Case
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No: 65476179

Classification Of Case

Authentication Stamp
NP 155

P1 (Addm)

SINGAPORE
POLICE FORCE

T/2018/02/2047

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649816
Tel No: 1800 2689999

Report No: T/2018/02/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Video Report No	Station Diary No
20/02/2018 12:03	T/2018/02/2046	62

Informant's Particulars

Name of Informant	Address
PERIYASAMY KARTHIKEYAN	APT BLK 119 HO CHING ROAD #02-109 SINGAPORE 610119

ID Type / ID No	Contact No	
NRIC NO / G5049542L	Home Phone	Mobile 97106973
Nationality: INDIAN	Email	

Sex	Age	Date of Birth	Type of Informant
Male	34	26/09/1983	Rider

Race	Language	Institution / School Name
Indian		

Occupation	Driving Licence Information	
ADMINISTRATIVE EXECUTIVE	Class of D	Date of Expiry

General Information of the Accident

Type of Accident	Injury	Code	Date/Time of Accident	Type of Co-ord
	Others	Driver	14/02/2018 17:30	Straight Road

Location:

CORPORATION ROAD

Towards Jurong Point

Weather	Road Surface	Road Speed Limit
Clear	Dry	
Traffic Flow	Traffic Control	Traffic Volume
One Way	Traffic Light - Working	Heavy
Type of Collision		Anyone conveyed by ambulance
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBF3948R	Motorcycle	YAMAHA	[illegible]	Red	Slightly Damaged	0
SJK4398A	Car	TOYOTA	PREMIO 1.5E A	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBF3948R	NTUC Income Insurance Co-Operative Limited	5091370801	10/06/2017	09/06/2018

P2 (Addm)

SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649815
Tel No: 1800-2659999

CONTINUATION OF REPORT

Details of Person involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NIL

Rider

Name: PERIYASAMY KARTHIKEYAN ID No:

Registered Vehicle: SBF3948R (Motorcycle) Contact No:

Hospitalised: NIL Class of Driving Licence & Expiry Date:

Date Treatment: NIL Date Discharge: NIL

No. of Days granted Medical Leave: NIL Degree of Injury: NIL

Driver

Name: MD ABU HANIFA ID No:

Registered Vehicle: SJK4398A (Car) Contact No:

Hospitalised: NIL Class of Driving Licence & Expiry Date:

Date Treatment: NIL Date Discharge: NIL

No. of Days granted Medical Leave: NIL Degree of Injury: NIL

Brief Details

Complainant wish to make amendments to his traffic report.

I came to a stop before a traffic light and wait out at the location till the traffic light turned. While waiting a car(SJK4398A) with the driver namely, Md Abu Hanifa, S8061381C, B/686B Jurong West Central 1, #04-140, HP: 92399160 hit on to the back rear of my motorcycle and caused me to fell off and fractured my left ankle.

P3 (Addn)

SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649818
Tel No: 1800 2669999

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 [illegible] the certificate with you now, please fax a copy to 65474685 stating the report number in reference.

Signature Of Officer Recording The Report:
Sgt 2 NIGEL IMANIAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/02/2018 12:03

Officer In Charge Of Case:
TP / ASP
SSI KASMAWATI BTE SAMIAN
Contact No: 65476179

Classification Of Case:

Authentication Stamp:

COMPLETE VMS PTE LTD *The Premier One-Stop Vehicle Accide[illegible] Centre*
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singap[illegible]575721
(**Tel**) 6455 0012 (**Fax**) 6554 0012 (**Web**) www.completevms.com.sg

Email : darren@completevms.com.sg ( )
lily@completevms.com.sg ( )
lihui@completevms.com.sg ( )

PERIYASAMY KARTHIKEYAN
BLK 119 HO CHING ROAD #02-109
SINGAPORE 610119

Attention : THE OWNER
Contact : 97106973

Not Authorised
Using 8,900
Resurvey After Paint

Estimate : ES006270

Date : 22/02/2018
Vehicle Num. : FBF3948R
Make/Model : YAMAHA SPARK-2010
Chassis/Eng# : 5YP012975/5YP012975
Accident Date : 14/02/2018
Claim No. :
Reference :
Policy No. :

28/2/18

S/N	Quantity	Particular	Unit Price	Amount S$
		LIST ITEMS :		
1.	1	TAIL LAMP 80.00	CMS	260.00
2.	1	REAR FENDER 93.00	Bm	285.00
3.	1	REAR MUDFLAP	NP	155.00 X
4.	1	EXHAUST MUFFLER 150.00	Pol	466.00
5.	1	PILLION FOOT REST R/H 32.00	Bm	58.00
6.	1	RIDER FOOT REST R/H	R	70.00 X
7.	2	FRONT FENDER 65.00	CM	185.00 370.00
8.	2	FRONT FENDER LOWER FARING		163.00 Sm 326.00 X
9.	1	REAR COMPARTMENT BOX		Nett 355.00
10.	1	REAR COMPARTMENT BOX BRACKET		R 123.00 X
11.	1	STEERING CONE BEARING		Sm 286.00 X
12.	1	HANDLE BAR 52.00	Bm	73.00 X
13.	1	HANDLE BAR GRIP SET		Sm 65.00 X
14.	1	BRAKE LEVER 18.00		Rel 87.00
15.	1	FRONT FORK ASSY 310.	Bm	570.00 X
16.	1	REAR BRAKE DISC		Sm 135.00 X
17.	1	REAR RIM		Sm 263.00 X
18.	1	FRONT FORK OIL SEAL 22.00	Nett	Nett 63.00 X
19.	1	FRONT HEAD FENDER		Sm 168.00 X
		List TotalS$:		4,178.00
		10.00% Discount S$:		417.80
				3,760.20
		SPECIAL NETT ITEMS :		Bm 155
1.	1	REAR NUMBER PLATE		25.00
2.	1	REAR TIRE		Sm 186.00 X
3.	1	ERP UNIT		Sm 185.80 X
		Special Nett Total S$:		396.80

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

Acknowledged by Repairer
Signature:
Date:

CONTINUE / ..

COMPLETE VMS PTE LTD *The Premier One-Stop Vehicle Accident Claims Centre*
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(**Tel**) 6455 0012 (**Fax**) 6554 0012 (**Web**) www.completevms.com.sg

Email : darren@completevms.com.sg ( )
lily@completevms.com.sg ( )
lihui@completevms.com.sg ( )

PERIYASAMY KARTHIKEYAN
BLK 119 HO CHING ROAD #02-109
SINGAPORE 610119

Attention : THE OWNER
Contact : 97106973

Estimate : ES006270

Date : 22/02/2018
Vehicle Num. : FBF3948R
Make/Model : YAMAHA SPARK-2010
Chassis/Eng# : 5YP012975/5YP012975
Accident Date : 14/02/2018
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S$
		LABOUR :		
		TO DISMANTLE & ASSEMBLE MOTORCYCLE TO REPLACE PARTS		450.00
		BODY CHASSIS ALIGNMENT		200.00
		REMOVE & REPLACE & ALIGN FRONT FORK		250.00
		CHECK LIGHTING		25.00
		SPRAY PAINT DAMAGED AREA AFFECTED		680.00
		TOW VEHICLE		150.00
		BALANCE FRONT RIM		80.00
		Labour Total S$:		1,835.00

SingDollars : Five Thousand Nine Hundred Ninety-Two Only

Total S$: 5,992.00

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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: CS/MSG18003354/KVD3N2
Date: 03/05/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	**Policy No:**	A29035595QMX		
Claimant Vehicle No :	FBF3948R	**Insured Vehicle No :**	SJK4398A		
Date of Loss:	14/02/2018	**Nature of Claim:**	TP	**Claim No:**	549944

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	**FBF3948R**		
Make & Model:	YAMAHA SPARK, 135cc	**Engine No:**	5YP012975
Reg. Date:	10/06/2011 (Man. Year: 2010)	**Chassis No:**	5YP012975
Colour:	White/Red	**Odometer:**	85329 km
Engine Capacity:	135 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S$):	**Market Value/New Car Price**		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size:	70/90 R17	**Rear Tyre Size:**	80/90 R17
Front Left Side:	Michelin 5 mm	**Rear Left Side:**	Duro 3 mm
Front Right Side:	0 mm	**Rear Right Side:**	0 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	**Repairer's**	**Adjuster's**	**Difference**	**Diff %**
Parts	4,157.00	936.60	3,220.40	77.47
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,835.00	210.00	1,625.00	88.56
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S$)	**5,992.00**	**1,146.60**	**4,845.40**	**80.86**
Approved Total (Overridden) (S$)		**900.00**		
(S$)	5,992.00	900.00	5,092.00	84.98
+ GST 7.00/7.00% (S$)	419.44	63.00	356.44	84.98
Nett Amount (S$)	**6,411.44**	**963.00**	**5,448.44**	**84.98**

INSPECTION

Date of Assignment: 21/02/2018
Date Inspected: 26/02/2018 **Inspected At:** COMPLETE VMS PTE LTD (HQ)
176 Sin Ming Drive #03-14 Sin Ming Autocare Complex
Singapore 575721

Estimated Period of Repair: 4.0 days

Adjuster: KENNETH KONG

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:		(Last Synchronised: 03 May 2018)
Parts:	N/A	YAMAHA SPARK 135cc (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for FBF3948R)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*TAIL LAMP	Cracked	260.00 FL	*80.00 FL
2	1		*REAR FENDER	Buckled	285.00 FL	*95.00 FL
3	1		*REAR MUDFLAP	No such part	155.00 FL	*- FL
4	1		*EXHAUST MUFFLER	Dented	466.00 FL	*150.00 FL
5	1		*PILLION FOOT REST R/H	Bent	58.00 FL	*32.00 FL
6	1		*RIDER FOOT REST R/H	Repair	70.00 FL	*- FL
7	2		*FRONT FENDER	Cracked	370.00 FL	*65.00 FL
8	2		*FRONT FENDER LOWER FARING	Serviceable	326.00 FL	*- FL
9	1		*REAR COMPARTMENT BOX BRACKET	Repair	123.00 FL	*- FL
10	1		*STEERING CONE BEARING	Serviceable	286.00 FL	*- FL
11	1		*HANDLE BAR	Bent	73.00 FL	*52.00 FL
12	1		*HANDLE BAR GRIP SET	Serviceable	65.00 FL	*- FL
13	1		*BRAKE LEVER	Dented	87.00 FL	*18.00 FL
14	1		*FRONT FORK ASSY	Bent	570.00 FL	*310.00 FL
15	1		*REAR BRAKE DISC	Serviceable	135.00 FL	*- FL
16	1		*REAR RIM	Serviceable	263.00 FL	*- FL
17	1		*FRONT FORK OIL SEAL	Necessary	63.00 FL	*22.00 FL
18	1		*FRONT HEAD FENDER	Serviceable	168.00 FL	*- FL
19	1		*REAR COMPARTMENT BOX	Dented/Cut	319.50 FS	*180.00 FS
20	1		*REAR NUMBER PLATE	Bent	25.00 FS	*15.00 FS
21	1		*REAR TYRE	Serviceable	186.00 FS	*- FS
22	1		*ERP UNIT	Serviceable	185.80 FS	*- FS

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

Sub Total (S$)	**4,539.30**	**1,019.00**
- List Item Discount on L Items 10.00/10.00% (S$)	382.30	82.40
Total Parts (S$)	**4,157.00**	**936.60**

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
Labour Items				
1	TO DISMANTLE & ASSEMBLE MOTORCYCLE TO REPLACE PARTS	New	450.00	150.00
2	BODY CHASSIS ALIGNMENT	New	200.00	-
3	REMOVE & REPLACE & ALIGN FRONT FORK	New	250.00	-
4	CHECK LIGHTING	New	25.00	10.00
5	SPRAY PAINT DAMAGED AREA AFFECTED	New	680.00	-
6	TOW VEHICLE	New	150.00	30.00
7	BALANCE FRONT RIM	New	80.00	20.00
		Gross Labour Cost (S$)	**1,835.00**	**210.00**

Report was unsubmitted during this print-out.

< END OF ESTIMATES >