

ASS. REC. BY:

REF:

CS3 / MG18004138 / Gber

Special Instruction:

Surveyor

meimien.

ASSIGNMENT (Office)

From (Person): Chin Lee Xing

of

Alli

Date/Time: 05032018 1039am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FT 1246A

Insured:

SDY 1757E

at Workshop m/s

Only motor

Tel:

6743 0629

of

464 Macpherson Rd

Policy No:

2100490950

Claim No:

185823774786

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26022018

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

H.O.D. Endorsement:

Date/Time: 05032018 11:27am

Person Contacted:

Mr. Ong

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	FT 1246A - NA / DAT 81003960 / K4
	SDY 1757E - X
	Dismantle: 8/3/2018
	After repair: 9/3/2018

DN: 26022018

PRS
Xkl

REF:

2095D

No record

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s *Ang motor*

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value:	_____		
IDAC Accident Rpt.:	_____	Consistent? :	Yes or No
GA / PR Seen:	_____	Consistent? :	Yes or No
Est. Repairs:	_____ days	Res.:	Yes or No
Lum Sum:	_____ %	3 Val.:	Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT _____

Veh No: FT1246A Yr Regn: - /
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Yamaha RXZ c.c. 133
Colour: yellow A/C: Insured / Std / NI / NA
Sp. Reading: 68641 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: ZMC257825
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Insider / Jammed / Leaked / Burnt or
Brake: Insider / Jammed / Leaked / Burnt or
Modi: M / S/Rim / STD A/Rim or
Tyre Size: F: 80/80-18
R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **FKR**

Front	Rear
R/Bal. <u>4</u> mm	R/Bal. <u>4</u> mm
L/Bal. <u>4</u> mm	L/Bal. <u>4</u> mm
P.O.A.	P.O.I. <u>05-03-18</u>

Survey held at: W/S CPM
Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

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

Date / Time	Action / Instruction
2/5/5	Submit DAR report.

RECEIVED 25 MAY 2018.

Date/Time, File Pass to?

☐: Prelim. Report

33

☐ : Final Report

Date/Time, File Return to?

2)

Report Format : DAR

Lump Sum / I.B.I.: (\$

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$)

Survey Fee:

Transportation:

$$S + RS \rightarrow S_2$$

) Photos

) Others




TOTAL

180

25

200

**- FW: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED
VEHICLE SDV1757E AND FT1246A ON 26/02/2018**

From: Chin, Lee-Ying
To: 'assignments', Admin A
Cc: Fong, Andy-SY
Sent: Monday, 5 March, 2018 10:39:22 AM
Attachments:  FaxAC2A.TIF  Fax4CCF.TIF  FaxF17C.TIF

Hi LKK,

Vehicle is in workshop, please assist to survey.

Thanks.

Best Regards
Lee Ying, Chin
AIG

Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947 | Fax +(65) 6835 7416
Lee-Ying.Chin@aig.com | www.aig.com.sg

IMPORTANT NOTICE:

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BENEDICT CHAN & COMPANY**Advocates & Solicitors****Commissioner for Oaths / Notary Public**

14 Fort Road Singapore 439075
Tel : 6220 6088 Fax : 6220 6087
GST Registration No. M90358364E

Our Ref : BCC.FT1246A.OM
Your Ref : 1858237747SG004
Please quote our reference number when replying

*We do not accept service of
court documents by fax*

2 March 2018

AIG Asia Pacific Insurance Pte Ltd
Singapore
Attn: Ms Mariesa, Motor Claims Dept

By Fax only (6835 7416)

Dear Sirs

**ACCIDENT INVOLVING FT 1246A AND SDV 1757E ALONG YISHUN AVENUE 11
ON 26.02.2018**

We refer to your email of 2 March 2018 notifying us of your objections to our client's proposed list of surveyors.

Pursuant to NIMA protocol, we hereby give you notice to conduct a pre-repair inspection of our client's motorcycle at the under-stated workshop:-

Ong Motor Trading
464 Macpherson Road
Singapore 368182
Person-in-charge : Mr Ong (Tel: 67430629)

Kindly contact Mr Ong to arrange for a suitable time to inspect our client's vehicle **within 2 working days from your email of date 2nd March 2018.**

If we do not hear from you in this regard by the stipulated time, we shall construe your silence as waiver of the requirement for a pre-repair inspection and our client's appointed surveyor shall proceed to conduct a pre-repair survey and the repairer shall proceed to repair our client's motorcycle accordingly..

Yours faithfully



Benedict Chan & Company

I, _____ (name)
did conduct a pre-repair survey on motorcycle
no. FT 1246A on _____ (date) at
_____ (time).

Signature : _____
Surveyor on behalf of AIG Asia
Pacific Insurance Pte Ltd

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 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	01/03/2018 13:46
Date Of Accident	26/02/2018 21:00
Exact Location Of Accident	YISHUN AVE 11 TWDS YISHUN AVE6 AFT YISHUN CTL JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT1246A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN MOHAMED
NRIC No	S8942095D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83390869
Alternative Phone No	OTHERS-83390869

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00290084/02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN MOHAMED
NRIC No	S8942095D
Date Of Birth	23/11/1989
Occupation	INDOOR
Date Of Driving Pass	13/11/2008
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83390869
Fax Number	
Contact Number	OTHERS-83390869
Email Address	NOEMAIL

Address BLK 419 YISHUN AVENUE 11
#03-377
Postcode 760419
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

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

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : F/20180227/7051

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 Witness 1

Name MR RAHMAN
Phone Number 97256557
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDV1757E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FARHAN BIN MOHAMED
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FT1246A
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 purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

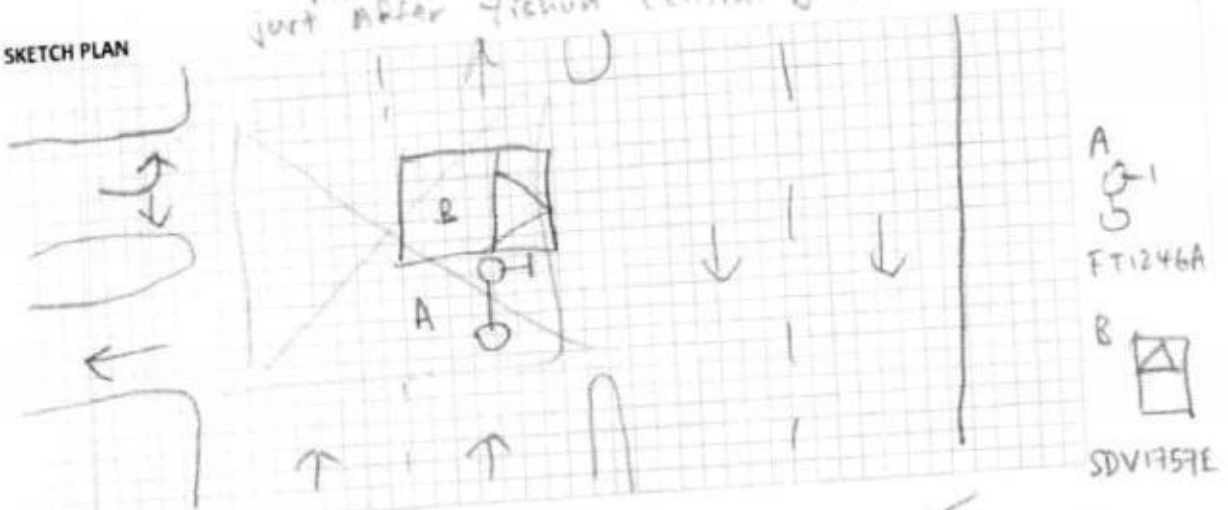
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

01/3/2018

Sketch Plan #2

Yichun Ave 11 towards Yichun Ave 6
just after Yichun central junction

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
F/20180227/7051

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

01/3/2018



**SINGAPORE
POLICE FORCE**



F/20180227/7051

1 of 2

Report No. F/20180227/7051

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 27/02/2018 22:21	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD FARHAN BIN MOHAMED	Address APT BLK 419 YISHUN AVENUE 11 #03-377 SINGAPORE 760419	
ID Type / ID No. NRIC NO / S8942095D	Contact No. Home/Office:	Mobile:
Nationality SINGAPORE CITIZEN	Email Address Farhan_MOHAMED@sph.gov.sg	
Occupation Police officer	Sex Male	Age 28
Institution/School Name	Date of Birth 23/11/1989	Race Javanese
Date/Time Of Incident 26/02/2018 21:00	Language English	
	Location Of Incident	

Brief details.

On the above stated date and time, I was travelling along Yishun Avenue 11 towards Yishun Ave 6 just after Yishun Central junction, and was travelling on right of two lanes. I observed one white motor car on my left, exiting from a nearby service road near to Blk/348D, without any form of signal, inch out forward and into junction, encroaching into my path. Suddenly the said car dashed out causing me to apply emergency braking however unable to stop on time and my front portion of my bike collided onto the right driver's door portion of the white car. I am unsure if I fell to the left or the right after the impact. Said junction is unmanned, without any traffic light. I have no in built camera. I am unsure of my bike's

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.Date/Time:
27/02/2018 22:21

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20180227/7051

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180227/7051

damages. After the impact, i blackout for a while. When I regain consciousness, I saw some unknown passerbys assisted me to the side of the road and called for ambulance. There is one witness that approached me, informing he is willing to be a witness for this case. One Mr Rahman, hp: 97256557. My injuries sustained are pain on my left leg and left hip with slight abrasions. I did not managed to exchange particulars with the other party, however the said driver visited me while i was waiting to see the doctor. I was conveyed via ambulance to KTPH as my leg was in severe pain. I was given 2 days mc however i left the hospital on 27th Feb 2018 early in the morning due to the long waiting time.

Subjects Involved			
Victim			
Person Name	MUHAMMAD FARHAN BIN MOHAMED		
ID Type	NRIC NO	ID No	S8942095D
Gender	Male	Age	28
Race	Javanese	Language	English
Occupation	Police officer	Address Type	
Address	APT BLK 419 YISHUN AVENUE 11 #03-377 SINGAPORE 760419		
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD FARHAN BIN MOHAMED (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:
The identity of the person making this
report has been authenticated by
SingPass. No signature is required.Date/Time:
27/02/2018 22:21

Classification Of Case:

veh • FT 1246A
• D01 • 5/3/18

- | | |
|-----------------------------|------------|
| 1. Fuel tank | - Dt |
| 2 Front fender | - br |
| 3. Front instrument housing | - br |
| 4. Seat side cover | - br |
| 5. Lower cowling | - br |
| 6 Handle bar end RH & LH | - scr |
| 7 Exhaust pipe | - Dt & scr |
| 8 Yamaha stickers | - nec |
| 9 Headlight fairing | - cr |
| 10. Fork inner tubes | - Dm |
| 11 Fork outer tubes | - Dm |
| 12 Front brake lever | - br |

Painting & Labour 2 days

Wid

23/5/18

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

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	01 Mar 2018 Edit Reg		05 Mar 2018 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
<div style="text-align: right;">[Created by adjuster]</div> CLAIM SUBFOLDER DETAILS									
Insured: Chua Hock Cheng , ID: S2500035H									
Main Claimant: MUHAMMAD FARHAN BIN MOHAMED , ID: S8942095D									
Vehicle Reg. No.: FT1246A		Date of Loss: 26/02/2018 21:00 - :59							
Claim Type: TP / 1858237747SG		Policy/Cover Note No.: 2100490950 (Comprehensive) Coverage: 24/11/2017 - 23/11/2018							
Vehicle Reg. No. (Insured): SDV1757E		Policy No. (Claimant):							
		Excess:							
Repairer: Ong Motor Trading (MACPHERSON RD) No. 464 Macpherson Road, 368182 Macpherson - Tel:									
Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Wui, Shawn-KJ] Shawnkaijye.Wui@aig.com									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 14/03/2018]									
Claimant's Solicitor: BENEDICT CHAN & COMPANY - Tel: 62206088									
ASSOCIATED MAIL RECEIVED				View All Compose Case Mail					
<ul style="list-style-type: none"> AIG_SG (06/03/2018): Request for TP GIA Report 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*FT1246A (1858237747SG)
[SDV1757E]

TP

MUHAMMAD FARHAN BIN MOHAMED

Feb 26 2018 9:00PM

[Chua Hock Cheng]

Ong Motor Trading

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

View View in Browser

1 per page









☒

Assessment Reports			Thumbnail	Print
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		
1	06/03/18 11:35	Accident Statement From: OD - Reg. No: SDV1757E, Claimant: CHUA HOCK CHENG	Load HTM	<input checked="" type="checkbox"/>

3 per page

☒

Photos/Images			Thumbnail	Print
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		
1	13/04/18 14:32	General View	Load JPG	<input checked="" type="checkbox"/>
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26	13/04/18 14:32	General View	Load JPG	<input checked="" type="checkbox"/>
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30	13/04/18 14:32	General View	Load JPG	<input checked="" type="checkbox"/>
31	13/04/18 14:32	General View	Load JPG	<input checked="" type="checkbox"/>
32	13/04/18 14:32	General View	Load JPG	<input checked="" type="checkbox"/>
33	13/04/18 14:32	General View	Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
34	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
35	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
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37	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
38	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
39	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
40	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
41	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
42	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
43	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
44	13/04/18 14:32	General View	 Load JPG	<input checked="" type="checkbox"/>
45	13/04/18 14:32	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
46	13/04/18 14:32	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
47	13/04/18 14:32	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
48	13/04/18 14:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
49	13/04/18 14:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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62	13/04/18 14:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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64	13/04/18 14:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
65	13/04/18 14:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
66	13/04/18 14:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
67	13/04/18 14:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
68	13/04/18 14:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
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81	13/04/18 14:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
82	13/04/18 14:33	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer			
<small>Note: Remarks are private unless you show it to other parties.</small>			

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

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

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AIG18004138/GBE2

Date: 28/05/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No: 2100490950

Claimant Vehicle No : FT1246A

Insured Vehicle No : SDV1757E

Date of Loss: 26/02/2018

Nature of Claim: TP

Claim No: 1858237747SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: FT1246A

Make & Model: YAMAHA RXZ135, 133cc (M)

Reg. Date: (Man. Year:)

Colour: Yellow

Engine Capacity: 133 cc

Market Value/New Car Price: N/A

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

Engine No: HIDDEN

Chassis No: ZMC257825

Odometer: 68641 km

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: 80/80-18

Rear Tyre Size: 80/80-18

Front Left Side: FKR 4 mm

Rear Left Side: FKR 4 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	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 05/03/2018

Date Inspected: 05/03/2018 Inspected At:

Ong Motor Trading (MACPHERSON RD)
No. 464 Macpherson Road
Singapore 368182

Estimated Period of Repair: 2.0 days

Adjuster: XING GUO QIANG

Manager: CATHERINE CHONG KAI LING

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

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FUEL TANK	Dented	0.00 F	*- F
2	1		*FRONT FENDER	Broken	0.00 F	*- F
3	1		*FRONT INSTRUMENT HOUSING	Broken	0.00 F	*- F
4	1		*SEAT SIDE COVER	Broken	0.00 F	*- F
5	1		*LOWER COWLING	Broken	0.00 F	*- F
6	1		*HANDLE BAR END RH & LH	Scratched	0.00 F	*- F
7	1		*EXHAUST PIPE	Dented / Scratched	0.00 F	*- F
8	1		*YAMAHA STICKERS	Necessary	0.00 F	*- F
9	1		*HEADLIGHT FAIRING	Cracked	0.00 F	*- F
10	1		*FORK INNER TUBES	Damaged	0.00 F	*- F
11	1		*FORK OUTER TUBES	Damaged	0.00 F	*- F
12	1		*FRONT BRAKE LEVER	Broken	0.00 F	*- F
Total Parts (S\$)					0.00	0.00

F=Franchise part.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >