Surveyor:		-		6[1800 685			chal Instruction			
	p0		ASSIG	NMENT (Muce)			14.01.04.0	7	
From (Person);	lou Pei Li		of	EHZ			Date/Time:	13042018	4.17pm	
Estimated Cost:				7,122,11):					
OD/TOWS/TI	RES / OD RE	S/EVA	INVIN	AV i CS						
To Inspect Vehicle	No;	FBF	5178	H		_ Insured:	Se	3m 888m		
at Workshop m/s_		Yuh	Loung	motur		Tel:	6288	3 0450		
of	В	k 10	AME	Ind Park	2A	# 05-38				
Policy No:				Cla	im No:			Company of the Compan		
Sum Insured:				I	ixcess:					
Make of Veh: (Client's Record)						1	D.O.A.	8/04/14/0		
CA / REV / RE	P. / REV 24 H 120% 5-12pm	1	on Conts	13 · 01	2018 Ideline		H.O.D. End	orsement:		
Date/Time Ac	tion/Instruction	(x) Estin	nate				-		
FE	F*5178H -		·				7			
(0)	sm 883m -	X								
	ismantled	allo ente								

Catherine Chong (LKK Auto)

From:

Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>

Sent:

Thursday, 12 April, 2018 4:17 PM

To:

'admin-d@lkkauto.com'

Subject:

OI: SBM888M / TP: FBF5178H/LKK / DOA: 04/04/2018

Attachments:

SBM888M - SAS.pdf; FBF5178H - SAS.pdf; RE: Pre-Repair Survey ; Your ref : SBM

888M/SE/pl; Our ref: 18-A31-...st (23.2 KB)

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey from LEGAL OPTIONS LLC,

ADDRESS

: YUH LOONG MOTOR COMPANY PTE LTD

BLK 10 ANG MO KIO INDUSTRIAL PARK 2

#05-38/37

SINGAPORE 568047

PERSON TO CONTACT

STEVEN @ 6288 0450

ERGO OFFICER-IN-CHARGE

: STEVE LIM

Note: To survey on without prejudice basis. Try to obtain estimate and advise the consistency of damages to third party vehicle that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Please update the survey status via Survey.Report@ergo.com.sg.

Attached are insured and Third Party SAS (note: reports not to be released to any Third Party). No estimates was provided.

Kindly acknowledge receipt of this email.

Thank you.

Yee Pei Li

Claims Assistant (Motor) ERGO Insurance Pte. Ltd. 5 Temasek Boulevard #04-01 Suntec Tower Five Singapore 038985

Tel.: 65 6829 9199 DID: 65 6829 9194

Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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

	ACCIDENT STATEMENT
Date Of Report	11/04/2018 09:10
Date Of Accident	04/04/2018 18:45
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF5178H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RAIS BIN ABU BAKAR
NRIC No	S8441425E
Email Address	ACE.HOLLAND84@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90717744
Alternative Phone No	OTHERS-90717744
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MTMC01000793
Cover Note Number	06/02/2018 - 05/02/2019
Driver	
Name of Driver	MUHAMMAD RAIS BIN ABU BAKAR
NRIC No	S8441425E
Date Of Birth	28/12/1984
Occupation	INDOOR
Date Of Driving Pass	23/10/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90717744
1990 (

OTHERS-90717744

ACE.HOLLAND84@GMAIL.COM

BLK 345 BUKIT PANJANG RING ROAD

#12-881

CLEAR

NO

YES

NO

YES

NO

2

670545 Postcode

Was driver an employee of the Insured's Company NO

OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident

Weather Conditions

DRY

Road Surface

Address

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

YES

NO

: NUR ADILAH

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

GENDER:

SINGAPORE

: FEMALE

TRAFFIC POLICE DIVISION HQ

TEL NO: 65470000 - FAX NO:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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

MIRA

Phone Number

87827004

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBM888M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Page 2 of 22

Name of Driver

LEE CHENG OOI RON

NRIC/Passport Number

S8700255A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD RAIS BIN ABU BAKAR

Approximate Age

Injuries Sustain

RIGHT HAND

Injured person in which vehicle?

FBF5178H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- 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:
 - 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:
 - 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 Courte Personnel's Signature Name:

NRIC/FIN No.:

	5176H _ Vehicle B:	7 PM SEC W	Vehicle C:)
TCH PLAN				
(A)				
130	Sapanester and It. Mar.			
	17-1-18-0-18-0-19-0-19-0-19-0-19-0-19-0-19			
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57				Service Annual Page
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Pulle to	the police vegors			
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			Labora Dece	arting Only
☐ Claim OD/TP at A		DD/TP at other wo	rkshop	orting Only
Remarks : Please forw	vard a copy of my effle acciden	t report to :		orting Only
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Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20180405/7003

REPORT O	F A TRAFFIC	ACCIDENT	PARTICIPATION OF THE PARTICIPA	1		
Date/Time Report Made: 05/04/2018 00:50			Vide Report No.: Station Diary			
Informa	nt's Particu	lars	开始 医外腺 可提供 在国际实际方面			
Name of	Informant:	BIN ABU BAKAR	Address: APT BLK 545 BUKIT PANJAN SINGAPORE 670545	IG RING ROAD #12-881		
ID Type / ID No.: NRIC NO / S8441425E			Contact No.: Home/Office:	Mobile: 90717744		
National		Stanta	Email: ace.holland84@gmail.com			
Sex: Age: Date of Birth: Male 33 28/12/1984			Type of Informant: Rider			
Race: Malay			Language: English	Institution / School Name:		
Occupat			Driving Licence Information: Class: 2B	Date of Expiry:		

Type of Accident:	nation of the Acci Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2018 18:48	Type of Location Straight Road	
Location: CLEMENTI F	ROAD				
Weather:		Road Surface:		Road Speed Limit:	
Hallic Flow.		Traffic Control:		Traffic Volume:	
One Way			W.A.	Anyone conveyed by	

CONTRACTOR DESCRIPTION OF	ehicle Involved	Make	Model	Color	Condition	No of Passenge
Vehicle No.	larype see success	Marc	14100001	N. W. C.		1
FBF5178H	Motorcycle					
						0
SBM888M	Car	HONDA				U

Details of Person Involved	English Street S
Any Pedestrian Involved: No	A 1 NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20180405/7003

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

CONTINUATION OF REPORT

Rider	A SECRETARY OF THE PROPERTY OF		ID No.	-	S8441425E
Name	MUHAMMAD RAIS BIN ABU BAKAR				S0441423E
Related Vehicle	FBF5178H (Motorcycle)			t No.	90717744
Hospital/Clinic	NIL				Class: 2B Date of Expiry: NIL
Date Treatment	04/04/2018	Date Disch		NIL	
No. of Days gran	ted Medical Leave 03	Degree of	Injury	Slight	and the second of the second o
Driver.				Dec 19	
Name	lee cheng ooi, ron		ID No.		S8700255A
Related Vehicle	SBM888M (Car)		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
Date Heatiment	nted Medical Leave NIL	Degree of	Linicome	NIII	

Brief Details.

On April 4th 2018 at around 6.48pm..i was riding my motorbike (FBF5178H) with my pillow on the centre lane along Clementi Road when a blue car (SBM888M) model Honda Vezel swerve from my left lane into my lane and collided into me... manage to control my bike to avoid from falling. The vehicle stop and a male driver came out...i took pictures n change particulars with the driver...i notice there is a dent n minor scratches on the back right side (near to the wheels) of the vehicle and there is a minor damage to the front side of my motorbike.

During the collision there is a female witness who is riding on the left side saw the whole incident and stop then..we change particulars and she agreed to be my witness for this incident.

After the incident i went to the clinic to consult a doctor on a minor injury on my right hand and received 3 days MC.

I wish to say I'm writing this report as the driver do not wish to settle this matter and wishes to claim against me.

Driver Particulars: LEE CHENG OOI, RON

IC: (S8700255A) Hp: 81391719

Witness: MIRA HP: 87827004



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



Report No. T/20180405/7003

CONTINUATION OF REPORT





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

4 of 4 Report No. T/20180405/7003

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2018 00:50
Officer in Charge Of Case:	Classification Of Case:
Authentication Stamp	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	CAPACIONES A ANT MENOR CAPACION -	
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	1425E	
Vehicle No.:	FBF5178H	
Vehicle to be Exported:	No	
Intended De-registration Date:	19 Jun 2018	
Vehicle Make:	YAMAHA	
Vehicle Model:	FZ 16	
Primary Colour:	Red	
Manufacturing Year:	2011	
Engine No.:	21C7005124	
Chassis No.:	ME121C076B2005167	
Maximum Power Output:	8	
Open Market Value:	\$1,953.00	
Original Registration Date:	02 Aug 2011	
First Registration Date:	02 Aug 2011	
Transfer Count:	7	
Actual ARF Paid: Intended PARF Rebate Details	\$293.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	¥	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	01 Aug 2021	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$2,012.00	
COE Rebate Amount:	\$712.00	
Total Rebate Amount:	\$712.00	

The information contained herein is correct as at 19 Jun 2018

ОК



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

		PRE-REPAIR INSE	PECTI	ON REPORT	
TE	O INSURANCE P MASEK BOULEVA SINGAPORE 038	ARD #04-01 SUNTEC TOWER	Ref. Date:	CS3/EGI18006850 22-06-2018	0/Gz4bs2
1.		Policy Particulars			
	Insured Veh.	SBM 888M	1	nspected	FBF 5178H
	Policy No.	Out of the	7.477	age (\$)	0.00
	Claim No.	CDMPG18000033	Exces		0.00
	Assign From	YEE PEI LI	Assign		12/04/2018
2.	Assignition	Vehicle Parti			
٤.	Make & Model	YAMAHA FZ	c.c	a condition	153
	Engine No.	HIDDEN	-	of Reg.	2011
	Chassis No.	ME121C076B2005167	Colou		RED
	Odometer		Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modifi	cation	NIL
	General	GOOD			2000
3.		Condit	ions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	110/70-17	MICHE	LIN	5 mm
	L/H Front Tyre				mm
	R/H Rear Tyre	140/70-17	MICHE	LIN	5 mm
	L/H Rear Tyre				mm
4.		Descript	ion of C	Damages	
	THE VEHICLE SU BODY.	STAINED DAMAGES AT THE FR	ONT PO	RTION AND N/S	
5.	O DE NESSE	Genera	al Infor	mation	
	Accident Date	04/04/2018	Inspe	ct Date / Time	13/04/2018 (02:20 PM)
	Survey held at	YUH LOONG MOTOR COMPAN	NY PTE I	LTD	
		BLK 10 ANG MO KIO IND PARK	(2A #05	-28 AUTOPOINT SI	NGAPORE 568047
5a.	SE ROLLINGS	F	Remark	S	
	B) THE REPAIR E THE REPAIRER V	ON WAS CONDUCTED ON A "W STIMATE WAS NOT PRESENTE! VAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE D REPAIR COST OF THE DAMA	D AT THE TIMATE PHOTO	E TIME OF INSPECT. GRAPHS.	CTION.
		Estimate	Dave	of Donair	
5b.		Estimate	Days	of Repair	NAME OF TAXABLE PARTY.

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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