

A/S. REC. BY:

REF:

CS/CTZ18003415/TLS6

Special Instruction:

Surveyor

Mortimer

ASSIGNMENT (Office)

From (Person):

Chong Boon Sen

of

CTZ

Date/Time:

08052018 857am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBK 6595D

Insured:

SJE 234Y

at Workshop m/s

System Motor Trading

Tel:

6274 2861

of

Blk 1002 Bukit Merah Lane 3 #01-73

Policy No:

DMP(CSN)3007231800

Claim No:

SNM18001605002

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26032018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

08052018 9:55am

Person Contacted:

Jimmy

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

FBK 6595D - X

SJE 234Y - CS/TH 13000755/mysu

D.O.A. 050318

REF:

CT1

ASSIGNMENT

From: Date: 15/01/18

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No:

Claims No:

Sum Insured:

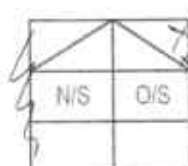
Excess:

(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 Report: Consistent? : Yes or No

GIA / 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

PBK 654517

Yr Regn:

2015, Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda CB400X

C.C.

399

Colour:

Maroon

A/C:

Insured / Std / NI / NA

Sp. Reading:

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JH 2NC4798 EK 000274

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

120/70 R 17

BS / DUN / EXNOVA / SY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal:

5 mm

R/Bal:

5 mm

L/Bal:

mm

L/Bal:

mm

D.O.A.

D.O.I.

8/5/18

Survey held at

System Master.

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

N/S, Frt O/S

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

Date / Time Action / Instruction

HS \$2,800 / 4 days
 (\$ 3,323.00 Red -54%)

RECEIVED 29 JUN 2018

Date/Time, File Pass to?

29/06/18

1)

Typist

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation

G + RS \$

Photos

Other

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$ HS \$2,800/)

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 May 2018		08 May 2018 08:57 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	ANG SOK HOON, ID: 57926536E								
Main Claimant:	ROSELAN BIN BUANG								
Vehicle Reg. No.:	FBK6595D	Date of Loss:	26/03/2018 10:00 - :59						
Claim Type:	TP / SNM18D01605C02	Policy/Cover Note No.:	DMPCSN3007231800 (Comprehensive)						
Vehicle Reg. No. (Insured):	SJE234Y	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	System Motor Trading (HQ) Blk 1002 Bukit Merah Lane 3, #01-73 ALEXANDRA VILLAGE INDUSTRIAL ESTATE, 159719 Bukit Merah - Tel: 6274-2861								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 17/05/2018]								
Adj Asg. Remarks:	EST \$6123 , CASE WITH SJE.								
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.									

Shirley Hiew (LKK Auto)

From: jimmyeosmt <jimmyeosmt@gmail.com>
Sent: Thursday, 28 June 2018 4:57 PM
To: Shirley Hiew (LKK Auto)
Cc: Taufikh (LKK Auto); sur@lkkauto.com
Subject: Re: FBK6595D

Hi Shirley,

We refer to the above matter.

We confirm lump sum amount \$2,800.00 and 4 days loss of use.

Thank you.

Best Regards

Jimmy Yeo
System Motor Trading
62742861

On Thu, Jun 28, 2018 at 11:58 AM, Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com> wrote:

Hi Sir/Madam,

Kindly re-confirmed finalised L/S amount \$ 2,800.00 and 4 repair days.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

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

From: Shirley Hiew (LKK Auto) [<mailto:ShirleyHiew@lkkauto.com>]
Sent: Friday, 22 June 2018 11:40 AM
To: jimmyeosmt@gmail.com

Cc: 'Taufikh (LKK Auto)' <taufikh@lkkauto.com>; sur@lkkauto.com
Subject: FW: FBK6595D

Hi Jimmy,

kindly confirmed finalised L/S amount \$ 2,500.00 and 4 repair days.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

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

From: jimmyeosmt [<mailto:jimmyeosmt@gmail.com>]
Sent: Tuesday, 12 June 2018 3:56 PM
To: Taufikh (LKK Auto) <taufikh@lkkauto.com>
Cc: sur@lkkauto.com; gillianyeo22@gmail.com
Subject: Re: FBK6595D

Hi Taufikh,

We refer to the above matter.

Please find attach herewith after repair photos for your attention.

Kindly let us have your finalise on an urgent basis.

Best Regards

Jimmy Yeo

System Motor Trading

62742861

Survivor

MPA218042935 / Progressive Automotive Pte Ltd - HQ
 ENTRY DATE & TIME: 31/03/2018 12:32
 SUBMITTED BY: Ng Pui Wan

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 31/03/2018 13:05

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 31/03/2018 12:32
 Date Of Accident 26/03/2018 10:30
 Exact Location Of Accident YISHUN INDUSTRIAL STREET 1
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK6595D
Insured/Policyholder
 Name Of Registered Owner ROSELAN BIN BUANG
 NRIC No S1741778I
 Email Address NASUHA_ROSELAN@CGH.COM.SG
 Mobile Phone No (LOCAL) +65-88628913
 Alternative Phone No OTHERS-88628913

Vehicle Particulars

Manufacturer HONDA
 Model CB400-399CC

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 AN3161138
 Cover Note Number

Driver

Name of Driver ROSELAN BIN BUANG
 NRIC No S1741778I
 Date Of Birth 09/11/1966
 Occupation INDOOR
 Date Of Driving Pass 12/06/1989
 Driving Experience 28 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-88628913
 Fax Number
 Contact Number OTHERS-88628913
 Email Address NASUHA_ROSELAN@CGH.COM.SG

Address	BLK 334B YISHUN STREET 31 #02-99 SINGAPORE
Postcode	762334
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 ON COLLISION
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)	2
Passenger 1	NAME: : ASMAH BINTE DAHALAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
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?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE234Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SOK HOON
NRIC/Passport Number	S7926536E
Contact Number	93807988

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ROSELAN BIN BUANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBK6595D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ASMAH BINTE DAHALAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBK6595D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claim process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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 insurer or the J&K Road Management Centre established by the Government of Singapore (J&K) for anything and that copies of this report will be a fee be made available upon application by registered parties.
7. By the lodging of the report to the insurers, you hereby consent to the disclosure of the report to the police and to anyone if the report being made available to any third.

Consent under the Personal Data Protection Act (PDPA)

I/we hereby acknowledge, agree and consent that:

- (a) My insurer, my workshop and the Motor Insurance Association of Singapore ("MIA") are/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 provided by my insurer) collectively the "Personal Information" and disclosing transfer such "Personal Information" to an insurer(s) who have insured my vehicle(s) involved in the accident (all insured(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurer(s)"); the insurer(s) being/are from the Motor Insurance Association of Singapore, a law enforcement agency or a third party, for the purpose(s) of:
 - (i) assessing, handling and/or dealing with my claim in full for the settlement of my claims and any subsidiary investigations relating to the claim;
 - (ii) investigating the accident and/or its causes;
 - (iii) dealing with and/or dealing with my vehicle(s) in responding to any requests by me;
 - (iv) processing my claim(s) involving the handling of various documents, correspondence, reports or notices to me which could involve disclosure of my personal data, about the handling about delivery of the vehicle(s) with all the external cover of envelope/mail package(s) and/or;
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes";
- (b) An insurer(s) who have insured vehicle(s) involved in the accident and the Insurer(s) being/are from the MIA are/are permitted to collect, use, disclose and/or process the Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/are be disclosed by any of the insurer(s) and/or MIA to their third party service providers or agents (including their lawyers/law firms), which may be used outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims data for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing the claim;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time

31/3/18
12pm

Driver's Signature
(If given and the policyholder is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature
Name
NRIC No.

Prithvi

Sketch Plan #2

SKETCH PLAN

Vehicle No

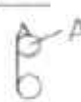
A - FBK6595D

B - SJE234Y

Legend



Vehicle



SSA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report Report No: T/20180326/2116

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 timeframe from the date of occurrence. Kindly check your policy for more detail.

Policyholder's Signature
Date & Time

3/3/18
ppm

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

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

Nowell

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

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

1) Date of accident 26/3/18		Time 1030		2) Exact location of accident Yishun Industrial Street 1		To be signed by BOTH drivers	
3) Material damage To vehicles other than vehicles A and B No ☒ Yes ☐		To property other than vehicles No ☒ Yes ☐		4) Witness' name, address and tel no. (to be undated if none) Is passenger in vehicle A or vehicle B?		5) Injuries even if slight No ☐ Yes ☒	

Registration No. (VEHICLE A) **FBK6595D**

6) Insured / policyholder (see insurance cert.)
Name **Rohan S Brind**
(capital letters)

Address _____

NRIC / Passport no. **S17H778/E**

Tel no. (From Stem tel. No.) _____

IP **89625913**

7) Vehicle
Make / type **HONDA CBR 600F**

8) Insurance company
AVA B ☐ TPT ☐ TPO

Does the policy cover damage to vehicle A?
No ☐ Yes ☒

Policy No. **AN 3161138**

9) Driver
Name **As Above**
(capital letters)

NRIC / Passport no. _____

Class of license _____

IP _____

Gender Male ☒ Female ☐

12) CIRCUMSTANCES

1. Direction of travel (see sketch of accident scene) _____

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100. Direction of travel (see sketch of accident scene) _____

Registration No. (VEHICLE B) **STE 234Y**

6) Insured / policyholder (see insurance cert.)
Name _____
(capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (From Stem tel. No.) _____

IP _____

7) Vehicle
Make / type _____

8) Insurance company
☐ C ☐ TPT ☐ TPO

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available) _____

9) Driver (see driving license)
Name **Ng Sock Hon**
(capital letters)

NRIC / Passport no. **S17261301**

Class of license _____

IP **73807432**

Gender Male ☒ Female ☐

13) Sketch of accident scene (road sketched) _____

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97) Sketch of accident scene (road sketched) _____

98) Sketch of accident scene (road sketched) _____

99) Sketch of accident scene (road sketched) _____

100) Sketch of accident scene (road sketched) _____

11) Vehicle damage to vehicle A

12) Vehicle damage to vehicle B

13) Remarks

14) Signature of Driver A

15) Signature of Driver B

16) Remarks

In the event of injuries to the driver of vehicle A or vehicle B, the driver of vehicle A or vehicle B must complete a separate statement (Part II) and forward it to the reporting centre.

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		One Working Unit / 1 hr (if any)													
To be completed and submitted within 24 hours to your insurer or Tdec or appointed workshop (Use a separate sheet if other where necessary)															
Insured	1. Occupation (if more than one, state all)		email: <u>rosyha_roseha@cah.com.sg</u>												
	2. Vehicle registration no. <u>FBK 6592A</u> <u>CC</u>		If commercial vehicle, state permissible carrying capacity												
	3. Is driver the owner? ☒ Yes ☐ No		State the vehicle number and name of owner of driver's own vehicle (where applicable)												
	4. Exact purpose for which vehicle was being used at time of accident ☒ Private use ☐ Commercial use ☐ Hire & reward ☐ Public use														
	5. Is the vehicle still in use? ☒ Yes ☐ No		If no, state where it is at present												
Of which vehicle are you the owner?	6. Are you claiming under your own insurance policy for loss to your vehicle? ☐ Yes ☒ No														
	If yes, select action to be taken ☐ Third Party ☐ Reporting Only ☒ Third Party (Own Workshop)														
	7. Date of birth: <u>9/1/66</u>		Gender: ☒ Male ☐ Female												
	8. Date of license pass: <u>12/6/89</u>		Was vehicle driven with the insured's permission? ☒ Yes ☐ No												
	9. Give details of any pre-existing impairment of sight or hearing and of any other disability		Was driver an employee of the insured's company? ☒ Yes ☐ No												
Driver or person in charge of vehicle at the time of accident (including insured)	10. Full details of all driving convictions including pending convictions in the last 16 months														
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Offence	Penalty									
	Date	Offence	Penalty												
11. Name(s), address(es) and telephone number(s)															
12. Name(s) of insured															
13. If vehicle occupied, state in which vehicle															
Expected injuries	14. Were you sent to hospital or ambulance? ☒ Yes ☐ No														
	15. Were you injured? ☒ Yes ☐ No														
	16. Were you injured? ☒ Yes ☐ No														
	17. Were you injured? ☒ Yes ☐ No														
	18. Were you injured? ☒ Yes ☐ No														
Damage to property & vehicles (other than vehicle A and B)	19. Name(s) and address(es) of owner(s)														
	20. Vehicle registration no. or details of property														
	21. Nature of damage														
	22. Insurer's name and address (if known)														
	23. Add the accident reported to the Police? ☒ Yes ☐ No														
Police action	24. If yes, please state which Police station <u>Yishun North N/C</u>														
	25. Was a written report given? ☒ Yes ☐ No														
	26. If yes, against whom?														
	27. Was the accident reported to the Police? ☒ Yes ☐ No														
	28. If yes, against whom?														
Accident details	29. Weather conditions ☒ Clear ☐ Rainy ☐ Cloudy														
	30. Road surface ☒ Dry ☐ Wet														
	31. Speed of vehicle <u>A</u> km/hr <u>0</u> km/hr														
	32. What signals were given by driver or other party?														
	33. Were street lights illuminated? ☒ Yes ☐ No														
Declaration	34. What lights were displayed on or in the vehicle at the time of accident?														
	35. If your vehicle is commercial, state weight of load carried at time of accident														
	36. State how accident happened, sketch of road, speed limits, etc (refer to attached)														
	37. State number of Passengers (including Driver) <u>2</u> <u>Asmpt Binte Dohdan (B)</u>														
	38. I/We declare the foregoing particulars to be true in every respect														
Policyholder	Policyholder's signature <u>[Signature]</u> Date <u> </u>														
	Driver's signature (if driver is not the policyholder) <u> </u> Date <u> </u>														

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S17417781



ROSELAN BIN BUANG

Race: MALAY
Date of Birth: 09-11-1956
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S17417781

ROSELAN BIN BUANG

Issue Date: 09 Nov 1996
Renew Date: 13 Aug 2015




1042121



NRIC No: S17417781



Residence: 24-04-1994

APT BLK 334B YISHUN STREET 31 #02-98
SINGAPORE 762334

NRIC No: S17417781 Date: 13/05/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	12 Jun 1999
Class 2A	Motorcycles between 201 cc and 400 cc	12 Jun 1999
Class 3	Motor Cars <= 3500kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	04 Oct 1996
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	15 Dec 2000

AP 420A

Licence No: S17417781



SYSTEM MOTOR TRADING

Block 1002 Bukit Merah Lane 3 #01-73 Singapore 159719

Tel: 6274 2861

Date: 30 April 2018

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower

Singapore 079909

(email: claimsdept@sg.cntaiping.com)

Dear Sir,

**RE: PRE- REPAIR ESTIMATE COST OF VEH. NO. FBK6595D- (CB400-399CC)
MOTORCYCLE) - ACCIDENT BETWEEN FBK6595D & SJE234Y DATED 26/03/2018**

Parts	Unit Price	Total
1pc front tyre sport rim	1,200.00	1,200.00
2pcs front fork (LH & RH)	900.00	1,800.00
1pc steering bracket	560.00	560.00
1pc front mudguard	350.00	350.00
1pc steering handle	85.00	85.00
1set side box with bracket	880.00	880.00
1set sport light	200.00	200.00
1set handle guide	120.00	120.00
1set hand-phone holder	28.00	28.00
Total:		\$ 5,223.00

Labour Charges

- To remove and check and straighten front chassis and re-fixing necessary parts to facilitate repair etc.
- To replace front necessary parts to check and touch up paint to the accident repair effected necessary area.
- Towing charges.

400
650.00
180.00
70.00
570
\$ 6,123.00

**NOTE: KINDLY CONTACT US AT 6274 2861 (JIMMY YEO) / 98287725 (GILLIAN) OR
EMAIL TO US AT: JIMMYEOSMT@GMAIL.COM, TO ARRANGE FOR YOUR
SURVEYOR TO CONDUCT A PRE-REPAIR VEHICLE TO ENABLE FOR US TO
PROCEED THE REPAIR**

Yours faithfully

System Motor Trading

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:

Tan Jiah 97495749

WP
9/5/18 @ 1715

Resurvey before/after repair
sure@lehand.com
4 days

24/5/18

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 May 2018		08 May 2018 08:57 Edit Adj Rpt	\$2,800.00 Edit Estimates	\$2,800.00 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	ANG SOK HOON, ID: S7926536E		
Main Claimant:	ROSELAN BIN BUANG		
Vehicle Reg. No.:	FBK6595D	Date of Loss:	26/03/2018 10:00 - :59 [27 Months and 12 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM18D01605C02	Policy/Cover Note No.:	DMPCSN3007231800 (Comprehensive)
Vehicle Reg. No. (Insured):	SJE234Y	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	System Motor Trading (HQ) Blk 1002 Bukit Merah Lane 3, #01-73 ALEXANDRA VILLAGE INDUSTRIAL ESTATE, 159719 Bukit Merah - Tel: 6274-2861		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 17/05/2018]		
Adj Asg. Remarks:	EST \$6123 , CASE WITH SJE.		

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.									

Claim Documents

***FBK6595D (SNM18D01605C02)**
[SJE234Y]

TP
ROSELAN BIN BUANG
Mar 26 2018 10:00AM
[ANG SOK HOON]
System Motor Trading

Upload Documents Upload Photos Compose New Letter			View View in Browser		
Assessment Reports			1 per page	☒	
No	Finalized On	Wearnes Automotive Pte Ltd (Alexandra Road)		Thumbnail	Print
1	26/03/18 15:34	Accident Statement	1	Load HTM	
Photos/Images			3 per page	☒	
No	Finalized On	Wearnes Automotive Pte Ltd (Alexandra Road)		Thumbnail	Print
1	26/03/18 15:34	Accident Photo [Linked Accident Report Documents]	1	Load JPG	☒
2	26/03/18 15:34	Accident Photo [Linked Accident Report Documents]	1	Load JPG	☒
3	26/03/18 15:34	Accident Photo [Linked Accident Report Documents]	1	Load JPG	☒
4	26/03/18 15:34	Accident Photo [Linked Accident Report Documents]	1	Load JPG	☒
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	22/06/18 11:33	General View	1	Load JPG	☒
2	22/06/18 11:33	General View	1	Load JPG	☒
3	22/06/18 11:33	General View	1	Load JPG	☒
4	22/06/18 11:33	General View	1	Load JPG	☒
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28	22/06/18 11:33	General View		Load JPG	

Assessment Reports			1 per page	☒
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Assessment Reports			1 per page	☒
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Documentation			1 per page	☒
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3	26/03/18 15:32	Police Report [Linked Accident Report Documents]	 Load TIF	
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5	26/03/18 15:32	Police Report [Linked Accident Report Documents]	 Load TIF	
6	26/03/18 15:32	Police Report [Linked Accident Report Documents]	 Load TIF	

Linked Accident Report Documents

Assessment Reports			1 per page	☒
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Photos/Images			3 per page	☒
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5	26/03/18 15:32	Police Report	 Load TIF	
6	26/03/18 15:32	Police Report	 Load TIF	

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.

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/CT118008415/T1SBQ2

Date: 02/07/2018

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMPCSN3007231800

Claimant Vehicle
No : FBK6595DInsured Vehicle
No : SJE234Y

Date of Loss: 26/03/2018

Nature of Claim: TP

Claim
No: SNM18D01605C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: FBK6595D

Make & Model: HONDA CB400, 399cc

Engine No: NC47E5000232

Reg. Date: 14/12/2015 (Man. Year: 2015)

Chassis No: JH2NC4798EK000274

Colour: Maroon

Odometer: 0 km

Engine Capacity: 399 cc

Market Value/New Car Price: N/A

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

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

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

CONDITION OF TYRES

Front Tyre Size: 120/70 R17

Rear Tyre Size: 120/70 R17

Front Left Side: Goodyear 5 mm

Rear Left Side: Goodyear 5 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	5,223.00	2,929.50	2,293.50	43.91
Miscellaneous Items	0.00	0.00	0.00	
Labour	900.00	570.00	330.00	36.67
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	6,123.00	3,499.50	2,623.50	42.85
Approved Total (Overridden) (S\$)		2,800.00		
Nett Amount (S\$)	6,123.00	2,800.00	3,323.00	54.27

INSPECTION

Date of Assignment: 08/05/2018

Date Inspected: 08/05/2018 Inspected At:

System Motor Trading (HQ)
Blk 1002 Bukit Merah Lane 3, #01-73
ALEXANDRA VILLAGE INDUSTRIAL
ESTATE
Singapore 159719

Estimated Period of Repair: 4.0 days

Adjuster: MOHD TAUFIKH BIN HAMID**Manager:** Hiew May Fung

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: 02 Jul 2018)	
Parts:	N/A	HONDA CB400 399cc (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for FBK6595D)	
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		*FRONT TYRE SPORT RIM	Bent	1,200.00 F	*400.00 FL
2	2		*FRONT FORK (LH&RH)	N/S Bent / O/S Dented	1,800.00 F	*1,600.00 FL
3	1		*STEERING BRACKET	Not Necessary	560.00 F	*- FL
4	1		*FRONT MUDGUARD	Cut	350.00 F	*350.00 FL
5	1		*STEERING HANDLE	Bent	85.00 F	*85.00 FL
6	1		*SET SIDE BOX WITH BRACKET	Cracked	880.00 F	*500.00 FL
7	1		*SET SPORT LIGHT	Cut	200.00 F	*200.00 FL
8	1		*SET HANDLE GUIDE	Cut	120.00 F	*120.00 FL
9	1		*SET HAND -PHONE HOLDER	Not Necessary	28.00 F	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	5,223.00	3,255.00
- List Item Discount on L Items 0.00/10.00% (S\$)	0.00	325.50
Total Parts (S\$)	5,223.00	2,929.50

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO REMOVE AND CHECK AND STRAIGHTEN FRONT CHASSIS AND RE-FIXING NECESSARY PARTS TO FACILITATE REPAIR ETC	New	650.00	400.00
2	TO REPLACE FRONT NECESSARY PARTS TO CHECK AND TOUCH UP PAINT TO THE ACCIDENT REPAIR EFFECTED NECESSARY AREA	New	180.00	100.00
3	TOWING CHARGES	New	70.00	70.00
Gross Labour Cost (S\$)			900.00	570.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >