ASS. REC. B	Y: RI	F: CS3 A	13F880081 DI	/24d3b2	al Instruction:	
MONMEN	Sathua	ADDI	TATA SERVICE (C) CC )			
From (Person	(hin lee ying	of	AIG	D	ate/Time: 16 5 18 @	10.42an
			12111 101			
OB AP M	STTP RES / OD RES / )	EVA/INV/I	MV7CS		0.7.0.	
	ehicle No:	LBD 68	002	_ Insured: _	SL7 3169E	
at Workshop	m/s teng Mo	tur Er	terprise	Tel: _	9880 4346	
01	471 (	hangi '	Road			
Policy No:_		0				
Sum Insured			Excess:			
Make of Veb (Client's Recon				D	O.A. 11105 2018	
	/ REP. / REV 24 HRS				H.O.D. Endorsement:	
Date/Time:	0:49am@1615118	Person Conta	cted: Mr. Brend	on Vel	nicle(IN) OUT	
Date/Time	Action/Instruction (	X) Esti	mate			
-	FBD 68007	-×				
	8173169E-					
21/2/18	Dismanfied					
1 1.8	SIMPINATION					

# ASSIGNMENT

From: Date:	Veh No: FBD 6800 Z Yr Regn:	7
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / P	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make:	C.C
at Workshop m/s	Colour Purple . A/C: In	sured / Std / NI / NA
of "		nsured / Std / NI / NA
Insured:	Eng/No:	
Policy No.	C/No: NC42-1001558	
Claims No.	Gen. Cond: Good / Pain/ Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil / S(Rim / STD A/Rim or	
	Tyre Size: F: /30/60 R17	
(Policy Condition)	R: 160/60 R17	
Remark: The veh had commenced its		U I PIR I SUMI I
repair at the time of inspection.	TOYO/YOKO or	
Bal. or Market Value:	Front Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal.	C mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal.	G mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I.	17/5/2018
Lum Sum: % 3 Val.: Yes or No	Survey held at Heng Motor	
24 / 25/ / 255 / 24/155	Des. of Damages : Frt / Rear / O/S / N/S / U/C	/ Rooftop or
CA / REV / REP. / 24 HRS  Vehicl	e: IN/OUT /S/S	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure a	affected due to collision.
Date / Time   Action / Instruction		
28/5/18 Submit DAR Report		
RECEIVED 3	0 MAY 2018	
NEOLI 1		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
1) : Final Report	Resurvey No. of Trip: Survey F	ee: 180
Date/Time, File Return to?	Transporta	tion
2)	Add Fee: Site Insp (\$ ) _s+RS	SI
	: Interview (\$ ) Photos	
Report Format :	: Tech. Invs (\$ ) Others	20
Lump Sum / I.B.I: (\$	: Weekend (\$	
	TOTAL	200

# - FW: PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SLT3169E AND FBD6800Z ON 11/05/2018

From:	Chin,	Lee-Ying
-------	-------	----------

To: 'assignments', Admin A

Cc: Fong, Andy-SY

Sent: 16/5/2018 10:42:36 AM

Attachments:

FaxDD6B.TIF

Hi LKK,

Kindly assist to survey, bike is in workshop.

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:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

PDX Intercompany Exchange Pte Ltd

日氏の

KENG SIANG LLC

FROM TEO KENG SIANG LLC PDX Box No. 8902

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098. ROC: 201510228C GST Reg No.: 201510228C Advocates & Solicitors . Notary Public . Commissioner For Oaths

Your Ref Date

To:

(中帝的)其实多举写书)

路察祥大律郎横

SLT 3169E TKS/H461-ACC-MISC18/my

15 May 2018

Singapore 079120 78 Shenton Way #07-16 AIG Asia Pacific Insurance Pte Ltd AIG Building

0 Westgate Tower Daimler Fleet Management Singapore Pte Ltd 1 Gateway Drive #15-08

Singapore 608531

Email: KSTEOCO@singnet.com.sg

(FAX-NOT FOR SERVICE OF COURT DOCUMENTS)

Secretary in charge: Jerdine
Tel: 6333 4222
Fax: 6333 5676/6333 5688
Email: jerdine.wang@ksteoptr.com
BY PDX # 8181 & FAX: 6835 7416

BY POST

NOTIFICATION OF ACCIDENT ACCIDENT INVOLVING FBD 6800Z/ SLT 3169E ALONG MARINA SOUTH PIER CARPARK ON 10 MAY 2018

We act for DALVIN SINGH S/O RAJINDER SINGH in an accident above

We are instructed by the abovenamed to notify you of a road traffic accident on 11 May 2018 at about 4.35PM ALONG MARINA SOUTH PIER CARPARK involving our client's motor vehicle FBD 6800Z and motor vehicle SLT 3169E driven by you or your authorized driver at the material time. A copy of the GIA/Traffic Police Report is enclosed. Kindly also let us have your GIA/Traffic Police report for our necessary.

As a result of the accident, our client's vehicle has been damaged. Before we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle FBD 6800Z is now at the following workshop: -

HENG MOTOR ENTERPRISE

Singapore 419889 471 Changi Road

Contact Person: Mr.Brendon (9880 4346)

Yours faithfully

c.c. Heng Motor Enterprise M/S TEO KENG SIANG LLC

(BY Fax 6747 2411)

\*\*Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Wong Yong Sheng, Kenneth LL.B (Hons) University of Bristol

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)



## 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 Inte	rnationale Des Experts En Autor	nobile
AIG	ASIA PACIFIC IN	SURANCE PTE LTD	Ref : CS3/AIG18008	3878/Vz4d3
CHA	SHENTON WAY #0 ARTIS BUILDING GAPORE 079120	08-16	Date: 16-05-2018  Code: AIG	
1.		Policy Particul	ars :- (THIRD PARTY CLA	IM)
	Insured Veh.	SLT 3169E	Veh. Inspected	FBD 6800Z
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From	CHIN LEE YING	Assign Date	16/05/2018
2.	State Side	Vehicle F	Particulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			
3.		Co	nditions 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.		Desc	ription of Damages	
5.	Several Maria	Ger	neral Information	
	Accident Date	11/05/2018	Inspection Date	
	Survey held at	HENG MOTOR ENTERPRI	SE	
		NO.471, 5 1/2ms CHANGI F	ROAD SINGAPORE 419889	
ā.	STERNING.		Remarks	
	B) THE REPAIR ES	ON WAS CONDUCTED ON A STIMATE WAS NOT PRESEN (AS TOLD TO PREPARE THE EASE FIND DAMAGED VEH	N'WITHOUT PREJUDICE" BAS NTED AT THE TIME OF INSPE E ESTIMATE. ICLE PHOTOGRAPHS.	SIS. CTION.

### 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

AND PROPERTY OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	14/05/2018 11:32
Date Of Accident	10/05/2018 16:35
Exact Location Of Accident	MARINA SOUTH PIER CARPARK
Country/State of Loss	SINGAPORE
256.2000年度在建設。 医毒素	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD6800Z
Insured/Policyholder	
Name Of Registered Owner	DALVIN SINGH S/O RAJINDER SINGH
NRIC No	S9238755J
Email Address	DALVINSINGH92@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91472333
Alternative Phone No	OTHERS-91472333
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400 SUPER 4
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-365411-CA
Cover Note Number	
Driver	
Name of Driver	DALVIN SINGH S/O RAJINDER SINGH
NRIC No	S9238755J
Date Of Birth	07/10/1992
Occupation	INDOOR

Occupation INDOOR Date Of Driving Pass 08/01/2013

**Driving Experience** 5 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91472333

Fax Number

Contact Number OTHERS-91472333

**EMail Address** DALVINSINGH92@HOTMAIL.COM Address

BLK 538 WOODLANDS DRIVE 16

#08-147

Postcode

760538

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

COLLIDED INTO PARKED VEHICLE

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

0

#### **Details of Police Action**

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

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

**SLT3169E** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

SAMUEL @GMEHLIN

NRIC/Passport Number

Contact Number

83357360

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE, LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### 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.
- Information provided must be as <u>truthful and 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.
- 5. 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:
  - (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 gomplying with requirements under any regulations, laws or court orders.

Policyholder's signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

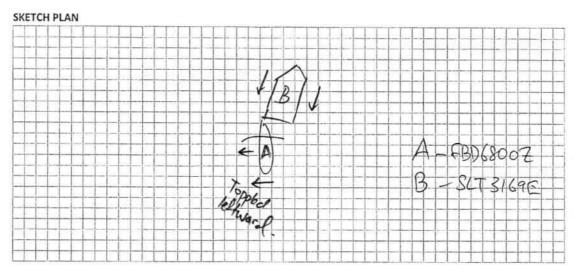
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### Sketch Plan #2 Pg. 1



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

M	Y bike was Parked at marine south pier carpark, After	
	Educains back to shore, 95 I Work Offshore 1 not	
	I bike was in a wierd Postion and it wasn't in	
	gime way as I lost parked it. AS I walked closer	
	t , my bike guas un maits main stand and a	
	by Side 9492 as how I last leptit. I noticed a	7.7
b	ite left clutch lever missing. It was broken,	
1	ofices my For floor two brake like donted and	cils
	few more dermages. A letter was placed on my !	
	Stating that it was been bot, and the person whom he	
	or hit it les loca his an Amb Avanner. The Parking	
- 1	tendent of the carpare also informed me of whatever in	
	I was fushing to work as an I had no time to	
	Epold it light away. And was one only able to lea	17
U	in the 12th of may 2018. The puper of the con	106
M	e that he will take full les par 5 bilities end to got	hrv
	lar Insulace clan claim.	
	TO STATE OF THE ST	
_		

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.:

GIARMIC SketchPlanForm\_V3

2

### Accident Sketch Plan Pg. 1

	ly made your
motorbike	Pall and the left
brake book	
Please con	tact me so that
my insurance	can (over
the repair	le .
Phone: 833	5 7360
	-( )
	Thank you

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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

	ACCIDENT STATEMENT
Date Of Report	12/05/2018 13:33
Date Of Accident	11/05/2018 10:00
Exact Location Of Accident	MARINA SOUTH PIER (OPEN CARPARK)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT3169E
Insured/Policyholder	
Name Of Registered Owner	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.
Co Reg No	199803778Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83357360
Vehicle Particulars	
Manufacturer	BMW
Model	320I LED NAV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995580
Cover Note Number	N.A.
Driver	
Name of Driver	SAMUEL GHEHLIN
Passport No/FIN	X1178992
Date Of Birth	14/02/1984
Occupation	INDOOR
Date Of Driving Pass	03/04/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83357360
Fax Number	
Contact Number	

SAMUEL.GMEHLIN@GMAIL.COM

Address

NIL

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

When reversing my car, I hit on a motorbike on the side making it fall. As a consequence, the left brake of the motorbike broke. The car got a few scratches on the rear right side but no dent. No injuries involved. That's all.

#### 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

FBD6800Z

Vehicle Make/Model/Colour

HONDA/ CB400

**Details Of Properties** 

NA

Vehicle Category

MOTORCYCLE

Name of Driver

DALVIN SINGH S/O RAJINDER SINGH

NRIC/Passport Number

Contact Number

91472333

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

STUTTE

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
   This Form must be completed by the Policyholder anistor the Authrorised Driver.
   Information provided must be as truthful and accurate as possible. Any volus management atom or withholding of material facts may

- 3. Information provided must be as truthful and accurate as possible. Any visto material section of visitional of extending above restrance companies to repudiate policy liability.

  The result and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 Singaporie (GIA) for archiving and that opins of the report will for a fee be made available application by interested parties.

  Thy the indigented 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.

  Consent united the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and convent that

I understand, acknowledge, agree and convent that

Is My maurer, my werkshop and the General insurance Association of Engagore ("GIA") may are permitted to collect, use, disclose and/or

is My maurer, my verkshop and the General insurance Association of Engagore ("GIA") may are permitted to collect, use, disclose and/or

process ray 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 at insurer; a who have insured. vehicle(s) involved in this accident (all neuro(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the Insurers ), the insurers lawyers law form, the Monetally Authority of Singapore and any relevant government agency authority (such as the purpose(s) of

is processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

(ii) Investigating the accident and/or my claims

- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
  (iv) administering my claims (including the making 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/max
- packages); and or

  (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

  (collectively the "Purposes")

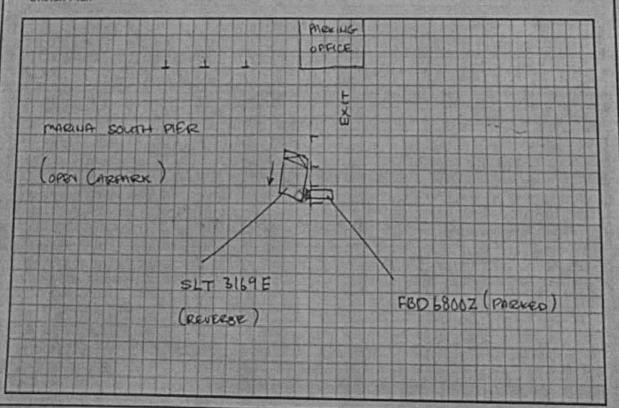
  (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers law fame, may/are permitted to collect, use.
- disclose and/or process my Personal Information for one of more of the above Purposes, and
  (c) my Personal Information may/oan be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their tavyers/law firms), which may be alted outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS REPORTING OFFICER MOHD FADZLY BIN ISMAIL

Poscyholder's Signature / Date & Time | Dinver's Sig

er a not the policyholder) / Date & Time - Witnessed by Reporting Centre

#### Sketch Plan



ACCIDENT	STATEMENT	(2000 characters
----------	-----------	------------------

When reversing my car, I hit on a moto consequence, the left brake of the mot rear right side but no dent. No injuries it	orbike broke. The car got a few scratches on the
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information prov	rided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHD FADZLY BIN ISMAIL	
	1 Selli
MARS Officer	Pooletered Ourses or Delivade Signature
Job Complete Date/Time	Registered Owner or Driver's Signature  Date/Time:
12 May 2018 10:31 am	12 May 2018 10:31 am

(01)Bent (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched (07)Feformed (08)Shifted (09)Buckled (10)Broken (11)Necessary (12)Missing (13)Form (14)Unconfirmed (15)Not Working

### FOR MOTORCYCLE

ACTION (AC)

May 2005

1. Replace ( ✓ ) 2. Repair (X) 3. Check (?) 4. Not Consistent (NC)

NAC	INC	Item	CON	AC	Ott
1001	991886	Front Number Plate	- 1001	AC	Qty
3001		Front Tyre			$\vdash$
3002		Front Rim	_	-	-
3003		Front Tyre Rim Spoke	_	-	_
3004	991771	Front Fender Wheel Guard	CUT	1	_
3005		Front Brake Disc		4	
3006	991281		DD	~	_
3007	991785		SCR	/	_
3008	991787			_	
3009	991789		_	_	
3010	991167		_	_	
3011	991182				
3012	991174		_	_	_
3013		Front Headlamp Rim	-	_	
3014	002328	Front Headlamp Rim		_	
3015		Front Headlamp			
3016	002245	Front Headlamp Bracket			
3017	992343	Front Headlamp Fairing			
		Front Windshield			
3018	992134	Front Wing Mirror			
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp			
3021	992556	Meter Casing	SCR	$\checkmark$	
3022		Meter Assy	SC	/	
1118		ERP Bracket			
1119		ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
	992299	Handle Bar		$\neg$	_
	992312	Handle Bar Switch		_	
3030	992310	Handle Bar Grip LH	CUT	/	
3031	995184	Handle Bar Balancer LH	CUT .	1	
3032	992300	Handle Bar Balancer RH		<b>-</b>	$\overline{}$
1252	992179	Fuel Tank	$\neg$	$\dashv$	-
3033	990438	Brake Reservoir		$\dashv$	$\dashv$
		Clutch Lever	BR	/	-
		Hand Brake Lever	DK	4	-
		Side Fairing LH Front	CUT	7	_
	994220	Side Fairing Top Garnish	CUT	4	-
038	994219	Side Fairing Inner Garnish	-	+	-
039	991118	Fairing Shield	-	-	-
		Front Top Fairing Inner Garnish	+-+	+	
		Fairing Top Garnish	+-+	-	_
	990538	Center Fairing	Och	,	_
043	993378	Rear Fairing		/	-
044	991121	Fairing Stopper	SCR	V	
				_	_
043	991117	Fairing Lower	SCR	4	
-					
-					

	F21-	7.	Table 1		_
NAC		Item	CON	AC	Qty
1052					
1053	992738	Radiator Cowling			
3046		Seat Assy			
3047		Engine Crash Bar	CUT	1	
3048					
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223				_
3049	991144				
3050		Front Foot Rest			_
3051	991779		_	-	_
3052			cur	/	
3053		Main Stand		-	_
3054		Clutch Engine Cover	ChT	~	_
3055	002479	Kick Starter Rubber			
3056			-		
		Kick Starter Lever			
3057		Foot Gear Shifter			
		Rear Foot Rest	cut	<b>V</b>	
		Rear Foot Rest Bracket			
		Exhaust Muffler Heat Shield			
3061	991058	Exhaust Muffler Assy			
1405	993719	Rear LH Shock Absorber			
1445	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065		Rear Fender Wheel Guard			
3066		Rear Fender Mudflap			
3067		Rear Brake Disc			_
3068		Rear Brake Caliper			
3069		Rear Spocket			_
-	Total Control of the	Chain			
		Chain Guard			
3072		Swing Arm	_		
1420		Rear Sub frame	_	-	
3073		Rear LH Signal Lamp		-	
3074					
		Rear RH Signal Lamp			
		Rear Taillamp			
		Rear Number Plate		_	
		Side Box			
3077		Rear Box			
3078		Rear Box Bracket			
	991328				
1136	990247	Sticker			
		Seat Lock	DO	/	
				+	-
				-	_
-			-	-	
-				-	
				-	

No of Items:	Assessor:

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

LAIM SUBF	OLDER TRA	CKING								
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Su	bmitted	Ins Auth'ed	Sta	tus	
Main	21 May 2018 Edit Reg		16 May 2018 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.0			Re	Pending for Survey Report Cancel Case	
1	Main	R	eference	Claim D	etails	$\Gamma$	Documents	,	1_	Show All
CLAIM SUI	BFOLDER DE	TAILS			[	Created I	by adjuster]			
Insured:	DAIMLER	FLEET MANAGE	MENT SINGAPORE	PTE. LTD., Co. F	eg. No.: 1	199803778	3Z			
Main Claimant:	DALVIN S	INGH S/O RAJI	NDER SINGH, ID:	S9238755J						
Vehicle Reg. No.:	FBD680	0Z		Date o			3 10:00 - :59 ns and <b>9</b> Days Fro	m LTA	Reg Date (	Man Yr)]
Claim Type:	<b>TP</b> / 314	2578302SG		Policy/ Note N		99999484	4 (Comprehensive	e)		
Vehicle Reg. No. (Insured):	SLT3169E	li .		Policy (Claim						
				Excess	:					
Repairer:			(Q) 471 CHANGI RO							
Handling Insurer:	WZ.Tan@a	ig.com	e Pte. Ltd. (Expres							ennie-
Adjuster:	30/05/20		Ltd (HQ) - Tel: 62	56-3561 [Handl	ed by Sati	hya Sai K	athirrasen] [	Final F	Rpt due	
Claimant's Solicitor:	TEO KENO	SIANG LLC - Te	el: 63334222							
ASSOCIAT	ED MAIL RE	CEIVED					Vie	ew All	Compose	Case Mail
	3		load TP GIA Repor							
Due Date No results.	CIATED TAS Priority		Group Subject	t Handler	Assigned		Completed On	Create Ne	eated On	Done

#### Claim Documents

\*FBD6800Z (3142578302SG) [SLT3169E]

#### DALVIN SINGH S/O RAJINDER SINGH May 11 2018 10:00AM [DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD.] **Heng Motor Enterprise**

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### **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:

CS3/AIG18008878/VZ4D3E2

Date:

31/05/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

0999994844

Claimant Vehicle FBD6800Z No:

Insured Vehicle No:

**SLT3169E** 

Date of Loss:

11/05/2018

Nature of Claim:

TP

Claim No: 3142578302SG

0 km

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

FBD6800Z

Make & Model:

HONDA CB400, 399cc Super Four

Engine No:

NC42E1001564

Reg. Date: Colour:

02/06/2009 (Man. Year: 2008)

Chassis No: Odometer:

NC421001558

**Engine Capacity:** 

Purple

Market Value/New Car Price: N/A

399 cc

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):

Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

120/60 R17

Rear Tyre Size:

160/60 R17

Front Left Side:

Pirelli 6 mm

Rear Left Side:

Pirelli 6 mm

Front Right Side:

Pirelli 6 mm

Rear Right Side:

Pirelli 6 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:

16/05/2018

Date Inspected:

17/05/2018

Inspected At:

Heng Motor Enterprise (HQ)

471 CHANGI ROAD Singapore 419889

Estimated Period of Repair:

4.0 days

Adjuster:

Sathya Sai Kathirrasen

Manager:

Ho Zhao Tian

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 P	art No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT FENDER WHEEL GUARD	Cut	0.00 F	*- F
2	1		*FRONT BRAKE DISC	Dented	0.00 F	*- F
3	1		*FRONT BRAKE CALIPER	Scratched	0.00 F	*- F
4	1		*METER CASING	Scratched	0.00 F	*- F
5	1		*METER ASSY	Shorted	0.00 F	*- F
6	1		*HANDLE BAR GRIP LH	Cut	0.00 F	*- F
7	1		*HANDLE BAR BALANCER LH	Cut	0.00 F	*- F
8	1		*CLUTCH LEVER	Broken	0.00 F	*- F
9	1		*SIDE FAIRING LH FRONT	Cut	0.00 F	*- F
10	1		*CENTER FAIRING	Scratched	0.00 F	*- F
11	1		*REAR FAIRING	Scratched	0.00 F	*- F
12	1		*FAIRING LOWER	Scratched	0.00 F	*- F
13	1		*ENGINE CRASH BAR	Cut	0.00 F	*- F
14	1		*SIDE STAND	Cut	0.00 F	*- F
15	1		*MAIN STAND	Cut	0.00 F	*- F
16	1		*REAR FOOT REST	Cut	0.00 F	*- F
17	1		*SEAT LOCK	Dented	0.00 F	*- F
F=Fr	anchise pa	irt.		Total Parts (S\$)	0.00	0.00

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 >