

ASS. REC. BY:

REF:

C03 / MSC / 8010207 / VZ416^{SP}

Special Instruction:

SURVAYOR

ASSIGNMENT (Office)

From (Person):

Muhd Ashik

of

MSC

Date/Time:

04062018 5:20pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FZ 6572T

Insured:

SKW 6689Y

at Workshop m/s

Alpha Car Services

Tel:

of

Blk 1 Kaki Bukit Ave 6 #01-59

Policy No:

MSD / VPCP / 17-002372-00

Claim No:

MSC / V / 18-000737

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26052018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time:

05062018 10:15am

Person Contacted:

Caiting

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

FZ 6572T - X

SKW 6689Y - X

11/6/18

Disman+led

ASSIGNMENT

From _____ Date _____

Estimated Cost: _____

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

To Inspect Vehicle No _____

at Workshop no _____

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.

Ball 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

Date: _____ Person Contacted _____

Vehicle: IN / OUT

Date / Time _____ Action / Instruction _____

Veh No FZ 6572 T

Regn Sept 2005

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

Truck / Trailer or

Make: Honda CB 400

cc 399

Colour: ~~Black~~ White

Insured / Std / NI / NA

Sp Reading _____

T Basic Insured / Std / NI / NA

Eng No NC 23E 3000189

CNo JH 2NC 39945 M106187

Gen Cond Good / Fair / ~~Poor~~ / Burnt

Steering Inorder / ~~Jammed~~ / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S(Rim) / STD A/Rim or

Tyre Size F: 160 / 60 R17

R: 160 / 60 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Metzeler

Front

Rear

R.Bal 6 mm R.Bal 6 mm

L.Bal mm L.Bal mm

D.O.A 28/05/2018 DO 5/6/2018

Survey held at: _____

Des. of Damages: ~~Fr~~ / ~~Rear~~ / ~~O/S~~ / ~~N/S~~ / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

* Repair Estimate : S\$ 10,000 - 11,000

* 4 days

21/6/18 Submit PRS Report.

Date Time File Pass to:

☐

: Preli. Report

to:

☐

: Final Report

Date Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transaction:

Survey Fee

Transaction:

Survey Fee

Transaction:

Survey Fee

Transaction:

Add Fee:

☐

Site Insp: S

☐

Interview: S

☐

Technical: S

☐

Weekend: S

Report Format:

Lump Sum / I.B.R: S

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 May 2018		04 Jun 2018 17:20 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:		HITACHI CAPITAL ASIA PACIFIC PTE. LTD., Co. Reg. No.: 199400399N [Created by insurer]							
Main Claimant:		RALPH CLARENCE YEOH FU SHIEN, ID: S8939990D							
Vehicle Reg. No.:		FZ6572T	Date of Loss:	26/05/2018 17:00 - :59 [152 Months and 11 Days From LTA Reg Date (Man Yr)]					
Claim Type:		TP / MSC/V/18-000737	Policy/Cover Note No.:	MSD/VPCP/17-002372-00 (Comprehensive) Coverage: 11/11/2017 - 10/11/2018					
Vehicle Reg. No. (Insured):		SKW6689Y	Policy No. (Claimant):						
Repairer:		Alpha Car Services Pte Ltd (HQ) Blk C, Kaki Bukit Ave 6 #01-59, Kaki Bukit Autobay, 417883 Kaki Bukit - Tel: 65098258							
Handling Insurer:		MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Muhd Ashik B Madi - 6594 2548]							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 05/06/2018]							
Driver/Custodian (Insured):		ABDUL MALEK BIN ABDUL WAHAB (), NRIC: S8336926D, Tel: +6591182445							
Adj Asg. Remarks:		on WP. Liability is 10 to 20%. Disagree on SJE - assign LKK Contact: Ah Hwa (HP: 9136 8884) or Cailing (Tel: 6509 8258)							
ASSOCIATED MAIL RECEIVED									
There are no mail for this case.			View All	Compose Case Mail					
ALL ASSOCIATED TASKS									
Due Date	Priority	Type	Task Group	Subject	Handler	View All	Search Tasks	Create New Task	Complete
No results.						Assigned By	Completed On	Created On	Done?

05062018 @ 10.15am
Cailing veh in

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	28/05/2018 18:25
Date Of Accident	26/05/2018 18:30
Exact Location Of Accident	TPE(SLE) BEFORE EXIT 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6572T
Insured/Policyholder	
Name Of Registered Owner	RALPH CLARENCE YEOH FU SHIEN
NRIC No	S8939990D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93854906
Alternative Phone No	OTHERS-93854906

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085224796-01
Cover Note Number	

Driver

Name of Driver	RALPH CLARENCE YEOH FU SHIEN
NRIC No	S8939990D
Date Of Birth	09/11/1989
Occupation	INDOOR
Date Of Driving Pass	14/10/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93854906
Fax Number	
Contact Number	OTHERS-93854906
Email Address	NOEMAIL

Address	24 FERNWOOD TERRACE #10-03
Postcode	458544
Was driver an employee of the Insured's Company	YES
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

Type Of Accident	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20180526/2144

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	SKW6689Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MALEK
NRIC/Passport Number	
Contact Number	91182455
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RALPH CLARENCE YEOH FU SHIEN
Approximate Age	28
Injuries Sustain	
Injured person in which vehicle?	FZ6572T
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	24 FERNWOOD TERRACE #10-03
Postcode	458554

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:

26 May 18

2125hrs

Driver's Signature

(if driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 KAKI BUKIT AVE 4

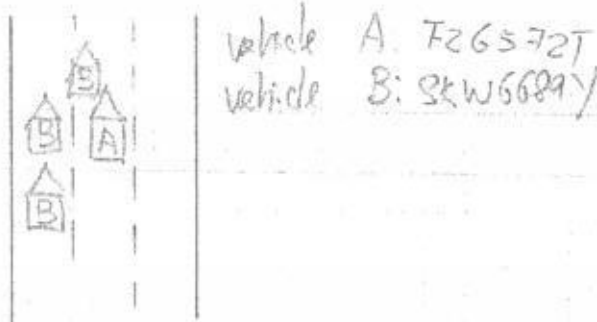
Reporting Centre, Singapore 415933

Name: Tel: 67416697

NRIC/FIN No. Fax: 67492305

Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer as per police Report -

Witness Particulars:-
Name: Gene Kuee
Contact: 9388 6740

DECLARATION

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

Policyholder's Signature

Date & Time:

26 May 18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26 May 18

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Singapore 415933

Tel: 67416697

Fax: 67492305

Reporting Center Person's Signature

Name:

NRIC/FIN No.:

Email: vacb@singnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20180526/2144

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

1 of 3

Report No. T/20180526/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2018 20:54	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars			
Name of Informant: RALPH CLARENCE YEOH FU SHIEN		Address: 24 FERNWOOD TERRACE #10-03 SINGAPORE 458554	
ID Type / ID No.: NRIC NO / S8939990D		Contact No.: Home/Office: Mobile: 93854906	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 09/11/1989	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: NAVAL OFFICER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/05/2018 18:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TWDS SLE BEFORE EXIT 4				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ6572T	Motorcycle	HONDA	CB400	Black	Seriously Damaged	0
SKW6689Y	Car	HONDA	VEZEL	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ6572T	NTUC Income Insurance Co-Operative Limited	5085224796-01	22/10/2017	21/10/2018



**SINGAPORE
POLICE FORCE**



T/20180526/2144

2 of 3

Police Station Of Origin:

Bedok NPP

15 Bedok South Road #01-117 SINGAPORE

460015

Tel No: 1800-2419999

Report No. T/20180526/2144

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RALPH CLARENCE YEOH FU SHIEN	ID No.	S8939990D
Related Vehicle	FZ6572T (Motorcycle)	Contact No.	93854908
Hospital/Clinic	LILY AW PASIR RIS FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	26/05/2018	Date Discharge	26/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MALEK	ID No.	S8336526D
Related Vehicle	SKW6689Y (Car)	Contact No.	91182445
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/05/2018 at about 1830hrs along TPE towards SLE on the lane 2 before exit 4, I was riding on my motorcycle-FZ6572T when there was a car-SKW6689Y from lane 3 sped up and change to lane 2 which was in front of me. As I was not able to avoid the car due to the close distance, I hit onto the rear of the vehicle. I fell to the ground with my motorcycle on its right and was about 15m away.

I managed to get up from the fall and walk towards my motorcycle. Some unknown road users assisted me to push my motorcycle to the side of the TPE and I managed to seek assistance to tow my motorcycle away to the workshop.

I had exchanged particulars with the car driver and the case will be pending as I was indecisive on what to do.

The damage of my motorcycle is unknown at the moment.



SINGAPORE
POLICE FORCE



T/20180526/2144

Police Station Of Origin:
Bedok NPP
15 Bedok South Road #01-117 SINGAPORE
460015
Tel No: 1800-2419999

3 of 3

Report No. T/20180526/2144

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G/
SI FOO CHIH SOON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/05/2018-20:54

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP183



SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500265 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: FZ6572T
Name (as shown in NRIC) : Ralph Clarence Koh NRIC/FIN/Passport No : S84399900
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 26 May 2018 Time of Accident : _____
Place of Accident : TPE (SLE) before exit 4
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add accident photos

Policyholder / Driver's Signature
Date:

IDAC KAKI BUKIT (VAC)
Reporting Centre: Kaki Bukit Area
Name: Singapore 415933
NRIC/FIN: 67416697 Fax: 67492305
Date: Email: vackb@singnet.com.sg

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 May 2018		04 Jun 2018 17:20 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](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	HITACHI CAPITAL ASIA PACIFIC PTE. LTD., Co. Reg. No.: 199400399N		
Main Claimant:	RALPH CLARENCE YEOH FU SHIEN, ID: S8939990D		
Vehicle Reg. No.:	FZ6572T	Date of Loss:	26/05/2018 17:00 - :59 [152 Months and 11 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / MSC/V/18-000737	Policy/Cover Note No.:	MSD/VPCP/17-002372-00 (Comprehensive) Coverage: 11/11/2017 - 10/11/2018
Vehicle Reg. No. (Insured):	SKW6689Y	Policy No. (Claimant):	
		Excess:	
Repairer:	Alpha Car Services Pte Ltd (HQ) Blk C, Kaki Bukit Ave 6 #01-59, Kaki Bukit Autobay, 417883 Kaki Bukit - Tel: 65098258		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Muhd Ashik B Madi - 6594 2548]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Sathya Sai Kathirrasen] ... [Imm.Advice due 05/06/2018]		
Driver/Custodian (Insured):	ABDUL MALEK BIN ABDUL WAHAB (), NRIC: S8336926D, Tel: +6591182445		
Adj Asg. Remarks:	on WP. Liability is 10 to 20%. Disagree on SJE - assign LKK Contact: Ah Hwa (HP: 9136 8884) or Calling (Tel: 6509 8258)		

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


***FZ6572T (MSC/V/18-000737)**
[SKW6689Y]
TP
RALPH CLARENCE YEOH FU SHIEN
May 26 2018 5:00PM
[HITACHI CAPITAL ASIA PACIFIC PTE. LTD.]
Alpha Car Services Pte Ltd

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

View
[View in Browser](#)

Assessment Reports































































































1 per page
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


No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	04/06/18 08:51	Accident Statement From: SC - Reg. No: SKW6689Y, Claimant: HITACHI CAPITAL ASIA PACIFIC PTE. LTD.	 Load HTM	

Photos/Images

3 per page
 ☒

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	06/06/18 09:16	General View	 Load JPG	<input checked="" type="checkbox"/>
2	06/06/18 09:16	General View	 Load JPG	<input checked="" type="checkbox"/>
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4	06/06/18 09:16	General View	 Load JPG	<input checked="" type="checkbox"/>
5	06/06/18 09:16	General View	 Load JPG	<input checked="" type="checkbox"/>
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29	06/06/18 09:16	General View	 Load JPG	<input checked="" type="checkbox"/>
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31	06/06/18 09:16	General View	 Load JPG	<input checked="" type="checkbox"/>

Assessment Reports					
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
32	06/06/18 09:16	General View		Load JPG	
33	06/06/18 09:16	General View		Load JPG	
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Assessment Reports				
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
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93	11/06/18 16:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
94	11/06/18 16:28	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	04/06/18 08:56	FZ6572T E-FILE & POLICE REPORT	 Load PDF	
2	04/06/18 08:56	PRI from Satwant & Associates	 Load PDF	
3	04/06/18 10:04	Survey Disagree on SJE - assign LKK	 Load PDF	

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/MSG18010207/VZ4BS2

Date: 22/06/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: MSD/VPCP/17-002372-00

Claimant Vehicle No: FZ6572T Insured Vehicle No: SKW6689Y

Date of Loss: 26/05/2018 Nature of Claim: TP Claim No: MSC/V/18-000737

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	FZ6572T	Engine No:	NC23E3000189
Make & Model:	HONDA CB 400 F3WYB, 399cc (M)	Chassis No:	JH2NC39945M100187
Reg. Date:	15/09/2005 (Man. Year: 2005)	Odometer:	0 km
Colour:	White		
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:	Poor	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	160/60 R17	Rear Tyre Size:	160/60 R17
Front Left Side:	Metzeler 6 mm	Rear Left Side:	Metzeler 6 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: 04/06/2018

Date Inspected: 05/06/2018 Inspected At:

Alpha Car Services Pte Ltd (HQ)
Blk C, Kaki Bukit Ave 6 #01-59, Kaki Bukit Autobay
Singapore 417883

Estimated Period of Repair: 0.0 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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$10,000.00 - \$11,000.00

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 22 Jun 2018)

Parts: N/A HONDA CB 400 F3WYB 399cc (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for FZ6572T)

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

There are no new parts selected.

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 >