

REF: CB/17618010724/119652

Special instruction:

L/S: \$ 4050.00

Third Parties:

Claimant:

Surveyor:

### Workshop:

Pro Plus Automobile  
Primer Racing

From (Person): Norsiah of ATG Date/Time: 12062018

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: FU 842E

at Workshop m/s

of 20 Bukit Batok Crescent #01-19

Policy No: \_\_\_\_\_ Claim No: 12640945663(003)

Sum Insured; \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 01/03/2017

(Client's Record)

D.O.A. 01/03/2017

13.06.2018 (Wednesday) @ 12pm-6pm  
H.O.D.

H.O.D. Enrolment/Date: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: \_\_\_\_\_ Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_\_ days (Red \$ \_\_\_\_\_ / \_\_\_\_\_ %; Original 7 days)

Date/Time: 12/21/18 Submit Final Fig 4/5/2900, 6 days (Red S 1150 / 28 %; Original 7 days)

[illegible]

---

Para(1) : Parts found not replaced    (To highlight *R* or *UB*, *LR*, *Etc*)

**Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)**

RECEIVED 12 JUL 2018

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/  
Evaluated by:

<i>Fee Charged:</i>
---------------------

Date: \_\_\_\_\_

Basic &amp; Add

Transport

## Photos

Others

Total

1) Date/Time 12/2/18 File Pass to hvj

2) Date/Time

File Return to

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

4) Date/Time

File Return to

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

6) Date/Time

File Return to

REF:

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/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.

N/S	O/S

Bal. or Market Value:

A5000

IDAC Accident Rpt:

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:

F4842 E

Yr Regn: 2001

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

Truck / Trailer or

Make:

Kawasaki KRRZX 150

C.C.

150148

Colour:

Blue

A/C

Insured / Std / NI / NA

Sp. Reading

91834

T/Radio Insured / Std / NI / NA

Eng/No:

C/No:

KR150 KAS 4049

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:

80/90R17

R:

110/70R17

BS / DUN / EXNOVA / GY / 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.

13/6/18

Survey held at

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

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

*John*  
12/7/2018

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) \$ + RS: \$

) Photos

) Others

)

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

## Catherine Chong (LKK Auto)

---

**From:** Md Noor, Norsiah <Norsiah.MdNoor@aig.com>  
**Sent:** Tuesday, 12 June, 2018 9:25 AM  
**To:** Catherine Chong (LKK Auto)  
**Subject:** FW: Re-inspection Your ref: 1264094566SG(003) Our ref:GS/17/2482/PMR/jp/jn/cl

Dear Catherine,

Refer to below email.

Please assist to conduct physical re-inspection.

Thank you

Norsiah Md Noor  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419-1606 | Fax +(65) 6835-7417  
[Norsiah.MdNoor@aig.com](mailto:Norsiah.MdNoor@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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**From:** accident@kscgp.com [mailto:accident@kscgp.com]  
**Sent:** Monday, June 11, 2018 7:20 PM  
**To:** Md Noor, Norsiah; jiapei@kscgp.com  
**Cc:** jiapei@kscgp.com  
**Subject:** RE: Re-inspection Your ref: 1264094566SG(003) Our ref:GS/17/2482/PMR/jp/jn/cl

Dear Norsiah,

Our client's vehicle would be available for re-inspection from 11 June 2018 to 15 June 2018, from 12p.m. to 10p.m.

Kindly confirm appointment.

The workshop's details are as follows:

Primero Racing  
20 Bukit Batok Crescent

#01-19 Enterprise Centre

Singapore 658080

Contact: Raj / 8161 1427

Thank you.

Regards,  
Jaga  
KSCGP Juris LLP  
10 Hoe Chiang Road  
#13-03A Keppel Towers  
Singapore 089315  
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708  
Email: [accident@kscgp.com](mailto:accident@kscgp.com)

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----- Original Message -----

**From:** Md Noor, Norsiah [<mailto:Norsiah.MdNoor@aig.com>]  
**To:** [accident@kscgp.com](mailto:accident@kscgp.com), [jiapei@kscgp.com](mailto:jiapei@kscgp.com)  
**Sent:** Mon, 11 Jun 2018 06:05:18 +0000  
**Subject:**

WITHOUT PREJUDICE

Dear Jai Pei,

Refer to our email dated 24.04.2018.

Kindly advise.

Thank you

Norsiah Md Noor  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419-1606 | Fax +(65) 6835-7417  
[Norsiah.MdNoor@aig.com](mailto:Norsiah.MdNoor@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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---

**From:** Md Noor, Norsiah  
**Sent:** Tuesday, April 24, 2018 5:14 PM  
**To:** 'accident@kscgp.com'; jiapei@kscgp.com  
**Subject:** RE: Re-inspection Your ref: 1264094566SG(003) Our ref: GS/17/2482/PMR/jp/jn/cl

WITHOUT PREJUDICE

Dear JiaPeh,

Refer to our telephone conversation this afternoon.

We wish to conduct re-inspection of your client's motorcycle.

Please advise date, time and location One week in advance.

Thank you

Norsiah Md Noor  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419-1606 | Fax +(65) 6835-7417  
[Norsiah.MdNoor@aig.com](mailto:Norsiah.MdNoor@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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## 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 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	02/03/2017 14:48
Date Of Accident	01/03/2017 07:00
Exact Location Of Accident	SENJA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU842E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIVAPRAKASH S/O PERIASAMY
NRIC No	S9548313E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96363721
Alternative Phone No	OFFICE-96363721

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	MOTOR
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	C/N 60725040
Cover Note Number	

### Driver

Name of Driver	SIVAPRAKASH S/O PERIASAMY
NRIC No	S9548313E
Date Of Birth	30/12/1995
Occupation	INDOOR
Date Of Driving Pass	10/08/2016
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96363721
Fax Number	
Contact Number	OFFICE-96363721
EEmail Address	NOEMAIL

Address

Postcode

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 UNKNOWN - REFER TO REPORT

Weather Conditions RAINING

Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? 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 [OTHER] BT PANJANG NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. T/20170301/2060 ATTENDED BY LYNDA

#### 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 SDU1996L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FU842E
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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

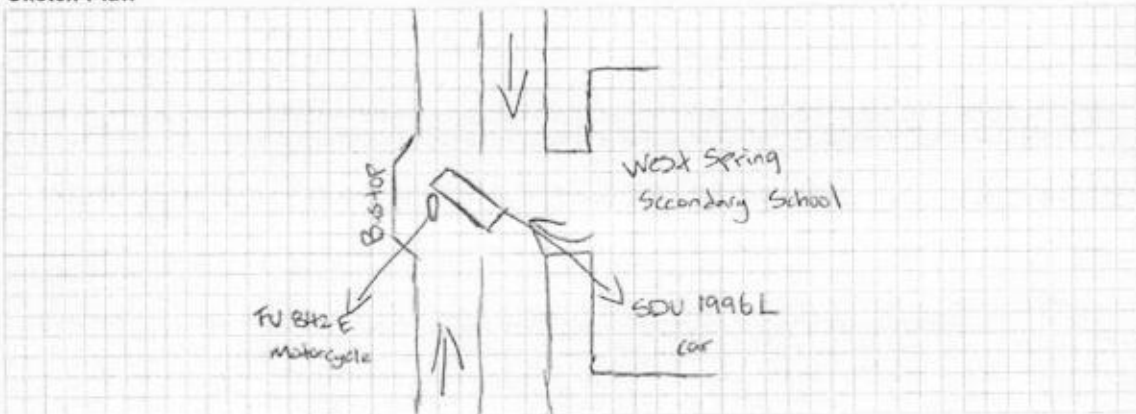
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
02/05/2017 14:50  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan







# SINGAPORE POLICE FORCE



T/20170301/2060

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20170301/2060 ✓

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2017 12:51		Vide Report No.: J/20170301/0059		Station Diary No.: 92	
<b>Informant's Particulars</b>					
Name of Informant: SIVAPRAKASH S/O PERIASAMY			Address: APT BLK 617 BUKIT PANJANG RING ROAD #09-808 SINGAPORE 670617		
ID Type / ID No.: NRIC NO / S9548313E			Contact No.: Home/Office: Mobile: 96363721		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 30/12/1995	Type of Informant: Rider		
Race: Indian-English			Language: English		Institution / School Name:
Occupation: Safety coordinator			Driving Licence Information: Class: 2B		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/03/2017 07:00	Type of Location: Straight Road
Location: Along Road 1 SENJA ROAD				
Near to Westspring Secondary School				
Weather: Raining	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU842E	Motorcycle	KAWASAKI	KRRZX150	Silver	Seriously Damaged	0
SDU1996L	Car				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU842E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60725040	11/01/2017	10/01/2018

Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20170301/2080

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20170301/2080

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SIVAPRAKASH S/O PERIASAMY	ID No.	S9548313E
Related Vehicle	FU842E (Motorcycle)	Contact No.	96363721
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/03/2017	Date Discharge	01/03/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Name</b>			
Name	PEK MEOW SIEN	ID No.	S6934928E
Related Vehicle	SDU1996L (Car)	Contact No.	91684370
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 01/03/2017 at about 0705hrs, I was riding my motorcycle, V1) FU 842E along Senja Road. I had exited my carpark at B/617 Senja Road and proceeded to ride along Senja Road. As I approached the traffic light just opposite of West Spring Secondary School, the traffic light was red. When the traffic light turn green, I proceeded to move forward and out of a sudden, another vehicle, V2) SDU 1996L came out from my right (V2 was exiting out from West Spring Secondary School). V2 had knocked onto my front and I had front flipped as result of the accident. Thus, after the accident, I exchanged particulars with V2's driver and an ambulance was activated., I was conveyed to Ng Teng Fong General Hospital and was given 3 days MC. I was also given a report number from Traffic Police vide incd J/20170301/0059.



**SINGAPORE  
POLICE FORCE**



T/20170301/2060

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20170301/2060

**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:

J /

Sgt MUHAMMAD FADZIL BIN ROHAIZAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/03/2017 12:51

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMAD FAIZAL BIN SAFAR SN 117

Contact No: 65472076

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

## 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 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	02/03/2017 09:46
Date Of Accident	01/03/2017 07:10
Exact Location Of Accident	61 SENJA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU1996L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG SER CHAY
NRIC No	S1478969C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91684370
Alternative Phone No	Office-91684370

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100476697
Cover Note Number	

### Driver

Name of Driver	PEK MEOW SIEN
NRIC No	S6934928E
Date Of Birth	07/10/1969
Occupation	INDOOR
Date Of Driving Pass	30/11/1988
Driving Experience	28 YEARS AND 3 MONTHS
Gender	FEMALE



Mobile Number	(LOCAL) +65-91684370
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	77 INDUS RD #10-497
Postcode	160077
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- SAME DIRECTION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

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

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER AS ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	F842E
Vehicle Make/Model/Colour	KAWASAKI/BLUE
Details Of Properties	
Name of Driver	SIVAPRAKASH S/O PERIASAMY
NRIC/Passport Number	S9548313E
Contact Number	96363721
Address	617 BUKIT PANJANG RING RD
Postcode	670617
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.

Nature Of Damage

No. Of Passenger (Including Driver)

1

**Details of Witness**

Name

Phone Number

Email Address



## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

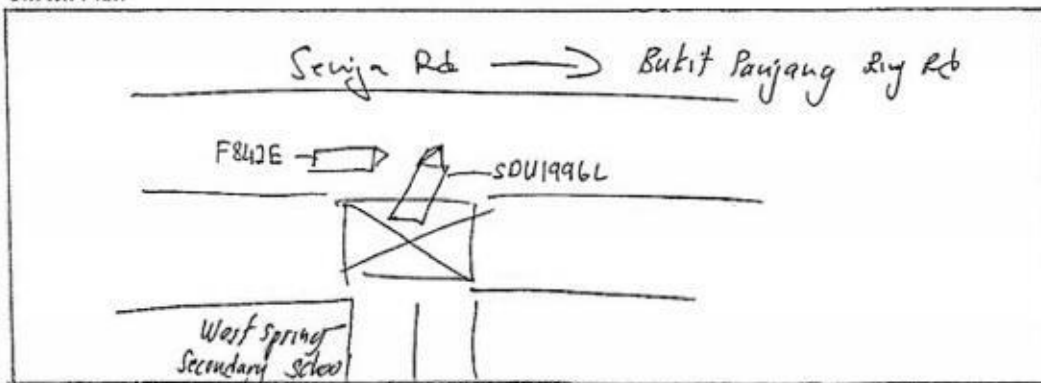
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



[illegible]

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Heng Ser Chay  
VEHICLE NUMBER : SD4 1996 L  
DATE/TIME OF ACCIDENT : 1/3/17 7.10 am  
PLACE OF ACCIDENT : Senja Rd  
THIRD PARTY VEHICLE (IF ANY) : F842E

\*\*\*\*\*  
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED  
DESTINATION BEFORE THE ACCIDENT?

~~Indus Rd~~ west spring school to Indus Rd

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF  
THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-  
ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?


No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES  
TO ALL VEHICLES INVOLVED?

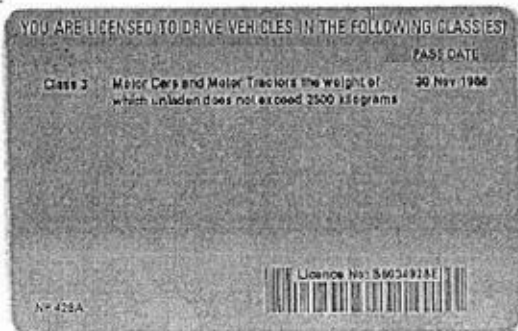
Intersection collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?  
WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Yes

  
Name: Pek Heow Nien

I Affirmed The Above Information Is Given To My Best Knowledge.



**Shashi PTCBC**

---

**From:** serchay <serchay@gmail.com>  
**Sent:** Wednesday, March 1, 2017 9:47 PM  
**To:** Shashi PTCBC; Pek Meow sien  
**Subject:** Fwd: SDU1996L motor claim

re-send due to email address error.

ser-chay

On Wed, Mar 1, 2017 at 9:42 PM, serchay <serchay@gmail.com> wrote:  
Hi Shashit,

I, Heng Ser Chay (S1478969c) would like to authorize Mdm Pek Meow Sien (S6934928E) to act on my behalf regarding the motor claim for vehicle SDU1996L.

Please help to forward the AIG motor claim report, the assessment result from the AIG and the total repair cost to me for my filing purpose.

For any follow-up matter, please email me or contact me via the whatapp and my mobile number is 96152112.

ser-chay







**SINGAPORE  
POLICE FORCE**



Police Station of Origin  
Traffic Police Division (Q)  
10 Ubi Avenue 9 SINGAPORE 408865  
Tel No. 65470000

Report No. 1/2017/08912/06

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2017 14:01		Vide Report No.		Station Diary No.	
<b>Informant's Particulars</b>					
Name of Informant: PEK MEOW SIEN			Address: APT BLK 77 INDUS RD #10-497 HDB BUKIT MERAH SINGAPORE 160077		
ID Type / ID No. NRIC NO / S6934928E			Contact No. Home/Office:		Mobile: 91684370
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 07/10/1969	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name	
Occupation: Housewife		Driving Licence Information: Class: 3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2017 07:05	Type of Location: T-Junction
Location: Along Road 1 SENJA ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
HUB42E	Motorcycle				Slightly Damaged	0
9DU49931	Car				Slightly Damaged	0

1. Name of Driver Involved

2. Name of Other Party Involved

3. Name of Other Party Involved

4. Name of Other Party Involved

SINGAPORE  
POLICE FORCE



Police Station Origin  
Traffic Police Division HQ  
100 Joo Avenue S SINGAPORE 408865  
Tel No: 65470000

Report No: 12010001210

CONTINUATION OF REPORT

Driver			ID No	S6934928E
Name	PEK MEOW SIEN		Contact No	91684370
Related Vehicle	NIL		Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Hospital/Clinic	NIL		Date Treatment	NIL
			Date Discharge	NIL
	No. of Days granted Medical Leave		Degree of Injury	NIL

Brief Details:

ON THE A/M DATE AND TIME, I WAS TURNING OUT FROM WEST SPRING SECONDARY SCHOOL AFTER DROPPING OFF MY SON, INTENDING TO TURN RIGHT INTO SENJA ROAD. THE TRAFFIC LIGHT TO MY LEFT WAS RED AND I SLOWLY PROCEEDED TO MAKE THE TURN, SUDDENLY I HEARD LOUD REVVING SOUNDS FOLLOWED BY A BANG ON THE LEFT PORTION OF MY VEHICLE. AFTER THE COLLISION, I MOVED MY VEHICLE TO THE LEFT SIDE OF THE ROAD AND ALIGHTED. I THEN REALISED I HAD BEEN INVOLVED IN AN ACCIDENT WITH A MOTORCYCLE AND TENDED TO THE RIDER. I THEN PROCEEDED TO CALL FOR AN AMBULANCE. THE TRAFFIC POLICE AND AN AMBULANCE ARRIVED SHORTLY AFTER AND TOOK OVER THE SCENE. I WISH TO STATE THAT THERE WAS A CAR IN FRONT OF THE YELLOW BOX THAT MAY HAVE BLOCKED MY VISION OF THE ONCOMING TRAFFIC SLIGHTLY. I HAVE IN CAR CAMERA FOOTAGE OF THE INCIDENT. I WAS THEN ASKED BY THE TRAFFIC POLICE TO CALL IO CLARENCE AT 81632021



5N-74443  
P4434-339-0



Police Station of Origin  
Traffic Police Division HQ  
110th Avenue SINGAPORE 406885  
Tel No 7850/0000

Report No 1720/1401/17

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  
TIP//  
MICHAEL CHIA YI CHUEN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time  
07/03/2017 14:01

Officer In Charge Of Case:  
TIP//  
Sgt. SAIFUDDIN BAHERA BINTE MOHAMED SANI  
NRP: 1503374208

Officer In Charge Of Case:

Print Name Of Informant:  
TIP//



**PRO  
PLUS  
AUTOMOBILE  
ENGINEERS**

221 Balestier Road #10-01, Rocca Balestier, Singapore 329928  
Tel: +65 6707 8932 Fax: +65 6352 8802  
Mobile: +65 9673 0595 / +65 9788 9809  
E-mail: ethtan88@singnet.com.sg Email: ethtan88@gmail.com  
Company Registration No: 40156500M

*Consultants to Motor Industry, Automobile  
Engineers, Claims Investigators, Accident  
Reconstruction Specialists, Insurance Loss  
Assessors / Adjusters, Valuers And  
Licensed Appraisers.*

## VEHICLE INSPECTION REPORT

To: Mr Sivaprakash s/o Periasamy  
c/o 1 Bukit Batok Crescent  
#04-34 WGEA Plaza  
Singapore 658064

Insured :  
Policy Number :  
Claim Number :  
Our Reference : PP/ET/CT.842.TP.12-17  
Own Damage/Sum Insured :  
Excess :  
Third Party/Insce Company :  
Date : 4 December 2017

Instructed By : Mr A Raj Kumar  
Date of Assignment : 3 March 2017  
Date of Accident : 1 March 2017  
Date of Inspection : 6 March 2017  
Name of Workshop : Primero Racing  
Place of Inspection : 1 Bukit Batok Crescent  
#04-34 WGEA Plaza  
Singapore 658064

### PARTICULARS OF DAMAGED VEHICLE

Registration Number	: FU 842 E	Odometer Reading	: 68 556 Km
Make/Model	: Kawasaki KRRZX 150	Radio/Cassette/CD	:
Year of Manuf/Reg	: 2001	Air Conditioner	:
Engine Number	: KR150KA54049	View Mirrors	: Fitted -O/s & n/s
Chassis Frame Number	: KR150KA54049	Seat Belts	:
Class/Type	: Motorcycle )	Other Accessories	:
Colour	: Blue	(Specify)	:

### PRE-ACCIDENT CONDITION OF VEHICLE

General Condition	: Good	Any Apparent Engine	:
Paintwork	: Good	Modification/s	:
Footbrakes	: Serviceable	Market Value	: -
Steering	: Serviceable	Scrap Value (PARF/OMV)	: -
Undercarriage (Front)	: O/s & n/s affected by accident		
Undercarriage (Rear)	: Serviceable		

### TYRE CONDITIONS ON VEHICLE

Front (Size)	: 80/90-17	60%
MAKE	: Bridgestone	
Rear (Size)	: 110/70-17	60%
MAKE	: Bridgestone	

Type of Road Wheels : Alloy

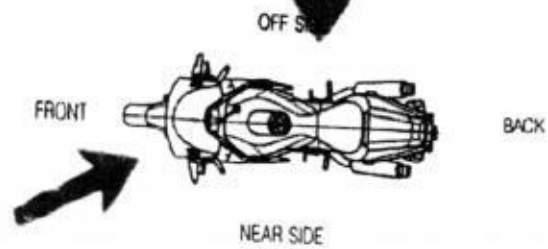
NOTE: The above percentages represent the estimated remaining life of the tyre threads  
\* Denotes damaged component/s

## PRO PLUS AUTOMOBILE ENGINEERS

### IMPACT OF VEHICLE

Direction of Impact (→)

Damages sustained were consistent with the subject motorcycle being involved in a collision with another vehicle and the impact was delivered onto the front n/s of the motorcycle. It subsequently fell onto its o/s.



### SYNOPSIS OF DAMAGES RESULTANT FROM THE ACCIDENT



Damage Area/s

Damages sustained were the front handle- bent, front windscreen- cracked, o/s side fairing & its inner reinforcement- cracked/buckled, lower cowling o/s - cracked, front rim- bent/warped, o/s front foot rest step bar- bent, tail cover- grazed/cracked, exhaust muffler/tailpipe- bent/dented/resonant & chassis members- bent/misaligned etc. -----

*Note : Follow-up reinspection of motorcycle components & works-in-progress on 14 March 2017.*

*Follow-up reinspection motorcycle after completion of repairs on 17 March 2017 & noted that the listed components as per our recommendations were replaced and repaired accordingly.*

### ESTIMATE

The estimate submitted by **M/s Primero Racing** as per sche dule attached has been revised and scrutinised, and in our opinion, we consider it to be fair and reasonable. The repairers have agreed to undertake the repairs to the owner's satisfaction at our revision. As instructed, we have/have not authorised the repairs.

	Repairer's Estimate	Our Recommendation	
Spare Parts :	5795.00	4302.00	Estimated number of days for repairs: 7
Labour Charges :	1250.00	750.00	
Paint Work :			Number of photographs taken at time of static inspection: 33
Towing Charges :			
Others :			
<b>TOTAL</b>	<b>7045.00</b>	<b>5052.00</b>	

**Remarks:** The repairer has agreed to undertake the repairs on a contract lump sum of \$4,050.00 NETT corresponding to supply of parts, labour and spray painting charges. Invariably, the motor repairer has the prerogative/option for the recommended replacement components to either be repaired or be replaced.

*NOTE: The revised estimate was made from a visual inspection. Any discrepancies or unseen damage/s should be notified with the company within 7 (seven) days from the date thereof. Otherwise, the revised amount should deem to be valid.*

# APPRAISEMENT SCHEDULE

Registration No: FU 842 E

Your Reference:

S/No	Qty	Descriptions	Comments/ Condition	Repairer's Estimate \$	Revised Amount \$
<u>PARTS REPLACEMENT- LIST ITEMS</u>					
1	2 pcs	Front handle @\$120.00	O/s bent n/s serviceable	240.00	120.00
2	2 pcs	Front handle grip @\$21.00	O/s grazed/chafed n/s serviceable	42.00	21.00
3	2 pcs	Front handle balancer @\$15.00	O/s dented/distorted n/s serviceable	30.00	15.00
4	1 pc	Brake lever	Bent	45.00	45.00
5	1 pc	Clutch lever	Serviceable	45.00	Rejected
6	1 pc	Brake master pump	Malfunctioned	180.00	180.00 X n/s
7	1 pc	Front view mirror o/s	Grazed	55.00	55.00
8	1 pc	Front view mirror n/s	Serviceable	55.00	Rejected
9	1 pc	Front view damper	Distorted	25.00	25.00
10	2 pcs	Front indicator lamp @\$85.00	O/s cracked n/s serviceable	170.00	85.00
11	1 pc	Front windshield	Cracked	65.00	65.00
12	1 pc	Headlamp assembly	Cracked	260.00	260.00
13	1 pc	Headlamp stay	Bent/buckled	95.00	95.00
14	1 pc	Front fender	Cracked	190.00	190.00
15	2 pcs	Front fork assembly @\$350.00	Bent/twisted	700.00	700.00
16	1 pc	Steering bearing/cone	Clangorous	110.00	110.00
17	1 pc	Front rim	Bent	460.00	LRX 460.00 \$1000 n/s
18	1 pc	Front brake disc	-	250.00	To check X n/s
19	1 pc	Front axle	-	95.00	To check X n/s
20	1 pc	Upper cowling	Cracked	230.00	230.00
21	1 pc	Lower cowling o/s	Cracked	200.00	200.00
22	1 pc	Lower cowling n/s	Cracked	200.00	200.00 X n/s
23	1 pc	Inner cowling	Buckled	105.00	105.00
24	1 pc	Side fairing o/s	Cracked	160.00	160.00
25	1 pc	Side fairing n/s	Serviceable	160.00	Repair
26	1 pc	Fuel tank assembly	Dented/distorted	500.00	LRX 500.00 \$2000 n/s
			Sub - Total	4667.00	3821.00

2481

# PRO PLUS AUTOMOBILE ENGINEERS

Continuation Sheet No: 2

## APPRAISEMENT SCHEDULE

Registration No: FU 842 E

Your Reference:

S/No	Qty	Descriptions	Comments/ Condition	Repairer's Estimate \$ €	Revised Amount \$ €
			B/F	4667.00	3821.00
		<u>PARTS REPLACEMENT- LIST ITEMS</u> <u>(CONT D)</u>			
27	1 set	Fuel tank ' KAWASAKI ' decal	Essential	25.00	25.00
28	1 pc	Carburettor assembly	Constant overflow after accident	320.00	320.00 X 71
29	1 pc	Foot rest step bar o/s	Bent	46.00	46.00
30	1 pc	Foot rest step bar n/s	Serviceable	46.00	Rejected
31	1 pc	Foot rest bracket o/s	Bent	45.00	45.00
32	1 pc	Foot rest bracket n/s	Serviceable	65.00	Rejected
33	1 pc	Tail cover	Grazed/cracked	65.00	65.00
34	1 pc	Rear fender	Serviceable	60.00	Rejected
35	1 pc	Rear bracket lamp assembly	Grazed/displaced	120.00	120.00
36	1 pc	Exhaust muffler/tailpipe	Dented/resonant	285.00	285.00
37	1 pc	Exhaust muffler gasket	Essential	18.00	18.00
38	1 pc	Exhaust tailpipe gasket	Essential	15.00	15.00
				5777.00	4760.00
		Less : 10% by Pro Plus Automobile Engineers			476.00
				5777.00	4284.00
		<u>PARTS REPLACEMENT- SPECIAL</u> <u>NETT ITEM</u>			
1	1 pc	Front licence plate	Essential	18.00	18.00
			Sub - Total	5795.00	4302.00

619

3100

2790

# APPRAISEMENT SCHEDULE

Registration No: FU 842 E

Your Reference:

S/No	Qty	Descriptions	Comments/ Condition	Repairer's Estimate \$ €	Revised Amount \$ €
			B/F	5795.00	4302.00
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		To transportation charges.	) 40		
2		To dismantle/renew fuel tank to facilitate repairs.	) 50		
3		To dismantle/renew o/s & n/s front fork (inner & outer) to facilitate repairs.	) 150		
4		To disconnect front & rear wire harness of electrical components to facilitate repairs, reconnect & check functions including to focus headlamps.	) 30		
5		To heat, cut/weld exhaust muffler including align system & to check for carbon monoxide leakages.	) 50		
6		To dismantle/renew front tyre rim/tyre including to oscillate/equipoise components.	) 30	1250.00	750.00
7		To dismantle/renew the accident damaged portion including to heat, knock-out, straighten & align components as listed in schedule.	) 100		
8		To mount motorcycle onto alignment bench; set-up tools & equipment & to align/calibrate/correct (front cross bracing, back bone sub-frame, swing arm bracket sub-frame, rear frame section etc) to symmetrical specifications.	) 100		
Grand - Total				7045.00	5052.00

Note: The repairer has agreed to undertake the repairs at a contract lump sum of \$4,050.00 NETT, corresponding to supply of parts, labour and spray painting charges. Invariably, the motor repairer has the prerogative/option for the recommended replacement components to either be repaired or be replaced.

Pro Plus Automobile Engineers

**ERROL TAN**

B.A.Econ (Hons).UK

Dip. Auto Engr. & Motor Trade Management .UK  
Automobile Engineer & Licensed Appraiser

12840

3658

45/2900

6 days

550






# 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 Internationale Des Experts En Automobile				
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CS/AIG18010724/T1qbs2		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120 ATTN: NORSIAH		Date : 16-07-2018		
		Code : AIG		
<b>1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)</b>				
Insured Veh.	SDU 1996L	Veh. Inspected	FU 842E	
Policy No.	2100476697	Coverage (\$)	0.00	
Claim No.	1264094566SG(003)	Excess (\$)	0.00	
Assign From	NORSIAH	Assign Date	12/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	KAWASAKI KRRZX150	c.c	148	
Engine No.	HIDDEN	Year of Reg.	2001	
Chassis No.	KR150KA54049	Colour	BLUE	
Odometer	91834	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	80/90R17	BRIDGESTONE	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	110/70R17	BRIDGESTONE	5 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.				
REPAIR CONDITION SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	01/03/2017	Inspection Date	13/06/2018	
Survey held at	20 BUKIT BATOK CRESCENT #01-19			
Repairer	PRIMERO RACING			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.				
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days		



# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 3

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FU 842E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
2	FRONT HANDLE @ \$120.00	O/S REPLACED / N/S SERVICEABLE	240.00	120.00
2	FRONT HANDLE GRIP @ \$21.00	O/S REPLACED / N/S SERVICEABLE	42.00	21.00
2	FRONT HANDLE BALANCER @ \$15.00	O/S REPLACED / N/S SERVICEABLE	30.00	15.00
1	BRAKE LEVER	REPLACED	45.00	45.00
1	CLUTCH LEVER	SERVICEABLE	45.00	-
1	BRAKE MASTER PUMP	NOT NECESSARY	180.00	-
1	FRONT VIEW MIRROR O/S	REPLACED	55.00	55.00
1	FRONT VIEW MIRROR N/S	SERVICEABLE	55.00	-
1	FRONT VIEW DAMPER	REPLACED	25.00	25.00
2	FRONT INDICATOR LAMP @ \$85.00	O/S REPLACED / N/S SERVICEABLE	170.00	85.00
1	FRONT WINDSHIELD	REPLACED	65.00	65.00
1	HEADLAMP ASSEMBLY	REPLACED	260.00	260.00
1	HEADLAMP ASSY	REPLACED	95.00	95.00
1	FRONT FENDER	REPLACED	190.00	190.00
2	FRONT FORK ASSEMBLY @ \$350.00	REPLACED	700.00	700.00
1	STEERING BEARING / CONE	REPLACED	110.00	110.00
1	FRONT BRAKE DISC	NOT NECESSARY	250.00	-
1	FRONT AXLE	NOT NECESSARY	95.00	-
1	UPPER COWLING	REPLACED	230.00	230.00
1	LOWER COWLING O/S	REPLACED	200.00	200.00
1	LOWER COWLING N/S	NOT NECESSARY	200.00	-
1	INNER COWLING	REPLACED	105.00	105.00
1	SIDE FAIRING O/S	REPLACED	160.00	160.00
1	SIDE FAIRING N/S	REPAIRED SEE LABOUR	160.00	-
1	SET FUEL TANK 'KAWASAKI' DECAL	REPLACED	25.00	25.00
1	CARBURETTOR ASSEMBLY	NOT NECESSARY	320.00	-
1	FRONT REST STEP BAR O/S	REPLACED	46.00	46.00

Report Ref No. CS/AIG18010724/T1qbs2





# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FOOT REST STEP BAR N/S	SERVICEABLE	46.00	-
1	FOOT REST BRACKET O/S	REPLACED	45.00	45.00
1	FOOT REST BRACKET N/S	SERVICEABLE	65.00	-
1	TAIL COVER	REPLACED	65.00	65.00
1	REAR FENDER	SERVICEABLE	60.00	-
1	REAR BRACKET LAMP ASSEMBLY	REPLACED	120.00	120.00
1	EXHAUST MUFFLER / TAILPIPE	REPLACED	285.00	285.00
1	EXHAUST MUFFLER GASKET	REPLACED	18.00	18.00
1	EXHAUST TAILPIPE GASKET	REPLACED	15.00	15.00
	LESS 10% DISCOUNT		-	-310.00
			4,817.00	2,790.00
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT RIM (LOCAL REPAIR) (SN)	REPLACED	460.00	100.00
1	FUEL TANK ASSEMBLY (LOCAL REPAIR) (SN)	REPLACED	500.00	200.00
1	FRONT LICENCE PLATE (SN)	REPLACED	18.00	18.00
			978.00	318.00
	<b><u>LABOUR</u></b>			
	TO TRANSPORTATION CHARGES. }		5,795.00	40.00
	TO DISMANTLE / RENEW FUEL TANK TO FACILITATE REPAIRS. }		-	50.00
	TO DISMANTLE / RENEW O/S & N/S FRONT FORK (INNER & OUTER) TO FACILITATE REPAIRS. INCLUSIVE OF THE REPAIR OF SIDE FAIRING N/S. }		-	150.00
	TO DISCONNECT FRONT & REAR WIRE HARNESS OF ELECTRICAL COMPONENTS TO FACILITATE REPAIRS, RECONNECT & CHECK FUNCTIONS INCLUDING TO FOCUS HEADLAMPS. }		-	30.00
	TO HEAT, CUT / WELD EXHAUST MUFFLER INCLUDING ALIGN SYSTEM & TO CHECK FOR CARBON MONOXIDE LEAKAGES. }		-	50.00
	TO DISMANTLE / RENEW FRONT TYRE RIM / TYRE INCLUDING TO OSCILLATE / EQUIPOISE COMPONENTS. }		1,250.00	30.00
	TO DISMANTLE / RENEW THE ACCIDENT DAMAGED PORTION INCLUDING TO HEAT, KNOCK-OUT, STRAIGHTEN & ALIGN COMPONENTS AS LISTED IN SCHEDULE. }		-	100.00

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Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO MOUNT MOTORCYCLE ONTO ALIGNMENT BENCH; SET-UP & EQUIPMENT & TO ALIGN / CALIBRATE / CORRECT (FRONT CROSS BRACING, BACK BONE SUB-FRAME, SWING ARM BRACKET SUB-FRAME, REAR FRAME SECTION ETC) TO SYMMETRICAL SPECIFICATIONS. }		-	100.00
			7,045.00	550.00
GRAND TOTAL			12,840.00	3,658.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,900.00

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MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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