| 22/03/2002 ASS. REC. BY | 75 | REF: (33) 3MO (| 8012282/G2 | 40302 | al Instruction: | |
|----------------------------------|--|--------------------|------------------|-------|----------------------|-----------|
| | Gue Giary | ASSIGN of | MENT (Office) | D | ate/Time: 5 7 18 | @ 10:10am |
| Estimated Co | | | Bill to: | | | |
| To Inspect V | S / TP RES / OD RE ehicle No: m/s | FU 6464 GPMotor | Z ing | Tel: | FJ 6664 9061 809 | × |
| Policy No: Sum Insured: | | 282 Marpha | Claim No:Excess: | CMID | 1802846/91 | PL |
| Make of Veh. (Client's Record | | | | D | 02 07 S | 8108 |
| CA / REV | / REP. / REV 24 H · 13 am @ 5 7 18 | | Mr.Ken | | H.O.D. Endorsement: | |
| Date/Time | Action/Instruction FJ 6664 FM 6464 Dismantle Par | Z-X | te | 10,0 | 280 | |
| | | | | | | |

| (08/11/13) wef PRS ASS. REC. BY: XML REF: SMO | • | 0578A / |
|--|--|---|
| A | ASSIGNMENT | (2.22) |
| From: Date: 1117 2018 Estimated Cost: | Veh No: U64648 Type: M.Car / M.Cyclè / Bus / Van / Lor | Yr Regn: 14 May 2007 Try / Taxi / Prime Mover / |
| To Inspect Vehicle No: at Workshop m/s of D82 Macherson Road Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: Mr. Ken & 906 809 (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. | Make: Yam ha K Colour Black Sp.Reading S675 Eng/No: C/No: ZMC 26 Gen. Cond: Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Brake: Inorder / Jammed / Leaked / Modi: 187 / S/Rim / STD A/Rim or | Burnt or Burnt or 70 - 18 |
| Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No Consistent?: Yes or No Est. Repairs: Lum Sum: CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction | Eront R/Bal. mm L/Bal. mm D.O.A. Survey held at Des. of Damages: Fr/ Rear / 6/3/ | |
| Date/Time, File Pass to? 1) Date/Time, File Return to? 2) Report Format: Lump Sum / I.B.I: (\$ | Days Of Repair: Resurvey No. of Trip: Fee: Site Insp (\$ | Survey Fee: Transportation: S+RS,_SI Photos Others TOTAL |

| , | | ASSIGNMENT | | | |
|--|-------------------------|------------------|-------------------------|------------------|----------------------------|
| From | Date | Veh No: | FU-6464Z | Yr Regr | 2002 Mar 14 |
| Estimated Cost. | Date | | / M Cycle / Bus / Va | | |
| | OD RES / EVA / INV / MV | | / Trailer or | | |
| To Inspect Vehicle No. | | Make: | Yamaha K | QKZ. | c.c 133 |
| at Workshop m/s | | Colour | Black | A/C. | nsured / Std / NI / NA |
| of | | Sp.Reading | 056752 | T/Radio: | Insured / Std / NI / NA |
| Insured | | Eng/No: | | / | |
| Policy No. | | C/No: | ZMC-264 | 164 | |
| Claims No. | | | 300d / Fair / Poor / | | |
| Sum Insured: | Excess: | | rd∂r / Jammed / Lø | | |
| (Client's Record) | bac/10/01/05/01 | Brake: Ind | order / Jammen / Le | aked / Burnt or | |
| Make of Veh: | | | SIRim STD A/R | | |
| mano or rom | | Tyre Size: | F2 80/ | 80 - 18 | |
| (Policy Condition) | | | | (| |
| Remark: The veh had c | commenced its | S O/S BS / DUN E | Z EXNOVA / GY / FS / | LIZA / MIC / OHT | SU / PIR / SUMI / |
| repair at the t | ime of inspection. | TOYØIYO | KO or | | |
| Bal, or Market Value: | | Frent | | Rear | |
| IDAC Accident Rport: | Consistent? : Yes or No | R/Bal. | 5 mm | R/Bal. | 5 mm |
| GIA / PR Seen: | Consistent?: Yes or No | L/Bal. | mm | L/Bal. | mm |
| Est. Repairs: 5 | days Res.: Yes or No | D.O.A. 0 | 810CFOC | D.O.I. | 11.07.2018 @6.50pm |
| Lum Sum: | % 3 Val.: Yes or No | | | GP moturing | 1 |
| | 1 DATURS | Des. of Dam | ages : Frt / Rear / | OIS I NIS I UIC | / Rooftop or |
| CA / REV / REP. | / 24 HRS Vehic | e: IN / OUT | | | |
| Date: | Person Contacted. | The U/C | / Chassis frame / | Body Structure | affected due to collision. |
| Date / Time Actio | n / Instruction | to all press | | | |
| Echi | mate repair range &! | +000r - \$5000r | | | |
| | | 4 (| | | |
| | | 5 | lays - | | |
| | /- | 30 | J | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Date/Time, File Pass to? | : Preli. Report | Days Of Re | pair: 5 | | |
| 1) | : Final Report | Resurvey N | lo. of Trip: | Survey | Fee. |
| Date/Time. File Return to? | | | | Transport | |
| 2) | | Add Fee: Site | Insp (\$ |) s+R | S SI . |
| | | | | | |
| | | . Inter | view (\$ |) Photos | |
| Report Format : Lump Sum / I.B.I: / | | . Inter | | | |

Nivitha (ĽKK Auto)

From:

Teo, Grace <grace.teo@sompo.com.sg>

Sent:

Thursday, 5 July 2018 10:10 AM

To:

Alfred Ng; admin-d@lkkauto.com; assignments@lkkauto.com

Cc:

Gnoh, Pau Loong; Ye, Yong Kang Melvin

Subject:

CMTD1802846/GPL - SUV(LKK)/ ACCIDENT INVOLVING FJ6664X & FU6464Z ON 2

JULY 2018

Our Reference : CMTD1802846/GPL

Your Reference: JEQ/ 180542/0718/GP (zl)

Date: 5th July 2018

Without Prejudice EMAIL ONLY

Attention:

M/S JUSEQUITY LAW COPORATION

Dear Alfred,

ACCIDENT INVOLVING FJ6664X & FU6464Z ON 02.07.2018

We refer to your email reply of today.

We do not agree to your list of surveyors.

As such, we will be appointing our motor surveyor, **LKK AUTO** to conduct the pre-repair survey of your client's vehicle.

The pre-repair survey will include a survey of the vehicle when its damaged parts are being dismantled prior to the commencement of repairs.

We would like our motor surveyor to conduct a post repair inspection once your client's vehicle has been repaired.

The survey is conducted on a without Prejudice basis and without any admission of liability.

Yours faithfully,

Best Regards **Grace Teo**Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | Facebook: www.facebook.com/SompoSG

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From: Alfred Ng [mailto:alfred_ng@juseq.com.sg]

Sent: Thursday, July 05, 2018 9:49 AM

To: Claims - Motor Survey

Subject: Fw: ACCIDENT INVOLVING FU6464Z AND FJ6664X ON 2 JULY 2018

Your ref: CMTD1802846/GPL Our ref: JEQ/180542/0718/GP/PI

Dear Sirs,

Kindly refer to our email below:-

Please assist.

With Regards

Alfred Ng Executive On behalf of Mr Michael Yap M/s JusEquity Law Corporation No. 171 Chin Swee Road #02-01/02/06 Singapore 169877

Tel: 6536 9339 Fax: 6536 5368

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---- Original Message -----

From: Alfred Ng

To: irene.henry@sompo.com.sq

Sent: Thursday, July 05, 2018 9:32 AM

Subject: ACCIDENT INVOLVING FU6464Z AND FJ6664X ON 2 JULY 2018

Your ref: CMTD1802846/GPL Our ref: JEQ/180542/0718/GP/PI

Dear Irene,

We refer to your email dated 4 July 2018.

We are instructed that our client is not agreeable to all the surveyors proposed by you.

Pursuant to Appendix C, pre-action protocol for NIMA cases, we are also instructed to furnish you our client's list of motor surveyors for your selection:-

- 1 Absolute Appraisal Services Pte Ltd;
- 2. Sincere Appraisal Services;
- 3. Kelvin Automotive Appraising Services;
- 4. Mc Coy Appraiser Pte Ltd;
- 5. Delta V Consultant
- 6. Prominent Appraisal Services Pte Ltd;
- 7. Advance Automotive Consultancy Pte Ltd;
- 8. Pal's Appraiser Pte Ltd;
- 9. S K Auto Consultants;
- 10. Oh Appraisal Services.

Please be informed that if the above mentioned surveyors is not ageeable by you, our clients' motor vehicle is available for pre-repair inspection at the under-stated workshop:-

GP Motoring Pte Ltd

282 Macpherson Road Singapore 348607

Tel: 6746-4240 Mobile: 9061-8091.

Fax: 6746-4596

Person In charge: Mr. Ken Sim

* Further, please remind your appointed surveyor to request for post repair inspection if you wish to do so under NIMA Protocol Appendix C paragraph 2.11.

With Regards

Alfred Ng
Executive
On behalf of Mr Michael Yap
M/s JusEquity Law Corporation
No. 171 Chin Swee Road
#02-01/02/06 Singapore 169877

Tel: 6536 9339 Fax: 6536 5368

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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 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 aforesaid.

| 的是国际 交给18世代文化对于自由共和党会会会 | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 03/07/2018 14:41 |
| Date Of Accident | 02/07/2018 15:30 |
| Exact Location Of Accident | GRANGE ROAD (IN FRONT OF CINELEISURE) |
| Country/State of Loss | SINGAPORE |
| Of A History Manager College College | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FU6464Z |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHD AZFAR AKMAL BIN AZMAN |
| NRIC No | S9730578A |
| Email Address | VIPER_AZFAR@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-86605064 |
| Alternative Phone No | OTHERS-86605064 |
| Vehicle Particulars | |
| Manufacturer | YAMAHA |
| Model | RXZ135-133CC (M) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| f 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 | 5099276360 |
| Cover Note Number | 24/03/2018 - 23/03/2019 |
| Driver | |
| Name of Driver | MUHD AZFAR AKMAL BIN AZMAN |
| NRIC No | S9730578A |
| Date Of Birth | 06/09/1997 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/08/2016 |
| Driving Experience | 1 YEAR AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86605064 |
| Fax Number | |
| Contact Number | OTHERS-86605064 |
| EMail Address | VIPER_AZFAR@HOTMAIL.COM |

Address

BLK 565 HOUGANG ST 51 #7-486

Postcode

530565

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

CHAIN COLLISION

Weather Conditions

DRIZZLE

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

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.

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOGANG N.P.C

Police Station Address

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20180702/2144)

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

FJ6664X

Vehicle Make/Model/Colour **Details Of Properties**

LEFT PORTION

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLM9646S

Vehicle Make/Model/Colour

Details Of Properties

REAR LEFT PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHD AZFAR AKMAL BIN AZMAN

Approximate Age

Injuries Sustain

RIGHT LEG

Injured person in which vehicle?

FU6464Z

Were seat belts worn?

NO

Was this injured conveyed to hospital by

ambulance?

YES

Address

BLK 565 HOUGANG STREET 51 #07-486

Postcode

530565

Sketch Plan Pg. 1

| | . 73 | FUELEY | t |
|----------------------|----------------------|-----------------|---------------------------|
| NTUC Income Motor Se | ervice Centre 7 7 18 | The Reserve | |
| Report No: MT | D.O.A. | Make / Model: R | Reporting Type: End Time: |
| | | EAT STOLEN | |

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 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 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:
 - (ii) 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' lawvers/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 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 reasonable required for the purposes stated, or

(ii) for complying with requirements under any regulations, law or court orders.

7/3/2018 14:47

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

7/3/2018 14:47

Reporting Centre Personnel's Signature Name Chen Junuliang NRJC/Fin No: S990765

Sketch Plan Pg. 2

| SKETCH PLAN | | | |
|--|-------------------------------------|--|---------|
| 4 | CINELEISURE | | |
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| - my | 2) | | |
| Zw. | | | |
| GRANGE | ROAD (IN FRONT OF CINELEIS | SURE) | |
| Vehicle A: FU6464Z Vehicle B: FJ6 | | | |
| | | LM9646S | |
| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REFER TO ATTACHED POLICE REPORT (T/2018 | 80702/214/1 | | N TR |
| The state of the s | 3070222144) | | |
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| ECLARATION | | | 7 80 |
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| Ve declare the foregoing particulars are true in every respect. | | THE PART OF THE PA | |
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| 22 | | 4/10 | |
| 7/3/2018 14:47 | 7/3/2018 | 14.47 / // | |
| | | 1 8 1 | |
| olicyholder's Signature Driver's Signature ate & Time: Date & Time: | (If driver is not the policyholder) | Reporting Centre Personnel's Si Name/ Chen JunLlang NRIO Fin No: \$990765 | gnature |
| Date a riffle. | | biRIO Fin No: \$990765 | |

POLICE REPORT Pg. 1





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20180702/2144

| REPORT | OF A | TRAFF | IC AC | CIDENT |
|--------|------|-------|-------|--------|
| - | - | | | |

| Date/Time Report Made: 02/07/2018 20:45 | | Vide Report No.: | Station Diary No.: | | | |
|--|------------------------|---------------------------|---|--------------------------------|--|--|
| Informa | nt's Partic | ulars | | | | |
| | Informant: MAD AZFA | R AKMAL BIN | Address: APT BLK 565 HOUGAN 530565 | NG STREET 51 #07-486 SINGAPORE | | |
| ID Type / ID No.: NRIC NO / S9730578A | | | Contact No.: Home/Office: Mobile: 86605064 | | | |
| National SINGAP | ity: ORE CITIZ | EN | Email: | | | |
| Sex: Male | Age: 20 | Date of Birth: 06/09/1997 | Type of Informant: Rider | | | |
| Race: Malay | | | Language: Institution / School N | | | |
| Occupation: DESPATCH RIDER | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | | |

| Type of Accident: | Injury Conveyed By Ambu | Injury Conveyed By Ambulance | | Date/Time of Accident: 02/07/2018 15:3 | 30 | Type of Location: T-Junction | |
|---|----------------------------|---|------------------------|--|-------|---------------------------------|--|
| Location: Along Road 1 GRANGE RO ALONG GRA | | OF CINE | ELEISURE | 3 lane) | | | |
| Weather: Drizzling | | | Surface: | | Roa | d Speed Limit: | |
| Traffic Flow: One Way | | 100000000000000000000000000000000000000 | Control: Light - Wo | rking | Traff | fic Volume: t | |
| Type of Collis | ion: ISION | | | | | one conveyed by ulance: | |

| Details of V | ehicle Involve | d | | | | |
|--------------|----------------|--------|-------|-------|----------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FU6464Z | Motorcycle | YAMAHA | RXZ | Black | Seriously Damaged | |

| Details of V | ehicle Insurance | | | |
|--------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FU6464Z | NTUC Income Insurance Co-Operative Limited | 5099276360 | 24/03/2018 | 23/03/2019 |

POLICE REPORT Pg. 2





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPO 2 of 3 Report No. T/20180702/2144

60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

| Details of Perso | NAME AND ADDRESS OF THE OWNER, WHEN PARTY OF THE PARTY OF | | | | | | |
|-------------------|--|-----|-----------|---|--------|------------------------------------|--|
| Any Pedestrian Ir | ivolved: No | | | | | | |
| No. of Pedestrian | s Injured: NIL | | Use of Pe | destriar | Cross | sing: NA | |
| Rider | | | | | | | |
| Name | MUHAMMAD AZFAR AKMAL BIN AZMAN | | | ID No | | S9730578A | |
| Related Vehicle | FU6464Z (Motorcycle) | | | Conta | ct No. | 86605064 | |
| Hospital/Clinic | RAFFLES HOSPITAL | | | Class of Driving Licence & Expiry Date | | Class: 2B,3 Date of Expiry: NIL | |
| Date Treatment | 02/07/2018 Date | | Date Disc | harge | 02/07 | //2018 | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | fInjury | Sligh | | |

Brief Details.

On the 02/07/2018 at about 1530hrs to 1600hrs, I was riding along Grange road infront of Cineleisure and it was drizzling, heading to Orchard Boulevard. Traffic was light and as I was going to head straight and switch to the left lane. Subsequently, on the right 2nd lane, this motorbike (coming from a carpark) which was also going to turn to the right at the yellow box, collided into my bike and caused me to fall off and my bike to hit onto another car on the left most lane. At this point of collision, the vehicle had stopped. As such, I suffered numbness and pain on my right leg. Both of our bikes were badly damaged due to the collision, and there was damage on the left rear side and light area of the vehicle.

Traffic police, ambulance were at scene, I was conveyed together with the other motorbike rider to Raffles Hospital. I was informed that my bike will be towed away by the traffic police officer and also to lodge a traffic police report. I do not think the vehicle driver was injured. I was discharged on the same day I was admitted into.

POLICE REPORT Pg. 3





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3. Report No. T/20180702/2144

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.

| 1 | | |
|------------------------------|--|--|
| ate/Time: 2/07/2018 20:45 | | |
| Classification Of Case: | | |
| | | |
| | | |



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

| | | PRE-REPAIR INS | PECTI | ON REPORT | | | |
|---|---|---|------------------------------------|----------------|-------------------------|--|--|
| SOMPO INSURANCE SINGAPORE PL Ref: CS3/SMO18012282/Gz4d3e2 | | | | | | | |
| | AFFLES PLACE # VERSINGAPORE (| 05-01/06 SINGAPORE LAND 048623 | Date: | 18-07-2018 | | | |
| | | | Code: | SMO | | | |
| 1. | | Policy Particulars | :- (THIR | D PARTY CLAIM) | | | |
| | Insured Veh. | FJ 6664X | Veh. Ir | nspected | FU 6464Z | | |
| | Policy No. | | Coverage (\$) | | 0.00 | | |
| | Claim No. | CMTD1802846/GPL | Exces | s (\$) | 0.00 | | |
| | Assign From | GRACE TEO | Assign | n Date | 05/07/2018 | | |
| 2. | | Vehicle Part | iculars | & Condition | 一种基础的 | | |
| | Make & Model | YAMAHA RXZ | c.c | | 133 | | |
| | Engine No. | HIDDEN | Year o | f Reg. | 2002 | | |
| | Chassis No. | ZMC264164 | Colour Steering Modification | | BLACK | | |
| | Odometer | 5675 KM | | | IN ORDER | | |
| | Brakes | IN ORDER | | | NIL | | |
| | General | GOOD | | | | | |
| 3. | | Condi | tions of | Tyres | | | |
| | | Size | Make | | Balance | | |
| | R/H Front Tyre | 80/80-18 | DUNLO | P | 4 mm | | |
| | L/H Front Tyre | | | | mm | | |
| | R/H Rear Tyre | 80/80-18 | DUNLO | P | 4 mm | | |
| | L/H Rear Tyre | | | | mm | | |
| 4. | | Descript | ion of D | amages | | | |
| | THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND FRO PORTION. | | | AND FRONT | | | |
| 5. | NAME OF THE PARTY OF | | | | | | |
| | Accident Date | 02/07/2018 | Inspec | t Date / Time | 11/07/2018 (05:30 PM) | | |
| | Survey held at | Survey held at GP MOTORING PTE LTD 282 MACPHERSON ROAD SINGAPORE 348607 | | | | | |
| | | | | | | | |
| 5a. | n. Remarks | | | | | | |
| | 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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,500-\$3,500 | | | | | | |
| 5b. | | Estimate Days of Repair | | | | | |
| | ESTIMATED NORMAL PERIOD FOR REPAIR: 3 Working Days | | | | | | |

Report Ref No. CS3/SMO18012282/Gz4d3e2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

K.K.LAU CPT(RET)

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

Automotive Assessor

REGD Auto Consultant-SAE, Licensed Appraiser

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