

ASS. REC. BY:

REF: CS3/EG1/8014956/G240321

Instruction:

Surveyor:

Guo Qichang

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

EG1

Date/Time:

16/8/18 @ 1:49pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBB 8715J

Insured:

YM8791H

at Workshop m/s:

Alpha Car Services

Tel:

6509 8258

of

Blkc Kaki Bkt Ave 6 #01-59 Autobay

Policy No:

Claim No:

YM8791H

Sum Insured:

Excess:

D.O.A.

13/04/2018

Make of Veh:  
(Client's Record)

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time: 2:34pm @ 16/8/18

Person Contacted:

Ceu ling

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	FBB 8715J - X
	YM8791H - X

PRG XRL. REF: Ergo 1759c ✓ (-2022)

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_ Veh No: **FRN 8715J** Yr Regn: **18 Aug 2007**

Estimated Cost: \_\_\_\_\_ Type: **M. Car** / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

**OD** / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or

To Inspect Vehicle No: \_\_\_\_\_ Make: **Kawasaki TL35** C.C. **135**

at Workshop m/s **Alpha car** Colour: **yellow** A/C: Insured / Std / NI / NA

of \_\_\_\_\_ Sp. Reading: **-** T/Radio: Insured / Std / NI / NA

Insured: \_\_\_\_\_ Eng/No: \_\_\_\_\_

Policy No: \_\_\_\_\_ C/No: **5YP205136**

Claims No: \_\_\_\_\_ Gen. Cond: **Good** / Fair / Poor / Burnt

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_ Steering: **In order** / Jammed / Leaked / Burnt or

(Client's Record) Brake: **In order** / Jammed / Leaked / Burnt or

Make of Veh: \_\_\_\_\_ Mod: **Nir** / S/Rim / STD A/Rim or

(Policy Condition) Tyre Size: **F: 70/90-17 (MAXXIS)**  
**R: 80/90-17 (Run)**

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
-----	-----

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

Bal. or Market Value: \_\_\_\_\_ Front: \_\_\_\_\_ Rear: \_\_\_\_\_

IDAC Accident Rpt.: \_\_\_\_\_ Consistent? : Yes or No R/Bal. **4** mm

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No L/Bal. **4** mm

Est. Repairs: **3** days Res.: Yes or No D.O.A. \_\_\_\_\_ D.O.I. **16-08-18**

Lum Sum: **20** % 3 Val: Yes or No Survey held at **W/S 4:30 pm**

CA / REV / REP. / 24 HRS Des. of Damages: **FRN** / Rear / **O/S** / **W/S** / UIC / Rooftop or

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

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

Date / Time	Action / Instruction
	<b>\$2000 - \$3000</b>
<b>18/8/18</b>	<b>submit PRS report</b>

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1) Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ Site Insp. (\$) ☐ Interview (\$) ☐ Tech. Invs (\$) ☐ Weekend (\$)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Photos: \_\_\_\_\_

Others: \_\_\_\_\_

TOTAL **50**

## Nivitha (LKK Auto)

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Thursday, 16 August 2018 1:49 PM  
**To:** admin-d@lkkauto.com  
**Cc:** ASSIGNMENTS@LKKAUTO.COM  
**Subject:** OI : YM8791H / TP : FBB8715J/PS / DOA : 13/04/2018  
**Attachments:** YM8791H - SAS.pdf; FBB8715J - SAS.pdf; FBB8715J - PRI NOTICE.pdf

Dear Nivitha / Catherine,

We have rejected to their PRS list, please assist to conduct these survey from **BONNIE KWOK LLC**,

ADDRESS : **ALPHA CAR SERVICES PTE LTD**  
BLK C KAKI BUKIT AVENUE 6 @KB  
#01-59 AUTOBAY @ KB  
SINGAPORE 417883

PERSON TO CONTACT : CAI LING / AH HWA @ 6509 8258 / 8226 5945

ERGO OFFICER-IN-CHARGE : ROHAINI

***Note: To survey on without prejudice basis. Please advise the consistency of damages to third party vehicle. Try to obtain estimate from workshop and inform the repairer in writing, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop..***

Please update the survey status via [Survey.Report@ergo.com.sg](mailto:Survey.Report@ergo.com.sg).

Attached are our insured's and TP's SAS (note: reports not to be released to any Third Party). No estimates was provided.

Kindly acknowledge receipt of this email.

Regards,  
Yee Pei Li (Ms)  
Claims Assistant (Motor)

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-01 Suntec Tower Five  
Singapore 038985  
DID : +65 6829 9194  
Tel : +65 6829 9199  
Fax : +65 6829 9247

# ERGO

[www.ergo.com.sg](http://www.ergo.com.sg)

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

**CPc****C PAGLAR & CO**

ADVOCATES &amp; SOLICITORS

UEN NO. 53130985A GST REG NO. M90371275E

50 Chin Swee Road  
#05-03 Thong Chal Building  
Singapore 169874  
Telephone: (65) 6536 5456  
Facsimile: (65) 6836 2195  
Email: pri@cpaglar.com.sg  
SERVICE OF COURT DOCUMENTS BY FACSIMILE  
WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: YM 8791H  
Our Reference: CP/PRI/FBB8715/18.na

Date : 16<sup>th</sup> August 2018

**ERGO INSURANCE PTE LTD**  
**ATTN: MOTOR CLAIMS DEPT**

**BY FAX 6829 9247 ONLY**

Dear Sirs,

CORRESPONDENCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We refer to your fax dated 16<sup>th</sup> August 2018.

Please note that the said vehicle can be inspected at:

ALPHA CAR SERVICES PTE LTD  
Blk C Kaki Bukit Avenue 6  
#01-59 Autobay @KB  
Singapore 417883  
Contact No.: 6509 8258 / 8226 5945 (Ah Hwa / Calling)

**KINDLY REPLY BY EMAIL ONLY: pri@cpaglar.com.sg**

Please note that the vehicle will only be available for the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without any further notice or reference to you. All our client's rights are expressly reserved.

Yours faithfully,

**C PAGLAR & CO**cc. [Client by email: [alphacarservices@hotmail.com](mailto:alphacarservices@hotmail.com)] - (FBB 8715J)**FOR SURVEYOR**

Please initial here after completion of  
pre-repair inspection.  
Thank you

.....  
Appointed Surveyor (Name & Signature).....  
Date & Time of Inspection



# 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				
ERGO INSURANCE PTE LTD		Ref : CS3/EGI18014956/Gz4d3		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985		Date : 16-08-2018		
		Code : EGI		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	YM 8791H	Veh. Inspected	FBB 8715J	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	16/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	13/04/2018	Inspection Date	16/08/2018	
Survey held at	ALPHA CAR SERVICES PTE LTD BLK C, KAKI BUKIT AVE 6 #01-59 KAKI BUKIT AUTOBAY SINGAPORE 417883			
<b>5a. Remarks</b>				
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.				

## 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	14/08/2018 16:14
Date Of Accident	13/08/2018 07:40
Exact Location Of Accident	HOUGANG AVE 7 TWDS LORONG AH SOO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8715J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AMIRUL ALIFF BIN NAZARUDIN
NRIC No	S9411759C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93277235
Alternative Phone No	OFFICE-93277235

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101448967
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AMIRUL ALIFF BIN NAZARUDIN
NRIC No	S9411759C
Date Of Birth	02/04/1994
Occupation	INDOOR
Date Of Driving Pass	17/05/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93277235
Fax Number	
Contact Number	OFFICE-93277235
Email Address	NOEMAIL

Address	BLK 203D COMPASSVALE RD #02-59
Postcode	544203
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , 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

#### 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	YM8791H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MUHAMMAD AMIRUL ALIFF BIN NAZARUDIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBB8715J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



# Sketch Plan Pg. 1

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 (a) 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:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Turned Left on Red  
Sub.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer AS police Report

DECLARATION

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

*[Signature]* 11-8-18



Policyholder's Signature  
Date & Time:

*[Signature]* 11-8-18

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

*[Signature]*

Reporting Officer's Signature  
Name  
NRIC/IN No.

 <b>SINGAPORE POLICE FORCE</b>		 20180813/2046	
Police Station Of Origin: Sengkang N.P.C. 2 Sengkang Square #01-02 SINGAPORE 544203 Tel No: 1800 243 8999		Report No: 72015081/2046	
REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 13/08/2018 12:02		Vide Report No:	Station Diary No: 46
<b>Informant's Particulars</b>			
Name of Informant: MUHAMMAD AMIRUL ALIFF BIN NAZARUDIN		Address: APT BLK 203D COMPASSVALE ROAD #02-59 SINGAPORE 544203	
ID Type / ID No: NRIC NO / S9411759C		Contact No: Home/Office: Mobile: 95271235	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 02/04/1994	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B	Date of Expiry:
<b>General Information of the Accident</b>			
Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 13/08/2018 07:40
Type of Location: Bend			
Location: Along Road 1 HOUGANG AVENUE 7			
Hougang avenue 7 towards lorong Ah Soo			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light Working	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No	
<b>Details of Vehicle Involved</b>			
Vehicle No: FBB8715J	Type: Motorcycle	Make: YAMAHA	Model: T135
		Color: Black	Condition: Slightly Damaged
Vehicle No: YM6791H	Type: Lorry	Make: MITSUBISHI	Model: FE83BEOSR White DEA
			Condition: No Damage
<b>Details of Vehicle Insurance</b>			
Vehicle No: FBB8715J	Insurance Company: NTUC Income Insurance Co-Operative Limited		Insurance No: 5101448967
			Effective: 14/06/2018
			Expiry Date: 13/08/2019



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Serangoon N.P.C.  
2 Serangoon Square #01-02 SINGAPORE  
245025  
Tel No. 1800-343 8993



7/20180813/2045

2 of 3

Report No. 7/20180813/2045

**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	MUHAMMAD AMIRUL ALIFF BIN NAZARUDIN	ID No.	89411/59C
Related Vehicle	FBB8715J (Motorcycle)	Contact No.	93277235
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class 2B Date of Expiry: NIL
Date Treatment	13/08/2018	Date Discharge	13/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	RAMALINGAM RAMESH	ID No.	G8417042P
Related Vehicle	YM8791H (Lorry)	Contact No.	82063417
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details**

On the 13/08/2018 at about 0745hrs, I was riding my bike FBB8715J along Hougang Avenue 7 towards the direction of Lorong Ah Soo. As I was travelling on the right lane, a lorry YM8791H which was on the left lane suddenly changed lane abruptly and came close to my vehicle. I had to jam break in order to avoid colliding with the said lorry but I fell off from my motorbike after I had jammed break. The lorry driver then stopped his vehicle and came down to make a check on me. The traffic police and ambulance came to scene to assist in the accident. I was then conveyed to Tan Tock Seng Hospital as I suffered abrasion on my left arm and left knee. I was given 3 days of MC by the doctor. That's all



POLICE REPORT Pg. 1

2 Sengkang Square, #01-02 SINGAPORE  
545025  
Tel No. 1800-343 8999

Report No. 1/20180813/2048

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:  
F /  
Sgt 2 MUHAMMAD FAIRUZ ZAMEEN

Signature Of Informant:

*[Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/08/2018 12:03

Officer In Charge Of Case:  
TP / AEIT /  
SIANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

SN 085

Authentication Stamp  
NP168



Signature:

Singapore Police Force



Accident Photo

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Accident Photo

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Accident Photo

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Accident Photo

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Accident Photo

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Accident Photo

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> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1759C
Vehicle Details	
Vehicle No.:	FBB8715J
Vehicle to be Exported:	No
Intended De-registration Date:	17 Aug 2018
Vehicle Make:	YAMAHA
Vehicle Model:	T135
Primary Colour:	Black
Manufacturing Year:	2007
Engine No.:	5YP205136
Chassis No.:	5YP205136
Maximum Power Output:	-
Open Market Value:	\$1,989.00
Original Registration Date:	18 Aug 2007
First Registration Date:	18 Aug 2007
Transfer Count:	5
Actual ARF Paid:	\$299.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Aug 2022
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$3,030.00
COE Rebate Amount:	\$2,424.00
<b>Total Rebate Amount:</b>	<b>\$2,424.00</b>
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 Aug 2018

OK



**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

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PRE-REPAIR INSPECTION REPORT				
ERGO INSURANCE PTE LTD		Ref: CS3/EG18014956/Gz4d3e2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 21-08-2018		
FIVE SINGAPORE 038985		Code: EGI		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	YM 8791H	Veh. Inspected	FBB 8715J	
Policy No.		Coverage (\$)	0.00	
Claim No.	YM 8791H	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	16/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	YAMAHA T135	c.c	135	
Engine No.	HIDDEN	Year of Reg.	2007	
Chassis No.	5YP205136	Colour	YELLOW	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	70/90-17	MAXXIS	4 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	80/90-17	DUNLOP	4 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S, N/S BODY AND FRONT PORTION.				
<b>5. General Information</b>				
Accident Date	13/08/2018	Inspect Date / Time	16/08/2018 ( 04:30 PM )	
Survey held at	ALPHA CAR SERVICES PTE LTD BLK C, KAKI BUKIT AVE 6 #01-59 KAKI BUKIT AUTOBAY SINGAPORE 417883			
<b>5a. Remarks</b>				
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 \$2,000-\$3,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

Report Ref No. CS3/EG18014956/Gz4d3e2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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