

ASS. REC. BY:

REF: CS3/MSG18015128/71240312 Special Instruction:

Survivor
Munnen

Taufiq

ASSIGNMENT (Office)

From (Person):

Monica Chung

of

M81G

Date/Time:

20/8/18 @ 10:35am

Estimated Cost:

Bill to:

OD / TP RES / TP RES / OD RES / EVA / INV / MV 7 CS

To Inspect Vehicle No:

8FS 633C

Insured:

FBB 84185

at Workshop m/s

Exotic Car Spray

Tel:

9109 1660

of

81K 1002, 81K meruh Jane 3 #01-85

Policy No:

MSD/VM.T/17-987717-WT7

Claim No:

MSC/v/18-001104

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

09/08/2018

CA / REV / REP. / REV 24 HRS

Cup)

H.O.D. Endorsement:

Date/Time:

12:44pm @ 20/8/18

Person Contacted:

Sam

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	8FS 633C - X
	FBB 84185 - X
	Dismantle: 21/8/2018
	After repair: 29/8/2018

Tanphu

REL:

MS16

MS16

Form
Estimated Cost
OD / ☒ WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No.
at Workshop no.
at
Insured
Policy No.
Claims No.
Sum Insured: Excess:
(Client's Record)
Make of Veh:

N/S	O/S
<input checked="" type="checkbox"/>	

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Mark of Value:
IDAC Accident Report: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: days Res: Yes or No
Lump Sum: % 3 Val: Yes or No
CA / REV / REP. / 24 HRS

PRS' WP'

Date: Person Contacted: Vehicle: IN / OUT
Sam

Veh No: SFS 633C
Type: ☒ M / Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: Toyota Axio 1496
Colour: Blue
Sp. Reading: 169203
Insured / Std / NI / NA
T/Radio: Insured / Std / NI / NA

Eng/No:
C/No: NZE 141 6034514
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: ~~205/45R17~~ 205/45R17.
R:

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

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm

D.O.A.: 20/8/18 @ 2pm
Survey held at: Hong San Hong Wei

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S, 4/C.

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

Date / Time: Action / Instruction

Back / 002 BM 1993 #01-85

No GIA.
Estimated repair range \$3,800 - \$4,800.

6/9/2018

Date/Time: File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:
Transportation

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Night Time (\$)
☐ 24hr Stand (\$)

☐ 1st Trip (\$)
☐ 2nd Trip (\$)
☐ 3rd Trip (\$)

Report Format:
Lump Sum / LBL

PRS.

120
10
130



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				
MSIG INSURANCE (SINGAPORE) PTE LTD			Ref : CS3/MSG18015128/T1z4d3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 20-08-2018	
			Code : MSG	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	FBB 8418S	Veh. Inspected	SFS 633C	
Policy No.	MSD/VMT/17-987717-WTT	Coverage (\$)	0.00	
Claim No.	MSC/V/18-001104	Excess (\$)	0.00	
Assign From	MERIMEN (MONICA CHUNG)	Assign Date	20/08/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brake		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	09/08/2018	Inspection Date	20/08/2018	
Surrounding Area				
5a. Remarks				
A) T	TIC WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.			
B) T	ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.			
C) E	WAS TOLD TO PREPARE THE ESTIMATE.			
	PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	10 Aug 2018		20 Aug 2018 10:38 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	NUR IMAN BIN RAHMAT, ID: S9831055Z		
Main Claimant:	HOLISTIC HEALTH, Co. Reg. No.: 53153693M		
Vehicle Reg. No.:	SFS633C	Date of Loss:	09/08/2018 23:00 - :59 [134 Months and 3 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / MSC/V/18-001104	Policy/Cover Note No.:	MSD/VMT/17-987717-WTT (Third Party Only) Coverage: 24/11/2017 - 23/11/2018
Vehicle Reg. No. (Insured):	FBB8418S	Policy No. (Claimant):	
		Excess:	
Repairer:	Weng Fatt Motor Engineering (HQ) Blk 1004 Bukit Merah Lane 3, #01-15, 159720 Bukit Merah - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 21/08/2018]		
Driver/Custodian (Insured):	NUR IMAN BIN RAHMAT (19 / Male), NRIC: S9831055Z		
Adj Asg. Remarks:	SJE DISAGREE Please appoint LKK and contact Mr Vincent Ng @ 9618 7858. Liability 100%		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

K. K. CHENG & CO
Advocates and Solicitors
101 Upper Cross Street #05-21
People's Park Centre
Singapore 058357
Tel: 6227 1272 Fax: 6227 5563

Our Ref: XOTIC/ SFS 633C
Your Ref: FBB 8418S
(Please quote our reference number when replying)

17 August 2018

MSIG
Singapore

LKK AUTO
Singapore

By Fax: 6225-7402 only

By Fax: 6256-4315 only

Attention: Motor Claims Department

Dear Sirs

NOTICE OF ACCIDENT

Claimant: **HOLISTIC HEALTH**

Pre-action Protocol for Non-injury Motor Accident Cases involving motor accident occurring on or before 1st April 2016 ["Protocol"]

We refer to your letter dated 17 August 2018.

Firstly, we object to the appointment of any of the motor surveyors proposed by in your List as a single joint expert. We have already stated this at para 4 of our Notice of Accident dated 17 August 2018.

Secondly, we have also given you our proposed list of proposed motor surveyors at para 4 of our Notice of Accident dated 17 August 2018.

Thirdly, if you object to our proposed list of proposed motor surveyors, this matter shall proceed on the basis of para 2.9 of the Protocol. Accordingly, our client shall appoint a surveyor of his choice to conduct the pre-repair survey. And our client shall have his motor vehicle repaired after the pre-repair survey had been done by your appointed surveyor.

Fourthly, for the sake of clarity, we do not agree to your appointed surveyor conducting the Pre-Repair Survey as the single joint expert.

If you wish to conduct a post-repair inspection, please instruct your appointed surveyor to inform our client's repairer of the same during the pre-repair survey.

Finally, the location and contact person of the workshop are as follows:

Name of Workshop : Exotic Car Spray Painting Specialist Pte Ltd
Address : Block 1002 Bukit Merah Lane 3
#01-85 Singapor 159719
Contact person : Mr Sam at 9109-1660

Yours faithfully

CHENG KIM KUAN
cc Workshop (Ref: SFS 633C)



> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SFS633C		
Vehicle Type :	Z10 - Private Hire (Chauffeur) Motor Car		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	COROLLA AXIO 1.5 A		
Chassis No. :	NZE1416034514		
Propellant :	Petrol		
Engine No. :	1NZC605734		
Engine Capacity :	1496 cc		
Maximum Power Output :	81.0 kW (108 bhp)		
Maximum Laden Weight :	1405 kg		
Unladen Weight :	1130 kg		
Year Of Manufacture :	2007		
Original Registration Date :	06 Jun 2007		
Lifespan Expiry Date :	-		
COE Category :	A - Car (1600cc & below)		
PQP Paid :	\$25,313.00		
COE Expiry Date :	05 Jun 2022		
Road Tax Expiry Date :	05 Dec 2018		
Inspection Due Date :	05 Dec 2018		
Intended Transfer Date :	21 Aug 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00
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.			

You may print this page for reference.

OK Print

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	3693M
Vehicle Details	
Vehicle No.:	SFS633C
Vehicle to be Exported:	No
Intended De-registration Date:	27 Aug 2018
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA AXIO 1.5 A
Primary Colour:	Blue
Manufacturing Year:	2007
Engine No.:	1NZC605734
Chassis No.:	NZE1416034514
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$11,951.00
Original Registration Date:	06 Jun 2007
First Registration Date:	06 Jun 2007
Transfer Count:	2
Actual ARF Paid:	\$13,147.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	05 Jun 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$25,313.00
COE Rebate Amount:	\$19,109.00
Total Rebate Amount:	\$19,109.00
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 27 Aug 2018

OK

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	10/08/2018 12:24
Date Of Accident	09/08/2018 23:15
Exact Location Of Accident	JUNCTION OF ROAD 1 & 2 PASIR RIS DRIVE 1 & 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS633C
Insured/Policyholder	
Name Of Registered Owner	HOLISTIC HEALTH
Co Reg No	53153693M
Email Address	MARVIN.DARTS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98770481
Alternative Phone No	OFFICE-92380250

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101086743
Cover Note Number	

Driver

Name of Driver	POH ZHONGHAO, MARVIN
NRIC No	S8131236B
Date Of Birth	27/09/1981
Occupation	INDOOR
Date Of Driving Pass	30/12/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98770481
Fax Number	
Contact Number	OFFICE-92380250
EEmail Address	MARVIN.DARTS@GMAIL.COM

Address	APT BLK 217S COMPASSVALE DRIVE #07-620 SINGAPORE
Postcode	541217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
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	FBB8418S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NUR IMAN BIN RAHMAT
NRIC/Passport Number	S9831055Z
Contact Number	96602541
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN


IMPORTANT NOTICE

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


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

 10 08 18

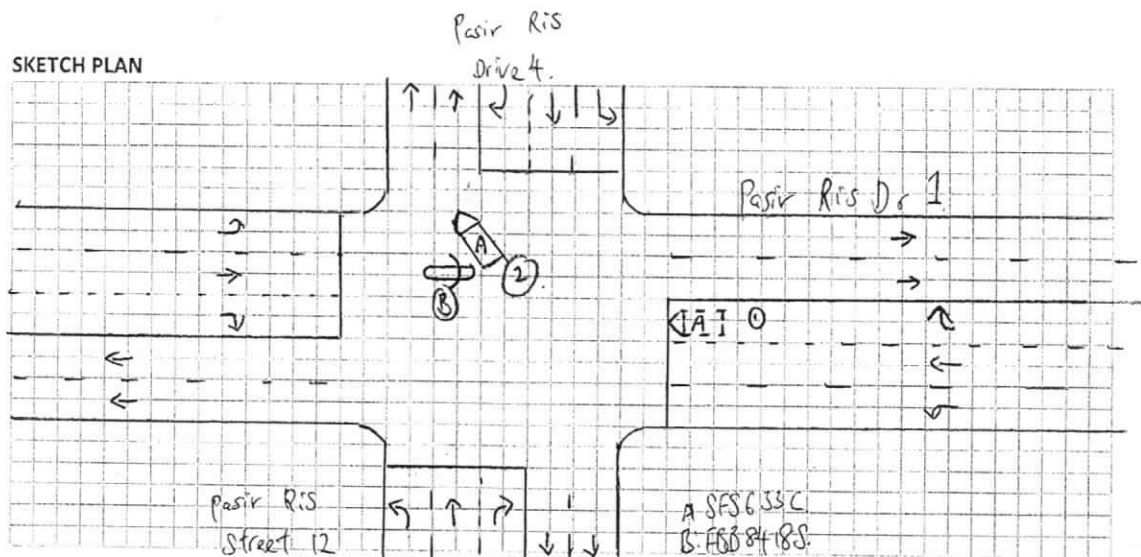
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rater Police Report.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

©2008 SketchPlanForm_V1

Holistic Health

Business Registration: 53153693M
Blk 168 Bishan St 13, #14-05, S(570168)

4 Jun 2018

Letter of Authorization

Holistic Health (ACRA number: 53153693M) hereby authorize Poh Zhonghao, Marvin, NRIC: S8131236B to manage his own GRAB Account in Singapore under vehicle of SFS633C, Toyota Axio 1.5A.

Issued by:

Fok Yin Leng
Director
Holistic Health

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180809/2118

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20180809/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2018 23:48		Vide Report No.:		Station Diary No.: 151	
Informant's Particulars					
Name of Informant: POH ZHONGHAO, MARVIN			Address: APT BLK 217A COMPASSVALE DRIVE #07-620 SINGAPORE 541217		
ID Type / ID No.: NRIC NO / S8131236B			Contact No.: Home/Office: Mobile: 98770481		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 27/09/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSULTING MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/08/2018 11:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 1 PASIR RIS DRIVE 4 IN THE YELLOW BOX				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB8418S	Motorcycle				Seriously Damaged	0
SFS633C	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180809/2118

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180809/2118

CONTINUATION OF REPORT

Driver			
Name	POH ZHONGHAO, MARVIN	ID No.	S8131236B
Related Vehicle	SFS633C (Car)	Contact No.	98770481
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 09/08/18 at about 11.15pm, I was on the extreme right lane of a 3 lane road along Pasir Ris Dr 1, intending to turn right onto Pasir Ris Dr 4. I was the first vehicle and was still waiting for the traffic to be clear before executing my turn. I noticed that the traffic light had turned amber as such I moved forward. As I was turning, I saw a motorcycle from the opposite direction of Pasir Ris Dr 1 was still approaching the junction. I am unable to recall much but I remember I was still on the move when he collided on the left side portion of my vehicle. It was a light impact. I exited my car and made a check on the rider. I asked if he needed any medical attention but he declined.

The left side portion of my vehicle suffered a dent, and the left rear rail lights got damaged due to the collision.

I am lodging this report for insurance claiming purposes.

Particulars of the rider:
Nur Iman Bin Rahmat (S9831055Z)

Individual Statement Pg. 1



SINGAPORE
POLICE FORCE



T/20180809/2118

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180809/2118

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:
G /
Sgt 3 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

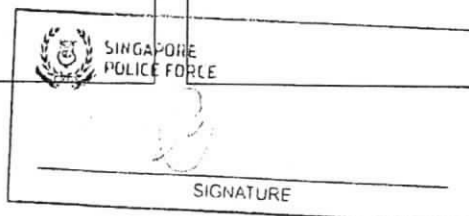
Signature Of Interpreter:
Not applicable

Date/Time:
09/08/2018 23:48

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168





































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





































CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	10 Aug 2018		20 Aug 2018 10:38 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: NUR IMAN BIN RAHMAT , ID: S9831055Z									
Main Claimant: HOLISTIC HEALTH , Co. Reg. No.: 53153693M									
Vehicle Reg. No.: SFS633C		Date of Loss: 09/08/2018 23:00 - :59 [134 Months and 3 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / MSC/V/18-001104		Policy/Cover Note No.: MSD/VMT/17-987717-WTT (Third Party Only) Coverage: 24/11/2017 - 23/11/2018							
Vehicle Reg. No. (Insured): FBB8418S		Policy No. (Claimant):							
		Excess:							
Repairer: Weng Fatt Motor Engineering (HQ) Blk 1004 Bukit Merah Lane 3, #01-15, 159720 Bukit Merah - Tel:									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Imm.Advice due 21/08/2018]									
Driver/Custodian (Insured): NUR IMAN BIN RAHMAT (19 / Male) , NRIC: S9831055Z									
Adj Asg. Remarks: SJE DISAGREE Please appoint LKK and contact Mr Vincent Ng @ 9618 7858. Liability 100%									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SFS633C (MSC/V/18-001104)**
[FBB8418S]
TP
HOLISTIC HEALTH
Aug 9 2018 11:00PM
[NUR IMAN BIN RAHMAT]
Weng Fatt Motor Engineering

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	17/08/18 15:52	Accident Statement From: SC - Reg. No: FBB8418S, Claimant: NUR IMAN BIN RAHMAT	 Load HTM	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	24/08/18 15:35	General View	 Load JPG	<input checked="" type="checkbox"/>
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5	24/08/18 15:35	General View	 Load JPG	<input checked="" type="checkbox"/>
6	24/08/18 15:35	General View	 Load JPG	<input checked="" type="checkbox"/>
7	24/08/18 15:35	General View	 Load JPG	<input checked="" type="checkbox"/>
8	24/08/18 15:35	General View	 Load JPG	<input checked="" type="checkbox"/>
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23	24/08/18 15:35	General View	 Load JPG	<input checked="" type="checkbox"/>
24	24/08/18 15:35	General View	 Load JPG	<input checked="" type="checkbox"/>
25	04/09/18 11:24	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
26	04/09/18 11:24	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
27	04/09/18 11:24	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
28	04/09/18 11:24	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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33	04/09/18 11:24	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
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Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print
1	17/08/18 14:37	Third Party Accident Report	 Load PDF	
2	17/08/18 14:37	SJE DISAGREE - AP LKK	 Load PDF	
3	17/08/18 15:46	workshop details	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>				
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/MSG18015128/T1Z4D3E2

Date: 10/09/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMT/17-987717-WTT
Claimant Vehicle No :	SFS633C	Insured Vehicle No :	FBB8418S
Date of Loss:	09/08/2018	Nature of Claim:	TP
		Claim No:	MSC/V/18-001104

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SFS633C	Engine No:	1NZC605734
Make & Model:	TOYOTA AXIO, 1.5 (A)	Chassis No:	NZE1416034514
Reg. Date:	06/06/2007 (Man. Year: 2007)	Odometer:	169203 km
Colour:	Blue		
Engine Capacity:	1496 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	205/45 R17	Rear Tyre Size:	205/45 R17
Front Left Side:	Falken 6 mm	Rear Left Side:	Falken 6 mm
Front Right Side:	Falken 6 mm	Rear Right Side:	Falken 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:	20/08/2018	
Date Inspected:	20/08/2018 Inspected At:	Exotic Car Spray Painting Specialist Pte Ltd Block 1002 Bukit Merah Lane 3 #01-85 Singapore 159719
Estimated Period of Repair:	0.0 days	

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Ho Zhao Tian

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

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

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,800.00 -\$4,800.00

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 07 Sep 2018)
Parts:	143	TOYOTA AXIO 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SFS633C)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >