

22/03/2002

ASS. REC. BY:

REF:

CS3/CTI18018476/Gcd302

Special Instruction:

Survivor:
menmen

Guo Qiang

ASSIGNMENT (Office)

From (Person):

Elaine Cheong

of

CTI

Date/Time:

11/10/18 @ 2:19pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBF 3866T

Insured:

GZ 4595D

at Workshop m/s

Bike Dynamic

Tel:

G749 6637

of

Blk 6 Defu Lane 10 # 01-554

Policy No:

DMCVSN1616461802

Claim No:

SNM18D04674C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/09/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

2:32pm @ 11/10/18

Person Contacted:

Edmund

Vehicle IN / OUT

Date/Time

Action/Instruction

(X) Estimate

FBF 3866T- NA / CTI18017634/h4

DOA: 27/09/18

GZ 4595D- NA / CTI18017634/h4

DOA: 27/09/18

Surveyor: Xel

CTI

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Bike Dynamic

of _____

Insured: _____

Policy No. _____

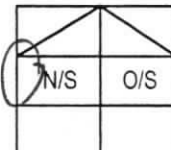
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBF3866T Yr Regn: - /

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

Truck / Trailer or _____

Make: _____ C.C. -Colour white & black A/C: Insured / Std / NI / NASp.Reading - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 110/70-17R: 110/90-16

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mm

D.O.A. _____

D.O.I. 11-10-18Survey held at w/s 5:30pmDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

\$1000 - \$2000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: -

Survey Fee:

Transportation:

Add Fee:

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

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format : PRG

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

150
150

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	10 Oct 2018		11 Oct 2018 14:19 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	PJ & KC DELIVERY SERVICES , Co. Reg. No.: 53065957C		
Main Claimant:	MUHAMMAD SHAWAL BIN RUSIAN (NOT DRIVING) , ID: -		
Vehicle Reg. No.:	FBF3866T	Date of Loss:	27/09/2018 19:00 - :59
Claim Type:	TP / SNM18D04674C02	Policy/Cover Note No.:	DMCVSN1616461802 (TP, Fire & Theft)
Vehicle Reg. No. (Insured):	GZ4595D	Policy No. (Claimant):	D18MTMC01002979
		Excess:	S\$0.00
Repairer:	Bike Dynamic Centre (HQ) BLK 6 DEFU LANE 10 #01-554, 539187 Defu Lane - Tel: 67496637		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]		
Claimant's Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 22/10/2018]		
Driver/Custodian (Insured):	WOO CHEN YI (HU CHENGYI) (38 / Male), NRIC: S8008232J, Tel: +6596411687		
Adj Asg. Remarks:	NO EST, CASE W/O SJE.		

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.									

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	28/09/2018 17:23
Date Of Accident	27/09/2018 19:45
Exact Location Of Accident	PIE TWDS CHANGI (EXIT 9) BEFORE JLN EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3866T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAWAL BIN RUSIAN (NOT DRIVING)
Passport No/FIN	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90691235
Alternative Phone No	OTHERS-90691235

Vehicle Particulars

Manufacturer	CPI
Model	GTR180
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MTMC01002979
Cover Note Number	30/05/2018 TO 29/05/2019

Driver

Name of Driver	SHAFIQ MEDRIE BIN HARDI
NRIC No	S9611667E
Date Of Birth	01/04/1996
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90691235
Fax Number	
Contact Number	
EEmail Address	8587WALSHA@GMAIL.COM

Address	APT BLK 177 LOMPANG RD #04-14 (S) 670177
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER-IN-LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : NUR'AQILAH AFIAH BINTE ANDIN AGUSTINO SAMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER WITH ATTACH.

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 Witness 1

Name	STEPHEN LEE
Phone Number	97922166
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ4595D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WOO CHEN YI
NRIC/Passport Number	S8008232J
Contact Number	96411687

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHAFIQ MEDRIE BIN HARDI
Approximate Age
Injuries Sustain CHANGI GENERAL HOSPITAL
Injured person in which vehicle? FBF3866T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR'AQILAH AFIQAH BINTE ANDIN AGUSTINO SAMAN
Approximate Age
Injuries Sustain CHANGI GENERAL HOSPITAL
Injured person in which vehicle? FBF3866T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address
Postcode

Accident Sketch Plan Pg. 1

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:

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

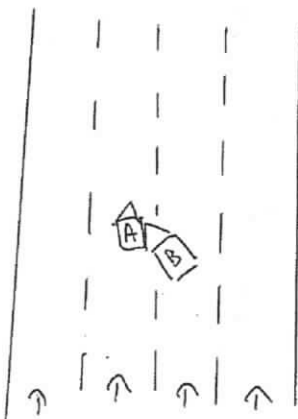


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

PIE towards Chong before
Eunos Exit.



A: FBF 3866T

13. GZ 4595D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:





**SINGAPORE
POLICE FORCE**



T/20180927/2203

1 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180927/2203

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2018 23:06	Vide Report No.:	Station Diary No.: 90
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: SHAFIQ MEDRIE BIN HARDI		Address: APT BLK 177 LOMPANG ROAD #04-14 SINGAPORE 670177	
ID Type / ID No.: NRIC NO / S9611667E		Contact No.: Home/Office: Mobile: 90691235	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 01/04/1996	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: ICA		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/09/2018 19:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi (Exit 9) before Jalan Eunus Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBF3866T	Motorcycle					1
GZ4595D	Van					0

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



**SINGAPORE
POLICE FORCE**



T/20180927/2203

2 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180927/2203

CONTINUATION OF REPORT

Pillion			
Name	NUR 'AQILAH AFIQAH BINTE ANDIN AGUSTINO SAMAN		ID No. S9608030A
Related Vehicle	FBF3866T (Motorcycle)		Contact No. 92471701
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	27/09/2018	Date Discharge	27/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Rider			
Name	SHAFIQ MEDRIE BIN HARDI		ID No. S9611667E
Related Vehicle	FBF3866T (Motorcycle)		Contact No. 90691235
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	27/09/2018	Date Discharge	27/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	WOO CHEN YI		ID No. S8008232J
Related Vehicle	GZ4595D (Van)		Contact No. 96411687
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
WITNESS			
Name	STEPHEN LEE		ID No. NIL
Related Vehicle	NIL		Contact No. 97922166
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



**SINGAPORE
POLICE FORCE**



T/20180927/2203

3 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180927/2203

CONTINUATION OF REPORT

Brief Details.

On the 27/09/2018 at about 1945hrs, I was riding my motorcycle (FBF3866T) along PIE towards Changi on the 3 lane of a 4 lane road. Out of a sudden a green van (GZ4595D) from the second lane made a sudden lane change to the third lane without signaling. My motorcycle right side collided with the van left side portion. Ambulance came and convey both myself and my pillion. I have a video recording of the accident which was provided by Mr Stephen Lee. Traffic police was at scene and took down my statement.



**SINGAPORE
POLICE FORCE**



T/20180927/2203

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

4 of 4



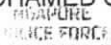

Report No. T/20180927/2203

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 HASAN BIN SIDIK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2018 23:06
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID  Contact No.: 65476247	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

...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 Oct 2018		11 Oct 2018 14:19 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:	PJ & KC DELIVERY SERVICES , Co. Reg. No.: 53065957C								
Main Claimant:	MUHAMMAD SHAWAL BIN RUSIAN (NOT DRIVING) , ID: -								
Vehicle Reg. No.:	FBF3866T	Date of Loss:	27/09/2018 19:00 - :59						
Claim Type:	TP / SNM18D04674C02	Policy/Cover Note No.:	DMCVSN1616461802 (TP, Fire & Theft)						
Vehicle Reg. No. (Insured):	GZ4595D	Policy No. (Claimant):	D18MTMC01002979						
		Excess:	S\$0.00						
Repairer:	Bike Dynamic Centre (HQ) BLK 6 DEFU LANE 10 #01-554, 539187 Defu Lane - Tel: 67496637								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]								
Claimant's Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 22/10/2018]								
Driver/Custodian (Insured):	WOO CHEN YI (HU CHENGYI) (38 / Male), NRIC: S8008232J, Tel: +6596411687								
Adj Asg. Remarks:	NO EST, CASE W/O SJE.								
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

***FBF3866T (SNM18D04674C02)**
[GZ4595D]

TP












MUHAMMAD SHAWAL BIN RUSIAN (NOT DRIVING)

Sep 27 2018 7:00PM

















[PJ & KC DELIVERY SERVICES]






Bike Dynamic Centre

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)		Thumbnail Print
1	28/09/18 17:40	Video - Accident [Linked Accident Report Documents]		Load MP4
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)		Thumbnail Print
1	28/09/18 17:47	Accident Statement		Load HTM
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)		Thumbnail Print
1	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
2	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
3	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
4	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
5	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
6	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
7	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
8	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
9	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
10	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
11	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
12	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
13	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
14	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
15	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
16	28/09/18 17:40	Accident Photo [Linked Accident Report Documents]		Load JPG <input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	12/10/18 12:13	General View		Load PDF
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)		Thumbnail Print
1	28/09/18 17:46	Accident Sketch Plan [Linked Accident Report Documents]		Load TIF
2	28/09/18 17:46	Accident Sketch Plan [Linked Accident Report Documents]		Load TIF
3	28/09/18 17:46	police report [Linked Accident Report Documents]		Load TIF

Video				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)	Thumbnail	Print	
4	28/09/18 17:46	police report [Linked Accident Report Documents]	 Load TIF		
5	28/09/18 17:46	police report [Linked Accident Report Documents]	 Load TIF		
6	28/09/18 17:46	police report [Linked Accident Report Documents]	 Load TIF		
7	28/09/18 17:46	certificate of insurance [Linked Accident Report Documents]	 Load TIF		
8	28/09/18 17:47	driver's nric [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
9	28/09/18 17:47	driver's nric [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
10	28/09/18 17:47	driver's license [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
11	28/09/18 17:47	driver's license [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>	
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail	Print	
1	11/10/18 14:18	PRS	 Load PDF		
2	11/10/18 14:18	TP GIA	 Load PDF		
3	11/10/18 14:18	TP GIA	 Load PDF		

Linked Accident Report Documents

Video				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)	Thumbnail	Print	
1	28/09/18 17:40	Video - Accident	 Load MP4		
Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)	Thumbnail	Print	
1	28/09/18 17:47	Accident Statement	 Load HTM		
Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)	Thumbnail	Print	
1	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
2	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
3	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
4	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
5	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
6	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
7	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
8	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
9	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
10	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
11	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
12	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
13	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
14	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
15	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
16	28/09/18 17:40	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>	
Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)	Thumbnail	Print	
1	28/09/18 17:46	Accident Sketch Plan	 Load TIF		
2	28/09/18 17:46	Accident Sketch Plan	 Load TIF		
3	28/09/18 17:46	police report	 Load TIF		
4	28/09/18 17:46	police report	 Load TIF		
5	28/09/18 17:46	police report	Load TIF		
6	28/09/18 17:46	police report	Load TIF		

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Kan Fook Sing Motor Workshop (Defu)	Thumbnail	Print
7	28/09/18 17:46	certificate of insurance	 Load TIF	
8	28/09/18 17:47	driver's nric	 Load JPG	<input checked="" type="checkbox"/>
9	28/09/18 17:47	driver's nric	 Load JPG	<input checked="" type="checkbox"/>
10	28/09/18 17:47	driver's license	 Load JPG	<input checked="" type="checkbox"/>
11	28/09/18 17:47	driver's license	 Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	<input type="button" value="Reset"/>	<input type="button" value="Save"/>	<input type="button" value="Print"/>
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div><div></div><div>^</div><div>v</div></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/CTI18018476/GCD3E2

Date: 30/10/2018

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMCVSN1616461802

Claimant Vehicle
No: FBF3866TInsured Vehicle
No: GZ4595D

Date of Loss: 27/09/2018

Nature of Claim: TP

Claim
No: SNM18D04674C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: FBF3866T

Make & Model: CPI GTR 180, 187cc (A)

Engine No: HIDDEN

Reg. Date: (Man. Year:)

Chassis No: HIDDEN

Colour: Black/White

Odometer: 0 km

Engine Capacity: 0 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: 110/70-17

Rear Tyre Size: 110/90-16

Front Left Side: Michelin 4 mm

Rear Left Side: Michelin 4 mm

Front Right Side: 0 mm

Rear Right Side: 0 mm

The above values represent the remaining tyre treads depth

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

INSPECTION

Date of Assignment: 11/10/2018

Date Inspected: 11/10/2018 Inspected At:

Bike Dynamic Centre (HQ)
BLK 6 DEFU LANE 10 #01-554
Singapore 539187

Estimated Period of Repair: 2.0 days

Adjuster: XING GUO QIANG

Manager: CELINE FONG

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 \$1,000.00 -\$2,000.00

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 30 Oct 2018)	
Parts:	N/A	CPI GTR 180 187cc (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for FBF3866T)	
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 >