

ASS. REC. BY:

REF: 093/LPC18015337/RH1302-1 Instruction

Surveyor

Rasul

ASSIGNMENT (Office)

From (Person):

Ong Hi Li

at

LPC

Date/Time:

23/8/18 @ 8:58am.

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBH 7940A

Insured:

SKS 6361M.

at Workshop m/s:

Speedway Motor

Tel:

6316 1611

of

No. 36 Joh Gien Rd East #01-32

Policy No:

Claim No:

18/18/18 / VPOS / 020836

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/08/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

10:08am @ 23/8/18

Person Contacted:

Sally

Vehicle (IN) OUT

Date/Time

Action/Instruction (x) Estimate

FBH 7940A - X

SKS 6361M - X

lump sum \$5000 (red: 2150, 27%) . 5 days Submit.

1810 @ - File pass to typist.

RECEIVED 18 OCT 2018

17/10/2018

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Friday, 12 October 2018 4:00 PM
To: Nivitha (LKK Auto); ASSIGNMENTS@LKKAUTO.COM
Cc: MT_Claim_SG; sur@lkkauto.com
Subject: RE: Your Ref: MKR/201/8175/2018/as.wl Our Ref: 18/18/18/VP05/020836
Attachments: 20836 TP SR.pdf

Dear Nivitha

Attached is the TP survey report.

Please let us have your surveyor's review and report.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 23 August, 2018 10:14 AM
To: ONG LI LI; ASSIGNMENTS@LKKAUTO.COM
Cc: MT_Claim_SG; sur@lkkauto.com
Subject: RE: Your Ref: MKR/201/8175/2018/as.wl Our Ref: 18/18/18/VP05/020836

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ONG LI LI [mailto:llong@lonpac.com]
Sent: Thursday, 23 August 2018 8:58 AM
To: roynpartners@roynpartners.com.sg; assignments@lkkauto.com; Catherine Chong (LKK Auto) <admin-d@lkkauto.com>
Cc: MT_Claim_SG <mt_claim@lonpac.com>
Subject: Your Ref: MKR/201/8175/2018/as.wl Our Ref: 18/18/18/VP05/020836

Without Prejudice
Save as to Costs

Dear Sir/Mdm

We refer to your fax of 21 August 2018 (attached).

For future urgent matters, please fax it to 62962706 or email mt_claim@lonpac.com.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the following list to conduct the joint pre-repair survey as a single joint expert.

No.	Name	Please tick <input type="checkbox"/>
1	Kalvin Ang	
2	Xing Guo Qiang	
3	Mohamad Taufikh	
4	Bryan Ang	
5	Adrian Ling	
6	Mohammed Rasul	
7	Marcus Chua	
8	Kenneth Kong	
9	Muhammad Nazril Bin Abdullah	
10	Sathya Sai Kathirrasen	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

Dear Catherine/Nivitha

Please arrange survey.

Thank you.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Loss Adjuster, Consulting Automotive Engineer, Accident Reconstruction & Analyst.**VEHICLE APPRAISAL REPORT**

Mr Chan Yang Sheng, Casper
Apt Blk 219 #08-605
Jurong East Street 21
Singapore – 600 219

Our Ref : TP/1808/FBH7940/SW
Date : 20 September 2018

REFERENCE PARTICULARS

Your Reference No : Not Advised
Date of Accident : 14 Aug 2018

Date of Assignment : 25 Aug 2018
Date of Inspection : 25 Aug 2018
Date of Re-inspn. : N/A

PARTICULARS OF VEHICLE

Regn. No : FBH 7940A
Make : HONDA
Model : CB400XM
Year : 2013 (COE.Exp : Oct 2023)

Odometer : 93927km
Color : Red
Chassis No. : NC471002977
Engine No : NC47E1002986

TYRE / CONDITION

<u>Location</u>	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	Pirelli	120 / 70 – R17	4 mm
Rear	Pirelli	160 / 60 – R17	4 mm

DAMAGE PROFILE

The motor cycle sustained damage on all sides.

Please refer to photographs and assessment of repairs for details.

ASSESSMENT SUMMARY

Repair cost to the vehicle is assessed as \$ **7,750.00 lump sum**

Survey conducted at: Speedway

Enclosed (50) photographs depicting damage to the vehicle.

Estimated time required for repairs: (6) days.

The survey was conducted on a **WITHOUT PREJUDICE BASIS**.

ASSESSMENT FOR REPAIR : FBH 7940 A

Qty	Description	Condition	Repairer's Estimate	Our Assessment
1 pc	Handle bar	Bent	172.00	172.00
1 set	Handle bar balancer	Bent	85.00	85.00
1 pc	Handlebar holder upper	Distorted	153.80	153.80 X NN
1 pc	Clutch lever	Cut	72.00	72.00
1 pc	Brake lever	Cut	61.00	61.00
2 pcs	Mirror assy @155.00	Cut	310.00	310.00
2 pcs	Front signal light assy @85.00	Distorted / Cut	170.00	170.00
1 pc	Windscreen set	Broken	606.90	606.90
1 pc	Front stay complete	Bent	651.60	651.60 X sue
1 pc	Headlight cowling	Cut	406.00	406.00
1 pc	Headlight cowling lower	Usable	209.00	~
1 pc	Meter console panel	Cut	135.50	135.50 X 2 an
2 pcs	Side inner panel @20.50	Warped	41.00	41.00 X 2 an
1 pc	Front fender	Cut	252.00	252.00 repair
2 pcs	Front fork assy @920.00	Repair	1,840.00	S.N. 120.00 X 6
1 pc	Fork under bracket	Usable	348.00	~ sea
1 pc	Front brake disc	Usable	303.00	~
1 pc	Fuel tank assy	Dented	1,140.00	1,140.00
2 pcs	Front side cowling set @267.00	Cracked / Cut	534.00	534.00
2 pcs	Front shroud @94.00 - LH	Deformed / Cut	188.00	188.00 RH - X 2 an
2 pcs	Shroud inner panel @23.50 - LH	Deformed	47.00	47.00 RH X 2 an
2 pcs	Side cover @236.00 - RH	RH Cut	472.00	236.00 RH X 2 an
1 pc	Under cover RH	Melted	49.60	49.60 X NN
1 pc	Gear pedal	Usable	98.00	~
1 pc	Brake pedal	Bent	84.00	84.00
2 pcs	Front footrest complete @128.00	RH Cut	256.00	128.00
2 pcs	Front footrest bracket @147.00	RH Bent	294.00	147.00 X sue
2 pcs	Rear footrest @66.00	Usable	132.00	~
2 pcs	Rear footrest bracket @80.00	RH Bent	160.00	80.00 X 2 sue
1 pc	Rear fender	Usable	147.00	147.00 X 2 sue
2 pcs	Rear signal lights @95.00	Usable	190.00	~
1 pc	Exhaust manifold cover	Cut	179.00	179.00
1 pc	Exhaust muffler	Cut / Dented	924.00	924.00
1 pc	Exhaust cover	Cut / Dented	139.00	139.00
			10,850.40	7,139.40 3364.40
Less 10%			1,085.04	713.94 10%
			9,765.36	6,425.46 4827.96
Special Nett Items				
Add special nett items from above				120.00 X
1 set	Steering cone & bearing	Necessary	160.00	120.00 80
1 pc	Front number plate	Necessary	18.00	15.00
1 set	Handle guard	Broken	350.00	300.00
1 set	Upper crash guard	Cut	650.00	550.00 300
1 set	Engine guard	Cut	500.00	400.00 200
1 pc	Rear splash guard	Cracked	450.00	400.00 200

Our Ref.: TP/1808/FBH7940/SW

1 pc	Exhaust protection slider	Cut	1615	120.00	-100.00
1 set	Side box	Cut		500.00	450.00 300
				2,748.00	2,455.00

Labours

1	Towing			80.00	60.00 40
2	Repair and align rear sub frame		590	350.00	300.00 200
3	Workmanship to remove, repair, renew damaged areas			500.00	450.00 350
				930.00	810.00

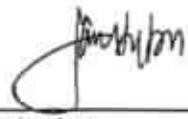
Total Parts & Labours Concluded 13,443.36 9,690.46

Lump Sum Repair Adjustment 7,750.00


ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle. We have listed the breakdown of our findings and our recommendation as per assessment above.

Inspected by


Dylan Lee

Faithfully Yours
L H TEO Appraisal Services


Teo Liak Hoo
Advance Automotive Engineer (UK)
Dip. Mech. Engr. M Prof BTM(Dip.BTM)
MIE, MIM, AMSIM

4827.96
1615.00
590.00
7032.96
2020
5,626.36
411-5,600
5 days

Loss Adjuster, Consulting Automotive Engineer, Accident Reconstruction & Analyst.**VEHICLE APPRAISAL REPORT**

Mr Chan Yang Sheng, Casper
Apt Blk 219 #08-605
Jurong East Street 21
Singapore – 600 219

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1 set	Side box	Cut	500.00	450.00
			2,748.00	2,455.00

Labours

1	Towing	80.00	60.00
2	Repair and align rear sub frame	350.00	300.00
3	Workmanship to remove, repair, renew damaged areas	500.00	450.00
		930.00	810.00


Total Parts & Labours Concluded 13,443.36 9,690.46

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Inspected by


Dylan Lee

Faithfully Yours
L H TEO Appraisal Services


Teo Liak Hoo
Advance Automotive Engineer (UK)
Dip. Mech. Engr. M Prof BTM(Dip.BTM)
MIE, MIM, AMSM

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 15/08/2018 10:22
Date Of Accident 14/08/2018 20:00
Exact Location Of Accident ANG MO KIO AVENUE 6 OPPOSITE ANG MO KIO LIBRARY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH7840A
Insured Policyholder
Name Of Registered Owner CHAN YANG SHENG, CASPER
NRIC No S8945315A
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98782340
Alternative Phone No OFFICE-98782340

Vehicle Particulars
Manufacturer HONDA
Model CB400X-399CC

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? YES

If No, Please state action to be taken

Vehicle Category MOTORCYCLE

Insurance Company
Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number VMX/P2078112
Cover Note Number 08/02/2018-07/02/2019

Driver
Name of Driver CHAN YANG SHENG, CASPER
NRIC No S8945315A
Date Of Birth 14/12/1989
Occupation INDOOR
Date Of Driving Pass 08/02/2018
Driving Experience 0 YEAR AND 6 MONTH
Gender MALE
Mobile Number (LOCAL) +65-98782340
Fax Number
Contact Number OFFICE-98782340
Email Address NOEMAIL

Address BLK 219 JURONG EAST ST 21
 08-605
 Postcode 600219
 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 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? 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 JURONG EAST NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT

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 SKS5351M
 Vehicle Make/Model/Colour B
 Details Of Properties
 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	CHAN YANG SHENG, CASPER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBH7940A
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 Authorized 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 revoke 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.


B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

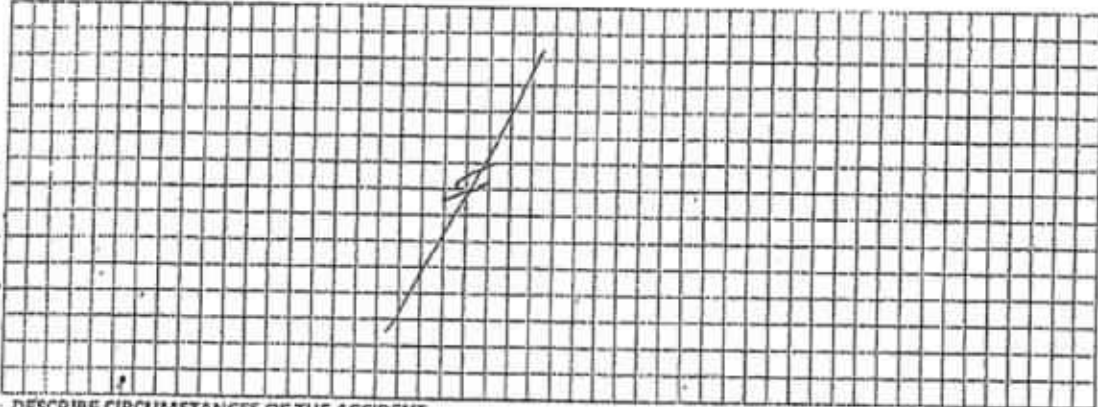
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/sit 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:


 Reposing Centre Personnel's Signature
 Name:
 NRIC/IN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to POLICE REPORT

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE** WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	• Reporting Only
<input type="checkbox"/>	• Claim OD
<input type="checkbox"/>	• Claim TP
<input checked="" type="checkbox"/>	• Claim OD/ TP at other workshop

DECLARATION:

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


Policyholder's signature

Date & Time

15 Aug 2018


Driver's Signature
(If driver not the policyholder)

Date & Time


Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20180815/2013

1 of 3

Report No. T/20180815/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 08:33		Vide Report No.:		Station Diary No.: 17	
INFORMANT DETAILS					
Name of Informant: CHAN YANG SHENG, CASPER			Address: APT BLK 219 JURONG EAST STREET 21 #08-805 SINGAPORE 600219		
ID Type / ID No.: NRIC NO / S6945315A			Contact No.: Home/Office: Mobile: 98762340		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 28	Date of Birth: 14/12/1989	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: PUBLIC SERVANT			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2018 20:00	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 6 Along Ang Mo Kio Ave 6 opposite Ang Mo Kio Library				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Motorbike self skidded			Anyone conveyed by ambulance: No	

Vehicle No.	Vehicle Type	Make	Model	Color	Damage	Count
FBH7940A	Motorcycle	HONDA	CB400X M	Red	Seriously Damaged	0
SKS8361M	Car				Slightly Damaged	1

Vehicle No.	Insurance Company	Policy No.	Start Date	End Date
FBH7940A	AXA INSURANCE SINGAPORE PTE LTD	P2076112	08/02/2018	07/02/2019



**SINGAPORE
POLICE FORCE**



T/20180815/2013

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8990999

2 of 3

Report No. T/20180815/2013

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	CHAN YANG SHENG, CASPER	ID No.	S8945315A
Related Vehicle	FBH7940A (Motorcycle)	Contact No.	98782340
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	14/08/2018	Date Discharge	14/08/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Name	Wong Jianjun, Louis	ID No.	S8242534I
Related Vehicle	SKS8381M (Car)	Contact No.	91888897
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/08/2018 at about 2000hrs along Ang Mo Kio Ave 6 opposite library, I was riding along the middle lane when another vehicle suddenly turn left into my lane.

I then immediately jam brake as the distance was too short. I then fell off the bike and I am not sure if my bike has hit onto the other vehicle as I was injured from my fall. I have camera installed in my bike, however I have not viewed it yet. No police or ambulance came to scene, and I am not aware of any witness. I sustained superficial injuries on both my hand and legs, I was given 2 days mc and will be going for further assessment by the doctor later on.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20180815/2013

3 of 3

Report No. T/20180815/2013

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: D / Sgt 2 OW WOAN TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2018 08:33
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No: 65476179 (S) SINGAPORE SINGAPORE POLICE FORCE Authentication Stamp NP108 	Classification Of Case:
SIGNATURE	



redefining / insurance

Date: 14/08/2018

To: Owner of Vehicle Number: FBH 7940A

The following has been advised to you via your workshop, STH2 PROTECT PTG LTD through their staff, Kenneth

Please tick the applicable box if you had been advised on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☐ For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/authorised driver

[Signature] Kenneth
Name and signature of workshop personnel including company stamp

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	15/08/2018 13:25
Date Of Accident	14/08/2018 19:30
Exact Location Of Accident	AMK AVE 6 TOWARDS AMK AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6361M
Insured/Policyholder	
Name Of Registered Owner	HOE SHEK CHU
NRIC No	S1220323C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96168647
Alternative Phone No	OTHERS-96168647

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05018096
Cover Note Number	

Driver

Name of Driver	WONG JIANJUN, LOUIS
NRIC No	S8242534I
Date Of Birth	29/12/1982
Occupation	INDOOR
Date Of Driving Pass	29/12/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91998697
Fax Number	
Contact Number	
Email Address	JIANJUN.LOUIS@GMAIL.COM

Address	13 SUNRISE LANE
Postcode	806474
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH7940A
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

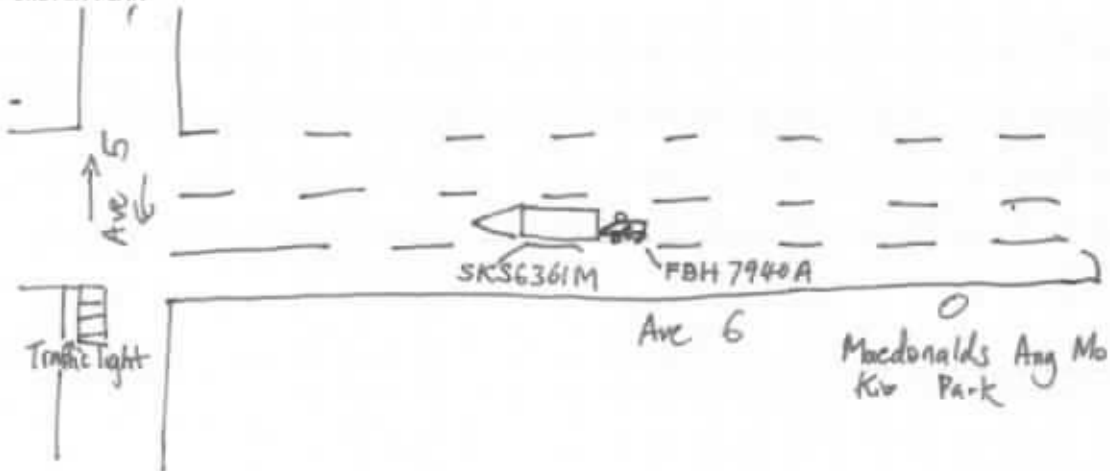
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/08/18, 1400 hrs

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKS6361M	ACCIDENT DATE & TIME: 14/08/18, 7:30pm
CONTACT NUMBER: 91998697	E-MAIL ADDRESS: JIANJUN LOUIS @GMAIL.COM
LOCATION: Road near on Avenue 6 before the cross Junction at Avenue 5.	
<p>On 14/08/18, I was driving on Lane 1 at on Ave 6. I looked, signalled left to change to middle lane. Approximately, 2 seconds later a motorcycle, FBH7940A banged into my left rear bumper.</p> <p>A bystander motorcyclist provided a video of accident. The video showed that FBH7940A was travelling above the speed limit when the accident occurred.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

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: 15/08/18, 1400hrs

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



Hi,

I, Hoe Shek Chu policy holder of vehicle SKS6361M authorize my son, Wong Jingjun Louis, the insured driver to report and file for an insurance claim for this vehicle for the accident that occurred on 14th August 2018.

Regards,

Hoe Shek Chu

96168647

A handwritten signature in black ink, appearing to be 'HSC' with a long horizontal stroke extending to the right.

LEFT BLANK FOR YOUR BRILLIANCE.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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				
LONPAC INSURANCE BHD			Ref : CS3/LPC18015337/R1td3e2-1	
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555			Date : 22-10-2018	
			Code : LPC2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKS 6361M	Veh. Inspected	FBH 7940A	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/18/18/VP05/020836	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	23/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA CB400X M	c.c	399	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	NC471002977	Colour	RED	
Odometer	93927	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	120/70 R17	PIRELLI	4 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	120/70 R17	PIRELLI	4 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S AND O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/08/2018	Inspection Date	23/08/2018	
Survey held at	SPEEDWAY MOTOR PL 36 TOH GUAN ROAD EAST #01-32 ENTERPRISE HUB SINGAPORE 608580			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBH 7940A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	HANDLE BAR	BENT	172.00	172.00
1	SET HANDLE BAR BALANCER	BENT	85.00	85.00
1	HANDLEBAR HOLDER UPPER	NOT NECESSARY	153.80	-
1	CLUTCH LEVER	CUT	72.00	72.00
1	BRAKE LEVER	CUT	61.00	61.00
2	MIRROR ASSY @\$155.00	CUT	310.00	310.00
2	FRONT SIGNAL LIGHT ASSY @\$85.00	DISTORTED / CUT	170.00	170.00
1	SET WINDSCREEN	BROKEN	606.90	606.90
1	FRONT STAY COMPLETE	SERVICEABLE	651.60	-
1	HEADLIGHT COWLING	CUT	406.00	406.00
1	HEADLIGHT COWLING LOWER	USABLE	209.00	-
1	METER CONSOLE PANEL	NOT NECESSARY	135.50	-
2	SIDE INNER PANEL @\$20.50	NOT NECESSARY	41.00	-
1	FRONT FENDER	TO REPAIR SEE LABOUR	252.00	-
1	FORK UNDER BRACKET	USABLE	348.00	-
1	FRONT BRAKE DISC	USABLE	303.00	-
1	FUEL TANK ASSY	DENTED	1,140.00	1,140.00
2	SET FRONT SIDE COWLING @\$267.00	CRACKED / CUT	534.00	534.00
2	FRONT SHROUD @\$94.00	N/S DEFORMED / CUT / O/S NOT NECESSARY	188.00	94.00
2	SHROUD INNER PANEL @\$23.50	N/S DEFORMED / O/S NOT NECESSARY	47.00	23.50
2	SIDE COVER @\$236.00	N/S CUT / O/S NOT NECESSARY	472.00	236.00
1	UNDER COVER RH	NOT NECESSARY	49.60	-
1	GEAR PEDAL	USABLE	98.00	-
1	BRAKE PEDAL	BENT	84.00	84.00
2	FRONT FOOTREST COMPLETE @\$128.00	O/S CUT	256.00	128.00
2	FRONT FOOTREST BRACKET @\$147.00	SERVICEABLE	294.00	-
2	REAR FOOTREST @\$66.00	USABLE	132.00	-

Report Ref No. CS3/LPC18015337/R1td3e2-1



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Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR FOOTREST BRACKET @\$80.00	SERVICEABLE	160.00	-
1	REAR FENDER	SERVICEABLE	147.00	-
2	REAR SIGNAL LIGHTS @\$95.00	USABLE	190.00	-
1	EXHAUST MANIFOLD COVER	CUT	179.00	179.00
1	EXHAUST MUFFLER	CUT / DENTED	924.00	924.00
1	EXHAUST COVER	CUT / DENTED	139.00	139.00
	LESS 10% DISCOUNT		-901.04	-536.44
			8,109.36	4,827.96
2	FRONT FORK ASSY @\$920.00 (SN)	SCRATCHED	1,840.00	120.00
	LESS 10% DISCOUNT		-184.00	-
			1,656.00	120.00
	SPECIAL NETT ITEMS			
1	SET STEERING CONE & BEARING (SN)	NECESSARY	160.00	80.00
1	FRONT NUMBER PLATE (SN)	NECESSARY	18.00	15.00
1	SET HANDLE GUARD (SN)	BROKEN	350.00	300.00
1	SET UPPER CRASH GUARD (SN)	CUT	650.00	300.00
1	SET ENGINE GUARD (SN)	CUT	500.00	200.00
1	REAR SPLASH SHIELD (SN)	CRACKED	450.00	200.00
1	EXHAUST PROTECTION SLIDER (SN)	CUT	120.00	100.00
1	SET SIDE BOX (SN)	CUT	500.00	300.00
			2,748.00	1,495.00
	LABOUR			
	TOWING.		80.00	40.00
	REPAIR AND ALIGN REAR SUB FRAME.		350.00	200.00
	WORKMANSHIP TO REMOVE, REPAIR, RENEW DAMAGED AREAS. INCLUSIVE OF THE REPAIR OF FRONT FENDER.		500.00	350.00
			930.00	590.00
	GRAND TOTAL		13,443.36	7,032.96
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,600.00

Report Ref No. CS3/LPC18015337/R1td3e2-1



Report Ref No. CS3/LPC18015337/R1td3e2-1

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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