

ASS. REC. BY:

REF:

CS3/CT118021152/SC d3ST

Special Instruction:

Survivor's
Name:

Three file

ASSIGNMENT (Office)

From (Person):

Catherine Fria

of

CTI

Date/Time:

22/11/18 @ 3:31pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FZ 1113T

Insured:

SLU 57724

at Workshop m/s

Sincere Lead Automotive

Tel:

9815 8858

of

No. 25 kaki Bkt Rd 4 # 01-38

Policy No:

DMPE8N3012491800

Claim No:

SNM18D05463C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

15/11/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

3:36pm @ 22/11/18

Person Contacted:

Raymond

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate
	FZ 1113T - X
	SLU 57724 - X

PRS

REF: CT1

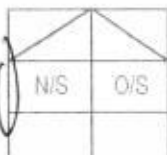
SYNOPSIS Hume 2e

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s #01-38
 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: 3 days Res.: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FZ1113T Yr Regn: 8 Apr 2005
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Honda wave cc 125
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 19994 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: NF125MP0031016

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / STD A/Rim or

Tyre Size: F: 80/90 R17
 R: 80/90 R17

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

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. mm	L/Bal. mm
D.O.A. 15/11/18	D.O.I. 26/11/18

Survey held at OCCi - Sano @ 1130.

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

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

Date / Time Action / Instruction

Range: \$1,800 - \$2,600
 3 days

[Signature]
 27/11/2018

Date/Time: File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: -

1) _____
 Date/Time: File Return to?

2) _____

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

Report Format : PRS.

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

Survey Fee:

Transportation

1) \$ - RS - \$

2) Photo

3) Other

TOTAL

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Iss Auth'd	Status
Main	22 Nov 2018		22 Nov 2018 15:31 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	CHIN HAI NAM		
Vehicle Reg. No.:	FZ1113T	Date of Loss:	15/11/2018 00:00 - :59
Claim Type:	TP / SNM18D05463C02	Policy/Cover Note No.:	DMPCSN3012491800
Vehicle Reg. No. (Insured):	SLU5772U	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Sincere Lead Automotive (HQ) 162 Yio Chu Kang Road, 545616 Yio Chu Kang - Tel: 98158858		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Catherine Thia]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/12/2018]		
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](#)

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[Complete](#)

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

Lucas Lee

From: William Lee <william@roypartners.com.sg>
Sent: Wednesday, 21 November, 2018 6:10 PM
To: Claims Dept of CTI
Cc: 'Ashley'; 'Team Account'
Subject: Our Ref: MKR/403/8411/2018/as.wl; Your Ref: Your insured vehicle no. SLU 5772U;
Attachments: 21112018180937.pdf

Importance: High

Our Ref: MKR/403/8411/2018/as.wl;
Your Ref: Your insured vehicle no. SLU 5772U;

Dear Sirs,

Attn: Motor claims department

**CLAIMANT : CHIN HAI NAM (OWNER OF FZ 1113T)
ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. FZ 1113T AND SLU 5772U ALONG
PIE TOWARDS TUAS BEFORE KALLANG EXIT ON 15.11.2018 AT ABOUT 2130 HOURS.**

We refer to the above matter.

We act for Chin Hai Nam, the owner of motorcycle No. **FZ 1113T**.

We are instructed by our client to notify you of a road traffic accident on 15th November 2018 at about 9.30 pm along PIE towards Tuas before Kallang Exit involving our client's motorcycle registration number **FZ 1113T** and motor car registration number **SLU 5772U** driven by your insured at the material time. A copy of the Singapore Accident Statement is attached.

As a result of the accident, our client's motorcycle **FZ 1113T** has been damaged. Before our client proceed to repair the damaged motorcycle, please let us know within **two (2) working days** of your receipt of this notice whether you would like to conduct a pre-repair survey of our client's motorcycle **FZ 1113T** at our client's repairer workshop, M/s Sincere Lead Automotive at No. 25 Kaki Bukit Road 4 #01-38 Singapore 417800, Your said surveyor may contact Mr. Raymond Chua at 9815 8858. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the motorcycle without further reference to you.

Thanks & regards,

William Lee
M/s Roy & Partners
101 Cecil Street
#11-09 Tong Eng Building
Singapore 069533
Tel : 6536 8466 Fax : 6536 1963
Email : william@roypartners.com.sg

IMPORTANT NOTE : The information in this email is confidential and may also be privileged. If you are not the intended recipient, any use or dissemination of the information and any disclosure or copying of this email is unauthorised and strictly prohibited. If you have received this email in error, please notify the sender immediately. You should also delete and destroy all copies of it. Thank you.

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 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. 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	19/11/2018 09:11
Date Of Accident	15/11/2018 21:30
Exact Location Of Accident	ALONG PIE TOWARDS TUAS BEFORE KALLANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ1113T
Insured/Policyholder	
Name Of Registered Owner	CHIN HAI NAM
NRIC No	S6966844E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90509619
Alternative Phone No	OTHERS-90509619

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC

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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00458228
Cover Note Number	

Driver

Name of Driver	CHIN HAI NAM
NRIC No	S6966844E
Date Of Birth	08/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90509619
Fax Number	
Contact Number	OTHERS-90509619
Email Address	NOEMAIL

Address	BLK 21 TEBAN GARDENS ROAD #40-125
Postcode	600021
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 - MAJOR/MINOR RD
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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT NO: T/20181116/2126

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	SLU5772U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG KHAR HENG, MELVIN
NRIC/Passport Number	S8408312G
Contact Number	91140113
Address	635A SENJA
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIN HAI NAM

Approximate Age

Injuries Sustain

Injured person in which vehicle? FZ1113T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

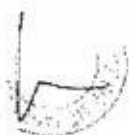
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 (POPA)

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 purposes 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:

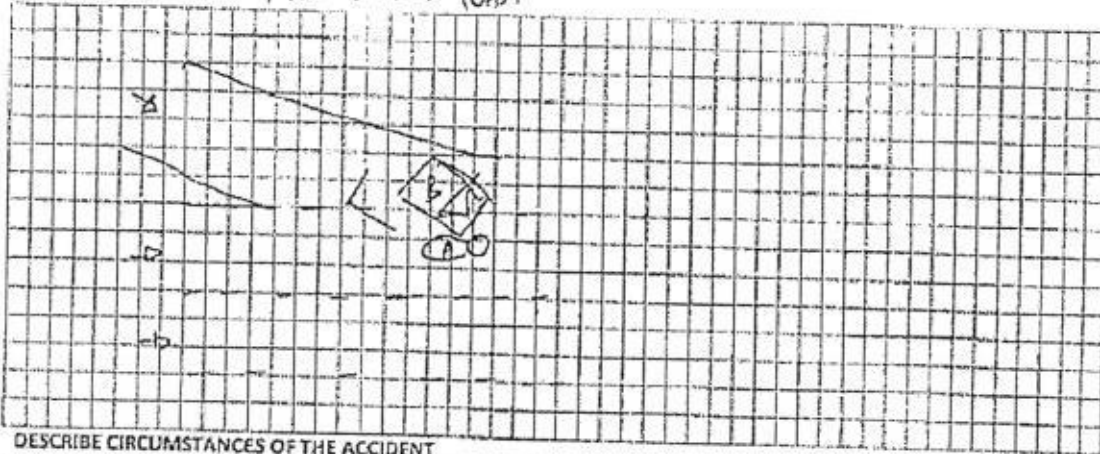

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN

PIE TOWARDS TUBS.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I vehicle A was travelling straight ahead, on the stated venue suddenly vehicle B cut into my lane and hit onto my vehicle left portion.

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.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

✓

DECLARATION

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

[Signature]

Policyholder's signature
Date & Time

[Signature]

Driver's Signature
(if driver not the policyholder)
Date & Time

[Signature]

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181116/2126

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20181116/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2018 19:21			Vide Report No.:		Station Diary No.: 94
Informant's Particulars					
Name of Informant: CHIN HAI NAM			Address: APT BLK 21 TEBAN GARDENS ROAD #40-125 SINGAPORE 600021		
ID Type / ID No.: NRIC NO / S6906844E			Contact No.: Home/Office: 0105694171 Mobile: 90509619		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 08/12/1969	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Crane operator (port)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2018 21:30	Type of Location:
Location: PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS BEFORE KALLANG EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FZ1113T	Motorcycle	HONDA	WAVE 125R A	Red	Slightly Damaged	0
SLU5772U	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FZ1113T	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00458228	25/04/2018	24/04/2019

Police Report



SINGAPORE
POLICE FORCE



T/20181116/2126

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20181116/2126

CONTINUATION OF REPORT

Brief Details.

On 15/11/2018 at about 2130hrs, I was riding my motorcycles bearing registration number FZ1113T from PIE towards Tuas before Kallang exit. Suddenly, the vehicle bearing registration number SLU5772U dashed out from the left filter lane without checking his blind spot.

I did not manage to e-brake my bike and hence the collision occurred. My bike then flew ahead and I was rolling on the road.

After which, the said driver came to assist me and EMAS also was at scene. My bike was being towed and the driver brought me to Tan Tock Seng Hospital.

Initially, we both agreed to have our own private settlement however, after the medical consultation, I was informed by the doctor that I have to be warded. At about 0200hrs, he left the hospital.

I had injured on my right knee and I was on a hospitalisation leave for 15 days from 16/11/2018 to 30/11/2018.

I wish to state that I do not have a motorcycle helmet camera.

The driver's particular as follows:
Leong Khar Heng, Melvin
S8408312G
635A Senja Road #14-251
HP: 91140113

No police and ambulance were at scene.

Police Report



SINGAPORE
POLICE FORCE



T/20181116/2126

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20181116/2126

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 1 NUR WIRDAH BINTE MUHAMMAD
WAZIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

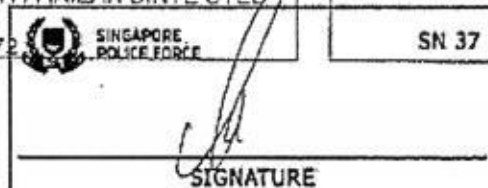
Date/Time:
16/11/2018 19:21

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Classification Of Case:

SN 37

Authentication Stamp
NP168



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6844E
Vehicle Details	
Vehicle No.:	FZ1113T
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Dec 2018
Vehicle Make:	HONDA
Vehicle Model:	WAVE 125R A
Primary Colour:	Red
Manufacturing Year:	2004
Engine No.:	NF125MPE0031016
Chassis No.:	NF125MP0031016
Maximum Power Output:	-
Open Market Value:	\$1,713.00
Original Registration Date:	08 Apr 2005
First Registration Date:	08 Apr 2005
Transfer Count:	5
Actual ARF Paid:	\$257.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Feb 2020
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$2,192.00
COE Rebate Amount:	\$541.00
Total Rebate Amount:	\$541.00
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 05 Dec 2018

OK

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	22 Nov 2018		22 Nov 2018 15:31 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:	-, Co. Reg. No.: -		
Main Claimant:	CHIN HAI NAM		
Vehicle Reg. No.:	FZ1113T	Date of Loss:	15/11/2018 00:00 - :59 [163 Months and 7 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM18D05463C02	Policy/Cover Note No.:	DMPCSN3012491800
Vehicle Reg. No. (Insured):	SLU5772U	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Sincere Lead Automotive (HQ) 162 Yio Chu Kang Road, 545616 Yio Chu Kang - Tel: 98158858		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Catherine Thia]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ONG HWEE JIE] ... [Final Rpt due 03/12/2018]		
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

***FZ1113T (SNM18D05463C02)**
[SLU5772U]
TP
CHIN HAI NAM
Nov 15 2018 12:00AM
[-]
Sincere Lead Automotive

[Upload Documents](#)[Upload Photos](#)[Compose New Letter](#)**View**[View in Browser](#) ▼

Photos/Images

3 per page ▼



No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	06/12/18 13:51	General View		Load PDF	

Documentation

1 per page ▼



No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	22/11/18 15:31	PRS		Load PDF	
2	22/11/18 15:31	TP GIA		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

[Reset](#)[Save](#)[Print](#)

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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/CTI18021152/JCD3S2

Date: 06/12/2018

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMPCSN3012491800

Claimant Vehicle No: FZ1113T Insured Vehicle No: SLU5772U

Date of Loss: 15/11/2018 Nature of Claim: TP Claim No: SNM18D05463C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: FZ1113T

Make & Model: HONDA WAVE 125, 125cc Engine No: NF125MPE0031016

Reg. Date: 08/04/2005 (Man. Year: 2004) Chassis No: NF125MP0031016

Colour: Black Odometer: 19999 km

Engine Capacity: 125 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: Good Steering (Serviceable): Yes Footbrake (Serviceable): Yes

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

CONDITION OF TYRES

Front Tyre Size: 70/90 R17 Rear Tyre Size: 80/90 R17

Front Left Side: Dunlop 6 mm Rear Left Side: Dunlop 6 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: 22/11/2018

Date Inspected: 26/11/2018 Inspected At: 25 KAKI BKT RD 4 #01-38

Estimated Period of Repair: 3.0 days Repairer: Sincere Lead Automotive

Adjuster: ONG HWEE JIE

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.

12/6/2018

Adjuster Report

- 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 \$1,800.00 - \$2,600.00

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 06 Dec 2018)	
Parts:	N/A	HONDA WAVE 125 125cc (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for FZ1113T)	
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 >