1) DIWIN	0 -1.1 -11-	Ten		IGNMENT (				60.20.2	la va
	Cnystabelle	lun	of _	TCS		Do	ate/Time: _	05-122018	1210pm
Estimated Cost:				Bill t	to:				
	TP RES / OD I							1-100-0	
To Inspect Vehi	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		FU 978			_ Insured: _	OX	6705B	
at Workshop m/	-		3 mutur		- N:	Tel:			- S
of	BIK	4001	AMK	Ind Park 1	#01-				
Policy No:				CI	aim No:	OWCATED	00954/	02/CT	
Sum Insured:				1	Excess:		a qualitie		
				The second secon	-	The second second second			
Make of Veh: (Client's Record)				*		D.	O.A 79	11.2018	
(Client's Record)		Troc !	ulai	06-13	-2018				
(Client's Record) CA / REV /	REP. / REV 24				2018		H.O.D. Endo	rsement;	
(Client's Record) CA / REV /					-2018 Rose			rsement;	
(Client's Record)  CA / REV / Date/Time:	REP. / REV 24 051.) <b>19</b> 018 1.)	opm i	erson Co	ntacted:			H.O.D. Endo	rsement;	
(Client's Record) CA / REV / Date/Time:	REP. / REV 24	n ( v	erson Co				H.O.D. Endo	rsement;	•
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(Client's Record) CA / REV / Date/Time: Date/Time	REP. / REV 24	n C v	erson Co	ntacted:			H.O.D. Endo	rsement;	•
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Date/Time:	REP. / REV 24  05. 10018 1.0  Action/Instruction  TU 97850	n C v	erson Co	ntacted:			H.O.D. Endo	rsement;	•

199	
REF:	

COE My 2022

	CONTRACT	605112	
ASS	Veh No. Fu 9785C	2002 Ma	M
Jen Go	Veh No. FU 9+85C	r Regn.	J
Date:	Type: M.Car / (Cycl) / Bus / Van / Lorry /	Taxi / Prime Mover /	
	Truck / Trailer or		
KES / OD RES / EVA / INV / MV	Make Yamaha 2x2	0.0 1332	
	1 Make	C Insured / Std / NI /	NA
pect Vehicle No:	Colour	/Radio: Insured / Std / NI	
Yorkshop m/s	So Reading		
	Eng/No: 38S26423		
ured: ,	ZMC26423	66	
licy No	Gen Cond Good / Fair / Poor / Burnt		
aims No.	Steering: Inorder / Jammed / Leaked / Br	urnt or	
Evress:	O . Lowered / Lasked / B	urnt or	
um Insured:	OF ARIM OF		
(Client's Record)	Modi: Nil / S/Rim / STD A/Rim or	10 718	
take of Veh:	Tyre Size: F:	2 2 2	
	7 0. 3.0	(0 718	
(Policy Condition)	O/S BS / DUN / EXNOVA / GY / FS / LIZA /	MIC / OHTSU / PIR / SUMI	1
Remark: The yeh had commenced its	TOYO / YOKO or Du	gola	
repair at the time of inspection.	7 1010/10/0	Rear	
	Front	R/Bal.	mm
Bal. or Market Value:  Consistent?: Yes or No	R/Bal. Y mm	L/Bal.	mm
IDAC Accident Rport: Consistent? : Yes or No	L/Bal. mm		208
	D.O.A. 29/11/2018	D.O.I. 06 12	
Est. Repairs: 5 days Res.: Yes or No	12 holdet 8690	AMK:	
Lum Sum: 20 % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S	/ N/S / U/C / Rooftop	or
. ALUNC	I I NIN	100	
CA / REV / REP. / 24 HRS Vehicle: If	The U/C / Chassis frame / Box	dy Structure affected due	to collisio
Date: Person Contacted:	The U.C. / Chassis Hame /		
The develop			
BCICS GX 6705B			
8.5K			
MV 7K-28K			
LIA 670.00			
HGA 3.5V	RECEIVED 1 8 MAR 20	19	
NL 2.8K-3+3.3K	C. NEOLITE		
Company of the control of the contro			
	Days Of Repair:		
Date/Time, File Pass to? : Preli. Report	A STATE OF THE PARTY OF THE PAR	Survey Fee:	350
I. Final Report	Resurvey No. of Trip: 2	Transportation: •	
Date/Time, File Return to?			
F F	Add Fee: Site Insp (\$	)S+RS,SI	
2) 100 100 100 100 100 100 100 100 100 100	Interview (\$	) Photos	.0
French Format	Tech. thvs (\$	) Grees	10
Report Format :	Weekend (\$	- 11	
Lump Sum / I.B.I: (\$ 3, 200/- 45)		TOTAL	36

# Catherine Chong (LKK Auto)

From: Sent: To:	Crystabelle Tan Gek Peng (ECICS, Claims) < Crystabelle_Tan@ecics.com.sg> Wednesday, 5 December, 2018 12:10 PM assignments
Subject:	RE: Please arrange PRI on bike FU 9785C - Our Ref : DMCV1800095H/02/CT
Attachments:	SAS.PDF; SAS.PDF
Dear LKK	
Please arrange PRI.	
Best regards,	
Crystabelle Tan	
Claims Division	
DID: +65 6303 0190	
FAX: +65 6338 9267	
Email: crystabelle tan@ecics.co	om.sg
ECICS Limited	Contact #00 04A Singapore 409600
10 Eunos Road 8, Singapore Po	st Center #09-04A, Singapore 408600
Sent: Wednesday, 5 December To: Sg Motor; Crystabelle Tan C Cc: ECICS Claims	Gek Peng (ECICS, Claims) RI on bike FU 9785C - Our Ref : DMCV1800095H/02/CT
thank you rose	
	3, 6:44:18 PM GMT+8, Crystabelle Tan Gek Peng (ECICS, Claims)
< Crystabelle Tan@ecics.com.	sg> wrote:
Without Prejudice	
Dear Linda	
Thank you for your email.	

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client's workshop. We propose to use one of the motor surveyors named in the list below to conduct the joint pre-repair survey as a single joint expert: LKK 1. JP knight 2. 3. Formteam Appraisal Associates 5. Autoprobe 6. Raleigh 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. Thank you. Best regards, Crystabelle Tan Claims Division DID: +65 6303 0190 FAX: +65 6338 9267 Email: crystabelle\_tan@ecics.com.sg

#### **ECICS Limited**

10 Eunos Road 8, Singapore Post Center #09-04A, Singapore 408600

From: Sg Motor [mailto:sgmotor2000@yahoo.com.sg]

Sent: Tuesday, 4 December, 2018 11:19 AM

To: ECICS Claims

Cc: Sg Motor

Subject: Please arrange PRI on bike FU 9785C

Attn: Motor claims Dept

Dear Sir/Madam

Please arrange PRI on bike FU 9785C as per attached.

Thank You

Regards

Linda

SG 98 Motor Pte Ltd

Blk 4001 #01-21

Ang Mo Kio Industrial Park 1

Singapore 569622

Tel: 64524898 Fax: 64526898



This message may contain privileged and confidential information and is only intended for use by the addressee. No representation, warranty, guarantee or undertaking expressed or implied is made by ECICS Limited; as to the fairness, accuracy or completeness of any information, projections or opinions contained in this message. Any unauthorized disclosure, use or dissemination either in whole or in part is prohibited. If you are not the addressee indicated in his message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

#### > Back to OneMotoring

#### **Enquire Transfer Fee**

Vehicle Details

Vehicle No.:

FU9785C

Vehicle Type:

P00 - Passenger Motorcycle/Autocycle/Moped

Vehicle Attachment 1:

No Attachment

Vehicle Scheme:

Normal YAMAHA

Vehicle Make: Vehicle Model:

RXZ ZMC264236

Chassis No.: Propellant:

Petrol

Engine No.:

3BS264236

Engine Capacity:

133 cc

Maximum Laden Weight:

Maximum Power Output:

Unladen Weight:

Year Of Manufacture:

2002

Original Registration Date: Lifespan Expiry Date:

30 May 2002

30 Jun 2028

COE Category: PQP Paid:

D - Motorcycle \$1,757.00

COE Expiry Date:

30 Apr 2022

Road Tax Expiry Date:

27 Oct 2019

Inspection Due Date:

27 Oct 2019

Intended Transfer Date:

03 Dec 2018

CO2 Emission:

CO Emission:

HC Emission:

NOx Emission:

PM Emission:

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

Total Amount Payable:

Amount After GST	GST Amount	Amount Before GST
(5\$)	(S\$)	(S\$)
25.00	2001.00	25.00
25.00		

Message

Transfer Fee:

Please note that the National Environment Agency (NEA) is offering an incentive for the owner of this motorcycle to deregister the motorcycle on or before 5 April 2023.

This motorcycle is currently eligible for an incentive of \$3,500 from NEA. If the COE is renewed from now till its deregistration on or before 5 April 2023, the incentive will be reduced to \$2,000. The last registered owner of this motorcycle will receive the incentive from NEA.

This motorcycle will no longer be allowed for use on Singapore's roads after 30 June 2028.

For more information, please visit http://www.nea.gov.sg/mtcincentive or contact NEA at 1800-2255-632.

You may print this page for reference.

OK

Print

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 witholding 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.

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

<ol> <li>By the lodgement of this report to the also etc. your aforesaid.</li> </ol>	u notary section in the section of t	_
	ACCIDENT STATEMENT	N 40
Date Of Report	04/12/2018 16:39	
Date Of Accident	29/11/2018 15:30	
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE KRANJI EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FU9785C	
Insured/Policyholder		
Name Of Registered Owner	YIP CHEW PENG	
NRIC No	\$06540271	
Email Address	NOEMAIL	

(LOCAL) +65-91217487 Mobile Phone No OTHERS-91217487 Alternative Phone No

Vehicle Particulars

YAMAHA Manufacturer

RXZ135-133CC (M) Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken

Vehicle Category

MOTORCYCLE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

5068273080-04 Policy Number

Cover Note Number

Driver

YIP CHEW PENG Name of Driver

S06540271 NRIC No 29/01/1949 Date Of Birth INDOOR Occupation 13/06/1975 Date Of Driving Pass

43 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91217487 Mobile Number

Fax Number

OTHERS-91217487 Contact Number

NOEMAIL EMail Address

Address

BLK 22 HAIG ROAD #07-01

SINGAPORE

Postcode

430022

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 - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GX6705B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

YIP CHEW PENG

Approximate Age

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

FU9785C

Were seat belts wom?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for exchiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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:
  - 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:
  - 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 Agneture Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1 SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Islam Expressiony DECLARATION

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

Policyholder Sknature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

2

'Name: NRIC/FIN No.:

X,

GIARMIC SketchPlanForm\_V3





1 of 4

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

Report No. T/20181201/2111

	F A TRAFFIC		Lici Baradilla	Station Diary No.	
Date/Time Report Made: 01/12/2018 16:07			Vide Report No.:	16	
Informa	nt's Particu	ılars	Walker and the state of the state of		
Name of	Informant: W PENG		Address: APT BLK 22 HAIG ROAD #07	-01 SINGAPORE 430022	
ID Type / ID No.: NRIC NO / S0654027I			Contact No.: Home/Office: Mobile: 91217487		
National		50	Email:		
Sex: Age: Date of Birth:			Type of Informant:		
Race: Chinese Occupation: freelance			Language:	Institution / School Name:	
			Driving Licence Information: Class: 2,3  Date of Expiry:		

Seneral Information  Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2018 15:30	Type of Location Straight Road	
	EXPRESSWAY			Signal Control of the	
PIE towards Tuas, before Kranji Exit.  Weather:  Heavy rain  Wet				Road Speed Limit:	
Traffic Flow: One Way  Vet  Traffic Control: Not Controlled				Traffic Volume: Heavy	
Type of Collis	sion: ving Vehicles - Head To Rear	6.	Anyone conveyed by ambulance: Yes		

Company of the Compan	ehicle Involve	Make	Model	Color	Condition	No of Passenge
Vehicle No. FU9785C	Type Motorcycle	YAMAHA	RXZ	Blue	Seriously Damaged	A Section 1
GX6705B	Van	4		×	Slightly Damaged	0

Details of V	ehicle Insurance		- Ferning	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	A PART OF STREET AND ADDRESS OF STREET
	NTUC Income Insurance Co-Operative	5068273080-04	28/10/2018	27/10/2019





2 of 4

Report No. T/20181201/2111

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

## CONTINUATION OF REPORT

Details of Pers Any Pedestrian		250	The Later Charles		Columbia.	
No. of Pedestria	ans Injured: NIL		lise of I	Padostri	on C	-1
Rider	top for the section was	tera y to year	036 011	euestri	an Cros	ssing: NA
Name	YIP CHEW PENG			ID No.		S0654027I
Related Vehicle	FU9785C (Motorcycle)			Con	tact No.	91217487
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2,3 Date of Expiry: NIL
Date Treatment			Date Dis		-	
No. of Days granted Medical Leave 03			Degree (	of Injury Serious		
Driver				or injury	Joeno	us
Vame	Unknown Driver	2 10 2 200 4		ID No	).	NIL
Related Vehicle	GX6705B (Van)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
	NIL		Date Disc		NIL	
io, of Days grante	ed Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On 29/11/2018 at about 1530hrs, I was riding my motorcycle along PIE towards Tuas on the extreme left lane. It was raining really heavily and the traffic volume was heavy, hence I was riding at about 55km/hr. It was before Kranji Exit, when suddenly I felt a huge impact coming from the rear of my motorcycle which then threw me off my motorcycle. I then fell forward and skidded about 5meters away.

I laid on the road as I could not get up due to the pain and I felt as though I was going to faint. The van driver who was an Indian male, then came and rendered help to me however I was semi conscious as I was at a state of shock. Shortly after, the Traffic Police and ambulance arrived. I was then advised by the Traffic Police to lodge a traffic accident report and provided me the other party's plate number, before I was conveyed to Ng Teng Fong Hospital by the ambulance.

I sustained abrasions on both my arms, face, legs, torn upper lip and aching on my left abdomen. I was then warded for 1 day and was given 3 days of Medical Leave (29/11/2018 to 01/12/2018). The total cost of hospital bill is estimated about SGD\$1200.

I am not sure of the cost of damage of my motorcycle as I have yet to collect if from the Traffic Police.

I am lodging this report for insurance purpose.





3 of 4

Report No. T/20181201/2111

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

CONTINUATION OF REPORT





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

4 of 4 Report No. T/20181201/2111

CONTINUATION OF REPORT

### Sketch Plan

Authentication Stamp

NP168

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 2 AMSYAR HAKIM BIN AHMAD JAMAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2018 16:07
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI Contact No.: 65476960	Classification Of Case:

Acknowledged by Repairer

Signature: Date: : FU 9785C

Yamaha RXZ 135

V.C.11	TOLL ITO		
	Nett items		Washington Company
1	Towing fees (Special Nett) トレム		40.00
2	Remove & replace necessary parts,	align & etc	350.00 280 -
3	Remove & replace Rear Rim, Wheel		250.00 1001-
	hub,swing arm, shock absorber,Fron	t	
	brake disc & front sporky rim.		
	Restring & alignment Remove & replace front fork	(66.00	120.00 50/
4	assembly, top up fork oil & fork oil	660	120100[
	seal		
5			280.00 150  -
6			65:00 301-
7	보기입니다면하다 하다다고 하시네		105.00 🗶 `
8	Rear Box Wilm distribut (	check whether title!)	280.00 ₹ X HH
9	Rear Number Plate	, ,	15.00
10	Front Number Plate		15.00 ×
			- <del>1</del> 2
		and the second	4 500 00
		Sub-Total	1,520.00
		Nett Total	7,294.40
			7200.20
	100 100 100		4200.20
	NB. This estimate was made from a visual inspection only, any other damage parts or		1-0-
	labour require when repair commences, we	06/3/2/200	inger i
	will advise you and submit supplementary item to you accordingly	20 12 218 E 104	5he
	3011 10 JOB 8000 01 35 J	, 1	
	Kindly revert upon completion	06/12/2018 e 104 noa Anto 1/8nno 7hoto agas Check N	~
	Thank you	115	
		Isnu	
		3 has	
	SG 98 MOTOR PTE LTD	THE CAS	V vage
		04.1	1. 10
		Check h	V
		2	5 1
		· Mar	5 dgs.
	Handa hance notify		) [
LKK Auto Cons	ultants hence notify	0	
the Repairer of	re/after spray painting	JKK S	nto
- To display damag	ged part(s) during resurvey	)/	O O
the second name of the	eubject to continueus		
e Third party survi	By is on a "Without Prejudice Doors"		
	cation(s) is allowed item(s) must be resurveyed and	$\sim$	
<ul> <li>Supplementary is subject to fint</li> </ul>	at approval from Insurance Company	/1	
is confirm to the			

# SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622 Tel: 6452 4898 Fax: 6452 4868 Email: sg\_motor\_enterprise@yahoo.com.sg

Date: 5th December 2018

To : LKK

By Fax:

Attn: Brian

Tel:

VEHICLE NO : FU 9785C

Yamaha RXZ 135

ACCIDENT	DATE:	29/1	1/2018

	Description	Qty	Quotation \$
1	Tail Lamp briku		135.00 -
2	Rear Mudguard de Tomech		145.00 —
3	Rear Seat Lock NH		75.00 ×
4	Rear Rim 1/5+		
5	Rear Shock Absorber had		300.00 —
6	Swing Arm NA		350.00 🗴
7	Wheel Hub		280.00 ×
8	Exhaust Pipe & t   Cut		65.00 ×
9	Rear Tail Fairing LH broken		550.00 —
10			155.00 —
11	[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2		155.00 —
12	Side Box cover centre broku		185.00 —
	Petrol Tank had		150.00 —
	Seat Assembly No.		230.00 ×
	Seat Lock Catch SVD		230.00 🗴
16	Handle Bar LH		68.00 ×
17	Handle Bar RH NA		95.00 ₹ 🗙
			95.00 ★
10	Clutch Lever broker Balancer cvt		65.00 —
		and introduction	58.00 —
21	Mirror M/S broke 0(S NH) Clutch cable SV2	1 set	65.80 110.00 L
22			75.00 ≯
100	S OF CREE		785.00 ₩
	Visor with screen brown		120.00 —
	Head Lamp broker	-	230.00 —
	Head Lamp Stay Z LIH	1	video 4 165.00 4 X
	Front Signal LH SVZ	1	65.00 🗶
	Fork Tube a distraid	1set	480.00 4 -
28	Fork Oil Seal & Hic	1 1	135.00 >
29		2000,0745	165.00 8 🗶
30	Front Brake Disc Mu		95.00
	Front Mudguard CW	bas o	130.00
32	Front Rim & Sporky set HH	106.201	380.00 🗡
33	Rear Box Rack broker	1	95.00
			Attendated by Rejamb
		1	Wiltergo
		Sub <sup>®</sup> Total	6,416.00
		Less 10%	641.60
		Sub-Total	5,774.40

3635.20

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

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Case Main	Notified 13 Mar 20 15:32 Edit Reg	77.	Submitted	Adj Assigned 05 Dec 2018 00:00 Edit Adj Rpt	S\$3,200 Edit Est	.00	\$\$3,200.00 View Rpt			Pending for Survey Report Cancel Case	
	Main		Refe	rence	Clai	m Details		Docume	nts	S	how All
CLATM S	UBFOLDE	DETAILS	Date to the owner	LOS ALTERNATION AND ADDRESS OF THE PARTY OF			[Created	by adjuster]			
Insured:		Reg. No.: -	, Email: EM	AIL@EMAIL.COM							
Main	YIP C	HEW PENG,	ID: S0654	10271							
Claimant: Vehicle Re		Date of Loss: 29/11/2018 15:00 - :59 [197 Months and 30 Days From LTA Reg Date (Ma					(Man Yr)]				
No.: Claim Typ	se: TP /	TP / DMCV1800095H/CT Policy/Cover Note No.: MCV18A00011900									
Vehicle R No. (Insured)	GX67	5705B				olicy No. Claimant):					
(Ilisureu)					E	xcess:	+ +01 31 E	EDE22 And Mo K	in - Tel: f	4574898	
Repairer:	Sg 98	Motor Pte	Ltd (HQ) BL	K 4001 ANG MO K	IO INDUSTR	CIAL PARK	1 #01-21, 50	39022 Alig 110 K	101.	152 1011	
Handling Insurer:	ECIC	S Limited (F	1Q) - Tel: 63	374779 /6303 017	8 [Handl	ed by Crys	stabelle Tan	NT1 [Final	Rnt due	17/12/201	181
Adjuster:	LKK	Luto Consul	tants Pte L	td (HQ) - Tel: 625	6-3561 [	Handled by	BRIAN IA	AL) [1 me.			
ASSOCI	ATED MAI	L RECEIVE	D						View All	Compose	Case Mail
There an	e no mail fo	this case.									
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Due D	ate Pri	ority Type	e Task G	iroup Subject	Handle	er Ass	igned By	Completed	On	Created On	Done

# **Claim Documents**

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54	13/03/19 12:43	Chassis Number	0	Load JPG	V
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## **Documents Checklist**

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
Our Checking North	^
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# 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:

CS/ICS18021883/DSBE2

Date:

13/03/2019

REFERENCE

Handling Insurer: ECICS Limited

Policy No:

MCV18A00011900

Claimant Vehicle FU9785C

Insured Vehicle No:

GX6705B

No: Date of Loss:

29/11/2018

Nature of Claim:

TP

DMCV1800095H/CT Claim No:

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

FU9785C

Make & Model:

YAMAHA RXZ, 133cc (M) 30/05/2002 (Man. Year: 2002) Engine No: Chassis No: Odometer:

3BS264236 ZMC264236

42645 km

Reg. Date: Colour:

Black

Engine Capacity: Market Value/New Car Price:

133 cc N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Yes Engine Modification:

No

3.60 R18

Front Tyre Size: Front Left Side:

80/90 R18

Rear Tyre Size:

Dunlop 5 mm

Rear Left Side:

Dunlop 5 mm

Front Right Side:

0 mm

Rear Right Side:

0 mm

The above values represent the remaining tyre treads depth

	Repairer's	Adjuster's	Difference	Diff %
	6,189.40	3,550.20	2,639.20	42.64
	0.00	0.00	0.00	
	1,105.00	650.00	455.00	41.18
	0.00	0.00	0.00	
	0.00	0.00	2,639.20 0.00 455.00 0.00 0.00 3,094.20	
Gross Total (S\$)	7,294.40	4,200.20	3,094.20	42.42
Overridden) (S\$)	With Colors and Colors	3,200.00	5000 201	
ett Amount (S\$)	7,294.40	3,200.00	4,094.40	56.13
		6,189.40 0.00 1,105.00 0.00 0.00 Gross Total (S\$) 7,294.40 Overridden) (S\$)	6,189.40 3,550.20 0.00 0.00 1,105.00 650.00 0.00 0.00 0.00 0.00 Gross Total (S\$) 7,294.40 4,200.20 0verridden) (S\$) 3,200.00	6,189.40 3,550.20 2,639.20 0.00 0.00 0.00 1,105.00 650.00 455.00 0.00 0.00 0.00 0.00 0.00 0.00  Gross Total (S\$) 7,294.40 4,200.20 3,094.20 Exerciden) (S\$) 3,200.00

INSPECTION

Date of Assignment:

05/12/2018

Date Inspected:

06/12/2018 Inspected At:

Sg 98 Motor Pte Ltd (HQ)

BLK 4001 ANG MO KIO INDUSTRIAL

PARK 1 #01-21 Singapore 569622

Estimated Period of Repair:

5.0 days

Adjuster:

**BRYAN TANI** 

Manager: Hiew May Fung

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.

Amount

Denniror's

## REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 13 Mar 2019)

Parts:

N/A

YAMAHA RXZ 133cc (M) (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code:

(Unsubmitted, no print-code for FU9785C)

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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*TAIL LAMP	Broken	135.00 FL	*135.00 FL
2	1		*REAR MUDGUARD	Deformed	145.00 FL	*145.00 FL
3	1		*REAR SEAT LOCK	Not Necessary	75.00 FL	*-FL
4	1		*REAR RIM	Bent	300.00 FL	*300.00 FL
5	1		*REAR SHOCK ABSORBER	Not Necessary	350.00 FL	*-FL
6	1		*SWING ARM	Not Necessary	280.00 FL	*-FL
7	1		*WHEEL HUB	Not Necessary	65.00 FL	*-FL
8	1		*EXHAUST PIPE	Bent / Cut	550.00 FL	*550.00 FL
9	1		*REAR TAIL FAIRING LH	Broken	155.00 FL	*155.00 FL
10	1		*REAR TAIL FAIRING RH	Broken	155.00 FL	*155.00 FL
11	1		*REAR CENTRE TAIL COVER	Broken	185.00 FL	*185.00 FL
12	1		*SIDE BOX COVER CENTRE	Broken	150.00 FL	*150.00 FL
13	1		*PETROL TANK	Not Necessary	230.00 FL	*- FL
14	1		*SEAT ASSEMBLY	Not Necessary	230.00 FL	*- FL
15	1		*HANDLE BAR LH	Not Necessary	95.00 FL	*-FL
16	1		*HANDLE BAR RH	Not Necessary	95.00 FL	*-FL
17	1		*CLUTCH LEVER	Broken	65.00 FL	*65.00 FL
18	1		*BALANCER	Cut	58.00 FL	*58.00 FL
19	1		*SET MIRROR	N/S Broken / O/S Not Necessary	110.00 FL	*55.00 FL
20	1		*CLUTCH CABLE	Serviceable	75.00 FL	*-FL
21	1		*HEAD COWLING	Broken	785.00 FL	*785.00 FL
22	1		*VISOR WITH SCREEN	Broken	120.00 FL	*120.00 FL
23	1		*HEAD LAMP	Broken	230.00 FL	*230.00 FL
24	1		*HEAD LAMP STAY	Not Necessary	165.00 FL	*-FL
25	1		*FRONT SIGNAL LH	Serviceable	65.00 FL	*-FL
26	1		*SET FORK TUBE	Distorted	480.00 FL	*480.00 FL
27	1		*FORK OIL SEAL	Necessary	135.00 FL	*135.00 FL
28	1		FORK UNDER BRACKET	Not Necessary	165.00 FL	*-FL
29	1		*FRONT BRAKE DISC	Not Necessary	95.00 FL	*-FL
30	1		*FRONT MUDGUARD	Cut	130.00 FL	*130.00 FL
31	1		*SET FRONT RIM & SPORKY	Not Necessary	380.00 FL	*-FL
32	1		*REAR BOX RACK	Broken	95.00 FL	*95.00 FL
33	1		*REAR TYRE	Serviceable	105.00 FS	*-FS
34	1		*REAR BOX	Not Necessary	280.00 FS	*-FS
	1		*REAR NUMBER PLATE	Bent	15.00 FS	*15.00 FS
35	1		*FRONT NUMBER PLATE	Not Necessary	15.00 FS	*-FS
36 37	1		*SEAT LOCK CATCH	Serviceable	68.00 FL	*-FL
		se part. S=Sp	ocNett. L=ListItemDisc.	Sub Total (S\$ Discount on L Items 10.00/10.00% (S\$		<b>3,943.00</b> 392.80

Report was unsubmitted during this print-out.

No. Qt	Qty	Part No.	Particulars	Condition	Repairer's	Amount	
				Total Parts (S\$)	6,189.40	3,550.20	
_				Report was unsubmitted during this print-out.			

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TOWING FEES	New	40.00	40.00
2	REMOVE & REPLACE NECESSARY PARTS, ALIGN & ETC	New	350.00	280.00
3	REMOVE & REPLACE REAR RIM, WHEEL HUB, SWING ARM, SHOCK ABSORBER, FRONT BRAKE DISC & FRONT SPORKY RIM. RESTRING & ALIGNMENT	New	250.00	100.00
4	REMOVE & REPLACE FRONT FORK ASSEMBLY, TOP UP FORK OIL & FORK OIL SEAL	New	120.00	50.00
5	RE-ALIGN REAR BODY FRAME	New	280.00	150.00
6	CHECK & RECONNECT HARNESS SIRING	New	65.00	30.00
	Gross Labou	r Cost (S\$)	1,105.00	650.00

< END OF ESTIMATES >

Report was unsubmitted during this print-out.