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From (Person)		Kigt of	CTL		Date/Time:	02012019 349pm
Estimated Cos	L			o:		
on the ws	TP RES / OD I	RES/EVA/INV/N	AV / CS			
To Inspect Ve	nicle No:	FBC1 6804	ΥΥ	Insu	red: G	BA 1993S
at Workshop r	n/s	Speedy Mutur			Tel: 6481	5567
of	911	16 111	d Park :	16-50# AL		
Policy No:	DMCVSN 1439	7518044	Clr	im No:		
Sum Insured:			I	excess:		
Make of Veh:					D.O.A.	15122018
(Client's Record			03.01.20	19 @ momin		
Test Stereot A	DED / DESCRIPTION	HRS WP		_	H.O.D. End	lorsement:
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Date/Time:	Action/Instruction	Person Conta	inute.			
Date/Time:	Action/Instruction	Person Conta	inute.			TUOCOFT :

KEP:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rp	t	Adi Submitted	Ins Auth'ed	Status		
Main	02 Jan 2019 15:47		02 Jan 2019 15:49 Assign					New As	signment Case	
	Main		Reference		Cla	im Details	Doo	uments	Sh	now All
CLAIM S	JBFOLDER DET	TAILS		1.01				Created b	y insurer1	
Insured:		ном	ELY ENGINEERIN	G PTE LT	D, Co	. Reg. No.: 201025	089C		•	
Main Clain	nant:	SIM	CHEE WEE (SHEN	ZHIWEI)		S7631699F				
Vehicle Re	g. No.:	FBG	6804Y		Da	te of Loss:	1		18:00 - :59 From LTA Reg D	ate
Claim Type:		TP			Pol	Policy/Cover Note No.:		DMCVSN14397518044 (TP, F Theft) Coverage: 04/12/2018 - 21/11/2019		Fire &
Vehicle Re	g. No. (Insured):	GBA	19935		Pol	icy No. (Claimant):		NMC2018-	00003803	
					-	ess:		\$0.00		
Repairer:		Spee	dy Motor Cycle S	ervice Cer	itre (F	1Q) 10 ANG MO KI	O IND PARK 2A #	05-21, 568	047 Ang Mo Kio	- Tel:
Handling I	nsurer:	China	Taiping Insuran	ce (Singa	pore)	Pte. Ltd. (HQ) - T	el: 6389 6111	[Handled I	y Ong Chin Kia	at]
Claimant's	Insurer:	FWD	Singapore Pte. L	td. (HQ) -	Tel: 6	727 5700				
Adjuster:		LKK	Auto Consultants	Pte Ltd (HQ) -	Tel: 6256-3561	Final Rpt due	e 11/01/2	019]	
	todian (Insured)		L (30 / Male), NF							
Adj Asg. R	emarks:	То со	ntact Mr Lim Sam I	lee at 648	1 5567	/ 9388 6867 for Pi	re repair inspecti	on, thank yo	ou.	
ASSOCIA	TED MAIL REC	EIVED					VI	ew All	Compose Case I	Mail
There are	no mail for this c	ase.							compose case i	man
8										
ALL ASSO	CIATED TASK	S				View All Se	earch Tasks	Create Ne	w Task Con	mplete
UFF 433	CIAILD IASK	.5				View All S	earch Tasks	Create Ne	w Task Co	ı

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	699F	
Vehicle No.:	FBG6804Y	
Vehicle to be Exported:	No	
Intended Deregistration Date:	03 Feb 2020	
Vehicle Make:	HONDA	
Vehicle Model:	FJS400D	
Primary Colour:	Red	
Manufacturing Year:	2012	
Engine No.:	NF01E5221469	
Chassis No.:	JH2NF03979K000102	
Maximum Power Output:		
Open Market Value:	\$8,688.00	
Original Registration Date:	15 Oct 2012	
First Registration Date:	15 Oct 2012	
Transfer Count:	2	
Actual ARF Paid: Intended PARF Rebate Details	\$1,304.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	14 Oct 2022	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$1,912.00	
COE Rebate Amount:	\$515.00	
Total Rebate Amount:	\$515.00	

The information contained herein is correct as at 03 Feb 2020

MHH118167359 / Hua Hong Pte Ltd - Sungei Kadut ENTRY DATE & TIME: 31/12/2018 10:02 SUBMITTED BY: Yvonne Toh Yi Zhuang

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 31/12/2018 10:09

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 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.
- 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

31/12/2018 10:02 Date Of Report

15/12/2018 18:00 Date Of Accident

Exact Location Of Accident ALONG KAKI BUKIT RD 3

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

FBG6804Y Vehicle Registration Number

Insured/Policyholder

SIM CHEE WEE (SHEN ZHIWEI) Name Of Registered Owner

SXXXX699F NRIC No NOEMAIL **Email Address**

Mobile Phone No (LOCAL) +65-91458103

Alternative Phone No. Others-91458103

Vehicle Particulars

HONDA Manufacturer FJS400D Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE

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

FWD SINGAPORE PTE. LTD. Name of Insurance Company

Type Of Coverage THIRD PARTY

Fleet Policy NO

PNMC2018-00003803 Policy Number

Cover Note Number

Driver

SIM CHEE WEE (SHEN ZHIWEI) Name of Driver

NRIC No SXXXX699F 07/10/1976 Date Of Birth INDOOR Occupation

08/09/2014 **Date Of Driving Pass**

4 YEARS AND 3 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91458103 Mobile Number

E-FILE 2/3/2020

Fax Number

OTHERS-91458103 Contact Number

NOEMAIL **EMail Address**

BLK 452B SENGKANG WEST WAY #17-405 Address

792452 Postcode

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved

in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

2

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

1

NO

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE Police Station Address

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT

Attachment(s)

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

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBA2993S**

Vehicle Make/Model/Colour TOYOTA / DYNA / SILVER

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

AJIJUL Name of Driver

GXXXX120L NRIC/Passport Number

E-FILE 2/3/2020

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SIM CHEE WEE (SHEN ZHIWEI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBA2993S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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:

- 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 ovestigations 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.
- my Personal Information will also be collected and used to compile dalms 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:

Yvonne Toh Reporting Q

Name: NRIC/FIN

GIARRAC SkatchPlanForm VS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT As por police report NO: T/Joid 1228 /3-034 DECLARATION //w declare the foregoing particulars are true in every gespect.	SKETCH PLAN		
As per police report NO. T/2018 1228 /2034			
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Yvonne Toh	Cer	900	Vyonne Toh
	4	Out to Commission	
olicyholder's Sepature Drivec's Signature Reporting Centre Personner's Signature tate & Time: (If driver is not the policyholder) Name	late & Time:		
Date & Time: NRIC/Fig No.:			

POLICE REPORT



T/20181228/2034

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20181228/2034

REPORT O	F A TRAFFIC	ACCIDENT			
	ne Report M 18 11:26	lade:	Vide Report No.: G/20181215/0186	Station Diary No.:	
Unforma	nt's Partic	ulars	2000年1月1日	16世纪《刘克斯·西斯·西斯·西斯·西斯	
	Informant:		Address: APT BLK 452B SENGI FOLIAGE SINGAPORI	KANG WEST WAY #17-405 FERNVALE E 792452	
ID Type / ID No.: NRIC NO / S7631699F		Contact No.: Home/Office: Mobile: 91458103			
National	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 07/10/1976	Type of Informant: Rider		
Race: Chinese		Language: Institution / School Name			
Occupation: IT SUPPORT ENGINEER		Driving Licence Information: Class: Date of Expiry:			

	mation of the Accident		Date Cime of	Type of Location
Type of Accident: Injury Conveyed By Ambulance		ce Drink No	Date/Time of Accident: 15/12/2018 18:00	Type of Location
Location: Along Road 1 KAKI BUKIT F				
Weather:	P	load Surface:	R	oad Speed Limit:
Traffic Flow:	T	raffic Control:	Ti	raffic Volume:

Details of V	ehicle involved	PARTITION AND AND AND AND AND AND AND AND AND AN	JAN 19 20 18	的是是是自然的	THE REAL PROPERTY.	75 A. S.
Vehicle No.	Type	Make Line	Model	Color	Condition	No of Passenger
	Motorcycle	HONDA	FJS400D	Red	Seriously Damaged	
GBA2993S	Lorry	TOYOTA	DYNA 150 MANUAL	Silver	Slightly Damaged	0

Details of V	ehicle insurance	AND PROPERTY AND P	#901255#F	2000年12月1日
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	FWD Singapore Pte. Ltd	PNMC2018- 00003803	08/09/2018	07/09/2019

POLICE REPORT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20181228/2034

2 of 3

CONTINUATION OF REPORT

Any Pedestrian In No. of Pedestrian	s Injured: NIL		Use of Pec	lestrian	Cross	ing: NA
RINE PARTY INCOME		经基础的	北波問題	HATTER		
Name	SIM CHEE WEE			ID No.		S7631699F
Related Vehicle	FBG6804Y (Motorcyc	de)		Conta	ct No.	91458103
Hospital/Clinic	CHANGI GENERAL I		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	15/12/2018		Date Disc			2/2018
No. of Days gran	ted Medical Leave	28	Degree of	Injury	NIL	
Driver	为政治区的政治区域的	2000年前100日	A STATE OF THE STA			
Name	AJIJUL			ID No		G6582120L
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Detalls.

ON THE 15/12/2018 AT ABOUT 1800HRS ALONG KAKI BUKIT RD 3 TOWARDS KAKI BUKIT RD 2,

I WAS ON THE LEFT LANE OF 2 LANES RD GOING STRAIGHT TO KAKI BUKIT RD 2, AS I WAS TRAVELLING FORWARD A LORRY ON THE OPPOSITE LANE CAME OUT TURNING RIGHT OUT OF SUDDEN AND COLLIDED ONTO ME. I WAS CONVEYED TO CHANGI GENERAL HOSPITAL AND WAS GIVEN 28 DAYS OF HOSPITALISATION LEAVE.





3 of 3

Report No. T/20181228/2034

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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 Informant: Signature Of Officer Recording The Report: MOHAMED ANWAR BIN MOHAMED IBRAHIM Date/Time: Signature Of Interpreter: Not applicable 28/12/2018 11:26 Classification Of Case: Officer In Charge Of Case: TP/GIT/ Staff Sgt LEE GUANG HUI SINGAPORE Contact No.: 65476138 **Authentication Stamp** NP168 Signature:

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

AIM SUBFO	DLDER TRAC								
Case N	otified	Est Submitted	Adj Assigned	Adj Rpt	Ad	ij Submitted	Ins Auth'ed	Status	
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м	ain	Ref	erence	Claim	Details		Documents		Show All
CLAIM SUB	FOLDER DE	TAILS				[Created by	/ insurer]		
insured:	HOMELY E	NGINEERING PT	ELTD, Co. Reg. No	.: 2010250890	:		-		
Main Claimant:	SIM CHEE	WEE (SHEN ZHIV	VEI) , ID: S76316	99F					
Vehicle Reg. No.:	FBG6804Y			Date	of Loss:		From LTA Reg Date		
Claim Type:	TP	ТР			y/Cover No.:		97518044 (TP, Fire 4/12/2018 - 21/11		
Vehicle Reg. No. (Insured):	GBA2993S				y No. mant):	PNMC2018-00003803			
				Exce	2000	S\$0.00			
Repairer:	Speedy Mo	otor Cycle Service	e Centre (HQ) 10 A	NG MO KIO INI	D PARK 2	A #05-21, 568	3047 Ang Mo Kio -	Tel:	
Handling Insurer:	China Taip	ing Insurance (S	ingapore) Pte. Ltd	d. (HQ) - Tel: 6	389 611	1 [Handled	by Ong Chin Kiat	1	
Claimant's Insurer:	I I Seather Harton -		IQ) - Tel: 6727 570						
Adjuster:	LKK Auto	Consultants Pte L	.td (HQ) - Tel: 625	6-3561 [Han	dled by B	BRYAN TANI] [Final Rpt due 11/01/2019]			
Driver/Custo dian (Insured):	AJIJUL (30	/ Male) , NRIC: (36582120L Email:						
Adj Asg. Remarks:	To contact	Mr Lim Sam Hee at	6481 5567 / 9388	6867 for Pre re	pair inspe	ection. thank y	ou.		
ASSOCIATE	D MAIL REC	CEIVED					View	All Compos	se Case Mail
There are no	mail for this	case.							
ALL ASSOC	IATED TASE	(s⊟)	View All Se	arch Tasks Cre	ate New Task	Complete
Due Date	Priority	Type Task 0	Group Subject	Handler	Assign	ned By C	Completed On	Created O	Done

Merimen e-Claims Page 1 of 5

Claim Documents

*FBG6804Y
[GBA2993S]
TP
SIM CHEE WEE (SHEN ZHIWEI)
Dec 15 2018 6:00PM
[HOMELY ENGINEERING PTE LTD]
Speedy Motor Cycle Service Centre

Ass	essment Reports		1 per page	
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54	03/02/20 14:22	General View	1 Load JPG	_
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68	03/02/20 14:22	General View	1 Load JPG	✓
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80	03/02/20 14:22	General View	1 Load JPG	
81	03/02/20 14:22	General View	1 Load JPG	-
82	03/02/20 14:22	General View	1 Load JPG	
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Merimen e-Claims Page 3 of 5

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84	03/02/20 14:22	General View	1 Load JPG	✓
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138	03/02/20 14:23	After Repair Photo	0	Load JPG	V
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145	03/02/20 14:23	After Repair Photo	0	Load JPG	✓
146	03/02/20 14:23	After Repair Photo	0	Load JPG	✓
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No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	I per	Thumbnail	
1	02/01/19 15:48	PRS	0	Load PDF	
2	02/01/19 15:48	Insd GIA report	0	Load PDF	

Linked Accident Report Documents

			View	View in Brows	ser 🗸
Assessment Reports			1 per p	1 per page	
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1	03/09/19 23:01	Accident Statement	0	Load HTM	
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3	31/12/18 10:06	POLICE REPORT	Load TIF	
4	31/12/18 10:06	POLICE REPORT	1 Load TIF	
5	31/12/18 10:06	POLICE REPORT	1 Load TIF	

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/CTI19000051/DCD3E2

Date:

03/02/2020

REFERENCE

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

DMCVSN14397518044

Claimant Vehicle

FBG6804Y

Insured Vehicle No: GBA2993S

No: Date of Loss:

15/12/2018

Nature of Claim:

TP

Claim No: N/A

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

FBG6804Y

Make & Model:

HONDA FJS400, 399cc (A) 15/10/2012 (Man. Year: 2012) Engine No:

NF01E5221469

0 km

Reg. Date: Colour:

White

Chassis No: Odometer:

JH2NF03979K000102

Engine Capacity:

399 cc

Market Value/New Car Price: N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

120/70 R14

Rear Tyre Size:

150/70 R13

Front Left Side:

Timsun 2 mm

Rear Left Side:

Timsun 2 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:

02/01/2019

Date Inspected:

03/01/2019 Inspected At:

Speedy Motor Cycle Service Centre (HQ)

10 ANG MO KIO IND PARK 2A #05-21

Singapore 568047

Estimated Period of Repair:

4.0 days

Adjuster: **BRYAN TANI**

Manager: **CELINE FONG**

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

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.

THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,500.00 -\$5,000.00

Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 03 Feb 2020)

Parts: N/A HONDA FJS400 399cc (A) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for FBG6804Y)

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 >