

22/03/2002

ASS. REC. BY:

REF:

CS3/LPC19000207/GHD302

Special Instruction:

Surveyor:

Guo Qiang

ASSIGNMENT (Office)

From (Person):

Ong Li Li

of

JPC

Date/Time:

4/1/2019 @ 9.45am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBN 6580 E

Insured:

SMA 185R

at Workshop m/s

SI Motoring

Tel:

6749 9535

of

Blk 3006 ubi Rd 1 # 01-366

Policy No:

Claim No:

18/18/19/VP05/021266

Sum Insured:

Excess:

Make of Veh:

D.O.A.

27/12/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

9.54am 4/1/18

Person Contacted:

Ah Seng

Vehicle

☒ IN / OUT

Date/Time

Action/Instruction

(X)

Estimate

FBN 6580 E - X

SMA 185R - X

Submit PRS Report.

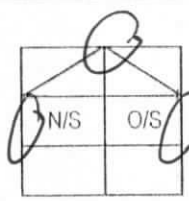
pas
Vnl.

REF: JPC

94328

ASSIGNMENT

From: _____ Date: 04/01/2019
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No. FBN 6580E
at Workshop n/s SI Motoring
of Blk 3006 Ubi Rd 1 #01-366
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: 5 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS 1up
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No. FBN 6580E Yr Regn. 20 Nov 2018
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Yamaha AEROX C.C. 155
Colour: Red A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MH35G4610JJ158438
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 110/80-14.
R: 140/70-14.
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or IRC
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. _____ D.O.I. 04-01-19
Survey held at w/s 12pm
Des. of Damages Frt / Rear / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
\$5000 - \$6000

RECEIVED 21 JAN 2019

Date/Time, File Pass to? ☐ : Preli. Report
1) 211 Typist ☐ : Final Report
Date/Time, File Return to? _____
2) _____
Report Format : TP-PR1
Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____
Resurvey No. of Trip: _____
Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)
Survey Fee: 450
Transportation: _____
S + RS. SI _____
Photos _____
Others _____
TOTAL 450

Nivitha (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Friday, 4 January 2019 9:45 AM
To: Kelley Choong; MT_Claim_SG; Admin-D (LKKAuto); assignments@lkkauto.com
Subject: RE: Our Ref: 18/18/19/VP05/021266 RE: PRE-INSPECTION OF FBN 6580E
Attachments: 20190104093811153.pdf; 20190104082259522.pdf

Without Prejudice
Save as to Costs

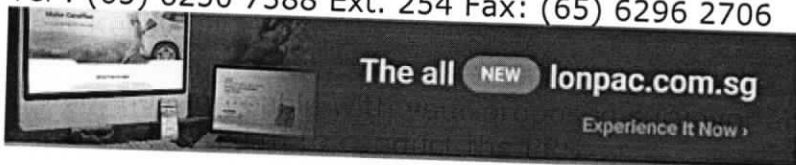
Dear Kelley

We are not agreeable with your proposed surveyor and we shall appoint LKK Auto Consultants Pte Ltd to conduct the PRS.

Dear Catherine/Nivitha

Please refer to the attached and arrange survey.

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: Kelley Choong [mailto:kelley@chiaarul.com]
Sent: Friday, 4 January, 2019 9:38 AM
To: ONG LI LI; MT_Claim_SG
Subject: RE: Our Ref: 18/18/19/VP05/021266 RE: PRE-INSPECTION OF FBN 6580E

Dear Ms Ong,

Sorry date of accident is 27/12/18. Our client is not agreeable to your proposed surveyor and proposes Prudent Adjustors Services.

Thank you.

Regards,
Ms Kelley Choong
M/s Chia S Arul LLC
151 Chin Swee Road
#03-09 Manhattan House
Singapore 169876
Tel: (65) 6733 4647 Fax: (65) 6733 8183

This e-mail is from M/s Chia S Arul LLC, a firm of Advocates and Solicitors in Singapore, and is intended solely for the named addressee. It contains confidential and /or legally privileged information. If the e-mail has reached you in error,

please delete the e-mail immediately and inform us of the error. You may contact us at info@chiaarul.com. Internet communications cannot be guaranteed to be secured or error-free as information could be intercepted, corrupted, lost, arrive late or contain viruses. The sender therefore does not accept liability for any errors or omissions in the context of this message which arise as a result of Internet transmission.

From: ONG LI LI [<mailto:llong@lonpac.com>]

Sent: Friday, January 4, 2019 9:10 AM

To: Kelley Choong <kelley@chiaarul.com>; MT_Claim_SG <mt_claim@lonpac.com>

Subject: Our Ref: 18/18/19/VP05/021266 RE: PRE-INSPECTION OF FBN 6580E

Without Prejudice

Save as to Costs

Dear Kelley

Please **confirm date of accident** and let us have a copy of your client's accident report.

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 checked="" 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.

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: Kelley Choong [<mailto:kelley@chiaarul.com>]
Sent: Friday, 4 January, 2019 8:25 AM
To: MT_Claim_SG; GERALD POH WEE BIN
Subject: PRE-INSPECTION OF FBN 6580E

Dear Sirs,

Enclosed for your attention.

Regards,

Ms Kelley Choong

M/s Chia S Arul LLC

151 Chin Swee Road

#03-09 Manhattan House

Singapore 169876

Tel: (65) 6733 4647 Fax: (65) 6733 8183

This e-mail is from M/s Chia S Arul LLC, a firm of Advocates and Solicitors in Singapore, and is intended solely for the named addressee. It contains confidential and /or legally privileged information. If the e-mail has reached you in error, please delete the e-mail immediately and inform us of the error. You may contact us at info@chiaarul.com. Internet communications cannot be guaranteed to be secured or error-free as information could be intercepted, corrupted, lost, arrive late or contain viruses. The sender therefore does not accept liability for any errors or omissions in the context of this message which arise as a result of Internet transmission.

CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN 201330709H

ARULCHELVAN S • A. RAVIDASS

Our Ref : FBN 6580E (kc)

Your Ref :

4 January 2019

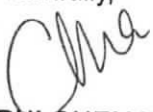
Lonpac Insurance Bhd
100 Beach Road
#19-00 Shaw Tower
Singapore 189702

Dear Sir,

RE: PROPERTY DAMAGE CLAIM
CLAIMANT : NUR SHAFEENA BINTE SAMARUDEEN
ACCIDENT INVOLVING FBN 6580E & SMA 185R ALONG NICOLL HIGHWAY
ON 27 OCTOBER 2018
PRE-REPAIR INSPECTION NOTICE

1. We act for Nur Shafeena Binte Samaruddeen, the owner of motor vehicle FBN 6580E, which was involved in the aforesaid accident.
2. We hereby give you **NOTICE** that we are claiming against your insured motor vehicle no. SMA 185R damages, costs and disbursements as a result of your insured driver's negligence.
3. Kindly let us know if you wish to conduct a pre-repair inspection on our client's motor cycle at S1 Motoring of Blk 3006 Ubi Road 1 #01-366 Singapore 408700 (T: 6749 9535).
4. If we do not hear from you within the next **two (2) working days**, we shall advise our client to proceed with their own inspection and repairs.

Yours faithfully,


MR ARULCHELVAN S

cc: Client (Fax: 6746 9957)

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	03/01/2019 11:19
Date Of Accident	27/10/2018 17:50
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN6580E
Insured/Policyholder	
Name Of Registered Owner	NUR SHAFEENA BINTE SAMARUDDEEN
NRIC No	S9319432B
Email Address	FEENA_0293@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94527751
Alternative Phone No	OTHERS-94527751

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)-155CC

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MTMC1007507
Cover Note Number	

Driver

Name of Driver	NUR SHAFEENA BINTE SAMARUDDEEN
NRIC No	S9319432B
Date Of Birth	02/06/1993
Occupation	INDOOR
Date Of Driving Pass	21/07/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94527751
Fax Number	
Contact Number	OTHERS-94527751

Address	BLK 155 SIMEI ROAD #10-200
Postcode	520155
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 (including own vehicle) involved in the accident	1
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 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 Witness 1

Name	SATWANT
Phone Number	97777024
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA185R
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIDAMVARAM THANGARAJU
NRIC/Passport Number	S2641395H
Contact Number	92336859

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NUR SHAFEENA BINTE SAMARUDDEEN

Approximate Age 25

Injuries Sustain

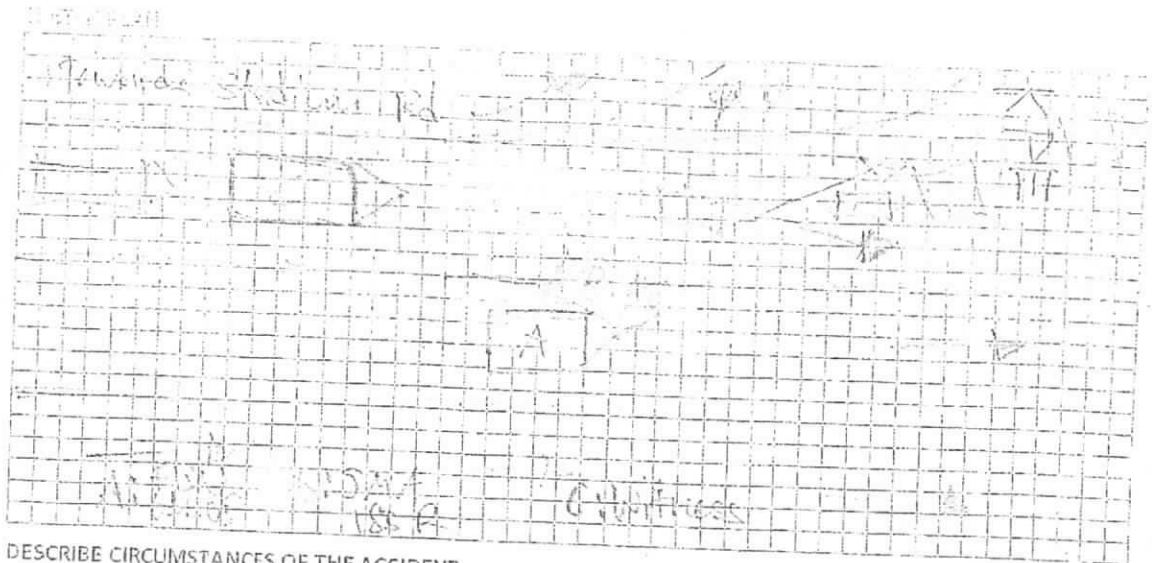
Injured person in which vehicle? FBN6580E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address BLK 155 SIMEI ROAD#10-200

Postcode 520155



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/12/2018 @ 1750 hrs, I was travelling along Nicoll Highway towards KPE/Guillemard Road when I met with an accident. I was on the second lane the whole time when a car abreast of me from the third lane, swerve into my lane without signalling and checking his blind spot and thus, hitting me.

I was travelling at a speed of less than 60km/h, as it is a heavy traffic, and the entrance to KPE was jam-packed. The moment the car (VEH B) (silver colour) hit me by the side, I flew to lane 1 and roll about 3 times. I had abrasions on left and right arm, leg, face, and left and right leg. My left and right shoulder and my left ankle is in pain internally.

The driver stopped and so did a witness. The witness (VEH C) was behind the driver (VEH B) before the driver (VEH B) changed lane.

Refer to Police Report.

DECLARATION

I hereby declare that the information provided is true and correct.

1.10

1.10

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to 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 if disclosed,
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with regulatory or other statutory regulations, law or court orders;


 I hereby declare that the information provided is true and correct.
 Signature of Policyholder


 Signature of Authorised Driver


 Signature of Insurer



**SINGAPORE
POLICE FORCE**



T/20181228/7000

1 of 4

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

Report No. T/20181228/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2018 05:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NUR SHAFEENA BINTE SAMARUDDEEN			Address: APT BLK 155 SIMEI ROAD #10-200 SINGAPORE 520155		
ID Type / ID No.: NRIC NO / S9319432B			Contact No.: Home/Office: Mobile: 94527751		
Nationality: SINGAPORE CITIZEN			Email: feena_0293@hotmail.com		
Sex: Female	Age: 25	Date of Birth: 02/06/1993	Type of Informant: Rider		
Race: Malayalee			Language: English		Institution / School Name:
Occupation: Bank operations clerk			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/12/2018 17:50	Type of Location: Straight Road
Location: NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6580E	Motorcycle	YAMAHA	AEROX GDR155 CVT	Red		0
SMA185R	Car	TOYOTA		Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE
POLICE FORCE



T/20181228/7000

3 of 4

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

Report No. T/20181228/7000

CONTINUATION OF REPORT

Brief Details.

At about 1750, I was travelling along Nicoll Highway towards KPE/Guillemard Road when i met with an accident. I was on the second lane the whole time when a car abreast of me from the third lane swerve into my lane without signalling and thus, hitting me.

I was travelling at a slow speed as the entrance to KPE was jam packed.
The moment the car hit me by the side, i flew to lane 1 and i roll 3 times. I had abrasions on left and right arm, face, and left right leg. My left and right shoulder is in pain internally and my ankle is also in pain internally.

The driver stop and so did a witness. The witness was directly behind the car when it happened. They immediately called the ambulance. Before the ambulance took me away, i did ask the witness to help take photos of the situation. However, the photo is more than 2MB. That is all.



**SINGAPORE
POLICE FORCE**



T/20181228/7000

4 of 4

Report No. T/20181228/7000

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

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/12/2018 05:03

Classification Of Case:



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN6580E	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100750 7	21/11/2018	20/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	NUR SHAFEENA BINTE SAMARUDDEEN		ID No.	S9319432B
Related Vehicle	FBN6580E (Motorcycle)		Contact No.	94527751
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/12/2018		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious
Vehicle Owner				
Name	Nur Shafeena binte Samaruddeen		ID No.	S9319432B
Related Vehicle	FBN6580E (Motorcycle)		Contact No.	94527751
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/12/2018		Date Discharge	28/12/2018
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious
Driver				
Name	Chidamvaram Thangaraju		ID No.	S2641395H
Related Vehicle	SMA185R (Car)		Contact No.	92336859
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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9432B
Vehicle Details	
Vehicle No.:	FBN6580E
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jan 2019
Vehicle Make:	YAMAHA
Vehicle Model:	AEROX GDR155 CVT
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	G3J1E0270370
Chassis No.:	MH3SG4610JJ158438
Maximum Power Output:	-
Open Market Value:	\$2,207.00
Original Registration Date:	20 Nov 2018
First Registration Date:	20 Nov 2018
Transfer Count:	1
Actual ARF Paid:	\$332.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	19 Nov 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$2,509.00
COE Rebate Amount:	\$2,475.00
Total Rebate Amount:	\$2,475.00

The information contained herein is correct as at 07 Jan 2019

OK


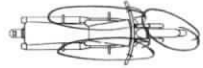
**LKK Auto Consultants Pte Ltd**

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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
LONPAC INSURANCE BHD		Ref: CS3/LPC19000207/Gtd3e2		
300 BEACH ROAD #17-04/07 THE CONCOURSE		Date: 22-01-2019		
SINGAPORE 199555		Code: LPC2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SMA 185R	Veh. Inspected	FBN 6580E	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/18/19/VP05/021266	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	04/01/2019	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA AEROX	c.c	155	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	MH3SG4610JJ158438	Colour	RED	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	110/80-14	IRC	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	140/70-14	IRC	5 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S, N/S BODY AND FRONT PORTION.				
5. General Information				
Accident Date	27/12/2018	Inspect Date / Time	04/01/2019 (12:00 PM)	
Survey held at	S1 MOTORING BLK 3006 UBI ROAD 1 #01-366 SINGAPORE 408700			
5a. Remarks				
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.				

Report Ref No. CS3/LPC19000207/Gtd3e2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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