

ASS. REC. BY:

REF: CS3 / LPL19001829 / Bred302 Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Ang Li Li

of

LPC

Date/Time:

28/01/2019 4:24pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

TR 8669C

Insured:

8KP 2207T

at Workshop m/s

Equator Brotherhood

Tel:

9011 3391

of

25 Kaki Bukit Road 4 #03-79

Policy No.:

Claim No.:

18/19/19 / VP05 / 021334

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

15/01/2019

CA / REV / REP. / REV 24 HRS w/p

29.01.2019

H.O.D. Endorsement:

Date/Time:

28/01/2019 4:54pm

Person Contacted:

Willie

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

TR 8669C - X

8KP 2207T - X

25/2/19

Recd file from Assignment Team

28/2/19

Submit PRS report

Catherine Chong (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: Monday, 28 January, 2019 4:24 PM
To: Huiling; assignments@lkkauto.com; 'Admin-D (LKKAuto)'
Cc: MT_Claim_SG
Subject: RE: Your Ref: SSKP2207T Our Ref: 18/19/19/VP05/021334
Attachments: 28012019162124.pdf

Without Prejudice

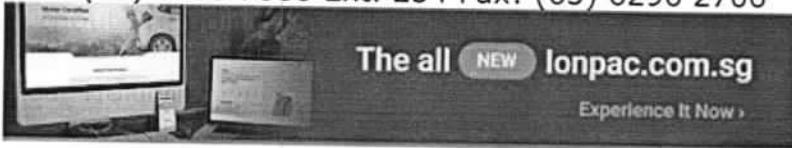
Dear Huiling

We are not agreeable with your list of proposed surveyors. We shall appoint LKK Auto Consultants Pte Ltd to conduct the survey.

Dear Catherine/Nivitha

fya

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: Huiling [mailto:riaz@justice.com.sg]
Sent: Monday, 28 January, 2019 4:15 PM
To: ONG LI LI
Cc: MT_Claim_SG
Subject: RE: Your Ref: SSKP2207T Our Ref: 18/19/19/VP05/021334

WITHOUT PREJUDICE

Dear sirs,

We refer to your below email.

On behalf of our client, we disagree with your appointment and nominates as the surveyor.

Please choose one out of the surveyor from the list below:-

1. Chang Fuh Keong, Dave
2. Ho Joo Loong, Danny
3. Dennis Yap
4. Michael Yap
5. Lee Kok Weng
6. Winson Goh

7. Ong Ah Keng, Kent
8. Ong Poh Meng
9. Seah Kwang Boon
10. Thor Teck Soon, David

Kindly revert within the allotted time pursuant to NIMA protocol.

Thanks & Best Regards,

Hui Ling

RIAZ LLC
 133 NEW BRIDGE ROAD
 # 09-09 CHINATOWN POINT
 SINGAPORE 059413
 TEL : 6534-0110
 FAX : 6534-0220

 Disclaimer: This message is privileged and confidential and is intended solely for the named recipient. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this communication is strictly prohibited. If this e-mail has reached you in error, please delete the e-mail immediately and inform us of the error by sending an e-mail to riaz@justice.com.sg. though internet communications cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost or infected with viruses, we have scanned this message to minimise the possibility of corruption.

From: ONG LI LI <llong@lonpac.com>
Sent: Monday, 28 January 2019 4:10 PM
To: riaz@justice.com.sg
Cc: MT_Claim_SG <mt_claim@lonpac.com>
Subject: Your Ref: SSKP2207T Our Ref: 18/19/19/VP05/021334

Without Prejudice
 Save as to Costs

Dear Sir/Mdm

We refer to your fax of 28/1/2019.

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

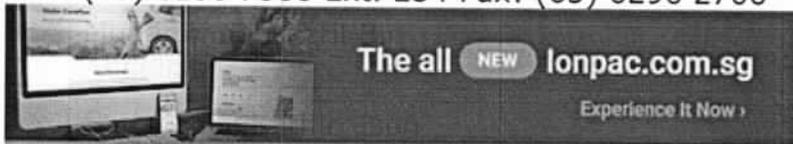
No.	Name	Please tick <input type="checkbox"/>
-----	------	--------------------------------------

1	Kalvin Ang	
2	Xing Guo Qiang	
3	Mohamad Taufikh	
4	Bryan Ang	
5	Adrian Ling	
6	Mohammed Rasul	
7	Marcus Chua	
8	Kenneth Kong	
9	Muhammad Nazril Bin Abdullah	
10	Sathya Sai Kathirrasen	

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

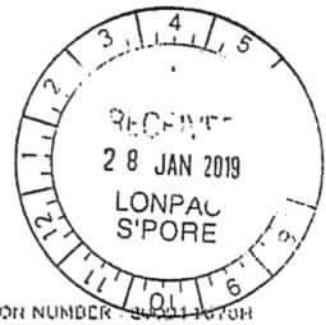
Regards,
Ong Li Li

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



21334


RIAZ
 L.L.C
 ADVOCATES AND SOLICITORS
 COMMISSIONER FOR OATHS



ACRA NUMBER - 200911678H

SST REGISTRATION NUMBER - 20011070H

28/1/2019

Our Ref: FR 8669C (V) EQUATOR

Your Ref: SSKP 2207T

TO: LONPAC Insurance Bhd
 300 Beach Road
 #17-04/07 The Concourse
 Singapore 199555
Attn: Motor Claims Dept.

RIAZ QAYYUM (LLB HONORARIUS
 (DIRECTOR)

ABDUL HALIM BIN ROSALAN (LLB HONORARIUS
 (ASSOCIATE)

MUHD RIDHWAN ABDUL RAHIM (LLB HONORARIUS
 (ASSOCIATE)

BY FAX ONLY (6296-2706)

NOTICE OF ACCIDENT

Dear Sir

We are instructed by our client to *notify* you of a road traffic accident on 15.01.2019 at about 1000 hours along Tampines Road involving our client's vehicle registration number FR 8669C and vehicle registration number SKP 2207T driven by you or your authorized driver at the material time. A copy of Singapore accident statement / traffic police report filed is enclosed.

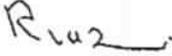
As a result of the accident, our client's vehicle has been damaged. Before our client/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client /we shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Name of workshop : EQUATOR BROTHERHOOD
 Address : 25 KAKI BUKIT ROAD 4
 #03-79 SYNERGY @ KB
 SINGAPORE 417800
 Telephone no. : 6384 6939/9011 3391 (Wille)

Please let us hear from you by the stipulated time.

Yours faithfully


 encs

cc Client

FOR SURVEYOR

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor
(Name & signature)

Date & time of inspection

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3714D
Vehicle Details	
Vehicle No.:	FR8669C
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2019
Vehicle Make:	YAMAHA
Vehicle Model:	RXZ
Primary Colour:	Red
Manufacturing Year:	1999
Engine No.:	3BS249062
Chassis No.:	ZMC249062
Maximum Power Output:	-
Open Market Value:	\$3,377.00
Original Registration Date:	16 Feb 2000
First Registration Date:	16 Feb 2000
Transfer Count:	6
Actual ARF Paid:	\$507.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Feb 2020
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$867.00
COE Rebate Amount:	\$83.00
Total Rebate Amount:	\$83.00
Message	
<p>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.</p> <p>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.</p> <p>This motorcycle will no longer be allowed for use on Singapore's roads after 30 June 2028.</p> <p>For more information, please visit http://www.nea.gov.sg/mtcincentive or contact NEA at 1800-2255-632.</p>	

The information contained herein is correct as at 28 Feb 2019

OK

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	23/01/2019 14:01
Date Of Accident	15/01/2019 10:00
Exact Location Of Accident	TAMPINES ROAD BEFORE HOUGANG AVE 07 JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR8669C
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED FIRDAUS BIN SULAIMAN
NRIC No	S8523714D
Email Address	SYAZRINRAMADAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86610040
Alternative Phone No	OTHERS-86610040

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5098071450
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAZRIN RAMADAN BIN MOHAMMAD BAKAR
NRIC No	S8523714D
Date Of Birth	31/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87529245
Fax Number	
Contact Number	OTHERS-87529245
EEmail Address	SYAZRINRAMADAN@GMAIL.COM

Address	BLK 574A WOODLANDS DRIVE 16 #02-730
Postcode	731574
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	2
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.F/20190116/7027;

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	SKP2207T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SYAZRIN RAMADAN BIN MOHAMMAD BAKAR
Approximate Age	21
Injuries Sustain	
Injured person in which vehicle?	FR8669C
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 574A WOODLANDS DRIVE 16 #02-730
Postcode	731574

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any 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 lodging of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

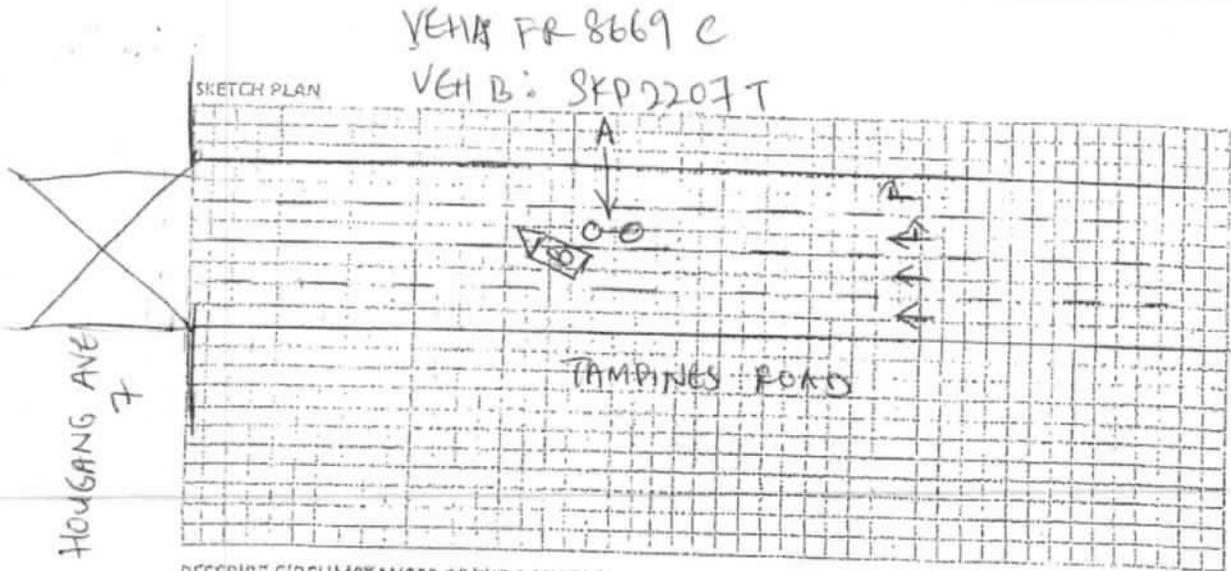
Policyholder's Signature
Date & Time:

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

23 JAN 2010

IDAC KAKI BUKIT(VAC)
Reporting Office: KAKI BUKIT AVE 4
Singapore 415933
Name:
NRIC/FIN No.: Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

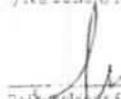


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (FR8669C), WAS TRAVELLING ON* THE 2ND RIGHT MOST LANE OF THE STATED VENUE. AS THE LANE WAS CLEAR, I WAS ~~RIDING~~ RIDING WITHIN MY LANE AND THE SPEED LIMIT. SUDDENLY, VEHICLE 'B' (SKP2207T) SWERVED ABRUPTLY FROM THE LANE ON THE LEFT INTO MY LANE AND COLLIDED ONTO MY BIKE CAUSING MY BIKE TO FLY OFF TO THE ~~FRONT~~ FRONT CAUSING DAMAGES AND INJURIES. WITHIN A MIN, THERE WAS A LTA MARSHALL (FBK5448C) ALIGHTED AND ASSIST ME. HE MENTIONED THAT HE WITNESSED THE WHOLE INCIDENT AS HE WAS JUST RIDING BEHIND ME.

DECLARATION

*We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4

Reporting Co: Singapore 415933ure
Name: Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

23 JAN 2010

immediately referred to NUH. I then proceeded to NUH and after checking on me, doctor gave me 4 days of Mc and medications.

Subjects Involved			
Victim			
Person Name	MUHAMMAD SYAZRIN RAMADAN BIN MOHAMMAD AKBAR		
ID Type	NRIC NO	ID No	S9746039F
Gender	Male	Age	21
Race	Javanese	Language	English
Occupation	Despatch worker	Address Type	
Address	APT BLK 91 HENDERSON ROAD #06-152 SINGAPORE 150091	Mobile No	87529245
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD SYAZRIN RAMADAN BIN MOHAMMAD AKBAR (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2019 13:33
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



F/20190116/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190116/7027

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

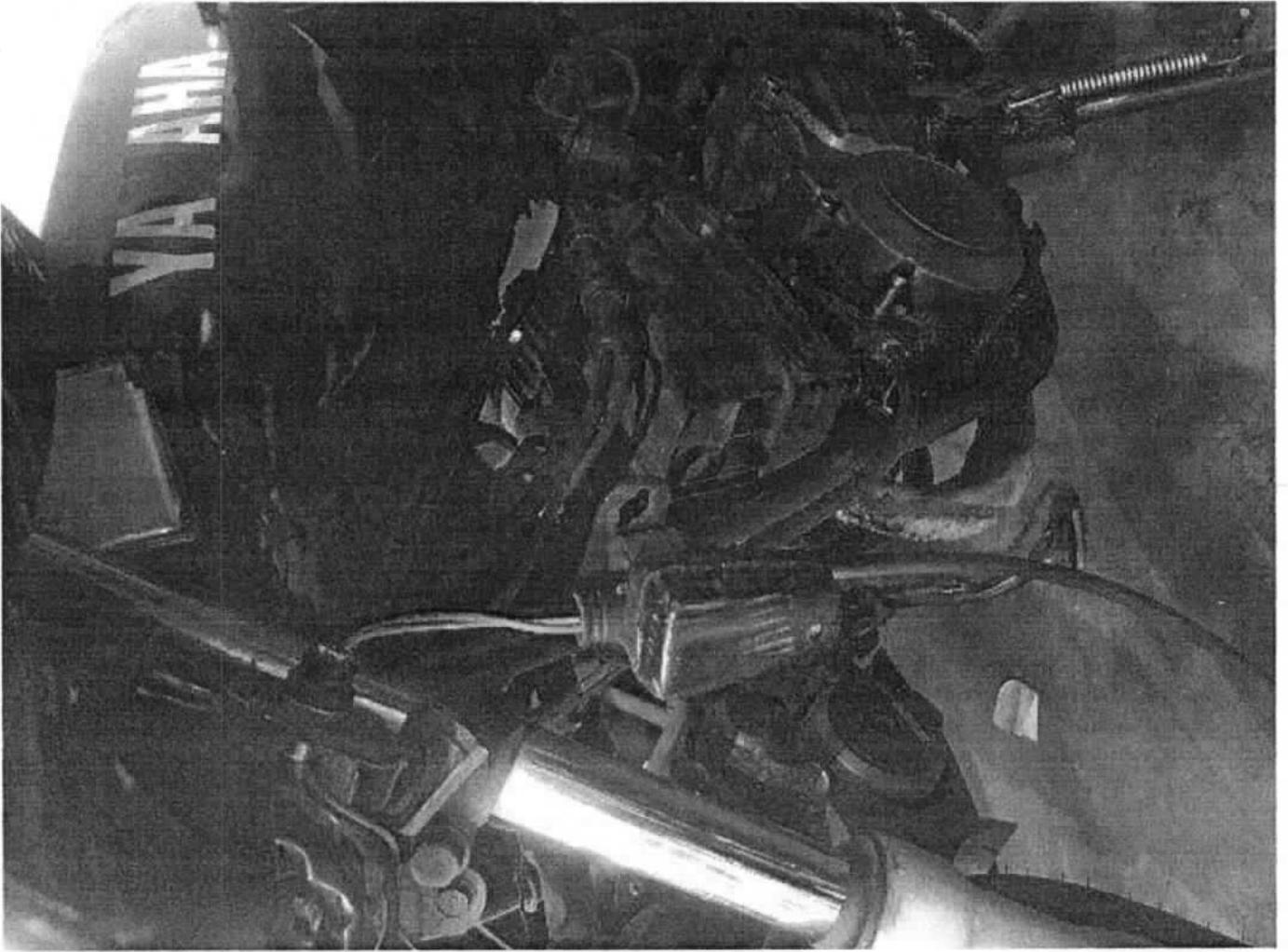


Accident Photo



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Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: FR8669C
Name (as shown in NRIC) : Md Syazrin NRIC/FIN/Passport No : 885237140
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 86610040
Email Address : _____
Date of Accident : 15.01.2019 Time of Accident : 10.00
Place of Accident : Tampines Road
Insurance Company: NTUC

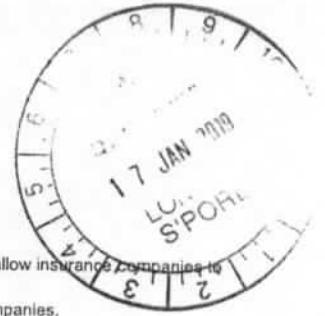
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

update driver detail

Policyholder / Driver's Signature
Date:

IDAC KAKI BUKIT (VAC)
Reporting Centre: 28 Kaki Bukit Ave 4
Name: Singapore 415933
NRIC/Fin No: 67416697 Fax: 67492305
Date: Email: vackb@singnet.com.sg



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	16/01/2019 13:50
Date Of Accident	15/01/2019 09:55
Exact Location Of Accident	DEFU INDUSTRIAL ESTATE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2207T
Insured/Policyholder	
Name Of Registered Owner	TOH NELLY
NRIC No	S1450797C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97714563
Alternative Phone No	OFFICE-97714563

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05019751
Cover Note Number	

Driver

Name of Driver	HO ENA
NRIC No	S9332019J
Date Of Birth	06/09/1993
Occupation	INDOOR
Date Of Driving Pass	13/05/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97950038
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 631 PASIR RIS DRIVE 3 #12-376
Postcode	510631
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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	2
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : LIU GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING STRAIGHT. AFTER CHECKING MY BLINDSPOT, I PROCEED TO CHANGE INTO MY RIGHT LANE. HALFWAY INTO MY RIGHT, VEHICLE B SUDDENLY ACCELERATE AND HIT ONTO MY REAR RIGHT PORTION.

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	FR8669C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

{

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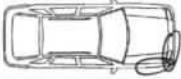
**LKK Auto Consultants Pte Ltd**

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

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PRE-REPAIR INSPECTION REPORT				
LONPAC INSURANCE BHD		Ref: CS3/LPC19001829/Bvd3e2		
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date: 01-03-2019		
Code: LPC2				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SKP 2207T	Veh. Inspected	FR 8669C	
Policy No.		Coverage (\$)	0.00	
Claim No.	18/19/19/VP05/021334	Excess (\$)	0.00	
Assign From	ONG LI LI	Assign Date	28/01/2019	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA RXZ	c.c	133	
Engine No.	HIDDEN	Year of Reg.	2000	
Chassis No.	ZMC249062	Colour	PURPLE	
Odometer	40438 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	80/80-18	MICHELIN	6 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	2.75-18	MICHELIN	6 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.				
5. General Information				
Accident Date	15/01/2019	Inspect Date / Time	29/01/2019 (03:41 PM)	
Survey held at	EQUATOR BROTHERHOOD 25 KAKI BUKIT ROAD 4 #03-19 SYNERGY @KB SINGAPORE 417800			
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/LPC19001829/Bvd3e2

Inspected By

LIM TEOW GUAN

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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