

ASS. REC. BY:

REF: CS3/MSG18010316/Tiscd31

Special Instruction:

Surveyor:

Manimen

Tan Kah  
Christina Wong

ASSIGNMENT (Office)

From (Person):

of MS16

Date/Time:

18/02/2019

Estimated Cost:

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

FU 3353E

Insured:

YN 4407P

at Workshop n/s

Yong Seng Heng

Tel:

6569 8976

of

5 Soon Lee Street # 01-12

Policy No:

B2907 4979 MK F

Claim No:

560182

Sum Insured:

Excess:

Make of Veh

(Client's Record)

D.O.A.

24/05/2018

CA / REV / REP. / REV 24 HRS

1 up

07/06/18

H.O.D. Endorsement

Date/Time:

9:46am 6/6/18

Person Contacted:

Helen

Vehicle IN OUT

Date/Time

Action/Instruction (X) Estimate

FU 3353E - X

YN 4407 P - CS3/MSG16014215/Agbc2

DOA 29/7/2016

05/03/19

Submit H/s \$2,300/- @ 5 days  
(\$1,200/- Red - 34%)



4592300

5/3/2019

5 days

RECEIVED 05 MAR 2019

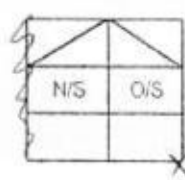
Tan Jia

REF:

MS16

052021 Dec.

Form Date:  
Estimated Cost:  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No.  
at Workshop n/s  
of  
Insured  
Policy No.  
Claims No.  
Sum Insured Excess  
(Client's Record)  
Make of Veh.  
(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.  
Bal. or Market Value  
IDAC Accident Rpt. Consistent? Yes or No  
GIA / PR Seen Consistent? Yes or No  
Est. Repairs days Res: Yes or No  
Turn Sum % 3 Val Yes or No  
CA / REV / REP. / 24 HRS 'Wf' PRS.  
Date Person Contacted Vehicle: IN / OUT



Van No F4 3353E Yr Reg 2002 Jan  
Type M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make Honda CB 400 CC 399  
Colour Grey / Red A/C Insured / Std / NI / NA  
Sp. Reading - T/Radio: Insured / Std / NI / NA  
Engine  
C.No. NC 371024347  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Mod: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 120/60 R17.  
R: 160/60 R17.  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Metzeler.  
Front Rear  
R/Bal. 5 mm R/Bal. 5 mm  
L/Bal. mm L/Bal. mm  
D.O.A. D.O.I. 7/6/18  
Survey held at Yong Seng Heng  
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
Rear O/S, N/S  
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction No key.

Estimated repair range \$2,000 - \$2,800

21/6/18 Submit PRS Report

20/6/2018

Time/Time File Pass to: ☐ : Preli. Report  
Days Of Repair:  
Time/Time File Return to: ☐ : Final Report  
Resurvey No. of Trip:  
Add Fee: ☐ Site Insp. r/\$  
☐ Interview r/\$  
☐ T. & B. r/\$  
☐ A. & S. r/\$  
Survey Fee:  
Transportation:  
Report Format:  
Turn p Sum / L.B.:

## Nivitha (LKK Auto)

---

**From:** Accounts (LKKAuto) <account@lkkauto.com>  
**Sent:** Thursday, 21 February 2019 11:47 AM  
**To:** Admin-D (LKKAuto)  
**Cc:** Accounts (LKKAuto)  
**Subject:** Report Send Back Alerts - FU3353E (TP)

Dear Nivitha,

FYNA Please..

**Pending for Survey Report-** CS3/MSG18010316/T1Z4D3S2

18 Feb 2019 14:21 **Ins Send Back Adj Rpt** please do paper survey

[I] Christina Wong

18 Feb 2019 14:21 **Adj Next Rpt Changed** Next Rpt:Final Rpt.Due Date:2019/02/20

[I] Merimen Administrator

Best Regards,



SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6742 9588 | email: [account@lkkauto.com](mailto:account@lkkauto.com) | fax: 6844-8805

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Do-Not-Reply [mailto:do-not-reply@merimen.com]

**Sent:** Monday, 18 February 2019 2:40 PM

**To:** [account@lkkauto.com](mailto:account@lkkauto.com)

**Subject:** Report Send Back Alerts - FU3353E (TP)

Dear Sir / Madam,

Please login to Merimen Online at [www.merimen.com.sg](http://www.merimen.com.sg) for more information.

Thanks,  
The Merimen Team



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)

## 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 ability.
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	30/05/2018 12:26
Date Of Accident	24/05/2018 16:00
Exact Location Of Accident	BLK 333 CLEMENTI AVE 2 (OCP)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU3353E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TSAN JIE RUI, JERIC
NRIC No	S8801416B
Email Address	JERICTSAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96423389
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR400RR-399CC (M)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AN3163550
Cover Note Number	AN3163550

### Driver

Name of Driver	TSAN JIE RUI, JERIC
NRIC No	S8801416B
Date Of Birth	22/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96423389
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	JERICTSAN@GMAIL.COM

Address	BLK 333 CLEMENTI AVE 2 #04-86
Postcode	120333
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	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)	1

#### 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

REFER TO POLICE REPORT T/20180527/2093 NOTE: I MANAGED TO CONTACT THE THIRD PARTY WHO HIT ONTO MY VEHICLE. HE INFORMED ME TO GO THROUGH INSURANCE CLAIM. HIS VEHICLE NO.: YN4407P AND HIS NAME IS SIAU BENG CHENG (G7277996M).

#### 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	YN4407P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIAU BENG CHENG
NRIC/Passport Number	G7277996M
Contact Number	83871001
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


# **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 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:

- (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.

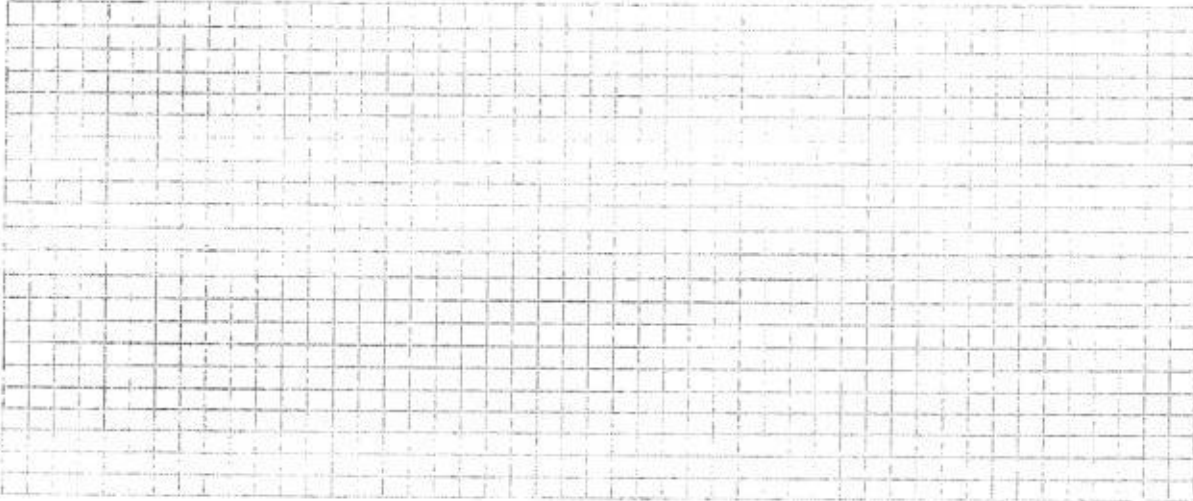
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

**I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.**

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180527/3093

Note: I managed to contact the third party who hit onto my vehicle. He informed me to go through insurance claim. His vehicle No. - 7N4407P and his name is Siau Beng cheng 97277996M

☐ Claim own policy  
☐ Claim third party  
☒ Claim OD TP at other works hop Yong Seng Hin  
 For record purpose  
 Policy No. CN AN3163550  
 Insurer AXA Veh. No. P4 3353E

## DECLARATION

I/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:

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





**SINGAPORE  
POLICE FORCE**



T/20180527/2093

1 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180527/2093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2018 19:33		Vide Report No.:		Station Diary No.: 110	
<b>Informant's Particulars</b>					
Name of Informant: TSAN JIE RUI, JERIC			Address: APT BLK 333 CLEMENTI AVENUE 2 #04-86 SINGAPORE 120333		
ID Type / ID No.: NRIC NO. / S8801416B			Contact No.: Home/Office: Mobile: 96423389		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 22/01/1988	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/05/2018 11:00	Type of Location: Car Park
Location: Along Road 1 CLEMENTI AVENUE 2				
Blk 333 Clementi Avenue 2 carpark (C6), Motorcycle lot 105				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU3353E	Motorcycle					0





**SINGAPORE  
POLICE FORCE**



T/20180527/2093

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

2 of 3

Report No. T/20180527/2093

**CONTINUATION OF REPORT**

**Brief Details.**

On 22/05/2018 at about 0300hrs, I parked my motorcycle (FU3353E) at lot 105 of Blk 333 Clementi Avenue 2 carpark. I put my motorcycle cover sheet over my motorbike as usual and went home. At that point of time, everything was intact.

On 23/05/2018, I went overseas and came back on the 26/05/2018 at about 2130hrs. My key was kept at home and no one borrowed it from me.

On 27/05/2018 at about 1100hrs, I went down and saw that my motorcycle cover sheet was torn and tattered. As I uncover the motorcycle, I discover damages on my it: There were cracks on the tailboard, the left hand grip was also damaged, there were scratches on the crash bar, the alignment of the front wheel is off and the front left signal light is missing. There was a piece of paper left at the seat with the number 83871001 and the words 'call me'. I tried contacting the number but there was no answer.

I believe that a vehicle has hit onto my motorcycle as he left a contact number for me to contact.



**SINGAPORE  
POLICE FORCE**



T/20180527/2093

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

3 of 3

Report No. T/20180527/2093

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
D/  
Sgt 2 BRENBAN LIM WEI JIE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SI ABDUL KAREEM BIN ABDUL HAGUE  
Contact No.: 65476079

Authentication Stamp  
NP188

SI: 27

Signature Of Informant:

Date/Time:  
27/05/2018 19:33

Classification Of Case:

# Sketch Plan Pg. 6



AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01 AXA Tower  
 Singapore 068811  
 Customer Service Centre #01-01  
 Tel: 6338 7268 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 1975035124



Original

Ac No: **03375**

Policy No (if any):

**New Business**

SmartDrive Quote Ref:

**MOTOR COVER NOTE**No. **AN3163550 ()**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	TSAN JIE RUI, JERIC
MAKE AND DESCRIPTION OF VEHICLE	HONDA CB 400SFHV
VEHICLE REGISTRATION NO.	FJ3353E
YEAR OF MANUFACTURE	2001
ENGINE NO.	NC23E2024347
CHASSIS NO.	NC391024347
ENGINE CAPACITY/TONNAGE	399
COVER TYPE	THIRD PARTY ONLY
HIRE PURCHASE	NA
VALUE (\$)	-
PERIOD OF INSURANCE	FROM: 24-Mar-2018 TO: 23-Mar-2019
EXCESS (\$)	NIL
AXA PREMIUM WORKSHOP?	No

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD PARTY) RISKS AND COMPENSATION ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by AXA INSURANCE AGENCIES PTE LTD on 23-Mar-2018 5:56:55 PM

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

• Premium for time on risk will be charged subject to minimum \$553.50 (inclusive of GST) if the policy is cancelled after the inception date.

• An administrative fee of \$26.75 (inclusive of GST) will be charged:

• Cover note issued and cancelled before inception.

• Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8801416B



Name  
TSAN JIE RUI, JERIC

曾 杰 瑞

Race  
CHINESE  
Date of Birth  
22-01-1988  
Country of Birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8801416B

Name  
TSAN JIE RUI, JERIC

Valid Date: 22 Jan 1988

Exp. Date: 19 Jun 2012



UAC No. S8801416B



Valid Date: 22-01-2003

22-01-2003

APT BLK 333 CLEMENTI AVENUE 2  
#04-86  
SINGAPORE 120333

3295482

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 2B Motorcycles <= 200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 2 Motor cars <= 3500 kg with or 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

EFFECTIVE DATE

13 Dec 2014  
07 Feb 2015  
19 Jun 2012

S8801416B

S / No 9000312800 3

NP 428A



Licence No. S8801416B

Accident Photo

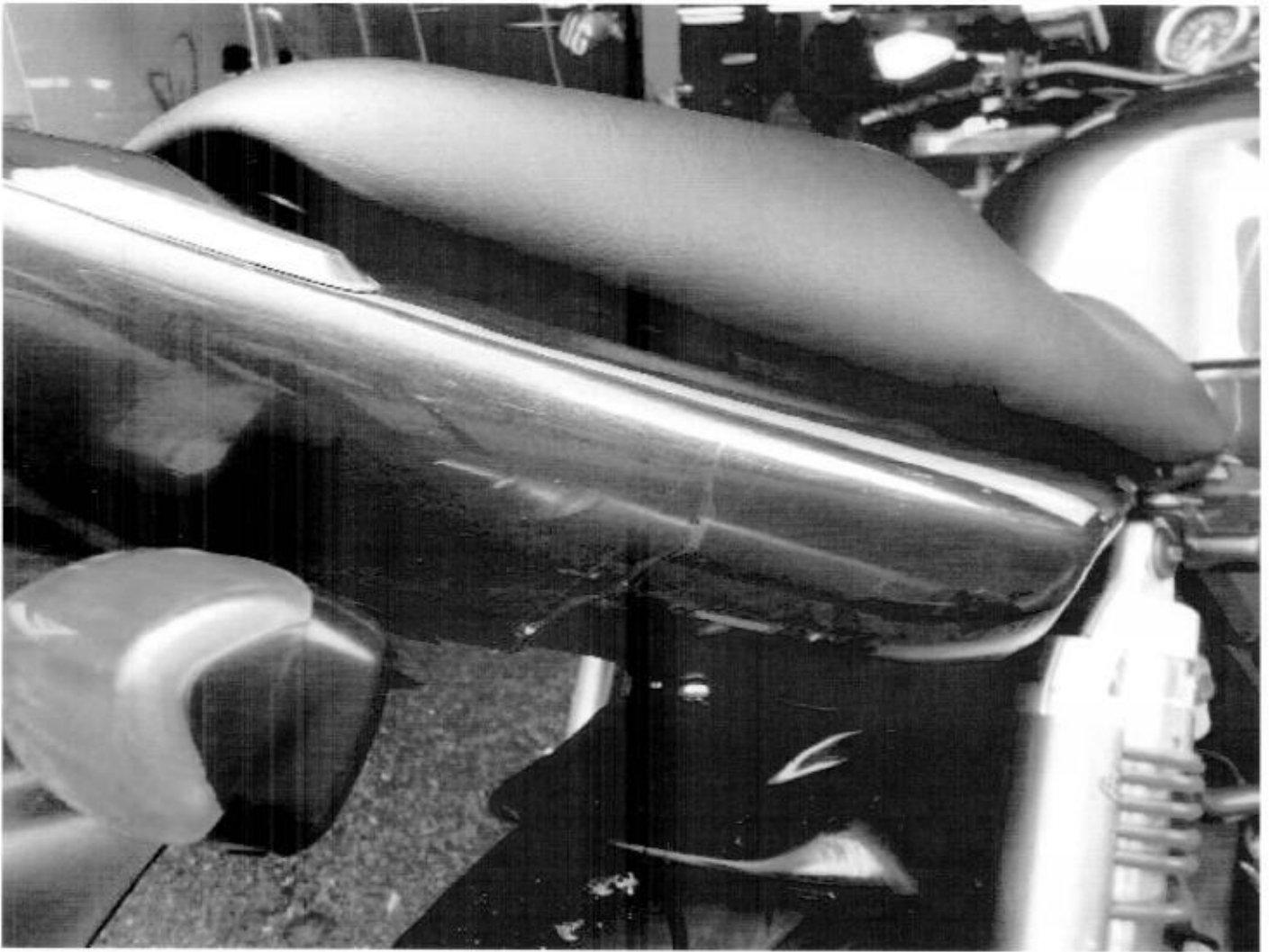


Accident Photo





Accident Photo



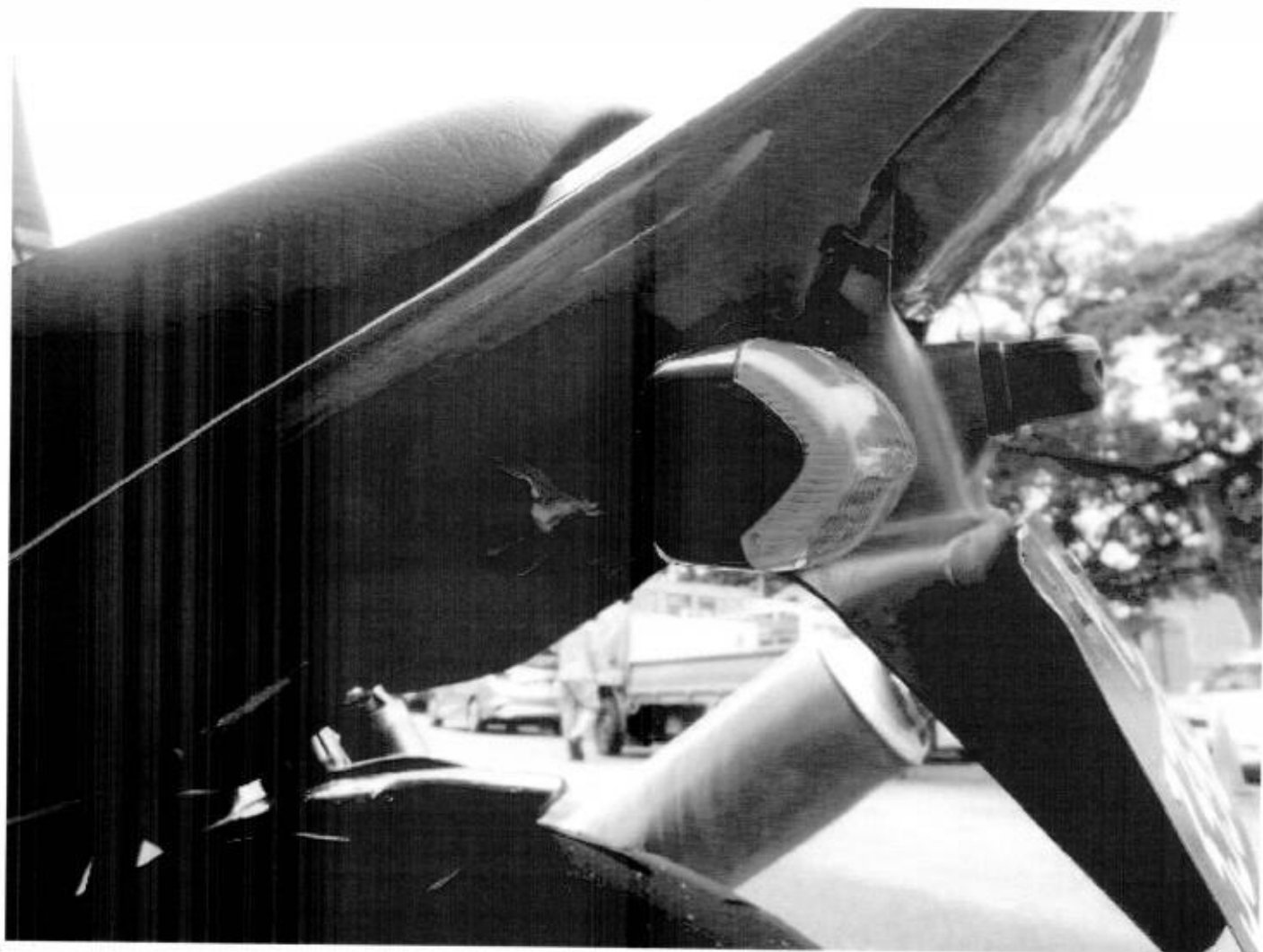
Accident Photo



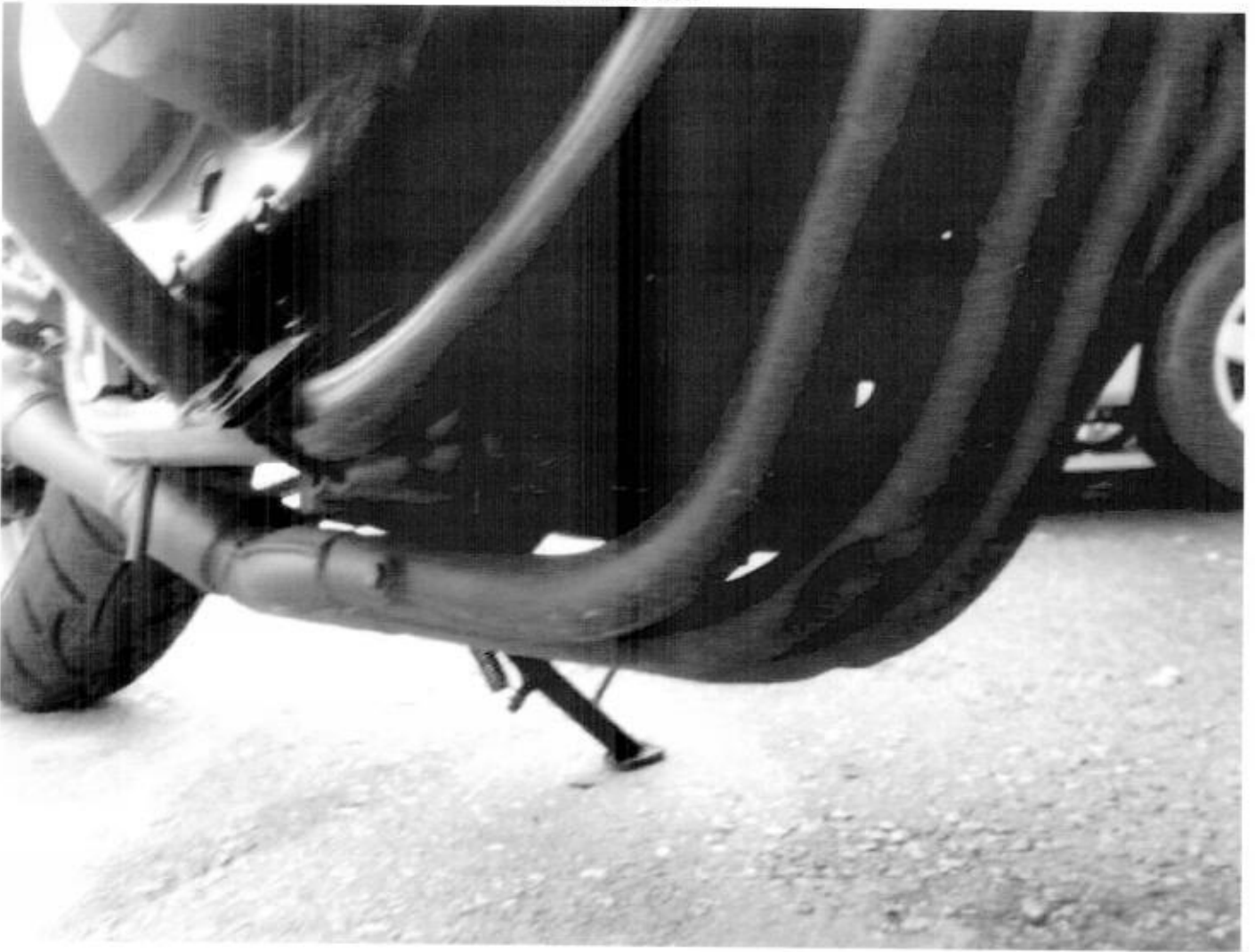
Accident Photo



Accident Photo



Accident Photo



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 : MSAT18069898 Vehicle Registration No: FU 3353 E  
Name (as shown in NRIC) : Tan Jie Rui, Jenz NRIC/FIN/Passport No : 8880146B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 9642-3389  
Email Address : \_\_\_\_\_  
Date of Accident : 24/05/2018 Time of Accident : 1600 hours  
Place of Accident : Cherment Ave 2  
Insurance Company: AXA

**(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:

Change of date of accident to 24/05/2018  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date: 01/06/2018

Reporting Centre Personnel's Signature  
Name: Shawn