

Form 100-100

REF CS3/FWD 19004558 / Evd 302

Special Instruction

SA (Veh)  
Menmen

Steve  
Lionel Tun

ASSIGNMENT (Office)

From (Person)

of

FWD

Date/Time

13/3/19 @ 12:27pm

Estimated Cost

Bill to

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

To Inspect Vehicle No

FBE 519 X

Insured

SFJ 8881Y

at Workshop no

Bike Image

Tel

9762 9998

of

10 Lake Blvd Rd 2 #01-06

Policy No

PN CV 2018-00000605

Claim No

1201900006505

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A

7/3/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time

12:21pm @ 13/3/19

Person Contacted

Sum

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

FBE 519x - X

SFJ 8881Y - X

Dismantle: 20/3/2019

After repair: 2/4/2019

ASSIGNMENT

From \_\_\_\_\_ 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.

N/S	O/S

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  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No FBE 519X Yt Regn. 5/11/09  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Yamaha YZF-R15 cc 150  
 Colour Blue A/C Insured / Std / NI / N/  
 Sp. Reading N/A T/Rndln: Insured / Std / NI / N/  
 Eng/No: \_\_\_\_\_  
 C/No: ME120P0119202797  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 80/90-17  
 R: 100/80-17  
 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. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. 7/3/19 D.O.I. 13/3/19  
 Survey held at Bike Image  
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time : Action / Instruction

Repair range - ~~2.5K~~ to 3.0K.  
 Days - 4 days

*[Signature]*  
 8/5/2019

RECEIVED 08 MAY 2019

Date/Time: File Pass to?

☐ : Prel. Report  
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Date/Time: File Return to?

2)

Add Fee: ☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech Invs (\$)  
☐ : Weekend (\$)

Transportation

) S + R: \$

) Photos

) Other

)

TOTAL

80  
50  
50

180

Report Format: PRS

Lump Sum / I.B.L. (\$)

**Nivitha (LKK Auto)**

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**From:** lionel.tan@fwd.com  
**Sent:** Wednesday, 13 March 2019 12:27 PM  
**To:** assignments@lkkauto.com; sur@lkkauto.com  
**Cc:** motorclaims.sg@fwd.com  
**Subject:** FW: PRE-REPAIR INSPECTION - OUR REF: CLLC.PD.048.2019 LI YOUR REF: SFJ8881Y  
**Attachments:** 13032019112555.pdf

Policy Number: PNCV2018-00000605

Hi Team,

Please arrange PRI with repairer.

Regards,  
Lionel

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**From:** Lionel Tan Tian Pei - SGUser  
**Sent:** Wednesday, March 13, 2019 12:21 PM  
**To:** 'ling@centrollc.com.sg'  
**Cc:** Motor Claims SG - SG Common  
**Subject:** RE: PRE-REPAIR INSPECTION - OUR REF: CLLC.PD.048.2019 LI YOUR REF: SFJ8881Y

**WITHOUT PREJUDICE**

Dear Sir/ Madam

We regret that we are objecting to your proposed list of surveyors.

We will be appointing **LKK AUTO CONSULTANTS PTE LTD** to conduct the pre-repair survey (PRS) on your client's vehicle. We seek your cooperation to inform your client's workshop to arrange the vehicle readily for dismantling with repair estimates during the pre-repair survey.

If there is any change in your client's workshop, please inform us soon. We reserve our rights for re-inspection.

Regards,  
Lionel

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**From:** ling@centrollc.com.sg [mailto:ling@centrollc.com.sg]  
**Sent:** Wednesday, March 13, 2019 12:10 PM  
**To:** Lionel Tan Tian Pei - SGUser  
**Cc:** Motor Claims SG - SG Common  
**Subject:** RE: PRE-REPAIR INSPECTION - OUR REF: CLLC.PD.048.2019 LI YOUR REF: SFJ8881Y  
**Importance:** High

**WITHOUT PREJUDICE**

Dear Sir/Madam,

We refer to the above matter.

Our client is not agreeable with your surveyors. However, our client would like to propose the surveyors as below:

1. CHOO BENG HAI - ACE AUTOMOBILE APPRAISAL SERVICES

2. CHANG FUH KEONG, DAVE - SINCERE APPRAISAL SERVICES
3. HOW ANDREW - PROMINENT APPRAISER SERVICES PTE LTD
4. TAN TIONG HAI - PRO PLUS AUTOMOBILE ENGINEERS
5. NG SON AIK, FRANCIS - PRESTIGE APPRAISER SERVICES
6. NG SOON CHUAN, LOUIS - PRESTIGE APPRAISER SERVICES
7. T. THIYAGARAJAN - ST APPRAISAL SERVICES
8. WONG AH KOW - RW AUTOMOBILE APPRAISERS SERVICES
9. YAP TECK CHYE, MICHAEL - MC-COY APPRAISER PTE LTD
10. FONG KOK HENG, STANLEY - AUTOMAX SURVEY

Kindly revert which surveyor is your preference. Thanks  
Best Regards,

MR LING

Centro-Legal Law Corporation  
151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939  
H/P: 96628304

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**From:** [lionel.tan@fwd.com](mailto:lionel.tan@fwd.com) <[lionel.tan@fwd.com](mailto:lionel.tan@fwd.com)>

**Sent:** Wednesday, 13 March 2019 12:08 PM

**To:** [ling@centrollc.com.sg](mailto:ling@centrollc.com.sg)

**Cc:** [motorclaims.sg@fwd.com](mailto:motorclaims.sg@fwd.com)

**Subject:** RE: PRE-REPAIR INSPECTION - OUR REF: CLLC.PD.048.2019 LI YOUR REF: SFJ8881Y

**Without Prejudice**

Dear Sir/Madam,

Please select one of our surveyors as follows: -

1. LKK AUTO CONSULTANTS PTE LTD
2. INFINITI APPRAISAL SERVICE
3. AJAX INSPECTION SERVICES PTE LTD
4. APPRAISALS ASSOCIATES PTE LTD
5. VICOM LTD

If you are not agreeable to any of the above, we would proceed to appoint a surveyor to conduct a pre repair survey & post repair inspection within the timeline stipulated under the NIMA protocol.

We look forward to your reply.

Thank you.

Lionel

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**From:** [ling@centrollc.com.sg](mailto:ling@centrollc.com.sg) [<mailto:ling@centrollc.com.sg>]

**Sent:** Wednesday, 13 March, 2019 11:28 AM

**To:** Motor Claims SG - SG Common

**Cc:** Clara Li Zirong - SGUser

**Subject:** PRE-REPAIR INSPECTION - OUR REF: CLLC.PD.048.2019 LI YOUR REF: SFJ8881Y

**Importance:** High

**WITHOUT PREJUDICE**

Dear Sir/Madam,

Kindly refer to the attachment. ( PRE-REPAIR INSPECTION )

Thank you and have a nice day.

Best Regards,

MR LING

Centro-Legal Law Corporation  
151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939  
H/P: 96628304

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Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

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Messages and attachments are scanned for all viruses known. However, you are advised that you open any attachments at your own risk. If this message contains password-protected attachments, the files have NOT been scanned for viruses by our mail domain. Please always scan for viruses before opening any attachments.

# Centro-Legal Law Corporation

ADVOCATES AND SOLICITORS

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

Your ref : To be advised (SFJ8881Y)

Our ref : CLLC.PD.048.2019 LI

13 MARCH 2019

**FWD SINGAPORE PTE LTD**  
6 TEMASEK BOULEVARD #18-01  
SUNTEC TOWER 4  
SINGAPORE 038986  
Fax: 6727 5799

**BY FAX & EMAIL**

Attn: **Officer-In-Charge**

Dear Sirs,

**NOTICE TO INSURANCE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2  
WORKING DAYS PURSUANT TO PARAGRAPH 6.2 OF PRE-ACTION  
PROTOCOL FOR NIMA CASE**

We act for **SHHRER BIN SAMON**, the owner of motor vehicle **FBE519X**, who has appointed us to act on his behalf to claim against your insured's vehicle no: **SFJ8881Y** in regards to the road traffic accident on **07.03.2019**.

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

**BIKE IMAGE MOTOR TRADING**  
**FIRST EAST CENTRE**  
**#01-06 10 KAKI BUKIT RD 2**  
**Singapore 417868**  
**Tel: 6909 3770 | Fax: 6909 3771**  
**E-Mail: [bike\\_image@yahoo.com.sg](mailto:bike_image@yahoo.com.sg)**

Kindly contact **Mr Sam Tel: 6909 3770 / 9762 9998**

Please note that if you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully,

**CENTRO-LEGAL LAW CORPORATION**  
Cc **Mr Sam**  
**FAX NO: 6909 3771**

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	0833F
<b>Vehicle Details</b>	
Vehicle No.:	FBE519X
Vehicle to be Exported:	No
Intended Deregistration Date:	06 May 2019
Vehicle Make:	YAMAHA
Vehicle Model:	YZF-R15
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	20P1022561
Chassis No.:	ME120P01192020797
Maximum Power Output:	-
Open Market Value:	\$2,986.00
Original Registration Date:	05 Nov 2009
First Registration Date:	05 Nov 2009
Transfer Count:	1
Actual ARF Paid:	\$448.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	04 Nov 2019
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$931.00
COE Rebate Amount:	\$46.00
<b>Total Rebate Amount:</b>	<b>\$46.00</b>

The information contained herein is correct as at 06 May 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	12/03/2019 14:09
Date Of Accident	07/03/2019 21:50
Exact Location Of Accident	TOA PAYOH EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE519X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAHRE BIN SAM'ON
NRIC No	S8120833F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93572140
Alternative Phone No	OTHERS-93572140

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK-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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMT/18-382475-CA
Cover Note Number	

### Driver

Name of Driver	SHAHRE BIN SAM'ON
NRIC No	S8120833F
Date Of Birth	11/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93572140
Fax Number	
Contact Number	OTHERS-93572140
Email Address	NOEMAIL



Address	BLK 68 LORONG 5 TOA PAYOH #08-482
Postcode	310068
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
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 No.T/20190311/2148;

#### 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	SFJ8881Y
Vehicle Make/Model/Colour	CHEVROLET CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
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	SHahrER BIN SAM'ON
Approximate Age	37
Injuries Sustain	
Injured person in which vehicle?	FBE519X
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 68 LORONG 5 TOA PAYOH #08-482
Postcode	310068

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:

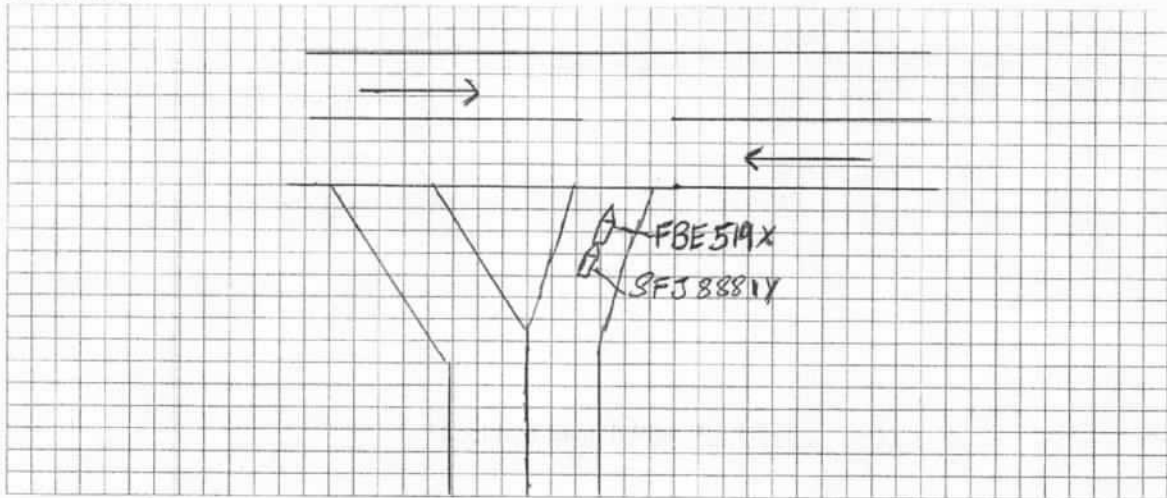
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

12 MAR 2019  
**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report

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:

12 MAR 2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Name:

NRIC/PRN No.:

Tel: 67416697 Fax: 67492305

Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190311/2148

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

1 of 3  
Report No. T/20190311/2148

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2019 16:40		Vide Report No.: E/20190307/0151		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SHAHRER BIN SAM'ON			Address: APT BLK 68 LORONG 5 TOA PAYOH #08-482 SINGAPORE 310068		
ID Type / ID No.: NRIC NO / S8120833F			Contact No.: Home/Office: Mobile: 93572140		
Nationality: SINGAPORE CITIZEN			Email:		
Sex:	Age: 37	Date of Birth: 11/07/1981	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: FOOD PANDA RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/03/2019 21:50	Type of Location: T-Junction
Location: Along Road 1 TOA PAYOH EAST				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE519X	Motorcycle	YAMAHA	YZF-R15	Blue		0
SFJ8881Y	Car					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE519X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18382475	30/05/2018	29/05/2019



**SINGAPORE  
POLICE FORCE**



T/20190311/2148

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

2 of 3

Report No. T/20190311/2148

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SHAHRER BIN SAM'ON	ID No.	S8120833F
Related Vehicle	FBE519X (Motorcycle)	Contact No.	93572140
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTION THE DATE, TIME AND LOCATION  
THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE WAS DRY. I JUST ENDED MY  
SHIFT AND I WAS HEADING BACK HOME, I WAS TRAVELLING ALONG TOA PAYOH EAST AND I  
SLOWING TO COMING TO A STOP AT THE STOP LINE. JUST AS MY BIKE WAS ABOUT TO STOP  
COMPLETELY, WHEN SUDDENLY THE VEHICLE FROM THE REAR COLLIDED ONTO MY REAR  
BIKE. LATER ON, I WAS CONVEYED TO THE HOSPITAL.  
THAT'S ALL.



**SINGAPORE  
POLICE FORCE**



T/20190311/2148

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

3 of 3

Report No. T/20190311/2148

**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:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/03/2019 16:40

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL  
Contact No.: 65476131

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_

## Accident Sketch Plan Pg. 1



**Tan Tock Seng**  
HOSPITAL

### Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 308433  
TEL: (65) 6256 6011

MEDICAL CERTIFICATE	ORIGINAL	TTSH19054708
NAME: SHAHRER BIN SAM'ON		NRIC: S8120833F

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **4** day(s) from **07-Mar-2019** to **10-Mar-2019** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **07-Mar-2019 22:42** to **08-Mar-2019 00:08**

08-Mar-2019  
Date

RACHELLE CAROLYN SOH YI  
TING (64449H)  
Issued by

Emergency Department  
Location

Signature



A member of National Healthcare Group  
Adding years of healthy life



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

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Mar 2019 <a href="#">Edit Reg</a>		13 Mar 2019 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$0.00</b> <a href="#">Edit Estimates</a>	<b>S\$0.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<b>Main</b>		<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<a href="#">Show All</a>
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**CLAIM SUBFOLDER DETAILS** [Created by adjuster]

Insured:	<b>Toh Kian Chuan</b> , ID: S8010576B				
Main Claimant:	<b>SHAHRE BIN SAM'ON</b> , ID: S8120833F				
Vehicle Reg. No.:	<b>FBE519X</b>	Date of Loss:	07/03/2019 00:00 - :59 [ <b>112</b> Months and <b>2</b> Days From LTA Reg Date (Man Yr)]		
Claim Type:	<b>TP / 1201900006505</b>	Policy/Cover Note No.:	PNCV2018-00000605		
Vehicle Reg. No. (Insured):	<b>SFJ8881Y</b>	Policy No. (Claimant):			
		Excess:			
Repairer:	<b>BIKE IMAGE MOTOR TRADING (KAKI BUKIT)</b> 10 KAKI BUKIT ROAD 2, #01-06 FIRST EAST CENTRE, 417868 Kaki Bukit - Tel: 69093770				
Handling Insurer:	<b>FWD Singapore Pte. Ltd. (HQ)</b> - Tel: 6727 5700 ... [Handled by <b>Lionel Tan</b> ]				
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>CHEN TSUE YEE</b> ] ... [ <b>Final Rpt</b> due 15/05/2019]				

**ASSOCIATED MAIL RECEIVED** [View All](#) [Compose Case Mail](#)






































There are no mail for this case.










































**ALL ASSOCIATED TASKS** [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)








































Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*FBE519X (1201900006505)  
[SFJ8881Y]  
TP  
SHAHRER BIN SAM'ON  
Mar 7 2019 12:00AM  
[Toh Kian Chuan]  
BIKE IMAGE MOTOR TRADING

<a href="#">Upload Documents</a> <a href="#">Upload Photos</a> <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a>	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
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Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	FWD Singapore Pte. Ltd. (HQ)	Thumbnail	Print
1	06/05/19 16:39	E-filed GIA Report	 Load PDF	
2	06/05/19 16:43	Third Party E-filed GIA report	 Load PDF	

## 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/FWD19004558/ECD3E2

Date: 23/08/2019

## REFERENCE

Handling Insurer: FWD Singapore Pte. Ltd. Policy No: PNCV2018-00000605  
 Claimant Vehicle No: FBE519X Insured Vehicle No: SFJ8881Y  
 Date of Loss: 07/03/2019 Nature of Claim: TP Claim No: 1201900006505

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: FBE519X  
 Make & Model: YAMAHA YZF-R15, 150cc (M) Engine No: 20P1022561  
 Reg. Date: 05/11/2009 (Man. Year: 2009) Chassis No: ME120P01192020797  
 Colour: Blue Odometer: 0 km  
 Engine Capacity: 150 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: 80/90-17 Rear Tyre Size: 100/80-17  
 Front Left Side: IRC 5 mm Rear Left Side: IRC 5 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	
<b>Nett Amount (S\$)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

## INSPECTION

Date of Assignment: 13/03/2019  
 Date Inspected: 13/03/2019 Inspected At: BIKE IMAGE MOTOR TRADING (KAKI BUKIT)  
 10 KAKI BUKIT ROAD 2, #01-06 FIRST EAST CENTRE  
 Singapore 417868  
 Estimated Period of Repair: 4.0 days

Adjuster: CHEN TSUE YEE

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 \$2,500.00 - \$3,000.00



## REPAIR DETAILS

<b>Reference</b>		
<b>Part Source:</b>	(Last Synchronised: 22 Aug 2019)	
<b>Parts:</b>	N/A	YAMAHA YZF-R15 150cc (M) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for FBE519X)	
<b>Validity:</b>	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	
<b>Further Info:</b>	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.
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< END OF ESTIMATES >