Surveyor Ga		ENT (Office)	d Sell Special Instruction:
From (Person): Lionel 70	an of	PWD	Date/Time: 14/3/19 @ 10-3
Estimated Cost:		Bill to:	
OD THE WS/TP RES/OD		CS	
To Inspect Vehicle No:	10.10.10	8 P	Insured: SIH 8412G
at Workshop m/s	Triknistal		Insured: SJH 8412G Tel: 98615303
of	I kaki Blet fred	3 # 02-35	
Policy No: PNPV 2016	1-00000546	Claim No:	1201900005588
Sum Insured:		Excess:	, , , , , , , , , , , , , , , , , , , ,
Make of Veh: (Client's Record)			D.O.A. 27/02/2019
CA / REV / REP. / REV 2	4 HRS		H.O.D. Endorsement:
Date/Time: 12.44pmg14	Person Contacted:	wilson	Vehice ID/OUT
Date/Time Action/Instruct	ion (>) Estimate	p	197
FBH 3168F			
SJH 8412	G-NBA/UDI 11802	1963/4	D.O.A - 06/12/2018
	15/3/2019.	1	2.011 0.5 11. 12.10
CVISIWO'CIL	. DISPOR.		

Sinyeuur PRS REF: FW		99168	
60	ASSIGNMENT	3/68/P Yr Regn: 13 1	(200
rom: Date:	Veh No: FBH	3/68 P Yr Regn: 13 1	nay Zo
Estimated Cost:	Type: M.Car / M.Cygle / B	us / Van / Lorry / Taxi / Prime Move	,
DD TPJ WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
o inspect Vehicle No:	Make: Uana	la CB You co	299
at Workshop m/s Trikristal	Colour		/ , ,
of	Sp.Reading —	T/Radio: Insured / St	d/NI/NA
nsured:	Eng/No:		, vi
Policy No.	C/No: TH2	NC4284BK3	00428
Claims No.	Gen. Cond: Good / Fair /		. 0
Sum Insured: Excess:	Steering: Inoder / Jamm		
(Client's Record)		ed / Leaked / Burnt or	
(Client's Record) Make of Veh:	Modi: Ni. / S/Rim / S		
vidac of von.	Tyre Size: F:	120/GO BRIT	
(Policy Condition)	Tyle Size. P.	(60 / 60 ERI)	
Remark: The veh had commenced its	- 1	Y/FS/LIZA/MIC/OHTSU/PIR/S	IMI/
repair at the time of inspection.	TOYO / YOKO or	17137 EIZZ7 IIII O 7 O 111 O O 7 O 110 O 7	Omir
Bal. or Market Value:	Front	Rear	
DAC Accident Rport: Consistent? : Yes or No	Secretary 10	mm R/Bal. (/)	mm
GIA / PR Seen: Consistent? : Yes or No	φ	mm L/Bal.	mm
Est. Repairs: 2 days Res.: Yes or No		D.O.I. 1 (1-0.	2 -19
Lum Sum: % 3 Val.: Yes or No	77	w/s	90200
		Rear / O/S N/S / U/C / Roofton	30
CA / REV / REP. / 24 HRS	le: IN/OUT	Near / Elegi Nile / ele / Neerle,	
Date: Person Contacted:	CONTROL OF THE PROPERTY OF THE	frame / Body Structure affected du	e to collision.
Date / Time Action / Instruction \$2000 - \$4000			
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	3	
1) : Final Report	Resurvey No. of Trip		On
Date/Time, File Return to?	incourre, nor or rip	Transportation:	80 50
2)	Add Fee: : Site Insp (\$)S +RS,SI	
	: Interview (\$) Photos	
Report Format : PRQ	: Tech. Invs (\$) Others	
Lump Sum / I.B.I: (\$: Weekend (\$)	
	havenered	TOTAL	130

Nivitha (LKK Auto)

From:

lionel.tan@fwd.com

Sent:

Thursday, 14 March 2019 10:25 AM

To:

assignments@lkkauto.com; sur@lkkauto.com

Cc:

motorclaims.sg@fwd.com

Subject:

FW: ACCIDENT ON 27.02.19 ALONG BKE TWDS WOODLANDS INVOLVING MOTOR

VEHICLES FBH 3168P AND SJH 8412G

[Policy Number: PNPV2019-00000546]

Hi LKK Team,

Please arrange survey (SJE) with repairer as per email below.

No document is provided.

Regards,

Lionel

From: Sal [mailto:sal@alc.com.sg]

Sent: Thursday, March 14, 2019 9:03 AM

To: Lionel Tan Tian Pei - SGUser Cc: Motor Claims SG - SG Common

Subject: RE: ACCIDENT ON 27.02.19 ALONG BKE TWDS WOODLANDS INVOLVING MOTOR VEHICLES FBH 3168P AND

SJH 8412G [FWD REF: 1201900005588-002/LT]

WITHOUT PREJUDICE

Dear Sirs

We refer to your email below.

Our client/ motor workshop is agreeable to LKK AUTO CONSULTANTS PTE LTD for the pre-repair survey.

Kindly arrange for the surveyors to the workshop.

Thank you.

Best Regards,

Hana

Legal Secretary

Arasan Law Chambers

151 Chin Swee Road | Manhattan House #06-08 | Singapore 169876

Tel: 6835 3350 |Fax: 6835 3352 |Email: sal@alc.com.sg

This e-mail is from M/s Arasan Law Chambers, 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.

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: lionel.tan@fwd.com [mailto:lionel.tan@fwd.com]

Sent: Wednesday, March 13, 2019 3:04 PM

To: sal@alc.com.sq

Cc: motorclaims.sg@fwd.com

Subject: RE: ACCIDENT ON 27.02.19 ALONG BKE TWDS WOODLANDS INVOLVING MOTOR VEHICLES FBH 3168P

AND SJH 8412G [FWD REF: 1201900005588-002/LT]

Without Prejudice

Dear Sir/Madam,

Please select one of our surveyors as follows: -

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

From: Sal [mailto:sal@alc.com.sg]

Sent: Tuesday, 12 March, 2019 4:27 PM

To: SG Corporate Contact

Subject: ACCIDENT ON 27.02.19 ALONG BKE TWDS WOODLANDS INVOLVING MOTOR VEHICLES FBH 3168P AND SJH

8412G

WITHOUT PREJUDICE

Your ref: SJH 8412G

Our ref: ALC.2019.168.MGS.nf

ATTN: Motor Claims Department

RE: NOTICE TO INSURANCE TO CONDUCT PRE-REPAIR SURVEY WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH

6.2 OF PRE-ACTION

PROTOCOL FOR NIMA CASE

We refer to the above matter.

We act for Mr. Muhyiddeen Ghani Bin N Syed Pulavar, the rider of motor vehicle FBH 3168P who has appointed us to act on his behalf to claim against your insured's vehicle

no. SJH 8412G in regards to the road traffic accident on 27.02.19.

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

Trikristal Aerospace Pte Ltd

1 Kaki Bukit Ave 6

#02-35 Autobay@Kaki Bukit Singapore 417883

Kindly contact Mr Wilson at Tel: (+65) 9861 5303 or 6909 3080

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.

Thank you.

Best Regards, Hana Legal Secretary **Arasan Law Chambers**

151 Chin Swee Road | Manhattan House #06-08 | Singapore 169876

Tel: 6835 3350 |Fax: 6835 3352 |Email: sal@alc.com.sg

This e-mail is from M/s Arasan Law Chambers, 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.

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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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	5916Z
/ehicle Details	
/ehicle No.:	FBH3168P
/ehicle to be Exported:	No
ntended Deregistration Date:	14 Mar 2019
/ehicle Make:	HONDA
/ehicle Model:	CB400
Primary Colour:	White
Nanufacturing Year:	2013
ingine No.:	NC42E1124249
Chassis No.:	JH2NC4294BK300428
Maximum Power Output:	-
Dpen Market Value:	\$6,904.00
Original Registration Date:	13 May 2013
irst Registration Date:	13 May 2013
ransfer Count:	4
actual ARF Paid:	\$1,036.00
ntended PARF Rebate Details	
ARF Eligibility:	No
ARF Eligibility Expiry Date:	-
ARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
OE Expiry Date:	12 May 2023
OE Category:	D - Motorcycle
OE Period(Years):	10
(P Paid:	\$1,700.00
OE Rebate Amount:	\$852.00

The information contained herein is correct as at 14 Mar 2019

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	and to copies of the report of the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/02/2019 20:41
Date Of Accident	27/02/2019 21:00
Exact Location Of Accident	BKE TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH8412G
Insured/Policyholder	
Name Of Registered Owner	JASON
NRIC No	S7923054E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96653769
Alternative Phone No	OFFICE-96653769
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00000546
Cover Note Number	
Driver	
Name of Driver	HENG KIA HWEE FLORENCE
NRIC No	S8223528J
Date Of Birth	23/07/1982
Occupation	INDOOR
Date Of Driving Pass	08/01/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87152294
Fax Number	

HENG_FLORENCE@HOTMAIL.COM

Address

NIL

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

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?

Number of vehicles (including own vehicle)

2

involved in the accident

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)

NO

soliciting/offering accident claims assistance.

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 [OTHER]

WOODLANDS EAST NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT NO: T/20190227/2190 LODGED AT WOODLANDS EAST NPC. ON 27/02/2019 AT ABOUT 2100HRS, I WAS DRIVING VEHICLE SJH8412G ALONG LANE 1 OF BKE TOWARDS WOODLANDS CHECKPOINT. AS I WANTED TO FILTER TO LANE 2 I MADE A CHECK ON MY SIDE MIRROR WHERE I SAW A MOTORIST HAD KNOCK ONTO MY LEFT SIDE MIRROR OF THE VEHICLE. THE MOTORIST LOST HIS BALANCE OF HIS MOTORBIKE AND FELL ONTO THE ROAD. I QUICKLY STOP MY VEHICLE ALONG LANE 1 AND QUICKLY MAKE A CHECK ON THE MOTORIST. TWO MOTORIST THEN ALIGHTED AND ASSIST THE MOTORIST WHILE I CALL FOR AMBULANCE. SHORTLY AFTER AMBULANCE AND TRAFFIC POLICE ARRIVED. BEFORE THE MOTORIST WAS CONVEYED TO THE HOSPITAL, I MANAGE TO GET HIS CONTACT NUMBER: 81125871 HOWEVER WAS NOT ABLE TO GET MORE DETAILS. THE TRAFFIC POLICE THEN ASKED FOR MY IN VEHICLE CAMERA AND I PROVIDED THE SD CARD TO THE TRAFFIC POLICE. I WAS ADVICE TO LODGE A TRAFFIC POLICE REPORT. I WISH TO INFORM THE ONLY DAMAGE TO MY VEHICLE WAS LEFT SIDE MIRRORS.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

PENDING FROM INSURED

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

UNKNOWN

NRIC/Passport Number

Page 2 of 17

Contact Number

81125871

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

UNKNOWN

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	The state of the s
建筑和线面建筑。 数据是中	ACCIDENT STATEMENT
Date Of Report	08/03/2019 16:18
Date Of Accident	27/02/2019 21:15
Exact Location Of Accident	BKE TWDS WOODLANDS AT EXIT 8 FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH3168P
Insured/Policyholder	
Name Of Registered Owner	MUHYIDDEEN GHANI BIN N SYED PULAVAR
NRIC No	S9335916Z
Email Address	NOEMAIL

(LOCAL) +65-81125871

OFFICE-81125871

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer HONDA
Model CB400

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 EQ INSURANCE COMPANY LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number DMMPHQ18-000969

Cover Note Number

Driver

Name of Driver MUHYIDDEEN GHANI BIN N SYED PULAVAR

 NRIC No
 \$9335916Z

 Date Of Birth
 24/09/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 22/09/2017

Driving Experience 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81125871

Fax Number

Contact Number OFFICE-81125871

EMail Address NOEMAIL

Address BLK 731 CLEMENTI WEST ST 2 #09-316

Postcode 120731

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

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Contact

NO

Circumstances of Accident

REFER TO POLICE REPORT: T/20190301/2052.

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 SJH8412G

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

4

MUHYIDDEEN GHANI BIN N SYED PULAVAR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBH3168P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:

- 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)
 - (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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnei's Signature

NRIC/FIN No .:

ETCH PLAN			
	TWDS WOODLANDS		A: FBH3168F B: SJH8412G
SCRIBE CIRCUMSTANCES CO			
CLARATION /e declare the foregoing particu // // // // // // // // // // // // //	Driver's Signature (If driver is not the policyhol	Reporting	g Centre Personnel's Signature

Sketch Plan #3 Pg. 1





Police Station Of Origin:

Traffic Police

10 Ubi Avenue:3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190301/2052

REPORT OF										
Date/Time 01/03/2019		de:		Vide Report No.:					S	tation Diary No.:
Informant	s Particula	ars					15/1			
Name of In	EN GHAN	NI BIN N	SYED	SING	BLK 731 CL APORE 12		Committee and the committee of the commi	ST STR	EET 2	#09-316
ID Type / IE NRIC NO /		7	£	100000	ct No.: e/Office:			Mobile	: 8112	5871
Nationality SINGAPOR	1.1			Email	Alacounteration			Widolic	. 0112	5071
Sex:	Age:	Date of 8 24/09/19		Type	of Informan	it:				
Race:				Langu	ıage:			Institut	tion / So	chool Name:
Occupation ICA OFFIC			1)		g Licence I : 2B,2A	nforn	mation:	Date o	f Expir	y:
1										
General Info	rmation o	of the Ac	cident			PRACTIC			5 4	
Type of Accident:	Inju				Drink Drive: No		Date/Tim Accident: 27/02/20			Type of Location: Straight Road
Along Road BUKIT TIM BKE TOWA Weather:	AH EXPRE		S AT EX	Road	YOVER Surface:	87.			Road	Speed Limit:
Clear Traffic Flow				5.000000000	c Control:				100000000000000000000000000000000000000	c Volume:
One Way				Not C	ontrolled	20			Light	
Type of Col Between Mo		cles - Hea	ad To S	ide					Anyor ambu Yes	ne conveyed by lance:
Details of N	ehicle In	olved								
Vehicle No.	71 2		ake		Model	0	olor	Co	ndition	No of Passenger
FBH3168P	Motorcy	1000	uno		Model		0.01	Slig	ghtly maged	0
SJH8412G	Car							Slig	ghtly maged	0
Details of P	erson Inv	olved								
Any Pedest			1							
No. of Pede					Use	of P	edestrian	Crossi	ng: NA	

Sketch Plan #4 Pg. 1





2 of 3 Report No. T/20190301/2052

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Rider						1 131
Name	MUHYIDDEEN GH. PULAVAR	ANI BIN N	SYED	ID No	2	S9335916Z
Related Vehicle	NIL			Conta	ct No.	81125871
Hospital/Clinic	NIL			Class Drivin Licene Expire	g	Class: 2B 2A Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On the above mentioned date time and location

I was travelling along the said BKE going towards Woodlands exit 8 flyover. This is a 3 lane straight road. I was on the 1st lane riding. The vehicle which was from the 2nd lane, cut over to my lane. This resulted in head to side collision. I was then admitted to Khoo Teck Puat Hospital and was given 4 days mc from 27 February to 2 March 2019.

Sketch Plan #5 Pg. 1





Police Station Of Origin:

Contact No.: 65476358 Authentication Stamp

NP168

3 of 3

Traffic Police	Report No. T/20190301/2052
10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000	NUATION OF REPORT
CONT	INDATION OF REPORT
Sketch Plan	
Informant is not able to provide sketch plan	
¥. f	
1.1	
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 65	474885 stating the <u>report number</u> as reference.
Signature of Officer Recording The Report:	Signature Of Informant:
NG JIN SHENG	
1.00	
Signature Of Interpreter:	Date/Time:
Not applicable	01/03/2019 12:43
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD	
YUSOF	

Merimen e-Claims

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

LAIM SUB	FOLDER TRA	CKING						
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	28 Feb 2019 Edit Reg		14 Mar 2019 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case	
	Main	1	Reference	Claim De	tails	Documents	Show All	
CLAIM SU	BFOLDER DI	TAILS			[Created	by adjuster]		
Insured:	Jason He	ng, ID: S79230	54E		1.0			
Main Claimant:	MUHYIDI	EEN GHANI BI	N N SYED PULAVAR	R, ID: S9335916Z				
Vehicle Reg No.:	FBH316	8P		Date of		27/02/2019 21:00 - :59 [69 Months and 14 Days From LTA Reg Date (Man Yr)]		
Claim Type	: TP / 120	1900005588		Policy/0 Note N		PNPV2019-00000546		
Vehicle Reg No. (Insured):	SJH8412	G		Policy I	Caracteristics and the			
				Excess				
Repairer:	Trikristal	Aerospace (HQ) 259 Macpherson R	oad, 348584 Macph	erson - Tel: 986153	303		
Handling Insurer:	October 614		(HQ) - Tel: 6727 57					
Adjuster:	LKK Auto	Consultants Pt	e Ltd (HQ) - Tel: 62	56-3561 [Handle	d by XING GUO Q	[IANG] [Final R	ot due 26/03/2019]	
ASSOCIAT	TED MAIL RE	CEIVED				View Al	Compose Case Mai	
There are r	no mail for this	case.						
ALL ASSO	CIATED TAS	sks⊟			View All	Search Tasks Creat	e New Task Complete	
Due Dat	NAME OF THE REST O	Type Tas	k Group Subjec	t Handler	Assigned By	Completed On	Created On Done	

Claim Documents

*FBH3168P (1201900005588)

[SJH8412G]

TP

MUHYIDDEEN GHANI BIN N SYED PULAVAR

Feb 27 2019 9:00PM

[Jason Heng]

Trikristal Aerospace

Pho	tos/Images		3 per page	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	
1	18/03/19 10:00	General View	1 Load JPG	V
2	18/03/19 10:00	General View	1 Load JPG	V
3	18/03/19 10:00	General View	■ Load JPG	V
4	18/03/19 10:00	General View	Load JPG	V
5	18/03/19 10:00	General View	Load JPG	4
6	18/03/19 10:00	General View	1 Load JPG	V
7	18/03/19 10:00	General View	1 Load JPG	V
8	18/03/19 10:00	General View	1 Load JPG	V
9	18/03/19 10:00	General View	1 Load JPG	~
10	18/03/19 10:00	General View	■ Load JPG	V
11	18/03/19 10:00	General View	1 Load JPG	~
12	18/03/19 10:00	General View	1 Load JPG	~
13	18/03/19 10:00	General View	1 Load JPG	V
14	18/03/19 10:00	General View	1 Load JPG	~
15	18/03/19 10:00	General View	1 Load JPG	V
16	18/03/19 10:00	General View	1 Load JPG	V
17	18/03/19 10:00	General View	Load JPG	V
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36	18/03/19 10:00	General View	₫ Load JPG	~
37	18/03/19 10:00	General View	■ Load JPG	V

Merimen e-Claims Page 2 of 2

Pho	otos/Images		3 per page	~	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumb	nail	Print
38	18/03/19 10:00	General View	① Load:	PG	V
39	18/03/19 10:00	General View	1 Load	IPG	✓
40	18/03/19 10:00	General View	1 Load	IPG	☑
41	18/03/19 10:00	General View	1 Load	IPG	~
42	18/03/19 10:00	General View	1 Load	IPG	V
43	18/03/19 10:01	Chassis Number	1 Load	IPG	✓
44	18/03/19 10:01	Dismantled Parts	1 Load	IPG	V
45	18/03/19 10:01	Dismantled Parts	1 Load	IPG	V
46	18/03/19 10:01	Dismantled Parts	1 Load	IPG	V
47	18/03/19 10:01	Dismantled Parts	1 Load	IPG	V
48	18/03/19 10:01	Dismantled Parts	1 Load	IPG	✓
49	18/03/19 10:01	Dismantled Parts	1 Load	IPG	V
50	18/03/19 10:01	Dismantled Parts	1 Load	IPG	✓
51	18/03/19 10:01	Dismantled Parts	1 Load	JPG	V
52	18/03/19 10:01	Dismantled Parts	1 Load	JPG	✓
53	18/03/19 10:01	Dismantled Parts	1 Load	IPG	~
54	18/03/19 10:01	Dismantled Parts	1 Load)PG	✓
55	18/03/19 10:01	Dismantled Parts	1 Load	IPG	✓
56	18/03/19 10:01	Dismantled Parts	1 Load	JPG	V

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/FWD19004633/GCD3E2

Date:

21/03/2019

REFERENCE

Handling Insurer: FWD Singapore Pte. Ltd.

Policy No:

PNPV2019-00000546

Claimant Vehicle FBH3168P

Insured Vehicle No:

SJH8412G

Date of Loss:

27/02/2019

Nature of Claim:

TP

Claim No: 1201900005588

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

FBH3168P

Make & Model:

HONDA CB 400 F3WYB, 399cc (M)

Engine No:

NC42E1124249

Reg. Date:

13/05/2013 (Man. Year: 2013) White

Chassis No:

JH2NC4294BK300428

Colour:

Odometer:

0 km

Engine Capacity:

399 cc

Market Value/New Car Price: N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

120/60Z R17

Rear Tyre Size:

160/60Z R17

Front Left Side:

Pirelli 4 mm

Rear Left Side:

Pirelli 4 mm

Front Right Side:

0 mm

Rear Right Side:

0 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS		Repairer's	Adjuster's	Difference	Diff %
Parts		0.00	0.00	0.00	
Miscellaneous Items		0.00	0.00	0.00	
Labour		0.00	0.00	0.00	
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

14/03/2019

Date Inspected:

14/03/2019 Inspected At:

1 KAKI BUKIT AVE 6 # 02-35

Repairer: Trikristal Aerospace (HQ)

Estimated Period of Repair:

3.0 days

XING GUO QIANG Adjuster:

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 \$3,000.00 -\$4,000.00

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 21 Mar 2019)

Parts: N/A HONDA CB 400 F3WYB 399cc (M) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for FBH3168P)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >