

ASS. REC. BY:

REF: CS3/ASM19004 898/GcdBer

Special Instruction:

Sw/Vep/

ASSIGNMENT (Office)

From (Person):

Lynn Khong

of

ASM(CAXA)

Date/Time:

18/03/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FX 8640C

Insured:

SKM 6217D

at Workshop m/s

Hua Ho Trading

Tel:

62844487

of

B/K C Defu Lane 10 #01-540

Policy No:

Claim No:

89M018P4

Sum Insured:

Excess:

Make of Vch:

(Client's Record)

D.O.A.

30/12/18

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle

IN/OUT

Date/Time

Action/Instruction (X) Estimate

FX 8640C-X

SKM 6217D - CIV/VAL19002218/GT DOA: 30/12/2018

Sirey

ad.

REF:

AXA

4068E

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Hua 1/10  
 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: \$8000  
 IDAC Accident Rpt.: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 5 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: FX 8640 C Yr Regn: 18 Mar 2004  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or 150  
 Make: Kawasaki KPR3X c.c. 149  
 Colour: Silver A/C: Insured / Std / NI / NA  
 Sp. Reading: 26081 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KR150KA 58772  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 90/80-17  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or

Front Rear  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. \_\_\_\_\_ D.O.I. 18-03-19

Survey held at w/s 3:30 pm  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
18/3	No Estimate. \$4000 - \$5000

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: -

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format : PRS

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

100

100

INS. CASE OWNER:

Lynn/Chong CC 4 / Asm 1900 9898 / 6/23

LKA:

IDAC:

104759

Surveyor:

X62

DOI:

18/3/2019

Date / Time:

18/3/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKM 62170

Name of Insured:

Liu Kim Tien

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

30/1/2018

Is driver the owner?

( YES / NO )

Nature of Accident:

Claim No.:

59M018P4

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

FX8640C



INSRS:

WSP:

Tel:

Liability:

RMKS:

Hua Hs



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

FX8640C - X;

SKM 62170. en/VML 1900221/08 ; DOA: 30/1/18

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(\$

x

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(\$

x

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:



## Service Request Details

Claim

S9M018P4

Reference

CC4/ASM19004898/Gfa3 

Loss Date

December 30, 2018

Report Date

Jan 2, 2019 11:09:00 AM

Request Date

March 18, 2019

Due Date

March 18, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

Next Step

Finish the work

Complete Work

More ▾

### Vehicle Information

Incident Vehicle Registration #

FX8640C

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4068E
Vehicle Details	
Vehicle No.:	FX8640C
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Mar 2019
Vehicle Make:	KAWASAKI
Vehicle Model:	KRRZX150 M
Primary Colour:	Silver
Manufacturing Year:	2004
Engine No.:	KR150EEA58772
Chassis No.:	KR150KA58772
Maximum Power Output:	-
Open Market Value:	\$2,974.00
Original Registration Date:	18 Mar 2004
First Registration Date:	18 Mar 2004
Transfer Count:	2
Actual ARF Paid:	\$447.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Mar 2024
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$2,474.00
COE Rebate Amount:	\$1,236.00
<b>Total Rebate Amount:</b>	<b>\$1,236.00</b>

The information contained herein is correct as at 19 Mar 2019

OK

Bike model

Type

Any

Price From

Any

Price To

Any

Class

Any

MORE SEARCH OPTIONS ▼

Q SEARCH

VIEW ALL (/LISTING/USEDBIKES/LISTING/)

Q SEARCH ▼



REPORT ERROR &gt; (/LISTING/LISTING/ERROR/USEDBIKE/5729/)

+ ADD TO SHORTLIST

Like 3

Share

© SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/KAWASAKI-KAWASAKI-KRR-ZX150/5729/)

## Kawasaki KRR ZX150

Listing Type	Paid Ad
Brand	Kawasaki (/listing/usedbike/brand/kawasaki/)
Model	Kawasaki KRR ZX150 (/listing/usedbike/model/kawasaki-krr-zx150/)
Engine Capacity	148cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	15/02/2003
COE Expiry Date	14/02/2023 (3 years 10 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Sport Bikes (/listing/usedbike/model/motorcycle-for-sale/sport-bikes/)

Price: <sup>SGD</sup>\$6800

## DETAILS

Kawasaki KRRZX150. Come to Yong Seng Heng Motor! Price is Neg! Trade in/Loan Available!

## SIMILAR BIKES

[VIEW ALL \(/LISTING/USEDBIKES/LISTING/\)](/listing/usedbikes/listing/)

Kawasaki KRR ZX150



Kawasaki KRR ZX150

[\(/listing/usedbike/kawasaki-kawasaki-krr-zx150/5729/\)](/listing/usedbike/kawasaki-kawasaki-krr-zx150/5729/)[\(/listing/usedbike/kawasaki-kawasaki-krr-zx150/4868/\)](/listing/usedbike/kawasaki-kawasaki-krr-zx150/4868/)

## 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	24/01/2019 09:06
Date Of Accident	30/12/2018 21:05
Exact Location Of Accident	T JUNCTION OF JURONG WEST ST 91 AND 92
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FX8640C
Insured/Policyholder	
Name Of Registered Owner	NARESH BALAN
NRIC No	S9574068E
Email Address	NARESHBALAN7895@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90060512
Alternative Phone No	OFFICE-90060512
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KRRZX150 M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MTMC01001329
Cover Note Number	
Driver	
Name of Driver	NARESH BALAN
NRIC No	S9574068E
Date Of Birth	07/08/1995
Occupation	INDOOR
Date Of Driving Pass	28/01/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90060512
Fax Number	
Contact Number	OFFICE-90060512
EMail Address	NARESHBALAN7895@GMAIL.COM



Address	NIL
Postcode	
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 - MAJOR/MINOR RD
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 [OTHER]	NANYANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190105/2068 LODGED AT NANYANG NPC. ON 30/12/2018 AT ABOUT 2105HRS, I WAS RIDING MY MOTORCYCLE (FX8640C) ALONG JURONG WEST ST 91 TOWARDS THE DIRECTION OF JURONG WEST ST 93. AS I WAS APPROACHING THE TRAFFIC LIGHT T-JUNCTION OF JURONG WEST ST 92. I NOTICED THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR. I THEN PROCEEDED TO GO STRAIGHT ONTO JURONG WEST ST 93. I HAD NOTICED A CAR (SKM6217D) COMING FROM JURONG WEST ST 93 APPROACHING THE JUNCTION. I THEN GLANCED SLIGHTLY TO THE PEDESTRIAN CROSSING TO SEE HOW LONG MORE FOR THE PEDESTRIAN TO CROSS. SUDDENLY, I SAW THE CAR MADE AN ABRUPT TURN TO THE RIGHT. I TRIED TO SWERVE MY MOTORCYCLE TO THE LEFT HOWEVER THE CAR STILL COLLIDED ONTO MY MOTORCYCLE. I THEN LOSS CONSCIOUSNESS UPON THE IMPACT. WHEN I REGAINED CONSCIOUSNESS, I WAS ON THE ROAD AND THERE WERE A FEW PASSER BY TOGETHER WITH THE DRIVER WHO CAME AND ASSIST ME. I FELT PAIN ON MY RIGHT THIGH AND SUSPECTED THAT IT MIGHT HAVE BEEN BROKEN AS I COULDN'T MOVE IT. MY LEFT SHOULDER WAS ALSO DISLOCATED AND MY RIGHT ARM WAS IN SEVERE PAIN. A PASSER BY NAMEDLY JOEL HP: 98156276 THEN CALLED FOR AMBULANCE. HE HAD ALSO ASSISTED TO CALL MY MOTHER TO INFORM HER REGARDING THE ACCIDENT. SUBSEQUENTLY, THE AMBULANCE CAME AND CONVEYED ME IN A CONSCIOUS STATE TO NG TENG FONG GENERAL HOSPITAL. I WAS THEN ADMITTED FROM 30/12/18 TO 04/01/19 AND WAS INFORMED BY THE DOCTOR THAT I HAD SUSTAINED A FRACTURE TO MY THIGH BONE AND MY RIGHT AND LEFT WRIST. THERE WAS AN OPEN WOUND ON MY RIGHT HAND DUE TO THE FRACTURE FROM MY WRIST. I HAD ALSO SUSTAINED ABRASIONS ON MY ANKLE AND MY WAIST. I WAS GIVEN 33 DAYS OF HOSPITALISATION LEAVE FROM 30/12/18 TO 31/01/19. I WISH TO STATE THAT TRAFFIC POLICE OFFICER HAD ALSO CAME DOWN AND TAKEN THE SD CARD FROM THE IN-CAR CAMERA OF THE CAR. THE TRAFFIC POLICE OFFICER HAD ALSO ADVISED TO LODGE A TRAFFIC ACCIDENT REPORT WITH REFERENCE TO J/20181230/0171 UNDER TRAFFIC POLICE INVESTIGATION OFFICER FIRDAUS TEL: 65476223. REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM6217D
Vehicle Make/Model/Colour	TOYOTA/RAV4/BROWN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU KIM TEEN
NRIC/Passport Number	S2554257F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	NARESH BALAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FX8640C
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

# Sketch Plan

## 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 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 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 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.
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 purposes(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.

VERIFIED BY AJAX MARS

REPORTING OFFICER

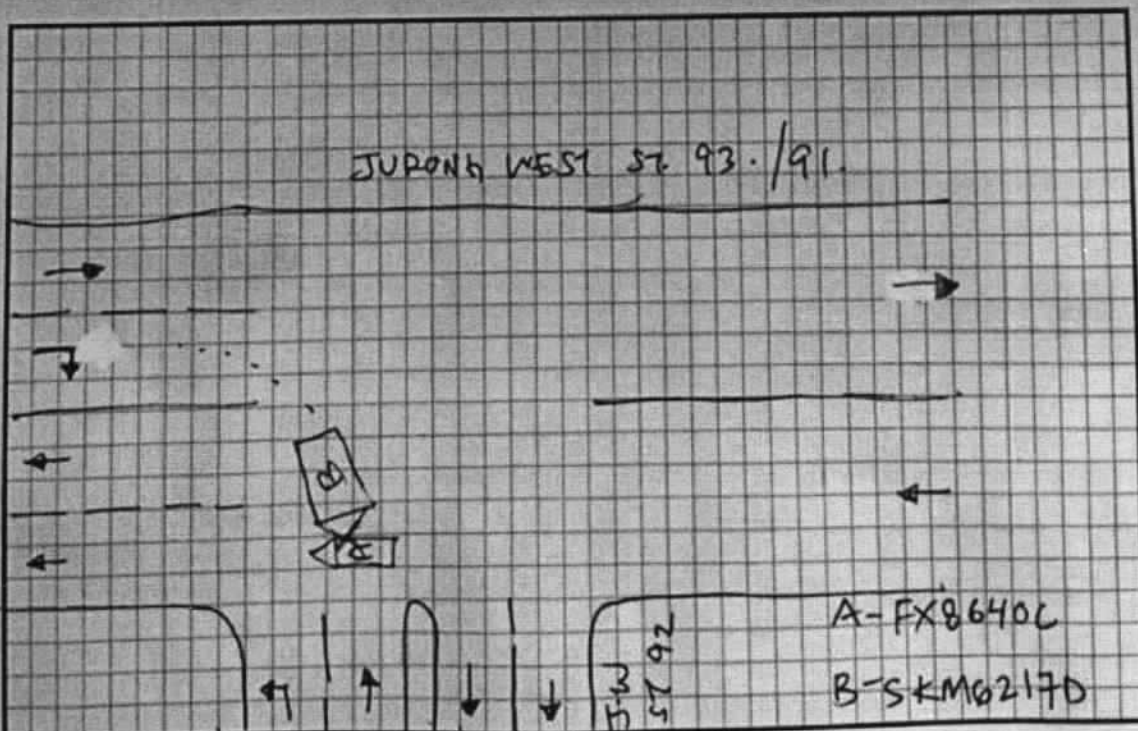
Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190105/2058

1 of 4

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
640482  
Tel No: 1800-7929999

Report No: T/20190105/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/01/2019 13:19	Vide Report No.: J/20181230/0171	Station Diary No.: 67
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: NARESH BALAN		Address: APT BLK 905 JURONG WEST STREET 91 #02-161 SINGAPORE 640905	
ID Type / ID No.: NRIC NO / S9574068E		Contact No.: Home/Office:	Mobile: 91110938
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 23	Date of Birth: 07/08/1995	Type of Informant: Rider
Race: Indian	Language: English		Institution / School Name:
Occupation: SCDF PNSF		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2018 21:05	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 JURONG WEST STREET 91 JURONG WEST STREET 92 AT THE TRAFFIC LIGHT T-JUNCTION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Policeman Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FX8640C	Motorcycle	KAWASAKI	KRRZX150 M	Silver	Seriously Damaged	0
SKM6217D	Car			Brown	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX8640C	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100132 9	18/03/2018	17/03/2019



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190105/2068

2 of 4

Report No. T/20190105/2068

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

## 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	NARESH BALAN	ID No.	S9574068E
Related Vehicle	FX8640C (Motorcycle)	Contact No.	91110938
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/12/2018	Date Discharge	04/01/2019
No. of Days granted Medical Leave	33	Degree of Injury	Serious
<b>Driver</b>			
Name	LAU KIM TEEN	ID No.	S2554257F
Related Vehicle	SKM6217D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/12/18 at about 2105hrs, I was riding my motorcycle (FX8640C) along Jurong West St 91 towards the direction of Jurong West St 93. As I was approaching the traffic light T-junction of Jurong West St 92, I noticed the traffic light was green in my favour. I then proceeded to go straight onto Jurong West St 93. I had noticed a car (SKM6217D) coming from Jurong West St 93 approaching the junction. I then glanced slightly to the pedestrian crossing to see how long more for the pedestrian to cross. Suddenly, I saw the car made an abrupt turn to the right. I tried to swerve my motorcycle to the left however the car still collided onto my motorcycle. I then loss consciousness upon the impact.

When I regained consciousness, I was on the road and there were a few passer by together with the driver who came and assist me. I felt pain on my right thigh and suspected that it might have been broken as I couldn't move it. My left shoulder was also dislocated and my right arm was in severe pain. A passer by namely Joel Hp: 98156276 then called for ambulance. He had also assisted to call my mother to inform her regarding the accident. Subsequently, the ambulance came and conveyed me in a conscious state to Ng Teng Fong General Hospital. I was then admitted from 30/12/18 to 04/01/19 and was informed by the doctor that I had sustained a fracture to my thigh bone and my right and left wrist. There was an open wound on my right hand due to the fracture from my wrist. I had also sustained abrasions on my ankle and my waist. I was given 33 days of Hospitalisation Leave from 30/12/18 to 31/01/19.

I wish to state that Traffic Police officer had also came down and taken the SD card from the in-car camera of the car. The Traffic Police officer had also advised to lodge a Traffic Accident report with

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190105/2068

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 4

Report No. T/20190105/2068

**CONTINUATION OF REPORT**

reference to J/20181230/0171 under Traffic Police Investigation Officer Firdaus Tel: 65476223. My motorcycle sustained serious damage and had to be towed. On 31/12/18, my mother was informed by the Traffic Police Investigation Officer Firdaus that the driver of the car has been arrested due to drink driving.

Police Report



SINGAPORE  
POLICE FORCE



T/20190105/2068

4 of 4

Report No. T/20190105/2068

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649462  
Tel No: 1800-7929999

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:  
J /  
Staff Sgt NORIMAWATI BINTI ABDULLAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Signature Of Informant:  
unable to sign

Date/Time:  
05/01/2019 13:19

Classification Of Case:



Authentication Stamp

SN-127

Signature:

Singapore Police Force


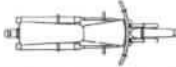
**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
AXA INSURANCE PTE LTD		Ref: CS3/ASM19004898/Gcd3e2		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 05-04-2019		
ATTN: LYNN KHONG		Code: ASM		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SKM 6217D	Veh. Inspected	FX 8640C	
Policy No.		Coverage (\$)	0.00	
Claim No.	S9M018P4	Excess (\$)	0.00	
Assign From	LYNN KHONG	Assign Date	18/03/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	KAWASAKI KRRZX150	c.c	149	
Engine No.	HIDDEN	Year of Reg.	2004	
Chassis No.	KR150KA58772	Colour	SILVER	
Odometer	26081 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	90/80-17	DUNLOP	4 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	90/80-17	DUNLOP	4 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S, N/S BODY AND FRONT PORTION.				
<b>5. General Information</b>				
Accident Date	30/12/2018	Inspect Date / Time	18/03/2019 ( 03:30 PM )	
Survey held at	HUA HO TRADING BLK 6 DEFU LANE 10 #01-540 SINGAPORE 539537			
<b>5a. Remarks</b>				
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. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000-\$5,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/ASM19004898/Gcd3e2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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