

Surveyor

REF: CS3/AIG18004000/J+13-1

Special Instruction:

From (Person): Jeffrey of AIG Date/Time: 22/03/2019  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

L/S: \$10,750.00

Third Parties:

Claimant:

Surveyor: Automax Survey

Workshop: Eng Soon Painting

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: FBA10711 Insured: FBK351E  
 at Workshop m/s Eng Soon Painting Tel: 67606270  
 of Blk 4 Yew Tee Ind Est 393-J Woodlands Road  
 Policy No: \_\_\_\_\_ Claim No: 122676058559003  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_ D.O.A. 22/01/2018  
 (Client's Record)

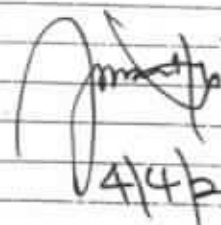
02/04/2019 @ 3pm

H.O.D. Enforcement/Date:

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT

Date/Time: \_\_\_\_\_ Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_ days (Red \$ \_\_\_\_\_ %; Original 18 days)

Date/Time: 5/4/19 Submit Final Fig 2500, 5 days (Red \$ 8250, 76 %; Original 18 days)

Date/Time	Action/Instruction
	FBA10711- CS3/AIG18004000/Gd302 DOA: 22/01/2018
	FBK351E- CS3/AIG18004000/Gd302 DOA: 22/01/2018
	Three Jir,
	PS fill up assignment form
	 4/4/2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 05 APR 2019

Para(3) : Nett Value

Market Value : \_\_\_\_\_

Salvage Value : \_\_\_\_\_

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

Fee Charged:

Date:

Basic & Add  
Transport  
Photos  
Others  
Total

200

200

1) Date/Time 5/4/19 File Pass to Typist

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

2) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

4) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

6) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

ASS. REC. BY:

REF: CS3/AIG/18004000/Gd3ch

DAR 8 days.

Special Instructions:

Surveyor:

GQ

ASSIGNMENT (Office)

From (Person):

Chin Lee Ying

of

AIG

Date/Time:

28/2/18 @ 11:59am

Estimated Cost:

Bill to:

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

To inspect Vehicle No.:

FBA 10711

Insured:

FBK 351E

at Workshop m/s

Eng Soon Painting

Tel:

6760 6271

of

Blk 4, Yew Tee Ind. Est 343-J Woodlands Rd

Policy No.:

2100403569

Claim No.:

122676058586

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 22/01/2018

CA / REV / REP. / REV 24 HRS

1wp

H.O.D. Endorsement:

Date/Time:

10:41am 3/3/18

Person Contacted:

Mr. Teo

Vehicle:

IN/OUT

Date/Time	Action/Instruction (X) Estimate
	FBA 10711 - X
	FBK 351E - X
	Dismantle: 9/3/2018
	After repair: 16/3/2018

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/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

Lump Sum: \_\_\_\_\_

%

3 Val: \_\_\_\_\_

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_

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

Veh No: \_\_\_\_\_

FBA1071J

Yr Regn: \_\_\_\_\_

Feb 06

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: \_\_\_\_\_

Honda wave

C.C. 125

Colour: \_\_\_\_\_

RED

A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_

12034

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

NF12SPSE0002278

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_Modi: Nil / S/Rin / STD A/Rim or \_\_\_\_\_

Tyre Size: \_\_\_\_\_

F: 70/90 R17

R: 80/90 R17

BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal: \_\_\_\_\_

5

mm

R/Bal: \_\_\_\_\_

5

mm

L/Bal: \_\_\_\_\_

-

mm

L/Bal: \_\_\_\_\_

-

mm

D.O.A. \_\_\_\_\_

D.O.L

2/4/19

Survey held at \_\_\_\_\_

Eng. Seen

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

) \$ = RS. 50

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

PRS  
xale

REF: A16.

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD: ☒ TP RES / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

To inspect Vehicle no: \_\_\_\_\_

at Workshop no: Eng Soon

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.

Bel or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? Yes or No

Est. Repairs: 14 days Res: Yes or No

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

CA / REV / REP. / 24 HRS

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

Vehicle IN / OUT

NS	OS

Veh No: FBA1071J Yr Reg: 06

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda wave 125 125

Colour: Red A/C: Insured / Std / Nil / NA

Sp. Reading: 12034 T. Radio: Insured / Std / Nil / NA

Eng No: \_\_\_\_\_

C/Nr: NF125P8E0002278

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: 20/90-17

R: 80/90-17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or IRC

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal: 4 mm R/Bal: 4 mm

L/Bal: \_\_\_\_\_ mm L/Bal: \_\_\_\_\_ mm

D.O.A: \_\_\_\_\_ D.O.L: d-03-18

Survey held at: w/s 12pm

Des. of Damages: ☒ Fr / ☒ Rear / ☒ O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

20/10 Submit DAR report

RECEIVED 20 APR 2013

Date/Time File Pass to: ☐ : Preli. Report

☐ : Final Report

Days Of Repair: 14

Resurvey No. of Trip: 2

Survey Fee:

Transporter:

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Tech Insp \$

☐ Weekend \$

1. S-RS \$

2. Photo

3. Other

Report Format: DAR.

Lump Sum / I.B.I: \$

180
20
200

## Nivitha (LKK Auto)

---

**From:** Hsiao Tong (LKKAuto) <chewht@lkkauto.com>  
**Sent:** Friday, 22 March 2019 8:19 AM  
**To:** assignments; SUR  
**Cc:** Ng, Jeffreysaykiat; bonnie kwok (litigation@bonniekwok.com)  
**Subject:** RE: AIG ref: 1226760585SG003 & 004 // Bonnie Kwok LLC ref: BK.18569.18.st (claimant: FANG KWI FONG)

Hi Assign Team,

Kindly assist.

Best Regards,

**Hsiao Tong, Chew** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) | fax: 6741-4108

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

---

**From:** Ng, Jeffreysaykiat <Jeffreysaykiat.Ng@aig.com>  
**Sent:** Friday, 22 March 2019 8:17 AM  
**To:** Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; bonnie kwok <litigation@bonniekwok.com>  
**Cc:** assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>  
**Subject:** RE: AIG ref: 1226760585SG003 & 004 // Bonnie Kwok LLC ref: BK.18569.18.st (claimant: FANG KWI FONG)

**WITHOUT PREJUDICE  
SAVE AS TO COSTS**

Dear Hsiao Tong,

Please advise if the re-inspection was done. If not, kindly note the re-scheduled date below. Thank you.

Dear June,

We have appointed LKK Auto Consultant Pte Ltd, thank you.

Jeffrey Ng  
AIG  
Senior Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1916 | Fax +(65) 6835 7416

[Jeffreysaykiat.Ng@aig.com](mailto:Jeffreysaykiat.Ng@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific won General Insurance Company of the Year at the 22nd Asia Insurance Industry Awards.  
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**From:** bonnie kwok [<mailto:litigation@bonniekwok.com>]

**Sent:** Thursday, March 21, 2019 5:42 PM

**To:** Ng, Jeffreysaykiat

**Subject:** Re: AIG ref: 1226760585SG003 & 004 // Bonnie Kwok LLC ref: BK.18569.18.st (claimant: FANG KWI FONG)

**Without Prejudice**

Dear Sirs,

We refer to our email dated 14 March 2019.

We have not heard from you to-date.

Kindly have your surveyor attend at Block 4 Yew Tee Ind Est 393-J Woodlands Road Singapore 677978 on 28 March 2019 at 3.00 p.m. for the re-survey of our client's vehicle.

Kindly ensure that your surveyor attends punctually.

**Kindly let us know which surveyor you have appointed so that we may inform our client accordingly.**

Please let us have your offer of settlement as soon as possible.

Regards,  
ST

**BONNIE KWOK LLC**

Advocates & Solicitors

101A Upper Cross Street

#08-12 People's Park Centre

Singapore 058358

TEL: 6536 6026

FAX: 6536 2279

email : [litigation@bonniekwok.com](mailto:litigation@bonniekwok.com)

GST Reg. No.: 201203547Z

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On Thu, 14 Mar 2019 at 16:57, bonnie kwok <[litigation@bonniekwok.com](mailto:litigation@bonniekwok.com)> wrote:

Dear Jeffrey,

We refer to your email dated 12 March 2019.

Kindly have your surveyor attend at Blk 4 Yew Tee Ind Est 393-J Woodlands Road Singapore 677978 on 21 March 2019 at 3.00 p.m. for the re-survey of our client's vehicle.

Kindly ensure that your surveyor attends punctually.

**Kindly let us know which surveyor you have appointed so that we may inform our client accordingly.**

Please let us have your offer of settlement as soon as possible.

Regards,  
June

On Tue, 12 Mar 2019 at 16:33, Ng, Jeffreysaykiat <[Jeffreysaykiat.Ng@aig.com](mailto:Jeffreysaykiat.Ng@aig.com)> wrote:

**WITHOUT PREJUDICE**

**SAVE AS TO COSTS**

Dear June,

We refer to your letter dated 08.03.2019.

We would like to conduct a physical re-inspection of your client's vehicle FBA1071J.

Kindly let us have the re-inspection details at least (10) days in advance, thank you.

Jeffrey Ng  
AIG  
Senior Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1916 | Fax +(65) 6835 7416

[Jeffreysaykiat.Ng@aig.com](mailto:Jeffreysaykiat.Ng@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)



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**BONNIE KWOK LLC**

Advocates & Solicitors

101A Upper Cross Street

#08-12 People's Park Centre

Singapore 058358

TEL: 6536 6026

FAX: 6536 2279

email : [litigation@bonniekwok.com](mailto:litigation@bonniekwok.com)

GST Reg. No.: 201203547Z



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Motorcycle

Vehicle No: FBA 1071J

NAU	INN	Item	CON	AC	Qty
1001	991886	Front Fender Plate	DD	✓	
1001	995065	Front Tyre			
1002	995095	Front Rim	SCR	✓	
1003	994872	Front Tyre Rim Spoke			
1004	991771	Front Fender Wheel Guard	CRK	✓	
1005	991785	Front Brake Disc			
1006	991281	Front Brake Caliper			
1007	991785	Front Fork Assy	DD	✓	
1008	991782	Front Fork Inner Tube			
1009	991789	Front Fork Outer Tube			
1010	991167	Front Fork Bracket			
1011	991182	Front Fork Oil Seal			
1012	991174	Front Fork Garnish			
1013	992376	Front Headlamp Rim			
1014	992328	Front Headlamp	SCR	✓	
1015	992337	Front Headlamp Bracket			
1016	992345	Front Headlamp Fitting	BR	✓	
1017	992130	Front Windshield			
1018	992134	Front Wing Mirror	BR	✓	
1019	995245	Front LH Signal Lamp			
1020	995246	Front RH Signal Lamp			
1021	992556	Motor Cover			
1022	992553	Motor Assy			
1023	991019	ERP Bracket			
1024	991020	ERP Unit	CUT	✓	
1025	992446	Ignition Switch			
1026	992442	Ignition Key Assy			
1027	990706	Cowling Stay			
1028	994470	Steering Stem			
1029	994427	Steering Cone			
1030	992299	Handle Bar	DD	✓	
1031	992312	Handle Bar Switch	NEC	✓	
1032	992310	Handle Bar Grip	NEC	✓	
1033	995184	Handle Bar Balancer LH	NEC	✓	
1034	992300	Handle Bar Balancer RH	NEC	✓	
1035	992179	Fuel Tank			
1036	990438	Brake Reservoir			
1037	990621	Clutch Lever			
1038	992291	Hand Brake Lever	BR	✓	
1039	991119	Side Faring	CUT	✓	
1040	994220	Side Faring Top Garnish			
1041	994219	Side Faring Inner Garnish			
1042	991118	Faring Shield	CUT	✓	
1043	992017	Front Top Faring Inner Garnish			
1044	991123	Faring Top Garnish			
1045	990538	Center Faring	CUT	✓	
1046	991378	Rear Faring			
1047	991121	Faring Stopper			
1048	991117	Faring Lower			

NAU	INN	Item	CON	AC	Qty
1049	995074	Radiator			
1050	992738	Radiator Cowling			
1051	994146	Seat Assy			
1052	990915	Engine Cover Unit			
1053	990923	Engine Guard	BR	✓	
1054	990219	Battery			
1055	990324	Battery Cover			
1056	990223	Battery Bracket			
1057	991144	Foot Brake			
1058	991154	Front Foot Rest	DM	✓	
1059	991779	Front Foot Rest Bracket			
1060	994260	Side Stand			
1061	992549	Main Stand			
1062	990615	Clutch Engine Cover			
1063	992478	Kick Starter Rubber	NEC	✓	
1064	992477	Kick Starter Lever	DM	✓	
1065	991145	Foot Gear Shifter			
1066	993500	Rear Foot Rest	DM	✓	
1067	993501	Rear Foot Rest Bracket	BR	✓	
1068	992581	Exhaust Muffler Heat Shield			
1069	991058	Exhaust Muffler Assy	DM	✓	
1070	993719	Rear LH Shock Absorber			
1071	993720	Rear RH Shock Absorber			
1072	995065	Rear Tyre			
1073	991200	Rear Rim			
1074	994872	Rear Tyre Rim Spoke			
1075	993474	Rear Fender Wheel Guard			
1076	993443	Rear Fender Mudflap			
1077	992940	Rear Brake Disc			
1078	992936	Rear Brake Caliper			
1079	995236	Rear Spocket			
1080	990585	Chain			
1081	990580	Chain Guard			
1082	994530	Swing Arm			
1083	993819	Rear Sub frame			
1084	995245	Rear LH Signal Lamp			
1085	995246	Rear RH Signal Lamp			
1086	995251	Rear Taillamp			
1087	993626	Rear Number Plate			
1088	994192	Side Box			
1089	992927	Rear Box	DM	✓	
1090	992928	Rear Box Bracket			
1091	991328	Emblem			
1092	990347	Sticker			

\* 4 days

545875

# **BONNIE KWOK LLC**

**Advocates & Solicitors**

101A Upper Cross Street  
#08-12 People's Park Centre  
Singapore 058358

Tel : (65) 6536 6026  
Fax : (65) 6536 2279  
(Not for service of court documents)  
GST Reg No. 201203472

**Your Ref:** 1226760585SG  
**Our Ref:** BK.18569.18.st  
(Please quote our reference when replying)  
8 March 2019

**M/s AIG Asia Pacific Insurance Pte. Ltd.**  
78 Shenton Way #08-16  
AIG Building Singapore 079120

By Hand

RECEIVED BY AIG Claims Dept	
08 MAR 2019	
CL No.	1226760585
Team	SE004

Dear Sirs

## **ACCIDENT INVOLVING FBA 1071 J & FBK 351 E ON 22 JANUARY 2018**

We act for Mr. Fang Kwi Fong, the owner of motor vehicle no. FBA 1071 J in the above matter.

We are instructed that on the 22 January 2018, your insured riding motor vehicle no. FBK 351 E had negligently collided into our client's said motor vehicle.

We are instructed that as a result of the said collision, our client has suffered personal injury, loss and damage as follows: -

i.	General Damages	-\$ 100,000.00
ii.	Loss of Earning Capacity	-\$ 50,000.00
iii.	Loss of Income	to be assessed
iv.	Future Medical Expenses	\$ 10,000.00
v.	Medical Expenses	to be assessed
vi.	Transport to and fro for treatment	-\$ 40.00
vii.	Cost of Repairs	-\$ 10,750.00
viii.	Loss of Use (20 days x \$100.00)	-\$ 2,000.00
ix.	Survey Report fees	-\$ 791.00
x.	LTA search fees	-\$ 8.00
xi.	GIA search fees	-\$ 29.00
xii.	Medical Report and Specialist Medical Report fees	-\$ 260.45
xiii.	Transport, Postage, Xerox and other incidental	-\$ 53.50
xiv.	Costs	-\$ 10,000.00
	<b>Total</b>	<b>\$ 183,931.95</b>

We enclose herewith a copy of the LTA search result, Traffic Police investigation result, accident report of our client, survey report and invoice, repair bill, the certificate of insurance, medical reports and receipts, medical certificate and 81 original photographs for your attention.

Kindly note that under the NIMA protocol, all requests for resurvey are required to be made during the protocol period in eight (8) weeks from receipt of this letter.

Kindly revert whether liability is admitted.

Yours faithfully

**BONNIE KWOK**

Enc. (by hand)

c.c. Client; and  
Heryawan Bin Kamis



**Enquire Vehicle & Owner Information ( Vehicle No. FBK351E As At 22 Jan 2018 / 15:30:00 )**

**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: ENG500N-FBA1071J

**Current Owner Details**

Owner ID Type: Singapore NRIC  
Owner ID: S7533357I  
Owner Name: HERYAWAN BIN KAMIS  
Registered Address Type: HDB / HUDC  
Registered Block/House No.: 141  
Registered Street Name: SERANGOON NORTH AVENUE 2  
Registered Unit No.: # 05 - 20  
Registered Building Name: -  
Registered Postal Code: 550141

**Current Vehicle Details**

Vehicle No.: FBK351E  
Make Description/Model: HONDA / CBR250R  
Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.



**SINGAPORE  
POLICE FORCE**

Traffic Police  
110 Ulu Asemah St  
Singapore 408855  
Tel +65 6247 6438  
Fax +65 6547 6259  
www.police.gov.sg

Our Ref : TP/IP/04979/2018  
Date : 09 October 2018

**FANG KWI FONG  
BLK 213 MARSILING CRESCENT  
#13-69  
SINGAPORE 730213**


Dear Sir/Mdm,

**ROAD TRAFFIC ACCIDENT INVOLVING FBA1071J & FBK351E ALONG PIE (AIRPORT) 38.5 KM  
ON 22 JANUARY 2018 AT ABOUT 3.32 PM**

I refer to the above accident.

- 2 We have completed our investigation and have not produced any substantive results.
- 3 No further action will be taken against any parties. You may wish to note that our decision does not preclude future prosecution should new evidence emerge at a later stage.
- 4 Please be informed that our decision does not preclude you from pursuing civil claims.

Yours faithfully

  
**LIM HONG LEE, SGT  
for HEAD TRAFFIC INVESTIGATION  
TRAFFIC POLICE**

NF510

A FORCE FOR THE NATION

## 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 27/02/2018 15:31  
 Date Of Accident 22/01/2018 15:30  
 Exact Location Of Accident PIE > KJE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBA1071J  
**Insured/Policyholder**  
 Name Of Registered Owner FANG KWI FONG  
 NRIC No S2113698J  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-83123163  
 Alternative Phone No OFFICE-83123163  
**Vehicle Particulars**  
 Manufacturer HONDA  
 Model WAVE 125R 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 THIRD PARTY  
 Vehicle Category MOTORCYCLE  
**Insurance Company**  
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage THIRD PARTY  
 Fleet Policy NO  
 Policy Number 5090251170  
 Cover Note Number  
**Driver**  
 Name of Driver FANG KWI FONG  
 NRIC No S2113698J  
 Date Of Birth 07/07/1949  
 Occupation INDOOR  
 Date Of Driving Pass 19/08/2003  
 Driving Experience 14 YEARS AND 5 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-83123163  
 Fax Number  
 Contact Number OFFICE-83123163  
 EMail Address NOEMAIL

Address	BLK 213 MARSILING CRESCENT #13-69
Postcode	730213
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	SIDE SWIPE
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?	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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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	FBK351E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	FANG KWI FONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBA1071J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly if a claim is made. If the accident happened on the claimant's property.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may result in the insurance company's repudiation of policy liability.
4. The insured's acceptance of this form by insurance is required to be an admission of policy liability from the start of the accident to the completion.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the members of the GAA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and full copies of this report will be available on the website 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 access of the report being made available to others.
8. **Consent under the Personal Data Protection Act (PDPA)**

I, under/submit, acknowledge, agree and consent that:

- (a) My insurer, my employer and the General Insurance Association of Singapore (GIAS) have/are permitted to collect, use, disclose and/or store my personal data/personal information set out in this form and any other personal information provided by me or provided by my insurer/employer (the "Personal Information") and disclose and transfer such Personal Information to all persons who have a valid interest involved in this accident (all those who have insured with GIAS) involved in this accident shall be not be held liable to as the "Insurers" (the "Insurers") independent from the Monetary Authority of Singapore and any relevant government regulatory authority (such as the GIAS) for the purposes of:
  - (i) processing, handling and/or dealing with a claim involving the settlement of the claim and any criminal investigation relating to the claim;
  - (ii) investigating the criminal and/or civil claims;
  - (iii) carrying out a defence relating with any prosecution or responding to any enquiries by me;
  - (iv) processing of my claims including the making of a claim, dependence, settlement, dispute, reports of accident to me which could involve disclosure of certain personal data about me relating to the delivery of the service as well as my own personal cover of a temporary/real passport and/or;
  - (v) complying with applicable law in conducting processing, handling and/or dealing with my claim, including the "Purposes".
- (b) All insurers who have insured vehicles involved in this accident and the insurers' insurers' as forms, must be permitted to collect, use, disclose or store personal data/personal information for one or more of the above purposes; and
- (c) my insurer/employer must be disclosed by any of the insurers and/or GIAS to their third parties such as professional agents including their lawyers (law firms), which may attend outside of Singapore for one or more of the above purposes;
- (d) my insurer/employer must be disclosed by any of the insurers and/or GIAS to their third parties such as professional agents including their lawyers (law firms), which may attend outside of Singapore for one or more of the above purposes;
- (e) the third parties who are disclosed by any of the insurers and/or GIAS to their third parties such as professional agents including their lawyers (law firms), which may attend outside of Singapore for one or more of the above purposes;
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- (z) the third parties who are disclosed by any of the insurers and/or GIAS to their third parties such as professional agents including their lawyers (law firms), which may attend outside of Singapore for one or more of the above purposes;

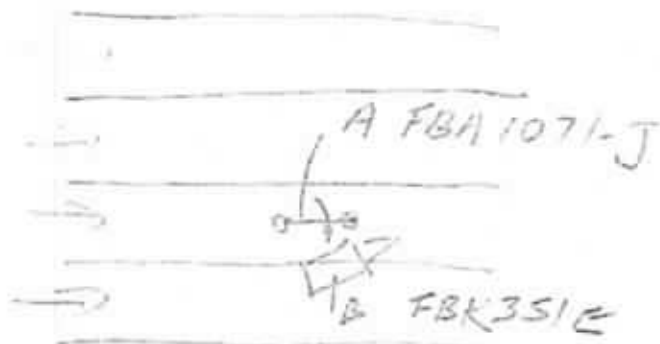
Insured/Authorized Driver  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Insured/Authorized Driver  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Insured/Authorized Driver  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

## DECLARATION

© 2006 The Authors  
Journal compilation © 2006 Blackwell Publishing Ltd

1.  $\mathcal{L}_1$  and  $\mathcal{L}_2$  are linear spaces over  $\mathbb{R}$  or  $\mathbb{C}$ .

Don't get the  
impression that the author of this  
book is a fool.

Geometrische Optik: Brennweite  $f$  und Bildweite  $b$  sind gegeben.  
Berechnen Sie die Gegenstandsweite  $g$ .



# SINGAPORE POLICE FORCE



T/20180212/2030

1 of 3

Police Station Of Origin  
Woodlands West N P C  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

Report No. T/20180212/2030

J/20180122/0150

FBK351E

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2018 09:56	Vide Report No.	Station Diary No. 19
--	-----------------	-------------------------

### Informant's Particulars

Name of Informant: FANG KWI FONG			Address: APT BLK 213 MARSILING CRESCENT #13-69 SINGAPORE 730213		
ID Type / ID No. NRIC NO / S2113698J			Contact No Home/Office Mobile: 83123163		
Nationality: SINGAPORE CITIZEN			Email		
Sex: Male	Age: 68	Date of Birth: 07/07/1949	Type of Informant Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CLEANER			Driving Licence Information: Class: 2B 2A 2 3 4 Date of Expiry		

### General Information of the Accident

Type of Accident	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 22/01/2018 15:30	Type of Location: Straight Road
Location Along Road 1 PAN ISLAND EXPRESSWAY  TOWARDS KJE				
Weather Clear		Road Surface Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA1071J	Motorcycle	HONDA	WAVE 125R A	Red		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA1071J	NTUC Income Insurance Co-Operative Limited	5090251170	20/04/2017	19/04/2018



**SINGAPORE  
POLICE FORCE**



T/20180212/2030

2 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

Report No. T/20180212/2030

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FANG KWI FONG	ID No.	S2113698J
Related Vehicle	FBA1071J (Motorcycle)	Contact No.	83123163
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	22/01/2018	Date Discharge	09/02/2018
No. of Days granted Medical Leave	63	Degree of Injury	Slight

**Brief Details.**

On 22 January 2018 at about 1532hrs, I was riding my motorcycle along Pan Island Expressway (PIE) towards Kranji Expressway (KJE) at the third lane. While I was riding, a motorcycle suddenly side swiped me on my right. Both motorcycles lost balance and I fell off my motorcycle. I was badly injured and could not remember what happened next. I was then conveyed to National University Hospital in a conscious state however I could not move my body. I was discharged from the hospital on 09 February 2018 and I was given hospitalization leave for a period of 63 days from 22 January 2018 to 25 March 2018.

FBK 351 E



**SINGAPORE  
POLICE FORCE**



T/20180212/2030

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No. 1800-363 9999

3 of 3

Report No. T/20180212/2030

**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 SITI AISYAH BINTE AIDIL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 MARIAH BINTE ZAKARIA

Contact No. 65476433

Signature Of Informant:

Date/Time:

12/02/2018 09:56

Classification Of Case:

Authentication Stamp

NP168

PHOTOCOPY

## AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110  
Mobile : 9855 6879 Email : automaxsurvey@gmail.com  
Registration No. 53110062J

Billing To: Fang Kiwi Fong  
c/o Eng Soon Painting SVC  
Blk 4 Yew Tee Ind Est 393 - J  
Woodlands Road  
Singapore 677969

Invoice no.: TP18010014

Date: 25 MAY 2018

Vehicle no: FBA 1071 J

Model : HONDA WAVE 125R A

ITEM	DESCRIPTION	AMOUNT
1	Date of Inspection : 28 February 2018 Copies of the inspection / survey report Correspondence, postages and etc	\$ 791.00
2	Photography Services Develop photographs Storage of digital photographs	
3	To submit report by hand	
4	Charges on photocopies, posting, faxes and others incidental works entrusted.	
5	Transportation Charges	
6	Reinspection Charges	
	<b>TOTAL :</b>	<b>\$ 791.00</b>

**Notes :**

1. Cheque payment should be "crossed" and made payable to "Automax Survey".
2. Please contact us if there are further enquiries on the invoice.

Official Stamp

## AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road, #07-280, Singapore 470110  
Mobile: 9855 6879 Email: automaxsurvey@gmail.com  
Registration No. 53110062J

Report Ref: TP18010014

Date: 25 MAY 2018

Fang Kiwi Fong  
c/o Eng Soon Painting SVC  
Blk 4 Yew Tee Ind Est 393 - J  
Woodlands Road  
Singapore 677969

### THIRD PARTY SURVEY

ACCIDENT OCCURED ON 22 January 2018

Workshop Name and Address:

Eng Soon Painting SVC  
Blk 4 Yew Tee Ind Est 393 - J  
Woodlands Road  
Singapore 677969

As per your instruction dated 28 February 2018  
We have carried out a physical inspection on the said  
We enclosed herewith our report and findings as follows

with regard to the above matter  
FBA 1071 J

### 1. VEHICLE PARTICULARS

Registration No: FBA 1071 J  
Model: HONDA WAVE 125R A  
Year / Capacity: 2005 / 125 cc  
Chassis No: NF125PS0002278

Engine No: NF125PSE0002278  
Mileage: n.a km  
Colour: Multi colour

### 2. TYRES CONDITION

	<u>Size</u>
FRONT	70/90/R17
REAR	70/90/R17

<u>Made</u>	<u>Balance</u>	<u>Rim</u>
Prelli	9.00 mm	Sport
Prelli	9.00 mm	Sport

# AUTOMAX SURVEY

Blk 110 Bedok Reservoir Road , #07-280, Singapore 470110  
Mobile 9855 6879 Email automaxsurvey@gmail.com  
Registration No. 53110062J

## 3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the ALL portion(s). For more detail of the damages, please see photograph attached.

4 Estimated normal period of repair 18 working days to complete

5 In accordance to your instruction, we have Not Authorised repair to the vehicle and the survey done on a "Without Prejudice" basis. We hope that this report will be of assistance to you in dealing with the matter.

6 Should you discover any discrepancy in the report, please kindly notify us within 1 week, or the report will be treated as correct.

### Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.



Vehicle Number : FBA 1071 J

**SPARE PARTS**

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$\$)	Our Revised Estimation (\$\$)
<u>List Items</u>				
1 pc	Grip throttle <i>nc x</i>	grazed/deformed	\$ 36.80	\$ 36.80
1 pc	Grip handle <i>nc x</i>	bent/distorted	\$ 13.80	\$ 13.80
1 pc	Housing upper throttle <i>nc x</i>	wraped	\$ 11.80	\$ 11.80
1 pc	Housing lower throttle <i>nc x</i>	deformed	\$ 24.50	\$ 24.50
1 pc	Brake master cylinder assy <i>Replace</i>	distorted	\$ 483.00	\$ 483.00
1 pc	Steering handle lever <i>Replace</i>	bent/distorted	\$ 26.60	\$ 26.60
1 pc	Steering stem complete <i>nc x</i>	dent/deformed	\$ 368.00	\$ 368.00
1 set	Front wheel fender <i>Replace</i>	grazed/deformed	\$ 155.50	\$ 155.50
2 pcs	Front shock absorber assy <i>Replace</i>	twisted/distorted	\$ 744.90	\$ 744.90
1 pc	Front brake caliper assy <i>nc x</i>	malfunction	\$ 389.90	\$ 389.90
1 pc	Front rim <i>nc x</i>	wraped	\$ 424.30	\$ 424.30
1 pc	Front brake disc <i>nc x</i>	wraped/distorted	\$ 109.25	\$ 109.25
1 pc	Fuel tank assy <i>nc x</i>	dent/distorted	\$ 199.80	\$ 199.80
1 pc	Seat assy (double) <i>nc x</i>	grazed/deformed	\$ 332.50	\$ 332.50
1 set	Cover set inner front body <i>nc x</i>	cracked/deformed	\$ 64.50	\$ 64.50
1 set	Cover set inner side body <i>Replace</i>	cracked/deformed	\$ 165.55	\$ 165.55
1 set	Cover set rear inner lower body <i>nc x</i>	cracked/deformed	\$ 528.80	\$ 528.80
1 set	Cover set inner tail body <i>Replace</i>	cracked/deformed	\$ 75.60	\$ 75.60
1 pc	Pedal gear change <i>nc x</i>	bent/distorted	\$ 68.80	\$ 68.80
1 pc	Kick start arm assy <i>Replace</i>	bent/distorted	\$ 111.15	\$ 111.15
1 pc	Brake pedal complete <i>Replace</i>	bent/distorted	\$ 77.00	\$ 77.00
1 pc	Step bar complete <i>nc x</i>	dent/deformed	\$ 115.50	\$ 115.50
2 pcs	Front rubber step <i>Replace</i>	torn/deformed	\$ 33.80	\$ 33.80
2 pcs	Pillion bracket assy <i>Replace - RH</i>	bent/distorted	\$ 250.10	\$ 250.10 <i>120</i>
2 pcs	Step pillion complete <i>Replace - RH</i>	dent/distorted	\$ 246.50	\$ 246.50 <i>60</i>
1 pc	Headlamp complete <i>nc x</i>	malfunction	\$ 378.65	\$ 378.65
1 pc	Main stand complete <i>nc x</i>	bent/distorted	\$ 121.60	\$ 121.80
1 pc	Side stand bar complete <i>nc x</i>	dent/distorted	\$ 86.80	\$ 86.80

Vehicle Number : FBA 1071 J

**SPARE PARTS**

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<u>List Items</u>				
1 pc	Basket assy	wrapped/deformed	\$ 100.80	\$ 100.80
1 pc	Ignition key set	malfunction	\$ 158.50	\$ 158.50
1 pc	Body frame assy	wrapped/deformed	\$ 1,559.40	\$ 1,559.40
1 pc	Speedometer assy complete	malfunction	\$ 306.60	\$ 306.60
1 pc	Steering handle pipe complete	bent/distorted	\$ 155.80	\$ 155.80
1 set	Complete steering cover handle	grazed/deformed	\$ 386.90	\$ 386.90
1 pc	Switch starter	malfunction	\$ 25.20	\$ 25.20
1 pc	Switch dimer	malfunction	\$ 35.50	\$ 35.50
1 pc	Switch horn	malfunction	\$ 35.50	\$ 35.50
1 pc	Switch winker	malfunction	\$ 35.50	\$ 35.50
2 pcs	Side mirror assy	grazed/deformed	\$ 110.80	\$ 110.80
2 pcs	Winker assy	grazed/deformed	\$ 284.85	\$ 284.85
1 pc	Front top cover assy	distorted/deformed	\$ 457.80	\$ 457.80
2 pcs	Front outer cover lower	distorted/deformed	\$ 135.20	\$ 135.20
Parts Sub-Total			\$ 9,433.55	\$ 9,433.55
Discount 10.00%			\$ 943.36	\$ 943.36
			\$ 8,490.20	\$ 8,490.20

Vehicle Number : FBA 1071 J

**SPARE PARTS**

QTY	PARTS DESCRIPTION	CONDITION	Workshop Estimation (\$)	Our Revised Estimation (\$)
<u>Special Nett Items</u>				
2 pcs	Number plate	distorted	\$ 90.00	\$ 90.00
2 blts	Fork oil	Necessary	\$ 45.00	\$ 45.00
1 pc	Meter cable	grazed/cut	\$ 50.00	\$ 50.00
1 pc	Throttle cable	grazed/cut	\$ 50.00	\$ 50.00
2 pcs	Hose/Pipe	deformed	\$ 82.00	\$ 82.00
1 pc	Horn assy	dent/ open circuit	\$ 35.00	\$ 35.00
1 pc	Tyre	deformed	\$ 200.00	\$ 200.00
1 pc	Gasket	Necessary	\$ 32.00	\$ 32.00
1 pc	Spark plug	electronically shocked	\$ 19.50	\$ 19.50
1 pc	Brake pad	damaged	\$ 24.00	\$ 224.00
1 set	Rear box with bracket	distorted	\$ 288.00	\$ 288.00
1 pc	Exhaust assy	distorted	\$ 650.00	\$ 650.00
Special Nett Sub-Total			\$ 1,565.50	\$ 1,765.50
Spare Parts Total			\$ 10,055.70	\$ 10,255.70

LABOUR COST

S/No	JOB DESCRIPTIONS	Workshop Estimation (\$)	Our Revised Estimation (\$)
------	------------------	--------------------------	-----------------------------


Spare Parts Total of \$ 10,055.70 \$ 10,255.70

1	Labour charges to repair and panel beat body frame structure cutting/welding and replacing the above mentioned parts	\$ 1,800.00	\$ <del>1,800.00</del> 400
2	Transport	\$ 120.00	\$ 120.00 X
3	To replace wiring harness system incl checking	\$ 180.00	\$ <del>150.00</del> 30
4	To full coat affected areas	\$ 150.00	\$ <del>120.00</del> 40
5	To respray affected areas	\$ 1,400.00	\$ <del>1,200.00</del> 200
6	Bleed brake system	\$ 150.00	\$ <del>120.00</del> 50
Total		\$ 13,705.70	\$ 13,445.70

The repairer has agreed to undertake the repair under a Sum Basis. We have further adjusted the amount to

Sum Repair of

\$ 10,750.00

  
Fong Kok Heng  
Qualified Appraiser

10,245.70

# ENG SOON PAINTING SERVICES

Blk 4 Yew Tee Ind Est 393 - J  
Woodlands Road  
Singapore 677978  
Tel: 6760 6271 Fax: 6764 6676

---

FANG KWI FONG  
BLOCK 213 MARSILING CRESCENT  
#13-69  
SINGAPORE 730213

DATE: 25/05/18

DEAR SIRs

ACCIDENT DATE: 22/01/18  
FINAL REPAIR BILL TO FBA 1071 J

**LUMP SUM REPAIRS RECOMMENDED**  
BY THE SURVEYOR-----\$ 10,750.00

DOLLARS: TEN THOUSAND, SEVEN HUNDRED AND FIFTY ONLY



income

### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATIONS) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATIONS) RULES, 1992  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1992 (MALAYSIA)

Certificate Number: 0000001170

1. Index mark and Registration Number of Vehicle

Class Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive

(a) Named Drivers Only

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation or that disqualifies him from driving the Motor Vehicle.

6. Conditions as to Use

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

This Policy does not cover

(a) Use for hire or reward

(b) Use for racing, speed-making, reliability trial or speed testing

(c) Use for the carriage of goods other than samples in connection with any trade or business

(d) Use for any purpose in connection with the Motor Trade

7. Conditions (excluding those imposed by Section 4 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 5(1) of the Road Transport Act, 1987 (Malaysia)) are not to be included under these headings.

EXCESS (SECTION 11)

N/A

EXCESS (SECTION 21)

N/A

INSURE WITH COE

N/A

NAMED DRIVER (1)

PANG HAN FONG

NAMED DRIVER (2)

N/A

WIRE PURCHASE COMPANY

N/A

SUM INSURED

N/A

I/We Hereto Certify that the 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).

Agency

1. (RM) CHEE MUN (SIN) (2000001170)

Date of Issue

18 Apr 2017 16:04 Hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By

Authorized Officer

Chief Executive

BONNIE KWOK  
BONNIE KWOK LLC  
101A UPPER CROSS STREET  
#08-12 PEOPLE'S PARK CENTRE  
SINGAPORE 058357

Your Reference BK 18569 1B.st-  
Our Reference 2018-14062-0

26-02-2019

Dear Sir / Madam

Enclosed is the completed SPECIALIST MEDICAL REPORT for FANG KWI FONG @ \$180.2

Any clarification to the enclosed medical report will be accepted within 3 months from the above date  
Beyond which, a fee will be applicable.

You may contact the Medical Reports Section at 6772 5163 for further assistance.

Thank you.

Medical Reports Section

THIS IS A COMPUTER GENERATED LETTER. NO SIGNATURE IS REQUIRED.

Specialist Medical Report

Our Ref: 2018-14062-0

8/2/19

To Whom It May Concern

Re: FANG KWI FONG, S2113698J

The above mentioned patient is a 69 year old male patient. He is right handed and works as a cleaner. He was seen at NUH Emergency Department on 22/1/18 following a road traffic accident. He was admitted from 23/1/18 - 9/2/18. He was on hospitalization leave for 22/1/18 - 25/3/18.

Based on our records, the patient was a motorcyclist involved in a collision with another motorcycle. Injuries sustained included the following:

1. Multiple hand lacerations of both hands
2. Right index nail plate avulsion
3. Left index finger proximal phalanx radial condyle fracture
4. Left index finger cut extensor tendon
5. Bilateral foot lacerations
6. Right 5th toe nail avulsion
7. Right forehead laceration
8. Right inferior pubic ramus fracture
9. Multiple superficial skin abrasions
10. Mild traumatic brain injury

The patient underwent the following surgeries:

- 23/1/18 Wound debridement and closure of right forehead laceration
- 23/1/18 Wound debridement and closure of bilateral upper limb wounds and repair of left index finger extensor tendon
- 23/1/18 Wound debridement of bilateral lower limb wounds, closure of left 3<sup>rd</sup> and 4<sup>th</sup> toe wounds

His other injuries were managed conservatively.

The patient was reviewed for the purpose of this specialist medical report on 3/10/18. He complained of pain on flexion of the left index finger. This reduced his ability to pick up small items with his left hand. He reported occasional pain of the right big toe but otherwise no pain in the lower limbs. He reported no difficulty in dressing himself and performing routine activities of daily living, independently. He had returned to his previous job of cleaner.

On examination, the patient had the following scars:

- Left index finger interphalangeal joint: 2 cm
- Right patella: 3 x 1 cm
- Left patella lateral aspect: 2 x 1 cm abrasion scar
- Left ankle lateral malleolus: 1cm abrasion scar
- Right big toe: 2 cm
- Right forehead: 2cm x 1cm

Left index finger range of movement was as follows:

- Metacarpophalangeal joint: 5 - 90 degrees
  - Proximal interphalangeal joint: 0 - 90 degrees
  - Distal interphalangeal joint: 0 - 10 degrees
- He has full range of movement of the left wrist.

He has full range of movement of both knees and left ankle.  
He has full range of movement of his hips.

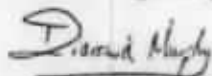
There was no altered sensation over upper or lower limbs.

Previously performed imaging was reviewed and left index finger proximal phalanx radial condyle fracture and right inferior pubic ramus fractures were noted. No repeat plain films were indicated.

There is no surgery or further treatment planned for Mr Fang Kwi Fong.

The patient has been given an open date for follow up from the orthopaedic surgery department. He may be assessed for permanent disability according to the Guide to the Assessment of Traumatic Injuries and Occupational Diseases for Work Injury Compensation, Fifth Edition (revised). He has 8% permanent disability.

Kindest regards,



DR DIARMUID MURPHY  
Senior Consultant Orthopaedic Surgeon  
National University Hospital.



BONNIE KWOK LLC  
ADVOCATES AND SOLICITORS  
101A UPPER CROSS STREET  
#08-12 PEOPLE'S PARK CENTRE  
Singapore 058357

Your Reference BK 18569 18 sg  
Our Reference 2018-11737-0

13-07-2018

Dear Sir / Madam:

Enclosed is the completed ORDINARY MEDICAL REPORT for FANG KWI FONG (S2113698J) @ \$80.25.

You may contact the Medical Reports Section at 6772 5163 for further assistance.

Thank you

Medical Reports Section

THIS IS A COMPUTER GENERATED LETTER. NO SIGNATURE IS REQUIRED.

Your Ref : BK.18569.18.sg  
Our Ref : MR.2018-11737-0

4 July 2018

Bonnie Kwok  
Bonnie Kwok LLC  
Advocates & Solicitors  
101A Upper Cross Street  
#08-12 People's Park Centre  
Singapore 058358

Dear Sir/Madam

**MEDICAL REPORT ON FANG KWI FONG**

**S2113698J**

The above patient was admitted to the National University Hospital from 23/1/18 to 9/2/18.

He had been involved in a road traffic accident on 22/1/18.

He sustained the following injuries:

1. Multiple hand lacerations bilaterally
  - treated with debridement of wounds of both upper limbs and repair of left index finger extensor tendon on 23/1/18
2. Bilateral feet and knee wounds
  - Treated with debridement of wounds on 23/1/18
3. Right cephalohematoma with a bleeding vessel treated with a hemostatic stitch.
4. Occipital laceration treated with wound debridement and closure of laceration on 23/1/18.
5. Mild traumatic brain injury with impairment in naming, language, abstraction, delayed recall for which patient underwent a period of inpatient rehabilitation.

The above patient was last seen by the orthopaedic team on the 22/3/18. The wounds were noted to be healing and the patient was subsequently given an open date.

Yours faithfully



Dr Jonathan Tan  
Senior Resident  
On behalf of Dr Diarmuid Murphy  
Senior Consultant  
Dept of Orthopaedic Surgery  
NUH

/s/urmo-D

# NATIONAL UNIVERSITY HOSPITAL

5 Lower Kent Ridge Road, Singapore 119074 Tel: (65) 6779 5555



## HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

FANG KWIFONG | S2113698J | 68Y 7M | M | Chinese | 1518259411J | 23-Jan-2018 | 09-Feb-2018

### ADMISSION DETAILS

Admission Date: 23-Jan-2018 DOB: 07-Jul-1949 Age: 68Y 6M (as of admission)  
 Ward: Ward Senja (Rehab) Room: ROOM 04 Bed: BED 023  
 Patient Type: Inpatient Patient Class: Class C  
 Attending Dr: EFFIE CHEW (087578) Medical Service Code: Rehabilitation Medicine

### DISCHARGE DETAILS

Discharge Date/Time: 09-Feb-2018 08:11  
 Discharge Status: Follow Up at SOC Condition at Discharge: Improved - Condition better than at time of admission

### DIAGNOSIS

TRAUMA

### PROCEDURE

Procedure	Date/Time
Skin and Subcutaneous tissue(ear/nose/eyelid/face) complex lacerations, repair	23-Jan-2018 02:59
SKIN & SUBCUTANEOUS TISSUE,DEEP/EXTENSIVE CONTAMINATED WOUND,DEBRIDEMENT	23-Jan-2018 02:59
Hand, Crush Injuries (complex), Wound Debridement	23-Jan-2018 02:59

### DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy:  
 No drug allergy

Medical Alert:  
 No medical alert

The drug allergy data is accurate as at 09-Feb-2018 08:23

### CLINICAL SUMMARY

Follow up  
 TCU plans  
 Ortho x 1/12 to review L IF  
 HRM TCU PRN  
 TCU rehab med 8 weeks

#### Discharge Medication

The discharge medication data is accurate as at 08-Feb-2018 13:17

Route	Medication Name	Dosage Regimen	Instructions
PO	PARACETAMOL Tablet	1 G every 6 hours when necessary 1 WEEK	pain
Topical	CHLORTETRACYCLINE Eye Oint	1 APPLY 3 times a day 1 MONTH	Apply to wound
PO	TRAMADOL Tablet	25 MG every 8 hours when necessary 1 MONTH	Pain. Serve 30 min before PT OT sessions

By : MARY ANNE CHING LIM(11991A)

Date : 09-Feb-2018 08:23

This is a computer-generated summary of information available and correct at point of print.  
 Please refer to your doctor for further information or clarification.

Printed by: SITI ZAHARAH BINTE ABU BAKAR  
 Printed Date/Time: 09-Feb-2018 12:43  
 A member of NUHS

HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

FANG KWI FONG | S2113698J | 68Y 7M | M | Chinese | 1518259411J | 23-Jan-2018 | 09-Feb-2018

Topical	MUPIROCIN Ointment	1 APPLY when required 1 MONTH	as needed
Topical	JELONET 5X5CM Piece	1 PIECE every morning 1 MONTH	
PO	SENNOSIDES Tablet	2 TAB every night when necessary 1 MONTH	If BNO
PO	LACTULOSE Syrup	10 ML 3 times a day when necessary 1 MONTH	If BNO

Medical Certificate

No Medical Certificate issued

Future Appointment

Provider	Clinic	Datetime/Interval
EFFIE CHEW	Neuroscience Clinic	29-Mar-2018 16:20
DIARMUID MURPHY	Ortho & Spine Clinic B	22-Mar-2018 14:35

Planned Orders

Not Applicable

By : MARY ANNE CHING LIM(11991A)

Date : 09-Feb-2018 08:23

This is a computer-generated summary of information available and correct at point of print.  
Please refer to your doctor for further information or clarification.

Printed by: SITI ZAHARAH BINTE ABU BAKAR

Printed Date/Time: 09-Feb-2018 12:43

A member of NUHS

**National University Hospital (Singapore) Pte Ltd**

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No.198500843R



MEDICAL CERTIFICATE	ORIGINAL	NUH18039170
NAME: FANG KWI FONG		NRIC: S2113698J

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 63 day(s) from 22-Jan-2018 to 25-Mar-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 22-Jan-2018 16:24 to 09-Feb-2018 14:01

09-Feb-2018	GOBINATHAN CHANDRAN (61875F)	NWSENJA	
Date	Issued by	Location	Signature

A member of the NUHS

## 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	08/02/2018 15:18
Date Of Accident	22/01/2018 15:40
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK351E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HERYAWAN BIN KAMIS
NRIC No	S7533357I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92413764
Alternative Phone No	Office-92413764

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR250R-250CC

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?	YES
--	-----

If No, Please state action to be taken

Vehicle Category	MOTORCYCLE
------------------	------------

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100403569-02000
Cover Note Number	

### Driver

Name of Driver	RIANTO BIN KAMIS
NRIC No	S6837390E
Date Of Birth	08/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1994
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92413764

Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 210 BOON LAY PLACE #19-109
Postcode	640210
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?	NO
Number of vehicles 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) 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

REFER TO POLICE REPORT

#### 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	UNKNOWN
Vehicle Make/Model/Colour	MOTORBIKE
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 Rianto Bin Kamis

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBK351E

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



## Sketch Plan

# SKETCH PLAN




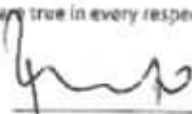
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along PIE towards Changi Airport. An unknown motorcycle suddenly cut through my lane from the left and I immediately fell and skidded. From there on I was unconscious. I woke up I was already at NHH. After I was discharge I was given 15 days hospitalization leave.

## 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:


 8/2/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/PIH No.:


SKETCH PLAN


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:

 8/2/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180207/2149

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

1 of 3

Report No. T/20180207/2149

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2018 18:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RIANTO BIN KAMIS			Address: 210 BOON LAY PL #19-109 HDB JURONG WEST SINGAPORE 640210		
ID Type / ID No.: NRIC NO / S6837390E			Contact No.: Home/Office: Mobile: 92413764		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 08/11/1968	Type of Informant: Rider		
Race: Malay			Language: Malay	Institution / School Name:	
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/01/2018 15:40	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK351E	Motorcycle	HONDA	CBR250R	Black	Seriously Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180207/2149

2 of 3

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

Report No. T/20180207/2149

**CONTINUATION OF REPORT**

Rider			
Name	RIANTO BIN KAMIS		ID No. S6837390E
Related Vehicle	FBK351E (Motorcycle)		Contact No. 92413764
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	22/01/2018		Date Discharge 26/01/2018
No. of Days granted Medical Leave	15		Degree of Injury Serious

**Brief Details.**

ON 22/1/2018 AT ABOUT 1540HRS,

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI AIRPORT. AN UNKNOWN MOTORCYCLE SUDDENLY CUT THROUGH MY LANE FROM THE LEFT. AND I IMMEDIATELY FELL AND SKIDDED. FROM THERE ON I WAS UNCONSCIOUS. I WOKE UP I WAS ALREADY AT NUH. AFTER I WAS DISCHARGE I WAS GIVEN 15 DAY HOSPITALISATION LEAVE.



**SINGAPORE  
POLICE FORCE**



T/20180207/2149

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

3 of 3

Report No. T/20180207/2149

**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 /  
MUHAMAD NUR SAM FASLI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
07/02/2018 18:19

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:



HOTLINE TEL: (65) 6419-3090  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

MY 1

MOTORCYCLE (TPFT) (INSURED NOT DRIVING POLICY)

(The below excess is subject to 100%)

CERTIFICATE NO. 2100403569-02000

OWN DAMAGE EXCESS S\$300.00 (1)  
WINDSCREEN EXCESS NA

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

FBK351E

Heryawan Bin Kamis

10 Feb 2017

9 Feb 2018

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT
- 4) DATE OF EXPIRY OF INSURANCE
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is named as a named driver other than the insured under the policy.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

### 6) LIMITATION AS TO USE\*

Use for social, domestic and pleasure purposes and in connection with the Insured's business or profession

The Policy does not cover

- 1) Use for hire or reward
- 2) Use for racing, pace-making, reliability trial or speed-testing
- 3) Use for the carriage of goods (other than samples) in connection with any trade or business
- 4) Use for any purpose in connection with the Motor Trade

### BIKE PRODUCTION PTE LTD

Co Reg No: 200507407G

610 Serangoon Road

Singapore 216216

Tel: 63922555 Fax: 62975400

LOSS OF USE Not included

\* NAMED DRIVER Rianto Bin Kamis

HIRE PURCHASE COMPANY BIKE PRODUCTION PTE LTD  
EMPLOYER'S LOAN

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the 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).

Issued in Singapore 24 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

504274-110  
INFINITE CONSULTANCY PTE LTD  
BLK 108 ALJUNIED CRESCENT  
#03-22  
SINGAPORE 380108

AUTHORISED REPRESENTATIVE

ORIGINAL

SSP5LD

Please note that this vehicle  
is under hire purchase with  
Bike Production Pte Ltd  
No transfer or endorsement is allowed  
without the company's consent

AIG Building 78 Raffles Place #0716 Singapore 078120

AIG Asia Pacific Insurance Pte. Ltd.

Co Reg No: 200507407G

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S6837390E**

Name: **RIANTO BIN KAMIS**

Birth Date: **08 Nov 1968**  
Issue Date: **21 Jul 2003**

000672225F

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO **S6837390E**



Name: **RIANTO BIN KAMIS**

Race: **JAVANESE**  
Date of birth: **08-11-1968** Sex: **M**  
Country of birth: **SINGAPORE**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	18 Sep 1999
Class 2A	Motorcycles between 201 cc and 400 cc	27 Jul 1994
Class 2	Motorcycles exceeding 400 cc	01 Apr 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	21 Jul 2003

NP 438A



NPIC No. **S6837390E**



Date of issue: **02-12-2011**

**APT BLK 210 BOON LAY PLACE #10-108**  
**SINGAPORE 640210**

NPIC No. **S6837390E** Date: **08/08/2016**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo







## 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

Affiliated to Federation Internationale Des Experts En Automobile				
AIG ASIA PACIFIC INSURANCE PTE LTD			Ref : CS3/AIG18004000/Jtd3e2-1	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120			Date : 08-04-2019	
ATTN : JEFFREY			Code : AIG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)</b>				
Insured Veh.	FBK 351E	Veh. Inspected	FBA 1071J	
Policy No.	2100403569-02000	Coverage (\$)	0.00	
Claim No.	1226760585SG003	Excess (\$)	0.00	
Assign From	JEFFREY	Assign Date	22/03/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA WAVE	c.c	125	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	NF125PS0002278	Colour	RED	
Odometer	12034	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	70/90 R17	DUNLOP	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	80/90 R17	DUNLOP	5 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	22/01/2018	Inspection Date	02/04/2019	
Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBA 1071J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	GRIP THROTTLE	NOT CHANGED	36.80	-
1	GRIP HANDLE	NOT CHANGED	13.80	-
1	HOUSING UPPER THROTTLE	NO SUCH PARTS	11.80	-
1	HOUSING LOWER THROTTLE	NO SUCH PARTS	24.50	-
1	BRAKE MASTER CYLINDER ASSY	REPLACED	483.00	483.00
1	STEERING HANDLE LEVER	REPLACED	26.60	26.60
1	STEERING STEM COMPLETE	NOT CHANGED	368.00	-
1	SET FRONT WHEEL FENDER	REPLACED	155.50	155.50
2	FRONT SHOCK ABSORBER ASSY	REPLACED	744.90	744.90
1	FRONT BRAKE CALIPER ASSY	NOT CHANGED	389.90	-
1	FRONT RIM	NOT CHANGED	424.30	-
1	FRONT BRAKE DISC	NOT CHANGED	109.25	-
1	FUEL TANK ASSY	NOT CHANGED	199.80	-
1	SEAT ASSY (DOUBLE)	NOT CHANGED	332.50	-
1	SET COVER SET INNER FRONT BODY	NOT CHANGED	64.50	-
1	SET COVER SET INNER SIDE BODY	REPLACED	165.55	165.55
1	SET COVER SET REAR INNER LOWER BODY	NOT CHANGED	528.80	-
1	SET COVER SET INNER TAIL BODY	REPLACED	75.60	75.60
1	PEDAL GEAR CHANGE	NOT CHANGED	68.80	-
1	KICK START ARM ASSY	REPLACED	111.15	111.15
1	BRAKE PEDAL COMPLETE	REPLACED	77.00	77.00
1	STEP BAR COMPLETE	NOT CHANGED	115.50	-
2	FRONT RUBBER STEP	REPLACED	33.80	33.80
2	PILLION BRACKET ASSY	O/S REPLACED	250.10	120.00
2	STEP PILLION COMPLETE	O/S REPLACED	246.50	60.00
1	HEADLAMP COMPLETE	NOT CHANGED	378.65	-
1	MAIN STAND COMPLETE	NOT CHANGED	121.80	-
1	SIDE STAND BAR COMPLETE	NOT CHANGED	86.80	-
1	BASKET ASSY	NOT CHANGED	100.80	-
1	SET IGNITION KEY	NOT CHANGED	158.50	-
1	BODY FRAME ASSY	NOT CHANGED	1,559.40	-

Report Ref No. CS3/AIG18004000/Jtd3e2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SPEEDOMETER ASSY COMPLETE	NOT CHANGED	306.60	-
1	STEERING HANDLE PIPE COMPLETE	NOT CHANGED	155.80	-
1	SET COMPLETE STEERING COVER HANDLE	NOT CHANGED	386.90	-
1	SWITCH STARTER	NOT CHANGED	25.20	-
1	SWITCH DIMER	NOT CHANGED	35.50	-
1	SWITCH HORN	NOT CHANGED	35.50	-
1	SWITCH WINKER	NOT CHANGED	35.50	-
2	SIDE MIRROR ASSY	REPLACED	110.80	110.80
2	WINKER ASSY	NOT CHANGED	284.85	-
1	FRONT TOP COVER ASSY	REPLACED	457.80	457.80
2	FRONT OUTER COVER LOWER	NOT CHANGED	135.20	-
	LESS 10% DISCOUNT		-943.36	-262.17
			8,490.19	2,359.53
	<b>SPECIAL NETT ITEMS</b>			
2	NUMBER PLATE (SN)	REPLACED-FRONT	90.00	20.00
2	BTLS FORK OIL (SN)	REPLACED	45.00	45.00
1	METER CABLE (SN)	NOT NECESSARY	50.00	-
1	THROTTLE CABLE (SN)	NOT NECESSARY	50.00	-
2	HOSE / PIPE (SN)	NOT NECESSARY	82.00	-
1	HORN ASSY (SN)	NOT NECESSARY	35.00	-
1	TYRE (SN)	NOT NECESSARY	200.00	-
1	GASKET (SN)	NOT NECESSARY	32.00	-
1	SPARK PLUG (SN)	NOT NECESSARY	19.50	-
1	BRAKE PAD (SN)	NOT NECESSARY	24.00	-
1	SET REAR BOX WITH BRACKET (SN)	NOT NECESSARY	288.00	-
1	EXHAUST ASSY (SN)	NOT NECESSARY	650.00	-
			1,565.50	65.00
	<b>LABOUR</b>			
	LABOUR CHARGES TO REPAIR AND PANEL BEAT BODY FRAME STRUCTURE CUTTING / WELDING AND REPLACING THE ABOVE MENTIONED PARTS.		1,800.00	400.00
	TRANSPORT.	NOT NECESSARY	120.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REPLACE WIRING HARNESS SYSTEM INCL CHECKING.		180.00	30.00
	TO TUFF COAT AFFECTED AREAS.		150.00	40.00
	TO RESPRAY AFFECTED AREAS.		1,400.00	200.00
	BLEED BRAKE SYSTEM.		150.00	50.00
			3,800.00	720.00
GRAND TOTAL			13,855.69	3,144.53
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,500.00

Report Ref No. CS3/AIG18004000/Jtd3e2-1

ONG HWEE JIE

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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