

week 3

ASS. REC. BY: Surveyor Bryan Thelmachoo REF: CS3/SMO18014013/Dvd3-1 of Instruction: _____

From (Person): Thelmachoo of SMO Date/Time: 02/04/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: FBE909D Insured: 8K2 7778B

at Workshop no: Speedy Motor Tel: 6481 5567

of 3/k 10 Amk Ind. Park 2A #05-21

Policy No: _____ Claim No: CMTD1803265 / THE

Sum Insured: _____ Excess: _____

Make of Veir: _____ D.O.A: 29/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS Cup H.O.D. Endorsement: _____

Date/Time: 10:49am @ Vellis Person Contacted: Ms. Tan Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	<u>FBE 909D - NA / INC 10017761/2</u>
	<u>8K2 7778B -></u>
	<u>Disassemble parts : 02/08/2018</u>
	<u>RECEIVED 09 APR 2019</u>

08/04/2019 - To submit 2/S 8501 - with 3 dgs of inv.
 (Ref 7400, 597)
 - Items indicated NH as no damage seen in photos and/or JAV review photos show parts still ~~the~~ the same.
 - 3 dgs based on dates dates we surveyed.


 190-160 = 290

REF:

ASSIGNMENT

COE Jan 2023

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

/	
NIS	OIS

Veh No: **FBE 909 D** Yr Regn: **2013 Jan**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer of _____
 Make: **Honda CB 1000** CC: **998**
 Colour: **Multi-colour** A/C: Insured / Std / NI / NA
 Sp Reading: **38904** T/Radio: Insured / Std / NI / NA
 Eng/No: **8C60E2108070**
 C/No: **ZDCSC60C0CF066907**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / STD A/Rim or
 Tyre Size: F: **120/70 R17**
 R: **180/55 R17**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Pirelli**
 Front _____ Rear _____
 R/Bal: **3** mm R/Bal: **3** mm
 L/Bal: _____ mm L/Bal: _____ mm
 D.O.A: **29/07/2018** D.O.I: **01/08/2018 @ 07:15 pm**
 Survey held at **Speedy MAW AMK**
 Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or
No visible damage.
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
Sampo PRS SKZ 7778B
1st inspection 01/08/2018
2nd - " - 02/08/2018

No open range provided.

* No visible damage to TP bike. Reported that OI reversed. So should contact at TP tyre only. Have say which side fault. Need to check on involving J damage.

Days Of Repair: _____
 Resurvey No. of Trip: **2**
 Survey Fee: **100**
 Transportation: **60**
 Add Fee: Site Insp \$
 Intersgw \$
 Tech. Insp \$
 Wheelend \$
 Report Format: **PRS**
 Lump Sum / LB: (\$) _____

100
60
160

Nivitha (LKK Auto)

From: Choo, Thelma <thelma.choo@sompo.com.sg>
Sent: Tuesday, 2 April 2019 1:55 PM
To: 'assignments@lkkauto.com'
Subject: Sompo Ref: CMTD1803265/THE; LKK Ref: CS3/SMO18014013/Dz4d3e2
Attachments: 3213_001.pdf; WinZip Compressed Attachments.zip

Dear Denise,

We refer to your reference above

Please assist to conduct a Paper Re-survey attached is the survey report from the third party independent surveyor for your attention.

Best Regards

Thelma Choo

Claims Division

D: 6322 4681 | T: 6461 8555 | F: 6221 3147



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

Quick & Easy Claims Submission¹ & Product Purchase² via Sompo SG



¹ For Travel, Personal Accident & Home Insurance | ² For Travel, Personal Accident, Home & Private Motor Insurance

Disclaimer: This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

Privacy Policy Notice: Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy.

Loss Adjuster, Consulting Automotive Engineer, Accident Reconstruction & Analyst.**VEHICLE APPRAISAL REPORT**

Mr Ahmad Fahmi Bin Abdullah
Apt Blk 437 #09-149
Tampines Street 43
Singapore – 520 437

Our Ref : TP/1808/FBE909/SPD
Date : 19 August 2018

REFERENCE PARTICULARS

Your Reference No : Not Advised
Date of Accident : 29 July 2018

Date of Assignment : 01 Aug 2018
Date of Inspection : 01 Aug 2018
Date of Re-inspn. : 02 Aug & 03 Aug 2018

PARTICULARS OF VEHICLE

Regn. No : FBE 909D
Make : HONDA
Model : CB1000RAM
Year : 2013 (COE.Exp : Jan 2023)

Odometer : 38904km
Color : Multi - Colour
Chassis No. : ZDCSC60C0CF066907
Engine No : SC60E2108070

TYRE / CONDITION

<u>Location</u>	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	Metzeler	120 / 70 R 17	5 mm
Rear	Pirelli	180 / 55 R 17	5 mm

DAMAGE PROFILE

The motor cycle sustained damage on Frontal and right side.

Please refer to photographs and assessment of repairs for details.

ASSESSMENT SUMMARY

Repair cost to the vehicle is assessed as \$ **8250.00 lump sum**

Survey conducted at: Speedy Motor Cycle Service Center.

Enclosed (45) photographs depicting damage to the vehicle.

Estimated time required for repairs: (5) days.

The survey was conducted on a **WITHOUT PREJUDICE BASIS.**

ASSESSMENT FOR REPAIR : FBE 909 D

<u>Qty</u>	<u>Description</u>	<u>Condition</u>	<u>Repairer's Estimate</u>	<u>Our Assessment</u>	
1 pc	Headlamp cowling	Cut	832.00	832.00	NH
1 pc	Headlamp top cover	Usable	312.00	-	
1 pc	Cowling stay	Distorted	312.00	312.00	NH
1 pc	Side lamp RH	Cut	132.00	132.00	✓
2 pcs	Handle bar @\$147	Bent RH	294.00	147.00	✓
1 set	Handle balancer	Cut	76.00	76.00	✓
1 set	Handle grip	Usable	72.00	-	
1 pc	Brake lever	Bent/cut	72.00	72.00	✓
1 pc	Clutch lever	Usable	55.00	-	
2 pcs	Mirror @ \$123.00	Cut RH	246.00	123.00	NH
1 set	Head lamp assy	Cut/hdr. Bent	840.00	840.00	NH
1 pc	Front fender	Grazed	265.00	265.00	NH
2 pcs	Front fork assy @ \$860.00	Twisted	1720.00	1720.00	NH
1 pc	Steering stem	Distorted	520.00	520.00	NH
1 pc	Front rim	Cut/warped	680.00	680.00	NH
2 pcs	Front brake disc L@\$425	Warped RH	850.00	425.00	NH
1 pc	Fuel tank	Repair	975.00	S.N.250.00	NH
1 pc	Side fairing RH	Grazed/deform	826.00	826.00	NH
1 pc	Side fairing "X" mark	Necessary	76.00	76.00	NH
1 pc	Mid fairing centre lower	Cut/deformed	315.00	315.00	NH
1 pc	Front footrest RH	Bent/cut	73.00	73.00	✓
1 pc	Front footrest bracket RH	Bent	135.00	135.00	✓
1 pc	Brake pedal	Bent	75.00	75.00	✓
1 pc	Rear footrest RH	bent/cut	65.00	65.00	✓
1 pc	Rear footrest bracket RH	Bent	192.00	192.00	✓
1 pc	Rear signal lamp RH	Cut	73.00	73.00	✓
1 pc	Rear pillion grip RH	Cut	125.00	125.00	NH
1 pc	Tail box cover assy	Grazed	655.00	655.00	NH
1 pc	Exhaust assy (After market)	Dented/cut	1800.00	1800.00	NH
			12663.00	10554.00	
	Less 10%		1266.30	1055.40	
			11396.70	9498.60	
	Add special nett from above			250.00	X
1 pc	Front number plate	Not required	12.00	-	
1 pc	Steering cone & bearing	Necessary	172.00	86.00	NH
1 set	Exhaust gasket	Necessary	52.00	52.00	NH
	Towing fee		60.00	30.00	NH
	Rear frame repair		250.00	-	
	Labour charge		500.00	400.00	150/-
			12442.70	10316.60	
	Lump sum repair adjustment			8250.00	

1040.00
936.00

150.00

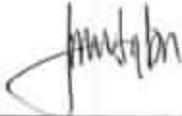
1086.00
3 days. 850/-

Our Ref.: TP/1808/FBE909/SPD

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle. We have listed the breakdown of our findings and our recommendation as per assessment above.

Inspected by



Dylan Lee

Faithfully Yours
L H TEO Appraisal Services



Teo Kiak Hoo
Advance Automotive Engineer (UK)
Dip. Mech. Engr. M Prof BTM(Dip.BTM)
MIEE, MIMI, AMSIM

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	30/07/2018 12:16
Date Of Accident	29/07/2018 18:00
Exact Location Of Accident	BLK 456 PASIR RIS DRIVE 4 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE909D
Insured/Policyholder	
Name Of Registered Owner	AHMAD FAHMI BIN ABDULLAH
NRIC No	S9038356F
Email Address	FAHMIGASOLYNNE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91868561
Alternative Phone No	OFFICE-91868561

Vehicle Particulars

Manufacturer	HONDA
Model	CB1000RA M
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTMC01004162
Cover Note Number	

Driver

Name of Driver	AHMAD FAHMI BIN ABDULLAH
NRIC No	S9038356F
Date Of Birth	19/10/1990
Occupation	INDOOR
Date Of Driving Pass	24/04/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91868561
Fax Number	
Contact Number	OFFICE-91868561
Email Address	FAHMIGASOLYNNE@GMAIL.COM

Address	BLK 437 TAMPINES STREET 43 #09-149
Postcode	520437
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SITI NOR RABIAH ADAWIYAH BINTE MOHAMED ISMAIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ7778B
Vehicle Make/Model/Colour	KIA SORENTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SALLEH BIN FARAI BAJRAI
NRIC/Passport Number	S7827838B
Contact Number	98710278
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SITI NOR RABIAH ADAWIYAH BINTE MOHAMED ISMAIL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBE909D

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 Authorized 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: 30/7/18
@ Dasha

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


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



**SINGAPORE
POLICE FORCE**

Sketch Plan Pg. 3



T/2018Q730/2028

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/2018Q730/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2018 11:34		Vide Report No.:	Station Diary No.: 22
Informant's Particulars			
Name of Informant: AHMAD FAHMI BIN ABDULLAH		Address: APT BLK 437 TAMPINES STREET 43 #06 149 SINGAPORE 520437	
ID Type / ID No.: NRIC NO / S9038356F		Contact No.: Home/Office: 91868561 Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 19/10/1990	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: PROJECT ENGINEER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2018 16:00	Type of Location: Car Park
Location: Along Road 1 PASIR RIS DRIVE 4 BLK 456 OPEN SPACE CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE909D	Motorcycle	HONDA	CB1000RA M	Multi-Colored	Slightly Damaged	1
SKZ7778B	Car				No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBE909D	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100416 2	25/07/2018	24/07/2019



**SINGAPORE
POLICE FORCE**

Sketch Plan Pg. 4



T/20180730/2028

Police Station Of Origin:
Changi N.P.C.
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20180730/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrian is Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD FAHMI BIN ABDULLAH	ID No.	S9038356F
Related Vehicle	FBE909D (Motorcycle)	Contact No.	91868561
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pillion			
Name	SITI NOR RABIAHTUL ADAWIYAH BINTE MOHAMED ISMAIL	ID No.	S9307933G
Related Vehicle	FBE909D (Motorcycle)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/07/2018	Date Discharge	29/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 29/07/2018, at around 1600hrs, I was riding my bike (FBE909D) with my fiance as the pillion at Pasir Ris Drive 4 B/456 open space carpark. As we were exiting the carpark, I noted a car (SKZ7778B) ahead that was stationary in position. The car did not signaled its hazard light and hence, I am unsure as to what the driver was intending to do. As such, I stopped my bike behind the car approximately 1 meter away. Out of a sudden, the car reversed and accelerated. I could not react in time which resulted in a collision between the car's rear onto my bike's front portion.

As a result of the collision, my fiance fell off my bike and landed on the road. The said driver from the car then exited his vehicle and particulars were exchanged. My bike sustained some exterior cosmetic damages.

After the accident, my fiance complained of pain on her lower back. Thereafter, I sent her to Changi General Hospital for treatment and she was subsequently given 3 days of Medical Leave.



**SINGAPORE
POLICE FORCE**

Sketch Plan Pg. 5



T/20180730/2028

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20180730/2028

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: G / Sgt 2 TYLER LIM SI HAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2018 11:34
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LU Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

Sketch Plan Pg. 6



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9038356F



Name
AHMAD FAHMI BIN ABDULLAH
 احمد فاهمي بن عبدالله
 Race
JAVANESE
 Date of birth
19-10-1990 Sex
M
 Country of birth
SINGAPORE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

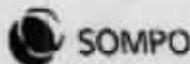


Accident Photo



CERTIFICATE OF INSURANCE

16-07-16:17:24



Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place, 45th Floor, Singapore Land Tower, Singapore 048623
Tel: 65 6331 8225 | Fax: 65 6331 5553 | Website: www.sompo.com.sg
E-Reg No. 19628402E | GST Reg. No. W19628298

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1989
ROAD TRANSPORT ACT, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

Cert No./Policy No. : Q18MTM001004162
Insured : AHMAD FAHMI BIN ABUJILAN
Motor Vehicle (Regn No.) : +R932ED
Cover : Comprehensive
Policy Commencement Date : 20 JULY 2016 00:00
Policy Expiry Date : 24 JULY 2017 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$1250 - Section I
Named Driver 1 : AHMAD FAHMI BIN ABUJILAN
HIRE PURCHASE OWNER : WING FLAT PTE LTD

WING FLAT PTE LTD
1000 SINGAPORE STREET
SINGAPORE 069733
Tel: 65 6331 8225
Fax: 65 6331 5553
www.wingflat.com.sg

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*
AHMAD FAHMI BIN ABUJILAN

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 376) and its registration under the Road Traffic Act (Chapter 376) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purposes and
(a) by the insured in person in connection with his business or profession or
(b) in connection with the insured's business or profession.

The Policy does not cover

- (i) Use for hire or reward
(ii) Use for racing, speedmaking, retailing, trial or speed-testing
(iii) Use for the carriage of goods (other than samples) in connection with any trade or business
(iv) Use for any purpose in connection with the Motor Trade

Accident Reporting

It is a condition precedent to liability that the insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereafter.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Helpline: (65) 6461 6565.

This Certificate is valid only in respect of the Motor Vehicle as insured in accordance with (i) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, Chapter 188 and the Rules thereunder and (ii) the policy terms, conditions and exclusions of the Motor Vehicle Policy (WINGFLAT/MS/24).

Sompo Insurance Singapore Pte. Ltd.

Signature

Authorized Signatory

Date/Time of Issue : 16 JULY 2016 17:22

Important notices

- 1. Keep this Certificate in your Motor Vehicle.
2. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle unless he holds a valid licence of insurance under the Act.
3. On the date of the Motor Vehicle or if the only reason for the policy is cancelled during its term, the insured must surrender the Certificate of Insurance and the Policy to the Company. If the Certificate is cancelled for any reason, a written ASSIGNMENT shall also need to be made. Failure to comply with this assignment is a breach under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188).
4. This Policy will cease to be valid once the Motor Vehicle has been sold or another person. The Policy is non-transferable to the new owner of the Motor Vehicle.

Emergency Calls & Helpline : 65 6461 6565 | WINGFLAT PTE. LTD. (MOTORCYCLES) | Code: MY3 F40820WPA2MFMKLL

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9038356F



Name
AHMAD FAHM BIN ABDULLAH
اسم الفهم بن عبدالله
Race
AFRANESI
Date of Birth
18-03-1990 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7827838B



Name
SALLEH BIN FARAI BAJRA
Race
ARAB
Date of Birth
24-09-1978 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S9038356F



Name
AHMAD FAHM BIN ABDULLAH
Valid Until: **18 Oct 1999**
Issue Date: **21 Jul 2009**



REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: S7827838B



Name
SALLEH BIN FARAI BAJRA
Valid Until: **24 Sep 1978**
Issue Date: **11 Apr 2002**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	30/07/2018 18:58
Date Of Accident	29/07/2018 16:10
Exact Location Of Accident	PASIR RIS DRIVE 4 OPEN CP IN FRONT BLK 461
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ7778B
Insured/Policyholder	
Name Of Registered Owner	ZURAI DAH BINTE ISMAIL
NRIC No	S8227814A
Email Address	ZURPHIL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98710278
Alternative Phone No	OFFICE-98710278

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO 2.2(A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01002385
Cover Note Number	N.A.

Driver

Name of Driver	SALLEH BIN FARAI BAJRAI
NRIC No	S7827838B
Date Of Birth	24/09/1978
Occupation	INDOOR
Date Of Driving Pass	19/06/1998
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98710278
Fax Number	
Contact Number	OFFICE-98710278
Email Address	ZURPHIL@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

WHEN I WAS DRIVING INSIDE PASIR RIS DRIVE 4 OPEN CP IN FRONT BLK 461 FOR FINDING PARKING. I REVERSE AND KNOCK INTO MOTORCYCLE FBE909D . I WAS ONLY LOOKING AT MY RIGHT MIRROR AND DIDNOT SEE THE MOTORCYCLE. ME AND THE TP DRIVER IS NOT INJURED WHILE HIS PASSANGER HAVE 3 DAYS MC.

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	FBE909D
Vehicle Make/Model/Colour	HONDA/ CB1000RA
Details Of Properties	NA
Vehicle Category	MOTORCYCLE
Name of Driver	AHMAD FAHMI BIN ABDULLAH
NRIC/Passport Number	S9038356F
Contact Number	91868561
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	UNKNOWN (PILLION)
------	-------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBE909D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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 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 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 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.

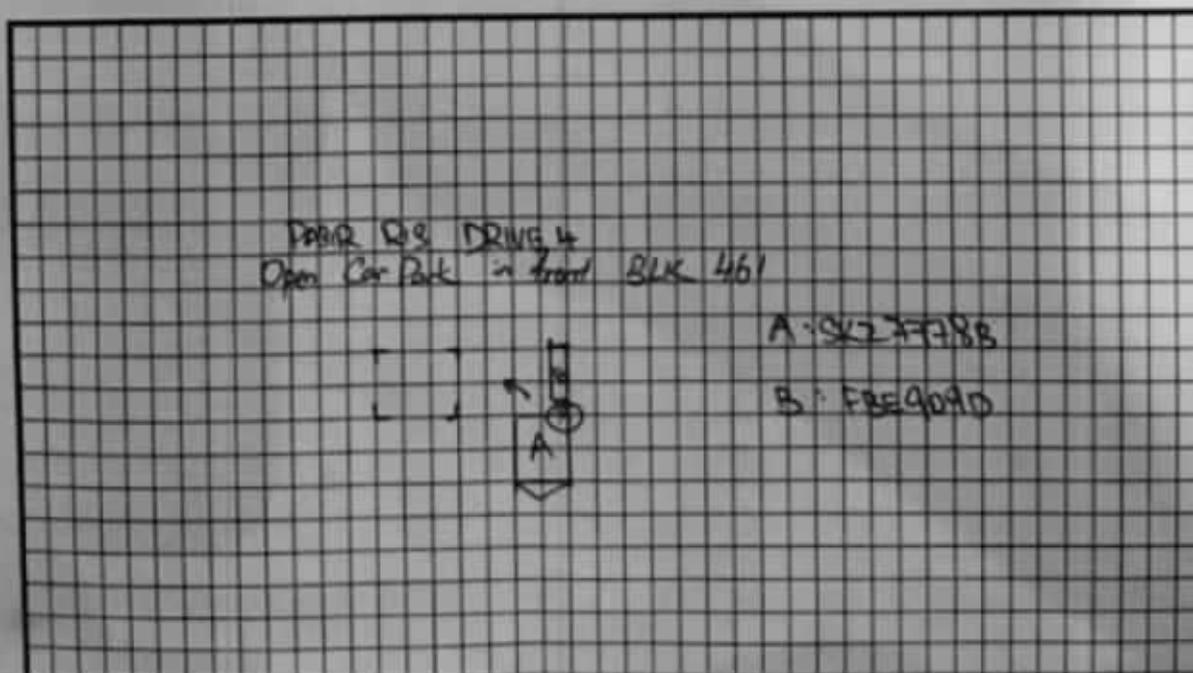
VERIFIED BY AJAX MARS
REPORTING OFFICER
Jun Keat

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

WHEN I WAS DRIVING INSIDE PASIR RIS DRIVE 4 OPEN CP IN FRONT BLK 461 FOR FINDING PARKING. I REVERSE AND KNOCK INTO MOTORCYCLE FBE909D . I WAS ONLY LOOKING AT MY RIGHT MIRROR AND DIDNOT SEE THE MOTORCYCLE. ME AND THE TP DRIVER IS NOT INJURED WHILE HIS PASSANGER HAVE 3 DAYS MC.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

30 July 2018 at 4:38 PM

Date/Time:

30 July 2018 at 5:21 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

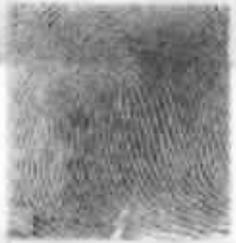


Driving License

4311750



NRIC No. S7827838B



Date of issue
24-11-2008

APT BLK 60 DAKOTA CRESCENT #06-207
SINGAPORE 390060

NRIC No: S7827838B Date: 17/03/2011 No: 0691563

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Jun 1998

NP 428A

Licence No: S7827838B



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7827838B**



Name
SALLEH BIN FARAI BAJRAI

Race
ARAB

Date of birth
24-09-1978

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7827838B**

Name
SALLEH BIN FARAI BAJRAI

Birth Date: **24 Sep 1978**

Issue Date: **11 Apr 2003**





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			
SOMPO INSURANCE SINGAPORE PL		Ref : CS3/SMO18014013/Dvd3e2-1	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 11-04-2019	
		Code : SMO	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKZ 7778B	Veh. Inspected	FBE 909D
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1803265/THE	Excess (\$)	0.00
Assign From	THELMA CHOO	Assign Date	02/04/2019
2. Vehicle Particulars & Condition			
Make & Model	HONDA CB1000	c.c	998
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	ZDCSC60C0CF066907	Colour	MULTI COLOUR
Odometer	38904	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	120/70 R17	PIRELLI	3 mm
L/H Front Tyre			mm
R/H Rear Tyre	180/55 R17	PIRELLI	3 mm
L/H Rear Tyre			mm
4. Description of Damages			
NO VISIBLE DAMAGE TO TP BIKE. REPORTED THAT OI REVERSED. SO SHOULD CONTACT AT TP TYRE ONLY. NEVER SAY WHICH SIDE FALL. NEED TO CHECK ON CONSISTENCY OF DAMAGE.			
5. General Information			
Accident Date	29/07/2018	Inspection Date	01/08/2018
Survey held at	SPEEDY MOTOR CYCLE SERVICE CENTRE BLK 10 ANG MO KIO IND.PARK 2A #05-21 SINGAPORE 568047		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBE 909D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	HEADLAMP COWLING	NOT NECESSARY	832.00	-
1	HEADLAMP TOP COVER	USABLE	312.00	-
1	COWLING STAY	NOT NECESSARY	312.00	-
1	SIDE LAMP RH	CUT	132.00	132.00
2	HANDLE BAR @\$147.00	O/S BENT	294.00	147.00
1	SET HANDLE BALANCER	CUT	76.00	76.00
1	SET HANDLE GRIP	USABLE	72.00	-
1	BRAKE LEVER	BENT / CUT	72.00	72.00
1	CLUTCH LEVER	USABLE	55.00	-
2	MIRROR @\$123.00	NOT NECESSARY	246.00	-
1	SET HEAD LAMP ASSY	NOT NECESSARY	840.00	-
1	FRONT FENDER	NOT NECESSARY	265.00	-
2	FRONT FORK ASSY @\$860.00	NOT NECESSARY	1,720.00	-
1	STEERING STEM	NOT NECESSARY	520.00	-
1	FRONT RIM	NOT NECESSARY	680.00	-
2	FRONT BRAKE DISC L @\$425.00	NOT NECESSARY	850.00	-
1	FUEL TANK	NOT NECESSARY	975.00	-
1	SIDE FAIRING RH	NOT NECESSARY	826.00	-
1	SIDE FAIRING "X" MARK	NOT NECESSARY	76.00	-
1	MID FAIRING CENTRE LOWER	NOT NECESSARY	315.00	-
1	FRONT FOOTREST RH	BENT / CUT	73.00	73.00
1	FRONT FOOTREST BRACKET RH	BENT	135.00	135.00
1	BRAKE PEDAL	BENT	75.00	75.00
1	REAR FOOTREST RH	BENT / CUT	65.00	65.00
1	REAR FOOTREST BRACKET RH	BENT	192.00	192.00
1	REAR SIGNAL LAMP RH	CUT	73.00	73.00
1	REAR PILLION GRIP RH	NOT NECESSARY	125.00	-
1	TAIL BOX COVER ASSY	NOT NECESSARY	655.00	-
1	EXHAUST ASSY (AFTER MARKET)	NOT NECESSARY	1,800.00	-
	LESS 10% DISCOUNT		-1,266.30	-104.00
			11,396.70	936.00
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE (SN)	NOT REQUIRED	12.00	-



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3581 FAX: 8256 4315

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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	STEERING CONE & BEARING (SN)	NOT NECESSARY	172.00	-
1	SET EXHAUST GASKET (SN)	NOT NECESSARY	52.00	-
			236.00	-
	LABOUR			
	TOWING FEE.	NOT NECESSARY	60.00	-
	REAR FRAME REPAIR.	NOT NECESSARY	250.00	-
	LABOUR CHARGE.		500.00	150.00
			810.00	150.00
GRAND TOTAL			12,442.70	1,086.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				850.00

Report Ref No. CS3/SMO18014013/Dvd3e2-1

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.