From (Person	rankleh Koh Ming	shao .	NMENT (Office) M3/G	Date/Time 12/04/2019
On ATP V	200		TOTAL ASSOCIATION	1/
o Inspect V	S/TP RES/OD RU	FRF	e (13)	asured SJS 9827D
at Workshop of	568	Guxana	orsports Road	Tel 6745 3811
Policy No_	2901266651	AN O S	Claim No: 5	66 781
Sum Insured			Excess:	
Make of Veh Client's Recor				D.O.A. 06 08 2018
CA / REV	1 REP. / REV 24 F	RS W	ted Mr. Loo	H.O.D. Endorsement: Vehicle IN OUT
				/ 100000
	Action/Instruction	-×	ate	Amor
	Action/Instruction FBE 8933 SIS 9837) - ×	nate	24(4)
Date/Time	Action/Instruction FBE 8933 SIS 9827 Dismantle: J	0/8/2018	/- @ 5 , 27%)	Not Finalise

RECEIVED 2 5 APR 2019

Nivitha (LKK Auto)

Erom:		

Accounts (LKKAuto) <account@lkkauto.com>

Sent:

Monday, 15 April 2019 11:14 AM

To:

Admin-D (LKKAuto)

Cc:

assignments

Subject:

Report Send Back Alerts - FBE8893L (TP)

Dear Nivitha,

FYNA Please...

Pending for Survey Report- CS3/MSG18014696/T1Z4D3E2

12 Apr 2019 13:59

Ins Send Back Adj Rpt

PLease conduct paper resurvey

[I] Koh Ming Shao

12 Apr 2019 13:59

Adj Next Rpt Changed

Next Rpt:Final Rpt.Due Date:2019/04/16

[I] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6742 9588 | email: account@lkkauto.com | fax: 6844-8805

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

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]

Sent: Friday, 12 April 2019 2:00 PM

To: account@lkkauto.com

Subject: Report Send Back Alerts - FBE8893L (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,

The Merimen Team



This email has been checked for viruses by AVG antivirus software. www.avg.com



Y B LIM APPRAISAL SERVICES

835 Hougang Central #11-558 Singapore 530835 Mobile: 9783 3518 Email: yblimappraisals@gmail.com Registration No. 53224663B

VEHICLE ASSESSMENT REPORT

Mr. Muhammad Amsyar Bin Mohamed Akbar

Blk 369 Tampines Street 34

#10-35

Singapore 520369

Ref. No

: YBL/1808/FBE8893

Date

: 30 November 2018

PARTICULARS OF DAMAGED VEHICLE

Vehicle No. : FBE 8893 L Make : Yamaha

Model : YZF-R15

Year : 2010

Chassis No : ME120P022A2005727

Engine No : Blocked Date of Accident

Date of Assignment

Date of Inspection Date of Re-inspn.

: 13 August 2018 : 30 August 2018

: 06 August 2018

: 13 August 2018

Odometer Color

: 82643 km : Black/red

TYRE CONDITION

Make

Size

Thread Balance

Front

Pirelli

90/80-17

4 mm

Rear

Pirelli

110/70-17

4 mm

GENERAL DESCRIPTION OF DAMAGE (Photographs Attached)

The motor cycle sustained damage at rear and right side.

INSPECTION AND ADJUSTMENT

Original Quotation: \$4,910.60.

Revised Assessment: \$ 3,400.00 Lump sum.

In accordance to your instruction, we have not authorized repairs.

In normal circumstances, repairs to the vehicle would take approximately Five (5) days to complete.

Inspection conduct at : Asia Motorsports Solution Pte Ltd.

Enclosed Twenty Five (25) photographs depicting damage to the vehicle and after repairs.

This survey was conducted on a "WITHOUT PREJUDICE" basis.

Y B LIM APPRAISAL SERVICES

Vehicle No: FBE 8893 L

Ref. No: YBL/1808/FBE8893

				Original	Revised	1
<u>S/N</u>	Description	Qty	Condition	Quotation	Quotation	
	Material					
1	Top cowling assy	1 pc	Grazed	290.00	290.00	
2	Cowling screen	1 pc	Scratches	90.00	90.00	
3	Cowling stay	1 pc	Bent	85.00	85.00	
4	Handle bar	1 pc	Bent	80.00	80.00	
5	Handle balancer	1 set	Grazed RH	50.00	25.00	
6	Brake lever	1 pc	Cut	22.00	22.00	
7	Mirror assy RH	1 pc	Grazed	75.00	75.00	
8	Head lamp	1 pc	Cut/grazed	240.00	240.00	
9	Front signal RH	1 pc	Grazed	60.00	60.00	
10	Front fender	l pc	Deformed	95.00	95.00	
11	Front side fairing RH	l pc	Grazed	185.00	185.00	
12	Side fairing inner cover RH	1 pc	Cracked	105.00	105.00	
13	Fuel tank	1 pc	Repair	640.00	S.N. 180.00	
14	Front footrest RH	1 pc	Bent	45.00	45.00	
15	Brake pedal	1 pc	Bent	58.00	58.00	
16	Pillion footrest RH	1 pc	Usable	42.00	~	
17	Rear seat bar	l pc	Cut	48.00	48.00	
18	Rear centre top cover	1 pc	Deformed	38.00	38.00	
19	Rear side fairing @ \$185/-	2 pcs	Graze/deformed	370.00	RH-Cot 370.00	1
20	Tail lamp	1 pc	Broken	115.00	115.00	l
21	Rear rim	l pc	Warped	390.00	390.00	
22	Rear mudguard	l pc	Deformed	98.00	98.00	
23	Rear number plate lamp	1 pc	Usable	55.00	~	
24	Rear signal @ \$60/-	2 pcs	Grazed/cut	120.00	120.00	
25	Exhaust protector	1 pc	Dented	108.00	108.00	
26	Exhaust pipe assy	1 pc	Graze/dented	850.00	R _∞ 850.00	
				4,354.00	3,592.00	
			Less 10%	435.40	359,20	
				3,918.60	3,232.80	
	Add special nett from above				180.00	
27	Front number plate	l pc	Necessary	12.00	12.00	-
28	Rear number plate	1 pc	Bent	12.00	12.00	1
29	Rear number plate holder	1 pc	Bent	68.00	68.00	1
			Total parts	4,010.60	3,504.80	

Y B LIM APPRAISAL SERVICES

Vehicle No: FBE 8893 L

Ref. No: YBL/1808/FBE8893

	Labour & Misc		
1)	Transportation x 2	70.00	60.00
2)	Front rim realign	80.00	4 0 60.00
3)	Front fork realign	120.00	/ 100.00
4)	Chassis frame /swing arm realign	350.00	200 300.00
5)	Workmanship	280.00	200 250.00
	Total parts and labour charges	4,910.60	4,274.80
	Final lump sum repair adjustment	Q a	
	r mar tump sum repair adjustment		3,400.00

RECOMMENDATION

We have inspected thoroughly the actual damages found on the vehicle. We have listed the breakdown of our findings and our recommendation as per assessment above.

Y B Lim Appraisal Services

Lim Yew Boon Eddie Automobile Appraiser

3

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 witholding of material facts may allow insurance companies to
- 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

Pote Of Party	ACCIDENT STATEMENT
Date Of Report	07/08/2018 11:55
Date Of Accident	06/08/2018 22:45
Exact Location Of Accident	TAMPINES EAST MRT
Country/State of Loss	SINGAPORE
AIGHT 17 56 年 12 日 12 15 16 10	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE8893L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AMSYAR BIN MOHAMED AKBAR
NRIC No	S9616492J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96710452
Alternative Phone No	OTHERS-96710452
Vehicle Particulars	OTTERS-967 10452
Manufacturer	YAMAHA
Model	YZF-R15
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	MOTORCYCLE
nsurance Company	MOTOROTOLE
Name of Insurance Company	NTI IO IN CONTENTA DE CONTENTA
ype Of Coverage	NTUC INCOME INSURANCE CO-OPERATIVE LTD
leet Policy	THIRD PARTY
olicy Number	NO SOUTH AND THE
Silvy Humber	5087310624-01

Cover Note Number

Driver

Name of Driver	MUHAMMAD AMSYAR BIN MOHAMED AKBAR
NIDIO No.	THE PART OF THE PA

NRIC No S9616492J Date Of Birth 16/05/1996 Occupation INDOOR Date Of Driving Pass 30/11/2016

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96710452

Fax Number

Contact Number OTHERS-96710452

EMail Address NOEMAIL Address BLK 369 #10-35 TAMPINES STREET 34

Postcode 520369

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO BELOW STATEMENT/SKETCH PLAN:

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

NO

1

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJS9827D

Vehicle Make/Model/Colour

TOYOTA ESTIMA 2.4X A

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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
- 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 whole(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)
 - 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.

- 7 AUG 2018

Policyholder s Signature Date & Timer

X

Driver's Signature

(If driver is not the policyholder)
Date & Time:

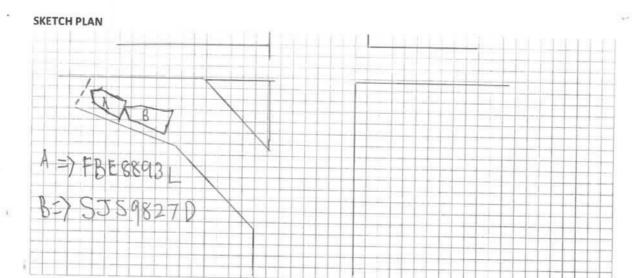
IDAC KAKI BUKIT (VAC)

Reporting Certific Halding Halling Ame 4
Name: Singapore 415933

NRIC/112/1067416697 Fax: 67492305

Email: vackb@singnet.com.sq

. Sand wend to complex



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was 97 lane the Car was behind Way Was approaching bus did manage COV 6 rea k crown at rear **DECLARATION**

Poficyholders Signature
Date & Time:

| Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time:

















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MVA 318101926 Vehicle Registration No: FBF 8893L Name(as shownin NRIC): BIN MOHAMED AKBAR NRIC/FIN/Passport No: 59616 4927 NRIC/FIN/Passport No : 596 6 4927 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate BIK 369 TAMPINES STREET 34 #10-35 _Singapore(\$20369) Address : 95441952 Contact (Tel) ____Mobile No.: 96710452 : amsyar_ 1996 @ hotmail com Email Address Date of Accident :06/08/2018 _Time of Accident : 10 45 pm Place of Accident : TAMPINES EAST MRT Insurance Company: NTUC INCOME INSURANCE CO-OPERMIVE LTD (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: plate instead mention

Policyholder / Driver's Signature

108/18

IDAC KAKI BUKIT (VAC)

Reporting Centre Personnel's Signature Singapore 415933

NRIC/FINING: 67416697 Fax: 67492305 Email: vacl:b@singnet.com.sq Date:

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 willful misrepresentation or witholding of material facts may allow insurance companies to
- 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.

Any faise 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

ACCIDENT STATEMENT

Date Of Report 07/08/2018 12:49 Date Of Accident 06/08/2018 22:45

Exact Location Of Accident TAMPINES AVE 7 TURNING TO TAMPINES AVE 2

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS9827D

Insured/Policyholder

Name Of Registered Owner TOH CHIN TENG

NRIC No S2646895G

Emall Address TCT1167@HOTMAIL.COM Mobile Phone No (LOCAL) +65-91848682 Alternative Phone No. OFFICE-91848682

Vehicle Particulars

Manufacturer TOYOTA

Model ESTIMA-2.4 (A)

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 PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 29012666

Cover Note Number

Driver

Name of Driver TOH CHIN TENG NRIC No

S2646895G Date Of Birth 05/11/1967 Occupation INDOOR Date Of Driving Pass 02/01/1994

Driving Experience 24 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91848682

Fax Number

Contact Number OFFICE-91848682

EMail Address TCT1167@HOTMAIL.COM Address

BLK 278 TAMPINES STREET 22

#09-198

Postcode

520278

, ooloode,

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 ON COLLISION

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?

NO

Was any injured conveyed to hospital by

ambulance?

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

I WAS DRIVING ALONG TAMPINES AVE 7 TURNING TO TAMPINES AVE 2, IN FRONT A MOTOR BIKE FBE8893L IN FRONT OF ME DID NOT MAKE UP HIS MIND TO GO THE WHICH DIRECTION TO PROCEED TO MOVE AND I HIT ONTO THE MOTORBIKE.

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

FBE8893L

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)

Sketch Plan Pg. 1

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.
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- 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.
- 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.
- By the ladgment 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.
- 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:
 - 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:
 - 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

el's Signature

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No ..

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDEN	DESCRIBE	CIRCUMSTANCES O	OF THE	ACCIDENT
---------------------------------------	----------	-----------------	--------	----------

	ES OF THE ACCIDENT	
01 6 8/18	at about 22-45pm	
During alon	& tampile are 7, turn	to tampho the 2,
A mata/hiva	212 00011 1 7	
		of me gary out but
do not pro	cess to move and I	hit and my motorbike.
DECLARATION		
//We declare the foregoing part	ticulars are true in every respect.	
Policyfiology's Synature	Delunde Steine	are seen and the seen of the s
ate & Time	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No :

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

LAIM SUBF	OLDER TRA	CKING								
Case 1	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Submitted	Ins Auth'ed			
Main	7 Aug 2018		13 Aug 2018 16:09 Edit Adj Rpt	S\$2,500. Edit Estir		S\$2,500.00 View Rpt		Report	Pending for Survey Report Cancel Case	
М	lain	R	eference	Cla	im Deta	ils	Docume	ents	Show All	
CLAIM SUE	FOLDER DE	TAILS				[Created	by insurer]			
Insured:	TOH CHI	TENG, ID: S26	46895G, Tel: +65	91848682						
Main Claimant:	MUHAMMAD AMSYAR BIN MUHAMED AKBAR. ID: 595104921									
Vehicle Reg. No.:	FBE889	FBE8893L Date of Loss: 06/08/2018 22:00 - :59 [93 Months and 2 Days From LTA Reg Date (Man Yr)]					(Man Yr)]			
Claim Type:	TP / 566	TP / 566781			olicy/Co lote No.:		MA (Compreho 17/09/2017 -			
Vehicle Reg. No. (Insured):	S3S9827D (Claimant):									
(4,,44,,44)					xcess:	S\$1,000.00	0			
Repairer:	Asia Moto	rsports (HQ) 56	8 Geylang Road, 389	9514 Geylan	g - Tel:					
Handling Insurer:		101 100	ore) Pte. Ltd. (HQ)							
Adjuster:	16/04/20		Ltd (HQ) - Tel: 62	56-3561 [Handled	by MOHD TAUF	IKH BIN HAM	IID] [Final R	ot due	
Driver/Custo dian (Insured):		TENG (50 / Male)	, NRIC: S264689	5G, Tel: +6	55918486	582 Email:				
Adj Asg. Remarks:	Liability 10	00%. TP disagree	with our SJE list, pro	ceed to appo	int LKK A	Auto Consultant.	Contact No: 6	745 3811		
ASSOCIAT	ED MAIL RE	CEIVED						View All Comp	ose Case Mail	
MSIG_SG		Report Send	PAPER RESURVEY Back Alerts - FBE8	893L (TP)			1		Louis	
Due Date No results.			Group Subjec	t Handle	r As	View All Signed By	Completed (Create New Task		

Claim Documents

*FBE8893L (566781)

[SJS9827D]

TP

MUHAMMAD AMSYAR BIN MOHAMED AKBAR

Aug 6 2018 10:00PM

[TOH CHIN TENG]

Asia Motorsports

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Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
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Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
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Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

LKK Auto Consultants Pte Ltd (Co.Reg. No:199607198R)

51 Ubi Ave 1 #01-25, Pava Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/MSG18014696/T1SD3E2-1

Date:

25/04/2019

REFERENCE

Date of Loss:

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

29012666SMA

Claimant Vehicle No:

FBE8893L

Insured Vehicle No:

SJS9827D

06/08/2018

Nature of Claim:

TP

Claim No: 566781

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

FBE8893L

Make & Model:

YAMAHA YZF-R15, 150cc (M)

Engine No:

20P1027499

Reg. Date:

04/11/2010 (Man. Year: 2010)

Chassis No:

ME120P022A2005727

Colour:

Red/Black

Odometer:

0 km

Engine Capacity:

150 cc Market Value/New Car Price: N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

90/80 R17

Rear Tyre Size:

110/70 R17

Front Left Side:

Pirelli 5 mm

Rear Left Side: Rear Right Side: Pirelli 5 mm 0 mm

Front Right Side: 0 mm The above values represent the remaining tyre treads depth

Repairer's	Adjuster's	Difference	Diff %
4,010.60	2,530.10	1,480.50	36.91
0.00	0.00	0.00	
900.00	600.00	300.00	33.33
0.00	0.00	0.00	
0.00	0.00	0.00	
4,910.60	3,130.10	1,780.50	36.26
	2,500.00		
4,910.60	2,500.00	2,410.60	49.09
	4,010.60 0.00 900.00 0.00 0.00 4,910.60	4,010.60 2,530.10 0.00 0.00 900.00 600.00 0.00 0.00 0.00 0.00 4,910.60 3,130.10 2,500.00	4,010.60 2,530.10 1,480.50 0.00 0.00 0.00 900.00 600.00 300.00 0.00 0.00 0.00 0.00 0.00 0.00 4,910.60 3,130.10 1,780.50 2,500.00

INSPECTION

Date of Assignment:

13/08/2018

Date Inspected:

14/08/2018

Inspected At:

Asia Motorsports (HQ)

568 Geylang Road Singapore 389514

Estimated Period of Repair:

5.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

Adjuster Report Page 3 of 4

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 25 Apr 2019)

Parts: N/A YAMAHA YZF-R15 150cc (M) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for FBE8893L)

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

numbers with the END OF ESTIMATES marker on the last estimate page Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*TOP COWLING ASSY	Grazed	290.00 FL	*290.00 FL
2	1		*COWLING SCREEN	Scratched	90.00 FL	*90.00 FL
3	1		*COWLING STAY	Bent	85.00 FL	*85.00 FL
4	1		*HANDLE BAR	Bent	80.00 FL	*80.00 FL
5	1		*SET HANDLE BALANCER	O/S Grazed	50.00 FL	*25.00 FL
6	1		*BRAKE LEVER	Cut	22.00 FL	*22.00 FL
7	1		*MIRROR ASSY RH	Grazed	75.00 FL	*75.00 FL
8	1		*HEAD LAMP	Cut / Grazed	240.00 FL	*240.00 FL
9	1		*FRONT SIGNAL RH	Grazed	60.00 FL	*60.00 FL
10	1		*FRONT FENDER	Deformed	95.00 FL	*95.00 FL
11	1		*FRONT SIDE FAIRING RH	Grazed	185.00 FL	*185.00 FL
12	1		*SIDE FAIRING INNER COVER RH	Cracked	105.00 FL	*105.00 FL
13	1		*FUEL TANK	Scratched	576.00 FS	*180.00 FS
14	1		*FRONT FOOTREST RH	Bent	45.00 FL	*45.00 FL
15	1		*BRAKE PEDAL	Bent	58.00 FL	*58.00 FL
16	1		*PILLION FOOTREST RH	Usable	42.00 FL	*- FL
17	1		*REAR SEAT BAR	Repair	48.00 FL	*-FL
18	1		*REAR CENTRE TOP COVER	Deformed	38.00 FL	*38.00 FL
19	1		*REAR SIDE FAIRING	O/S Cut / N/S Repair	370.00 FL	*185.00 FL
20	1		*TAIL LAMP	Broken	115.00 FL	*115.00 FL
21	1		*REAR RIM	Warped	390.00 FL	*390.00 FL
22	1		*REAR MUDGUARD	Deformed	98.00 FL	*98.00 FL
23	1		*REAR NUMBER PLATE LAMP	Usable	55.00 FL	*-FL
24	2		*REAR SIGNAL	Grazed / Cut	120.00 FL	*120.00 FL
25	1		*EXHAUST PROTECTOR	Dented	108.00 FL	*108.00 FL
26	1		*EXHAUST PIPE ASSY	Repair	850.00 FL	*-FL
27	1		*FRONT NUMBER PLATE	Necessary	12.00 FS	*12.00 FS
28	1		*REAR NUMBER PLATE	Bent	12.00 FS	*12.00 FS
29	1		*REAR NUMBER PLATE HOLDER	Bent	68.00 FS	*68.00 FS
F=Fra	anchise	part. S=SpcN	Nett. L=ListItemDisc.	The state of the s	Carrier Constitution (607/1960/19620-0
				Sub Total (S\$)	4,382.00	2,781.00
			- List Item Discount	371.40	250.90	
				Total Parts (S\$)	4,010.60	2,530.10

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

	Repairer's	Amount
New	70.00	60.00
New	80.00	40.00
New	120.00	100.00
New	350.00	200.00
New	280.00	200.00
ur Cost (S\$)	900.00	600.00
0	our Cost (S\$)	our Cost (S\$) 900.00

< END OF ESTIMATES >

Report was unsubmitted during this print-out.