I was	22/03/2002 - ASS. REC. BY:	REF(\$3/(71 1900	1471	Ec d3 Depecial Instruction:			
Mrima	From (Person): I'M TAY Estimated Cost:	Hui Ping of (11		Date/Time: 26.4.19 13: 48 p n			
	To Inspect Vehicle No: FBH 5629 m Insured: GB 4 957 D  at Workshop m/s Equator Brother hood  of 25 tati Butil rd 4 # 03-79						
	Policy No: DM CVSN 30 Sum Insured:		_ Claim	n No: SVM19D201853(02			
	Make of Veh: (Client's Record)  CA / REV / REP. / RED. Date/Time:	EV 24 HRS  O 059-m Person Contacted:		D.O.A. 23.4.2019  H.O.D.Endorsement:			
	Date/Time Action/Inst	ruction ( x ) Estimate 629m - M/ CII 19003 57m - M/ CII 190031	173/1/4	D-0A = 23/04/2019			
		ange on 30.4.19.to s					

ASSIGNMENT  Veh No. FBH 5619M Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Types M.Car (Legal) Bus I Van I Lorry I Taxi I Prime Mover I Truck I Taxiller or Make: Varnaha V.La V.La V.La V.La V.La V.La V.La V.L	REF: C1	1	
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Truck / Trailer or Make: Variable No: P6N 56-9 m    Morkshop m/s	TOTAL.		
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Date / Time Action / Instruction  Repair (Mage - 15 k - 2 k , 3 days)  Date/Time, File Pass to? : Preli. Report Days Of Repair: 3  Resurvey No. of Trip: Survey Fee: Transportation: Survey Fee: Interview (\$		PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF	Body Structure affected due to collision.
Date/Time, File Pass to?  Preli. Report  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  S+RS_SI  Interview (\$ )  Photos  Photos  Lump Sum / I.B.!: (\$ )  Weekend (\$ )		The did i diadic name i	
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Date/Time, File Return to?	Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3	
Add Fee:   Site Insp (\$ )s+Rs,s    Interview (\$ ) Photos   Tech. Invs (\$ ) Others   Lump Sum / I.B.I: (\$ )   Weekend (\$ )	: Final Report	Resurvey No. of Trip:	170
: Interview (\$ ) Photos     Report Format :   Tech. Invs (\$ ) Others     Lump Sum / I.B.I: (\$ ) : Weekend (\$ )	Date/Time, File Return to?	Add Facil Town (\$	
Report Format: PRU : Tech. Invs (\$ ) Others Lump Sum / I.B.I: (\$ ) : Weekend (\$ )	2)	- Instantial Property of the Parket of the P	
Lump Sum / I.B.I: (\$ ) : Weekend (\$ )		The state of the s	
		- Indiana	)) Others
	Lump Sum / I.B.I: (\$	; Weekend (\$	160

# ...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Apr 2019		26 Apr 2019 17:48 Assign				New Assignment Cancel Case

THE RESERVE THE PARTY OF THE PA	THE RESIDENCE OF THE PARTY OF T	THE REPORT OF STREET WAS DON'T STREET				
CLAIM SUBFOLDER DETAIL	s		[Created by insurer]			
Insured:	A1 SANITARY PLUMBING & EL	ECTRICAL SERVICES, Co. Reg.	. No.: 52872663C			
Main Claimant:	GOH JIA WEI, JEREMY, ID: S	9890647I				
Vehicle Reg. No.:	FBH5629M	Date of Loss:	23/04/2019 19:00 - :59 [ <b>69</b> Months and <b>4</b> Days From LTA Reg Date (Man Yr)]			
Claim Type:	<b>TP</b> / SNM19D201853C02	Policy/Cover Note No.:	DMCVSN30333818000 (Comprehensive) Coverage: 31/05/2018 - 30/05/2019			
Vehicle Reg. No. (Insured):	GBG957D	Policy No. (Claimant):	5099212455-01			
		Excess:	S\$0.00			
Repairer:	63846939 / 90113391	kaki bukit rd 4 #03-79 synergy @	kb, 417800 Kaki Bukit - Tel:  39 6111 [Handled by <b>Irene Tay Hui</b>			
Handling Insurer:	Ping - 638986192]					
	NTUC Income Insurance Co-operative Ltd (HQ) - Tel:					
Claimant's Insurer:	Titoe Income Insurance es e					
Claimant's Insurer: Adjuster:	LKK Auto Consultants Pte Ltd	The state of the s	Rpt due 08/05/2019]			
	LKK Auto Consultants Pte Ltd	The state of the s	Rpt due 08/05/2019]  View All   Compose Case Mail			
Adjuster:	LKK Auto Consultants Pte Ltd	The state of the s	200			

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	06471	
Vehicle No.:	FBH5629M	
Vehicle to be Exported:	No	
Intended Deregistration Date:	30 Apr 2019	
Vehicle Make:	YAMAHA	
Vehicle Model:	YZF-R15 MANUAL	
Primary Colour:	White	
Manufacturing Year:	2013	
Engine No.:	1CK4007504	
Chassis No.:	ME11CK045D2007533	
Maximum Power Output:	-	
Open Market Value:	\$2,931.00	
Original Registration Date:	19 Jul 2013	
First Registration Date:	19 Jul 2013	
Transfer Count:	4	
Actual ARF Paid: Intended PARF Rebate Details	\$440.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	18 Jul 2023	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$1,712.00	
COE Rebate Amount:	\$721.00	
Total Rebate Amount:	\$721.00	

The information contained herein is correct as at 30 Apr 2019

OK

E-FILE 5/14/2019

MVA319053558 / VAC - Kaki Bukit ENTRY DATE & TIME: 25/04/2019 14:06 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/04/2019 14:17

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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

ACCIDENT STATEMENT

25/04/2019 14:06 Date Of Report

23/04/2019 19:30 Date Of Accident

KALLANG AVENUE **Exact Location Of Accident** 

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

FBH5629M Vehicle Registration Number

Insured/Policyholder

GOH JIA WEI, JEREMY Name Of Registered Owner

S9890647I NRIC No

JEZZAREMMY@OUTLOOK.COM **Email Address** 

(LOCAL) +65-88264338 Mobile Phone No

Others-88264338 Alternative Phone No.

**Vehicle Particulars** 

YAMAHA Manufacturer

YZF-R15 MANUAL Model

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

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5099212455-01 Policy Number

Cover Note Number

Driver

GOH JIA WEI, JEREMY Name of Driver

S9890647I NRIC No 29/11/1988 Date Of Birth **INDOOR** Occupation

20/03/2018 Date Of Driving Pass

1 YEAR AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-88264338 Mobile Number

E-FILE 5/14/2019

Fax Number

OTHERS-88264338 Contact Number

JEZZAREMMY@OUTLOOK.COM **EMail Address** 

BLK 178 #02-203 BISHAN STREET 13 Address

570178 Postcode

NO Was driver an employee of the Insured's Company

**OWNER** If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved

in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES YES

NO

1

Was any other material or property damaged?

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?

YES

If Yes, Please state which Police Station

SERANGOON NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-4880999 - FAX NO: 64883561 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20190424/2115;

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBG957D Vehicle Registration Number

NISSAN NV350 PANEL VAN 2.5 5MT 5DR EURO V Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

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

GOH JIA WEI, JEREMY

Approximate Age

20

Injuries Sustain

Injured person in which vehicle?

FBH5629M

Were seat belts worn?

NO

Was this injured conveyed to hospital by

YES

ambulance?

Address

BLK 178 #02-203 BISHAN STREET 13

570178

Postcode

### Accident 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 the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- (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
- 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.
- 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.

sum2

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Dinggare 415999

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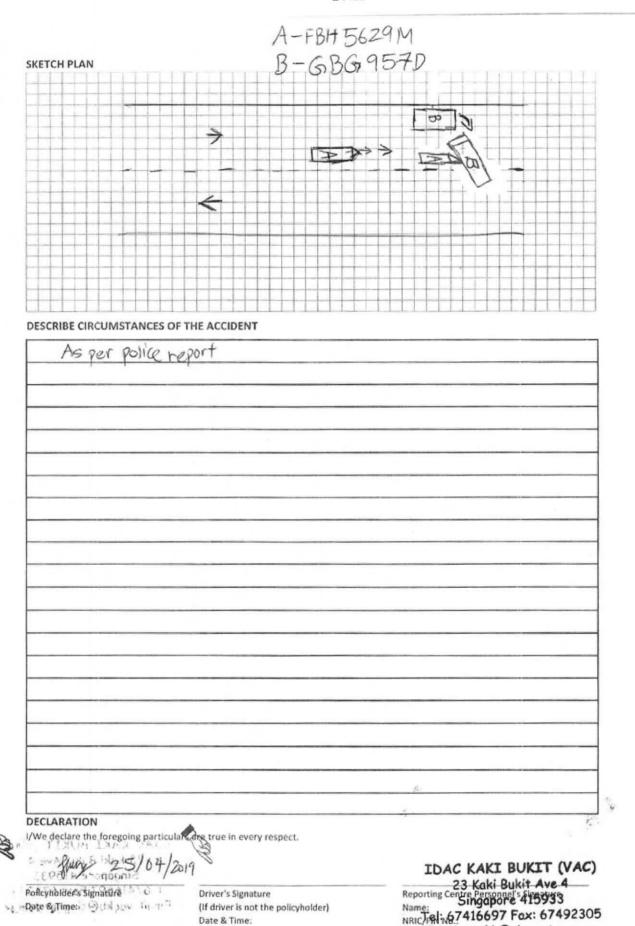
Policyholder's Signature Date & Time:

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

IDAC KAKI BUKIT (VAC)

Reporting Cerara Makin Bukitname 4 Singapore 415933 Name: NRIC/11667416697 Fax: 67492305

Email: vackb@singnet.com.sg



Date & Time:

GARRIO SketchPlan-com, V3

**Accident Sketch Plan** 

Email: vackb@singnet.com.sg





1 of 4 Report No. T/20190424/2115

Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Vide Report No.: Date/Time Report Made: 35 24/04/2019 17:33

24/04/2019 17:33			100			
Informa	nt's Particu	ulars		Control of the Contro		
Name of Informant: GOH JIA WEI, JEREMY			Address: APT BLK 178 BISHAN STREET 13 #02-203 SINGAPORE 570178			
ID Type / ID No.: NRIC NO / S9890647I			Contact No.: Home/Office:	Mobile: 88264338		
	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 20	Date of Birth: 29/11/1998	Type of Informant: Rider			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Student		Driving Licence Information: Class: 2B,3A Date of Expiry:				

eneral inform	nation of the Accident		D 1. W	Tune of Legation		
Type of Accident:	Injury Attended by Police	Attended by Police Drive: Accident:		ded by Police Drive: Accident: Straight Ro		Type of Location Straight Road
Location: Along Road 1 KALLANG AV Outside CT H Weather:		Road Surface:		Road Speed Limit:		
Clear		Dry		Traffic Volume:		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Moderate		
Type of Collis		ide		Anyone conveyed by ambulance: Yes		

Details of Vo	ehicle Involve	d				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5629M	Motorcycle	YAMAHA	YZF-R15 MANUAL	White	Slightly Damaged	0
GBG957D	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Brown	Slightly Damaged	0





Police Station Of Origin: Serangoon N.P.C

Report No. T/20190424/2115

2 of 4

50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

CONTINUATION OF REPORT Tel No: 1800-4880999

Details of Vo	ehicle Insurance	The state of the s		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5629M	NTUC Income Insurance Co-Operative Limited	5099212455-01	19/01/2019	18/01/2020

Details of Person							
Any Pedestrian In			Use of Ped		0	in m. MA	
No. of Pedestrian	No. of Pedestrians Injured: NIL				Cross	ing: INA	
Rider							
Name	GOH JIA WEI, JEREM	ΛY		ID No.		S9890647I	
Related Vehicle	FBH5629M (Motorcyc	le)		Contact No.		88264338	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		al/Clinic TAN TOCK SENG HOSPITAL Class of Driving Licence & Expiry Date		g ce &	Class: 2B,3A Date of Expiry: NIL	
Date Treatment	23/04/2019		Date Disch	charge 23/04		/2019	
	ted Medical Leave	04	Degree of	Injury	Sligh	t .	
Driver		(R)			STATE OF		
Name	TAN YEN TAI			ID No		S1236532B	
Related Vehicle	GBG957D (Van)			Conta	ct No.	98178906	
Hospital/Clinic	NIL		al/Clinic NIL Class of Driving Licence Expiry D		g ce &	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disch		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		

On 23/04/2019 at about 1930hrs, I was riding my motorbike (FBH5629M) along Kallang Avenue towards the direction of Kallang Riverside Park. There is only one lane for both directions.

While approaching opposite CT Hub, I saw a van (GBG957D) stopped at the road side with hazard lights on, I began to slow down.

However, when I was riding next to the van, the van suddenly make a sharp right turn into the CT Hub.

As such, the right side of the van collided into the front of my motorbike and I fell down onto the road. My motorbike suffered damages and scratches at the front and left side and also my rear fairing was also cracked.

There is no camera installed on my motorbike or helmet.

## Accident Sketch Plan





3 of 4

Report No. T/20190424/2115

Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

CONTINUATION OF REPORT

Tel No: 1800-4880999

I was conveyed to the Tan Tock Seng Hospital via ambulance and I was given Medical Certificate from 23/04/2019 to 26/04/2019.

Accident Sketch Plan





Police Station Of Origin: Serangoon N.P.C

Report No. T/20190424/2115

4 of 4

50 Serangoon Avenue 2 #01-02 SINGAPORE

Tel No: 1800-4880999

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: F / Sgt 2 JACQUELINE TOH XIN YI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/04/2019 17:33
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168 Singapore	Signature:

**Accident Sketch Plan** 

23-Apr-2019 22:20

0

23-Apr-2019 20:10

The above named attended for Examination/Treatment from The certificate is not valid for absence from court attendance.

Tan Tock Seng

Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 308433 TEL: (65) 6256 6011 TTSH19093742 NRIC: \$98906471 0 23-Apr-2019 day(s) from ORIGINAL Type of Medical Leave granted : OUTPATIENT SICK LEAVE The above named is unfit for duty for a period of 26-Apr-2019 inclusive NAME: GOH JIA WEI, JEREMY MEDICAL CERTIFICATE

Adding press of healthy life Signature **Emergency Department** Location SANTELLA CARLO IRORITA

(18127G) Issued by

23-Apr-2019 Date

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

LAIM SUB	FOLDER TRA	CKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj	Submitted	Ins Auth'ed	Status	
Main	26 Apr 2019		26 Apr 2019 17:48 Edit Adj Rpt	S\$0.00 Edit Estir	1	o.00 iew Rpt	Pending for Sur Report Cancel Case		
	Main	R	eference	Cla	im Details		Document	s	Show All
CLAIM SU	BFOLDER DE	TAILS				[Created	by insurer]		
Insured:	A1 SANIT	ARY PLUMBING	& ELECTRICAL SE	RVICES, C	o. Reg. No.:	52872663C			
Main Claimant:	GOH JIA	WEI, JEREMY,	ID: S9890647I						
Vehicle Reg No.:	FBH5629M				Date of Loss:	23/04/2019 19:00 - :59 [ <b>69</b> Months and <b>4</b> Days From LTA Reg Date (Man		Man Yr)]	
Claim Type	: TP / SNN	<b>TP</b> / SNM19D201853C02			Policy/Cover Note No.:	DMCVSN30333818000 (Comprehensive) Coverage: 31/05/2018 - 30/05/2019			
Vehicle Reg No. (Insured):		GBG957D			Policy No. (Claimant):	5099212455-01			
					Excess:	S\$0.00			
Repairer:	Equator E	Brotherhood (HQ	) 25 kaki bukit rd 4	#03-79 syne	ergy @ kb, 4:	17800 Kaki B	ukit - Tel: 638469	939 / 90113391	
Handling Insurer:	China Tai	ping Insurance	(Singapore) Pte. Lt	td. (HQ) - T	el: 6389 611	1 [Handled	d by Irene Tay H	lui Ping - 638986	5192]
Claimant's Insurer:			Co-operative Ltd (I						
Adjuster:	LKK Auto	<b>Consultants Pte</b>	Ltd (HQ) - Tel: 625	56-3561 [	Handled by (	CHEN TSUE	YEE] [Final F	<b>Rpt</b> due 08/05	/2019]
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	e Priority	Type Task	Group Subject	t Handle	r Assig	ned By	Completed On	Created O	n Done?

## **Claim Documents**

\*FBH5629M (SNM19D201853C02)
[GBG957D]
TP
GOH JIA WEI, JEREMY
Apr 23 2019 7:00PM
[A1 SANITARY PLUMBING & ELECTRICAL SERVICES]
Equator Brotherhood

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# **Linked Accident Report Documents**

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1	25/04/19 14:17	Accident Statement	1 Load HTM	
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6	25/04/19 14:17	Accident Photo	1 Load JPG	✓
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# **Documents Checklist**

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
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, Paya Ubi Industrial Park

Singapore 408933

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

## VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/CTI19007477/ECD3E2

Date:

24/05/2019

REFERENCE

Handling Insurer:

China Taiping Insurance

Policy No: (Singapore) Pte. Ltd.

DMCVSN30333818000

Claimant Vehicle

FBH5629M No:

Insured Vehicle No:

GBG957D

Date of Loss:

23/04/2019

Nature of Claim: TP

Claim No:

SNM19D201853C02

ME11CK045D2007533

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

FBH5629M

Make & Model:

YAMAHA YZF-R125M, 125cc (M)

Engine No: Chassis No:

Odometer:

1CK4007504

92821 km

Reg. Date: Colour:

19/07/2013 (Man. Year: 2013)

White

**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:

140/70 R17

Front Left Side:

Pirelli 7 mm

Rear Left Side:

Pirelli 7 mm

Front Right Side:

0 mm

Rear Right Side:

0 mm

The above values represent the remaining tyre treads depth

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

INSPECTION

Date of Assignment:

26/04/2019

Date Inspected:

30/04/2019 Inspected At:

Equator Brotherhood (HQ)

25 kaki bukit rd 4 #03-79 synergy @ kb

Singapore 417800

Estimated Period of Repair:

3.0 days

Adjuster: **CHEN TSUE YEE** 

**CELINE FONG** Manager:

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.

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen\_... 24/5/2019

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$1,500.00 -\$2,000.00

# REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 24 May 2019)

Parts:

N/A

YAMAHA YZF-R125M 125cc (M) (Model not available in database)

Repairer's

(Price-denominated Standard List)

Labour:

Print Code: (Unsubmitted, no print-code for FBH5629M)

Validity:

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

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

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

# Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

# Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >