

CS7 CTI17020720 / 4113<sup>32</sup>1

Murmen Alfred Toh CTI 07/05/2019

OD (1) WS/11 RES/OD RES/EVA/INV/MV/CS

FW1737J SGZ 5309 H

Grofia Motor Trading 67527740

1 Kaki Bukit Ave 6 # 02-62 Auto Bay 417883 225 Kaki Bukit Rd 4 #01-38

DMHCSN1675381600 SNM1700597202

11/10/17

31/10/17 (1 Mar 17)

CA / RES / REP. REV 24 HRS

5:34pm @ 30/10/17 Simon TRADE (1) OUT

Accompaniment (✓) Estimate <WORKSHOP - OCC1 - sono motor.com>

FW1737J -x

SGH 5309H - N14 INCC0900455 / C1 - D.O.B. 19/10/2009

\* indicate in report. Summary of 1700 5 day. (Red 1350; 44%)  
Note this motorcycle only has 3 alloys and cannot be further renewed  
MV \$320 - \$500  
market value \$320 - \$500 (Estimated)  
LTA: 105  
NV-215 - 395 (Estimate)

Also file pass to typist

RECEIVED 09 MAY 2019

CTI

## ASSIGNMENT

Date 31/10/17

Ref No.

CD / PWS / TP RES / CD RES / EVA / INV / MV

To / From Vehicle No.

FW1737J

To / From Workshop No.

Erofi Motor

of 1 kaki Buki / Ave 6 # 02-62 / 417863

Insured:

Policy No.

Claim No.

Sum Insured:

Excess

Claims Record:

Make of car

Policy Condition:

Remarks: The veh had commenced its repair at the time of inspection.



Est. or Market Value

\$320.

D/C Accident Report

Consistent? Yes or No

D/C App. Seat

Consistent? Yes or No

Est. Repairs

days

Res.

Yes or No

L/C Sum

N

D/C Val

Yes or No

CA / REV / REP / 24 HRS

hp

1/2018

Date

Person Contacted

Vehicle IN / OUT

ZW1737J

23/103

Type Motor / Van / Bus / Van / Lorry / Taxi / Other Model

Truck / Trailer /

Make

Kawasek, KRREX150 148

Color

Green

AC Insured / Std / N / NA

Se Reading

16549

TP Acc Insured / Std / N / NA

Eng No.

C No.

KR150KA1-5575

Gen Cond Good / Fair / Poor / Burnt

Steering Locked / Jammed / Leaked / Burnt

Brake

In / Out / Jammed / Leaked / Burnt

Mod

Nil / STD / AL / R /

Tyre Size

F

90-80-17

R

110-70-17

ES / DUN / EXNOVA / GY / FS / LICA / MIC / QHTSU / PIR / SUMI

TOYO / YOKO or

Swallow

Front

6

Rear

6

R/Ba

mm

R/Ba

mm

L/Ba

mm

L/Ba

mm

D/C A

11/10/17

D/C

3/10/17

Survey held at

Des of Damages / Frt / Rear / O/S / N/S / U/O / Rooftop /

L/C, N/S Body

The U/O / Chassis frame / Body Structure affected due to crash

Data Time / Action / Instruction

401 3 mth - can't renew cos already

TOTAL LOSS  $\neq$  offer MR 700 MV \$320 TOTAL LOSS he said KIV

28/10/17

Summit T/L  $\neq$  LTA 105-05 at 3/10/17

Submit Total Loss Uneconomical Report. (LS \$1800)

MV: \$320 LTA: \$1805 Net: \$215

RECEIVED 27 OCT 2018

Can The Rep. Pass?



Prel. Report

Final Report

Days Of Repair:

Resurvey No. of Trip

L/C Fee

300

Can The Rep. Pass?

2

Add Fee:



Site Insp \$

Int. Insp \$

Tech \$

Rep. Insp \$

Rep. Partner

TP

L/C Sum

Total Loss

## Nivitha (LKK Auto)

---

**From:** Claims Dept of CTI <claimsdept@sg.cntaiping.com>  
**Sent:** Tuesday, 7 May 2019 10:02 AM  
**To:** assignments@lkkauto.com; SUR  
**Cc:** Bernice Fung; Cecilia; Chee So Chow; Alfred Toh  
**Subject:** LKK REF: CS/CTI17020720/URBS2; CTI REF: SNM17D05972C02- MC18685/2018 (Our ref: CH/2019012694)  
**Attachments:** PRUDENT ADJUSTORS SERVICES REPORT.pdf; LKK AUTO CONSULTANT'S REPORT.pdf

LKK REF: CS/CTI17020720/URBS2  
CTI REF: SNM17D05972C02/9 (CH/2019012694)

M/s LKK Auto Consultants Pte Ltd

Dear Sirs

We refer to the above matter.

Please assist to issue re-inspection report based on M/s Prudent Adjustors Services's report and let us have your report & bill urgently.

**Best Regards**

Alfred Toh  
Senior Executive  
Claims Department  
China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #XX-00 Springleaf Tower Singapore 079909  
DID : (65) 6389 6183  
FAX: (65) 6224 7478

W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平獅城 Taiping SG

*Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter.*

## 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 insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	27/10/2017 09:57
Date Of Accident	11/10/2017 20:40
Exact Location Of Accident	ALONG LANGSAT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW1737J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD MUSTAQIIM BIN AZMAN
NRIC No	S9519269F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91687412
Alternative Phone No	Others-91687412

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRRZX 150
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMT17-369282-CA
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD MUSTAQIIM BIN AZMAN
NRIC No	S9519269F
Date Of Birth	11/06/1995
Occupation	INDOOR
Date Of Driving Pass	11/05/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91687412

Fax Number	
Contact Number	OTHERS-91687412
EMail Address	NOEMAIL
Address	BLK 47 MARINE CRESCENT #04-72
Postcode	440047
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20171019/2091. ATTENDED BY SIT1

#### 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	SGZ5309H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD MUSTAQIIM BIN AZMAN

Approximate Age

22

Injuries Sustain

Injured person in which vehicle?

FW1737J

Were seat belts worn?

NO

Was injured conveyed to hospital by ambulance?

YES

Address

BLK 47 MARINE CRESCENT #04-72

Postcode

440047

## 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 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.

27 OCT 2017

  
Policyholder's Signature  
Date & Time:

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

**IDAC KAKI BUKIT(VAC)**  
27 KAKI BUKIT AVE 4  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_ Tel: 67416697  
NRIC/FIN No: \_\_\_\_\_ Fax: 67492305  
Email: vackb@singnet.com.sg

refer to police Report No : 5/20171019/209/

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

**IDAC KAKI BUKIT(VAC)**  
23 KAKI BUKIT AVE 4  
Singapore 415933

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)  
NRIC/FIN No.: \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20171019/2091

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20171019/2091

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2017 16:02	Vide Report No.:	Station Diary No.: 38
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: MUHAMMAD MUSTAQIIM BIN AZMAN			Address: APT BLK 47 MARINE CRESCENT #04-72 SINGAPORE 440047		
ID Type / ID No.: NRIC NO / S9519269F			Contact No.: Home/Office: Mobile: 91687412		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 11/06/1995	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/10/2017 20:40	Type of Location: X-Junction
Location: Along Road 1 LANGSAT ROAD				
Junction of everitt road north				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW1737J	Motorcycle	KAWASAKI	KRRZX150	Blue	Seriously Damaged	0
SGZ5309H	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FW1737J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17369282	10/08/2017	09/08/2018

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20171019/2091

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 3

Report No. T/20171019/2091

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD MUSTAQIIM BIN AZMAN	ID No.	S9519269F
Related Vehicle	FW1737J (Motorcycle)	Contact No.	91687412
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/10/2017	Date Discharge	19/10/2017
No. of Days granted Medical Leave	22	Degree of Injury	Serious
<b>Driver</b>			
Name	MUHAMMAD HAIRUL BIN HAMID	ID No.	S8731036A
Related Vehicle	NIL	Contact No.	93831499
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/10/2017 at around 0840pm, while I was riding home from school, i was heading from Langsat road towards still road. At a junction of Everett road north, I had a head on collision with an incoming car. I was then conveyed to Changi general hospital.

**SINGAPORE  
POLICE FORCE**

T/20171019/2091

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 3

Report No. T/20171019/2091

## 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 TAN JUN JIE

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
19/10/2017 16:02Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt RAZIZ BIN TAHAR  
Contact No.: 65476200

Classification Of Case:

Authentication Stamp  
NP158

Accident Sketch Plan

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068907  
Tel +65 6827 7888, Fax +65 6827 7800  
www.msig.com.sg

**MOTORCYCLE INSURANCE SCHEDULE**

DATE OF ISSUE: 18/08/2017

AGENCY: A0074-001-10001  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/17-369282-CA

**INSURED:**NAME: MUHAMMAD MUSTAQIIM BIN AZMAN  
ADDRESS: 47 MARINE CRESCENT  
#04-72  
SE 440047NRIC NO: S9519269F  
DATE OF BIRTH: 11/06/1995 (22 yrs)  
DRIVING EXP: 11/05/2017 (0 yr)  
CONTACT NO: 62417424  
91687412

BUSINESS OR PROFESSION: NS

PERIOD OF INSURANCE FROM: 10/08/2017 TO 09/08/2018  
03:24PM

REGISTRATION NUMBER: FW1737J

CUBIC CAPACITY: 148

MAKE OF VEHICLE: KAWASAKI

YEAR OF REGISTRATION: 2002

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**

The Insured Only

ENDORSEMENTS APPLICABLE: 3P 97 - INSURED

EXCESS:

PREMIUM: 530.00

GST @ 7% 37.10

TOTAL: 567.10

NO CLAIM BONUS OF 0% IS ALLOWED

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER:

REPLACING POLICY NO: MSD/VMT/08-471790-CA

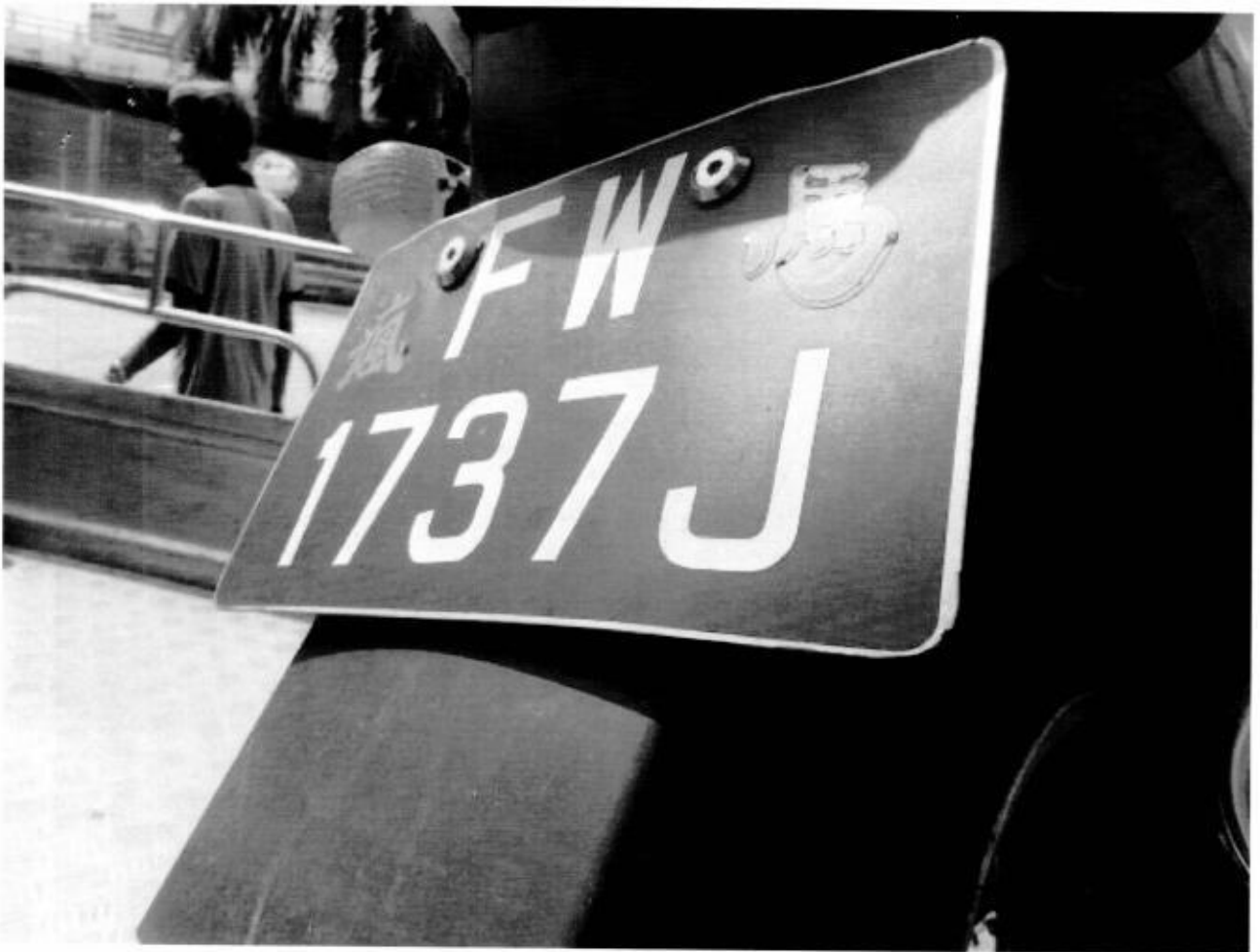
MSIG Insurance (Singapore) Pte. Ltd.

**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

