

ASS. REC. BY:

REF: (S3) AGI 19011714/GC AS^{S2} Special Instruction:

SURVEYOR: GA

ASSIGNMENT (Office)

From (Person): Iry Patilla

of AGI

Date/Time: 5.7.19 1.09p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBK 6324U

Insured: SLU 1482H

at Workshop m/s: Hing Motor Enterprise

Tel: 98804346

of 471 Chang road

Policy No:

Claim No: C10003398

Sum Insured:

Excess:

D.O.A. 1.7.2019

Make of Veh: (Client's Record)

CA / REV / REP. / REV 24 HRS

emp'

H.O.D. Endorsement:

Date/Time: 5.7.19 1.40p.m

Person Contacted: Brindan

Vehicle IN/OUT

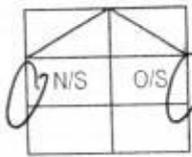
Date/Time	Action/Instruction (X) Estimate
	FBK 6324U - X
	SLU 1482H - X

PRS
al.

REF: AGI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s Heng Motor
 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 Rport. _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBK6324U Yr Regn: Nov / 15
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: KYMCO K-XCT200i c.c. 199
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 12834 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RFBD82000 F1000 229
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inoper / Jammed / Leaked / Burnt or
 Brake: Inoper / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 120/70-14
 R: 150/70-13
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or MAXXIS

Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 05-07-19
 Survey held at w/s 5pm
 Des. of Damages: Frt / Rear / O/S / M/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>\$4000 - \$5000</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: -

1) _____
 Date/Time, File Return to?
 2) _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____

Report Format : PRS
 Lump Sum / I.B.I: (\$)

Catherine Chong (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Friday, 5 July, 2019 1:09 PM
To: Admin-D (LKKAuto)
Cc: SUR
Subject: TPPD Survey: Claim ref:C10003398/JW || OI- SLU1482H (Blue) TP- FBK6324U || Est:0.00 || Heng Motor
Attachments: 20190705104501433.pdf; OI GIA Report SLU1482H .pdf

Hi Team,

We would like to arrange TP PRS for FBK6324U.

Workshop information:
Heng Motor Enterprise
471 Changi Road, S(419889)

Contact person : Mr. Brendon (9880-4346)

Regards,

Ivy
Admin Executive, Claims

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg



Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
Singapore
239924
budgetdirect.com.sg

auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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From: Janice Kee <janice.kee@ksteoptr.com>

Sent: Friday, 5 July 2019 10:48 AM

To: Claims <claims@budgetdirect.com.sg>

Subject: Pre Repair Survey for FBK 6324 U (Your Ref: SLU 1482 H Our Ref: TKS/H461-ACC-42198.19/sf)

Without Prejudice

We attach herewith our Pre-repair survey letter for your attention.

Kindly let us have the surveyor list for our attention.

Thank you.

Regards,

Janice Kee

c/o Teo Keng Siang LLC

*111 North Bridge Road,
#29-07/08 Peninsula Plaza,
Singapore 179098
Tel: 6333 4222 Fax: 6333 5676*

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Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688
Email: KSTEOCO@singnet.com.sg
(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKS/H461-ACC-42198.19/sg
Your Ref : FBK 6324 U
Date : 19 June 2019

Secretary in charge: Sally

Tel : 6333 4222
Fax : 6333 5676 / 6333 5688
Email : sally.goh@ksteoptr.com

To: **Auto & General Insurance (Singapore) Pte. Limited**
190 Clemenceau Avenue
#03-01 Singapore Shopping Centre
Singapore 23924
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY FAX: 6333 6813 & HAND

To: **Irene Lai Ping Ching**
76 St Patrick's Road
#04-13
Singapore 424179

BY POST

Dear Sirs

RE: ACCIDENT INVOLVING FBK 6324 U AND SLU 1482 H ON 01/07/2019 AT ALONG EAST COAST EXPRESSWAY

We act for Mr Lunetta Paul Sauveur Roger in an accident above.

We are instructed by the abovenamed to notify you of a road traffic accident **ON 01/07/2019 ALONG EAST COAST EXPRESSWAY** involving **FBK 6324 U** and motor vehicle **SLU 1482 H** driven by you or your authorized driver at the material time. A copy of the GIA / Traffic Police Report is enclosed. Kindly also let us have your GIA / Traffic Police Report for our necessary action.

As a result of the accident, our client's vehicle has been damaged. Before we proceed to repair the damage vehicle, please let us know within **2 working days** of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. **If we do not receive any reply from you within the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.**

Please note that our client's motor vehicle **FBK 6324 U** is now at the following workshop:-

HENG MOTOR ENTERPRISE
36 Toh Guan Road East
#01-33 Enterprise Hub
Singapore 608580

Contact Person: Mr. Brendon (9880 4346)

(BY Fax 6747 2411)

Yours faithfully



M/S TEO KENG SIANG LLC
c.c. Heng Motor Enterprise
(65151 711) / (6747 2411)

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

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 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

Date Of Report	03/07/2019 15:56
Date Of Accident	01/07/2019 08:20
Exact Location Of Accident	EAST COAST EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6324U
Insured/Policyholder	
Name Of Registered Owner	LUNETTA PAUL SAUVEUR ROGER
Passport No/FIN	G5864698P
Email Address	LUNETTA.PAUL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81834696
Alternative Phone No	OTHERS-81834696
Vehicle Particulars	
Manufacturer	KYMCO
Model	K-XCT200I
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/VMS/19-395715-CA
Cover Note Number	
Driver	
Name of Driver	LUNETTA PAUL SAUVEUR ROGER
Passport No/FIN	G5864698P
Date Of Birth	18/12/1976
Occupation	INDOOR
Date Of Driving Pass	08/10/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81834696
Fax Number	
Contact Number	OTHERS-81834696
Email Address	LUNETTA.PAUL@GMAIL.COM

Address 150 LORONG J TELOK KURAU #04-07
 Postcode 423491
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

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

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name MARINE PARADE N.P.C
 Police Station Address ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20190702/2022; OI CALL MSIG TWICE AT 10:48 AND 11:00 AM THIS NO:68277888 (KAREN @65476666) NO NEED TO BRING DOWN THE BIKE. PHOTOS TAKEN FROM OI HP BY EMAIL. BIKE NOT PRESENT WHEN REPORTING.

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 SLU1482H
 Vehicle Make/Model/Colour B.M.W. / 116D 5DR LED EU6
 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)

DETAILS OF INJURED PERSON 1

Name	LUNETTA PAUL SAUVEUR ROGER
Approximate Age	42
Injuries Sustain	
Injured person in which vehicle?	FBK6324U
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	150 LORONG J TELOK KURAU #04-07
Postcode	423491

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

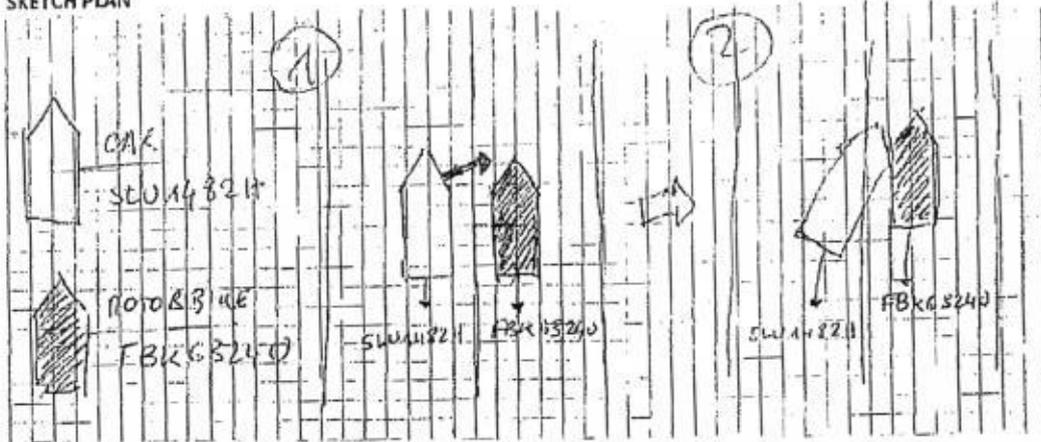

Policyholder's Signature
Date & Time:


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

IDAC KAKI BUKIT (VAG)
Reporting Centre, 23 Kaki Bukit Drive 4
Singapore 415933
NRIC/TEN: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
To Police Report

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 01/10/2007 10:00

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave. 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@singnet.com.sg

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Foreign Identification Number
Owner ID:	4698P
Vehicle Details	
Vehicle No.:	FBK6324U
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jul 2019
Vehicle Make:	KYMCO
Vehicle Model:	K-XCT200I
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	SK40B1000246
Chassis No.:	RFBD82000F1000229
Maximum Power Output:	-
Open Market Value:	\$3,913.00
Original Registration Date:	19 Nov 2015
First Registration Date:	19 Nov 2015
Transfer Count:	3
Actual ARF Paid:	\$587.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 Nov 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,201.00
COE Rebate Amount:	\$3,937.00
Total Rebate Amount:	\$3,937.00

The information contained herein is correct as at 12 Jul 2019

OK



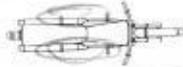
LKK Auto Consultants Pte Ltd

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 1

PRE-REPAIR INSPECTION REPORT			
AUTO & GENERAL INSURANCE (S) PL (BUDGET DIRECT INSURANCE)190 CLEMENCEAU AVE #03-01SINGAPORE SHOPPING CTR S239924		Ref: CS3/AGI19011914/Gcd3s2 Date: 19-07-2019	
Code: AGI			
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SLU 1482H	Veh. Inspected	FBK 6324U
Policy No.		Coverage (\$)	0.00
Claim No.	C10003398/JW	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	05/07/2019
2. Vehicle Particulars & Condition			
Make & Model	KYMCO K-XCT200I	c.c	199
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	RFBD82000F1000229	Colour	BLUE
Odometer	12834 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	120/70-14	MAXXIS	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	150/70-13	MAXXIS	5 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY.			
5. General Information			
Accident Date	01/07/2019	Inspect Date / Time	05/07/2019 (05:00 PM)
Survey held at	HENG MOTOR ENTERPRISE NO.471, 5 1/2ms CHANGI ROAD SINGAPORE 419889		
5a. Remarks			
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. D)THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000-\$5,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days	

Report Ref No. CS3/AGI19011914/Gcd3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEE,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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