

ASS. REC. BY:

REF:

CS3/CTI19012232/Ecd30

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Chung Boon Sen

of

CTI

Date/Time: 10/7/19 @ 3.40pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FY 2822D

Insured:

SJP 5217G

at Workshop m/s

Boon Hin Motor

Tel:

9619 1882

of

1018 Yishun Ind. park A #01-342

Policy No:

DMPCSN30243919044

Claim No:

SNM19D202966 C02

Sum Insured:

Excess:

Make of Veh:

D.O.A.

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

4.35pm 8/10/7/19

Person Contacted:

Issue

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction

Estimated (X)

SJP 5217G: X

FY 2822D: X

After repair: 18/7/2019

Stone

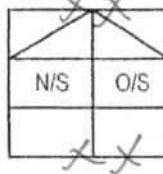
CFI

ASSIGNMENT

From: _____ Date: 11/7/19
 Estimated Cost: _____
 OD: TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FY 28220
 at Workshop in/s: Soon Hin Motor
 of: 1018 Yishun Ind. Park A # 01-342
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: Issac@ 9619 1882

(Policy Condition)

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



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^(wp)

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

Veh No: FY 28220 Yr Regn: Aug, 04
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda CB400 C.C: 399
 Colour: Multi A/C: Insured / Std / NI / NA
 Sp. Reading: 11/A T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NC 39-1053217
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 120/70 2R17
 R: 160/60 2R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Pirelli
 Front: _____ Rear: _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. _____ D.O.I. 11/7/19
 Survey held at Soon Hin Motor
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Motorcycle already dismantle, no GIA report</u>
	<u>Range + Days</u>
	<u>5K-6K, 5 days</u>
	<u>2/8/2019</u>

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

☐ : Final Report

Date/Time, File Return to?

1)

Report Format: PRS.

Emp. Sum / Others

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Misc (\$)

Survey Fee: 150

Transportation: _____

Photos: _____

Other: _____

TOTAL: 150

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	01 Aug 2019		01 Aug 2019 18:27 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	
Main Claimant:	ITHNAIN B JUNIED, ID: S1641819F
Vehicle Reg. No.:	FY2822D
Claim Type:	TP / SNM19D202966C02
Vehicle Reg. No. (Insured):	SJP5217G
Date of Loss:	23/06/2019 20:00 - :59
Policy/Cover Note No.:	DMPCSN30243919044
Policy No. (Claimant):	AN3175074
Excess:	S\$0.00
Repairer:	Soon Hin Motor (HQ) BLK 1018 YISHUN INDUSTRIAL PARK A #01-342, 768760 Yishun - Tel: 67524893
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]
Claimant's Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by CHEN TSUE YEE] ... [Final Rpt due 14/08/2019]

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Nivitha (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Wednesday, 10 July 2019 3:40 PM
To: Sharleen Chee
Cc: assignments
Subject: RE: OUR REF : SNM19D202966/CHONGBS - FW: [PRI NOTICE] Your Ref: SJP 5217G; Our Ref: 19-A38-10449-VL.jp.sc

**WITHOUT PREJUDICE
SAVE AS TO COSTS**

Dear Sir,

We regret to inform that we are not agreeable to your list of proposed surveyors and will be assigning our panel surveyor, M/s LKK Auto Consultants to conduct the Pre-repair survey.

Please contact our surveyor to conduct the post repair inspection before returning the repaired vehicle to the claimant.

Aside to LKK,

Please refer to the email below and liaise with third party workshop accordingly.

Thank you.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG 3 Anson
Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Sharleen Chee [mailto:sharleen.chee@legaloptions.biz]
Sent: Monday, 8 July, 2019 12:15 PM
To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Subject: Re: OUR REF : SNM19D202966/CHONGBS - FW: [PRI NOTICE] Your Ref: SJP 5217G; Our Ref: 19-A38-10449-VL.jp.sc

WITHOUT PREJUDICE

Dear Boon Sen,

We refer to your email below.

We regret to inform that our client rejected your list of the surveyor.

We provide you herewith our client's list of surveyor: -

	Surveyor:	Contact Person:	Contact:
1.	OH APPRAISAL SERVICES	OH HAN CHEONG	-
2.	PAR AUTOMOTIVE CONSULTANCY	B J LOI	-
3.	PRO OPTION SERVICES	LIAW LEONG SAN	-
4.	AUTO PERFORMANCE APPRAISAL	LEK BOON HWEE	-

Kindly contact our client's repairer at: -

Soon Hin Motor Pte Ltd

1018 Yishun Industrial Park A #01-342 S (768760)

Contact No.: 9619 1882 (Issac)

Thanks n regards,

Sharleen

Legal Secretary

LEGAL OPTIONS LLC

(GST Registration/UEN No. 201203825R)

Tel (65) 6513-2800 DID (65) 6513-2803 Fax (65) 6438-8275

Information in this message is confidential and may be legally privileged. It is intended solely for the person(s) to whom it is addressed. If you are not the intended recipient, please delete the message and any other record of it from your system, and notify the sender immediately.

On Mon, 8 Jul 2019 at 11:49, Chong Boon Sen <boonsen.chong@sg.cntaiping.com> wrote:

Without Prejudice

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Chong Boon Sen

Claims Executive

Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG 3 Anson Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Lim Shu Min

Sent: Monday, 8 July, 2019 11:04 AM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; sharleen.chee@legaloptions.biz

Subject: OUR REF : SNM19D202966/CHONGBS - FW: [PRI NOTICE] Your Ref: SJP 5217G; Our Ref: [19-A38-10449-VL.jp.sc](#)

Dear Boon Sen,

Please conduct PRS for FY2822D.

Officer in charge – Boon Sen 63896171 (file with OIC).

Thank you

Lim Shu Min

Executive

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 63896156 | F: (65) 62247175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

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From: Sharleen Chee [<mailto:sharleen.chee@legaloptions.biz>]

Sent: Friday, 5 July, 2019 5:53 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: [PRI NOTICE] Your Ref: SJP 5217G; Our Ref: [19-A38-10449-VL.jp.sc](#)

Dear Sirs,

PRI attached for your urgent attention.

Thanks n regards,

Sharleen

Legal Secretary

LEGAL OPTIONS LLC

(GST Registration/UEN No. 201203825R)

Tel (65) 6513-2800 DID (65) 6513-2803 Fax (65) 6438-8275

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	819F
Vehicle Details	
Vehicle No.:	FY2822D
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Aug 2019
Vehicle Make:	HONDA
Vehicle Model:	CB400 SFHV M
Primary Colour:	Yellow
Manufacturing Year:	2004
Engine No.:	NC23E2063225
Chassis No.:	NC391053217
Maximum Power Output:	-
Open Market Value:	\$8,470.00
Original Registration Date:	05 Aug 2004
First Registration Date:	05 Aug 2004
Transfer Count:	6
Actual ARF Paid:	\$1,271.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	04 Aug 2024
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$4,040.00
COE Rebate Amount:	\$2,154.00
Total Rebate Amount:	\$2,154.00

The information contained herein is correct as at 01 Aug 2019

OK

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	27/06/2019 11:52
Date Of Accident	23/06/2019 20:00
Exact Location Of Accident	WOODLANDS AVENUE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FY2822D
Insured/Policyholder	
Name Of Registered Owner	ITHNAIN B JUNIED
NRIC No	S1641819F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85227321
Alternative Phone No	OTHERS-85227321
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3175074
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD IQBAL BIN ITHNAIN
NRIC No	S9235633G
Date Of Birth	07/10/1992
Occupation	INDOOR
Date Of Driving Pass	25/03/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85227321
Fax Number	
Contact Number	
EEmail Address	IQBALITHNAIN@GMAIL.COM

Address	BLK 130 YISHUN ST 11 #11-261
Postcode	760130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	4
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)	2
Passenger 1	NAME: : NUR FAZLEEN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SJP5217G
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKR9528K
Vehicle Make/Model/Colour
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GQ4876R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 NUR FAZLEEN
Approximate Age
Injuries Sustain
Injured person in which vehicle? FY2822D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD IQBAL B ITHNAIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? FY2822D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of 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:

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

27/6/19

Sketch Plan #2

SKETCH PLAN

SKETCH PLAN

Vehicle

- A - F/2822D
- B - SJ952176
- C - SKR9528K
- D - GQ4876R

Legend

Vehicle	Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Attach Police report.

DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/6/19.

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 23/6/19 2000		2 Exact location of accident Woodlands Ave 2		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

Registration No. (VEHICLE A) **FY2877D**

6 Insured / policyholder (see insurance cert.)
Name: **1 Hnain B**
(capital letters) **Juncel.**
Address: _____
NRIC / Passport no. **51641819F**
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type **Honda CB400**

8 Insurance company
AXA ☐ C ☒ TPFT ☐ IPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. **AN3175074**

9 Driver ☐ Same as Owner
Name: **Muhammad qbal.**
(capital letters) **BIG Hnain**
NRIC / Passport no. **51641819F**
Class of licence **312A 128.**
HP **8221321**
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	1	Chase Collision
<input type="checkbox"/>	2	Collided into Wrecked
<input type="checkbox"/>	3	Collided into Motorcycle
<input type="checkbox"/>	4	Collided into Parked Vehicle
<input type="checkbox"/>	5	Collided into Pedestrian
<input type="checkbox"/>	6	Collided into Freeway
<input type="checkbox"/>	7	Collision - Change/Turn Lane
<input type="checkbox"/>	8	Collision - Cross Junction
<input type="checkbox"/>	9	Collision - Head on Collision
<input type="checkbox"/>	10	Collision - Head to Rear
<input type="checkbox"/>	11	Collision - Major/Minor Hit
<input type="checkbox"/>	12	Collision - Opening Door of Vehicle
<input type="checkbox"/>	13	Collision - Roundabout
<input type="checkbox"/>	14	Collision - U-Turn
<input type="checkbox"/>	15	Drunk Driving / Drug Influence
<input type="checkbox"/>	16	Fire, Explosion or Lightning
<input type="checkbox"/>	17	Flood
<input type="checkbox"/>	18	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	19	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	20	No Collision
<input type="checkbox"/>	21	Side Swipe
<input type="checkbox"/>	22	Other:

Registration No. (VEHICLE B) **SJP 57176**

6 Insured / policyholder (see insurance cert.)
Name: _____
(capital letters) _____
Address: _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ IPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)
Name: _____
(capital letters) _____
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 11

15 Signatures of drivers

A

[Signature of Driver A]

B

16 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any):		
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)				
Insured	1 Occupation (if more than one, state all)		Email:	
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner		State the vehicle number and name of Insurer of driver's own vehicle (where applicable)	
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify			
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.			
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)			
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	
	7/10/91	Indoor	Outdoor	25/3/15
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability			
	9 Full details of all driving convictions including pending prosecutions in the last 36 months			
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	
	Nur Muhammad Iqbal			
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	
	veh C - Kend	SKR9528K 5Q4476R		
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station TP. HQ			
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?			
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	16 Speed of vehicles	A km/hr B km/hr		
	17 What warnings were given by driver or other party?			
	18 Were street lights illuminated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
	19 What lights were displayed on your vehicle/the other vehicle(s)?			
	20 If your vehicle is commercial, state weight of load carried at time of accident			
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)			
Declaration	22 State number of Passengers (including Driver) 2 Nur Fazleen (P)			
	I/We declare the foregoing particulars are true in every respect			
Policyholder's signature _____ Date _____				
Driver's signature (if driver is not the policyholder) _____ Date _____				



**SINGAPORE
POLICE FORCE**



T/20190625/2038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190625/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2019 12:53	Vide Report No.: L/20190623/0141	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: MUHAMMAD IQBAL BIN ITHNAIN		Address: APT BLK 130 YISHUN STREET 11 #11-261 SINGAPORE 760130	
ID Type / ID No.: NRIC NO / S9235633G		Contact No.: Home/Office: Mobile: 85227321	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 07/10/1992	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 2				
EXIT FROM SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY2822D	Motorcycle	HONDA	CB400 SFHV M	Yellow		1
GQ4876R	Van	NISSAN	URVAN 4 DOOR SWB (D)	Silver		0
SJP5217G	Car	HYUNDAI	HD AVANTE 1.6 A	Red		0
SKR9528K	Car	HONDA	CITY 1.5 SV CVT	Brown		0



**SINGAPORE
POLICE FORCE**



T/20190625/2038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190625/2038

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date time and location

I was travelling on the extreme right of the 3 lanes road. Out of a sudden, I noticed the involved vehicle encroached onto my path. I wasn't able to stop on time and thus, resulting in a head to side accident.



**SINGAPORE
POLICE FORCE**



T/20190625/2038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190625/2038

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:

TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/06/2019 12:53

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MOHAMED RIZWAN BIN BRAHIM

Contact No.: 93265045

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Signature:

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	01 Aug 2019		01 Aug 2019 18:27 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	-, Co. Reg. No.: -								
Main Claimant:	ITHNAIN B JUNIED , ID: S1641819F								
Vehicle Reg. No.:	FY2822D	Date of Loss:	23/06/2019 20:00 - :59 [178 Months and 18 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM19D202966C02	Policy/Cover Note No.:	DMPCSN30243919044						
Vehicle Reg. No. (Insured):	SJP5217G	Policy No. (Claimant):	AN3175074						
		Excess:	S\$0.00						
Repairer:	Soon Hin Motor Pte Ltd (HQ) BLK 1018 YISHUN INDUSTRIAL PARK A #01-342, 768760 Yishun - Tel: 67524893								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]								
Claimant's Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by CHEN TSUE YEE] ... [Final Rpt due 14/08/2019]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*FY2822D (SNM19D202966C02)

[SJP5217G]
































TP



















































ITHNAIN B JUNIED






























Jun 23 2019 8:00PM









[-]

Soon Hin Motor Pte Ltd


Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
1	27/06/19 12:06	Accident Statement	 Load HTM	<input checked="" type="checkbox"/>
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
1	27/06/19 11:59	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
2	27/06/19 11:59	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
3	27/06/19 11:59	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
4	27/06/19 11:59	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
5	27/06/19 11:59	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
6	27/06/19 11:59	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
7	27/06/19 11:59	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
2	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
3	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
4	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
5	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
6	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
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9	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
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11	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
12	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
13	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
14	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
15	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
16	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
17	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
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19	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
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21	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
22	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
23	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
















Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
24	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
25	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
26	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
27	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
28	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
29	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
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31	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
32	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
33	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
34	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
35	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
36	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
37	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
38	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
39	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
40	02/08/19 09:28	General View	 Load JPG	<input checked="" type="checkbox"/>
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51	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
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53	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
54	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
55	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
56	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
57	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
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67	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
68	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
69	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
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71	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
72	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
73	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
74	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
75	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
76	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
77	02/08/19 09:29	General View	 Load JPG	<input checked="" type="checkbox"/>
78	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
79	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
80	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
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83	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
84	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
85	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
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89	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
90	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
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92	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
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100	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
101	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
102	02/08/19 09:29	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>

Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
1	27/06/19 12:01	Sketch Plan [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
2	27/06/19 12:01	Sketch Plan #2 [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
3	27/06/19 12:02	Common Statement [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
4	27/06/19 12:02	Individual Statement [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
5	27/06/19 12:02	Police report pg 1 [Linked Accident Report Documents]	 Load TIF	
6	27/06/19 12:02	Police report pg 2 [Linked Accident Report Documents]	 Load TIF	
7	27/06/19 12:02	Police report pg 3 [Linked Accident Report Documents]	 Load TIF	
8	27/06/19 12:02	Driving License & IC [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>

Linked Accident Report Documents

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
1	27/06/19 12:06	Accident Statement	 Load HTM	

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
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6	27/06/19 11:59	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
7	27/06/19 11:59	Accident Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Progressive Car Care Pte Ltd (HQ)	Thumbnail	Print
1	27/06/19 12:01	Sketch Plan	 Load JPG	<input checked="" type="checkbox"/>
2	27/06/19 12:01	Sketch Plan #2	 Load JPG	<input checked="" type="checkbox"/>
3	27/06/19 12:02	Common Statement	 Load JPG	<input checked="" type="checkbox"/>
4	27/06/19 12:02	Individual Statement	 Load JPG	<input checked="" type="checkbox"/>
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6	27/06/19 12:02	Police report pg 2	 Load TIF	
7	27/06/19 12:02	Police report pg 3	 Load TIF	
8	27/06/19 12:02	Driving License & IC	 Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/CTI19012232/ECD3E2

Date: 14/08/2019

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMPCSN30243919044

Claimant Vehicle
No : FY2822DInsured Vehicle
No : SJP5217G

Date of Loss: 23/06/2019

Nature of Claim: TP

Claim
No: SNM19D202966C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **FY2822D**

Make & Model: HONDA CB400 F2VJ, 399cc

Reg. Date: 05/08/2004 (Man. Year: 2004)

Colour: Multi-colour

Engine Capacity: 399 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): **Market Value/New Car Price**

Engine No: NC23E2063225

Chassis No: NC391053217

Odometer: 0 km

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	120/70Z R17	Rear Tyre Size:	160/60Z R17
Front Left Side:	Pirelli 5 mm	Rear Left Side:	Pirelli 5 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 (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 01/08/2019

Date Inspected: 11/07/2019 Inspected At:

Soon Hin Motor (HQ)
BLK 1018 YISHUN INDUSTRIAL PARK A
#01-342
Singapore 768760

Estimated Period of Repair: 5.0 days

Adjuster: CHEN TSUE YEE

Manager: CELINE FONG

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.

- 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 \$5,000.00 -\$6,000.00

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 14 Aug 2019)

Parts: N/A HONDA CB400 F2VJ 399cc (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for FY2822D)

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 >