

CS3/LPC19003121/Etd3⁵² 1

~~CS3/LPC19003121/Etd3~~

ASSIGNMENT (Office)

15/7/2019

~~19/7/19 @ 3:23pm~~

Printed Person: Gerald John

lpc

Estimated Cost:

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / INV / MYTC

To Inspect Vehicle No:

FBI 4211E

Injured:

GBH 62957

at Workshop no:

Universal Motor

Tel:

96423147

of

Bike 1006 Bkt Merah tone 2 # 01-04

Policy No:

Claim No:

18/19/19/VC00/021385

Sum insured:

Excess:

Make of Veh
(Client's Record)

D.O.A

20/2/19

CA / REV / REP / REV 24 HRS

H.O.D. Endorsement

Date/Time:

4:23pm @ 19/7/19

Person Contacted:

Michael

Vehicle:

IN OUT

Date/Time

Action/Instruction (X) Estimate

FBI 4211E - NBA / INC 19003121/4

D.O.A: 20/1/19

by 23 July 2019.

Submit PRS Report

Jump Sum \$2700 (Red: 2100; 43%)

5 days

227 - Filepass to typist.


19/7/2019

RECEIVED 22 JUL 2019

No b71
By email first

Steve

lpc

20/2/19

FBJ 4211E

10/05/14

Date

Estimated Cost

MD / P / WS / TP RES / CD RES / EVA / INV / MV

Vehicle Description

Vehicle Type

Year

Insured

Policy No

Chassis No

Sum Insured

(Client's Record)

Make of Vehicle

(Policy Condition)

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

Est. or Market Value

RAC Accident Report

GIA / PR Seen

Est. Repairs

Lump Sum

Consistent? Yes or No

Consistent? Yes or No

days Res: Yes or No

% 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

MV - 6300
PV - 2349
RV - 3951

Vehicle

Type: M/Car / H/Cycle / Bus / Van / Conv / Taxi / Prime Mover /

Truck / Trailer or

Make

Colour

Sp Reading

Engine

C/N

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal

L/Bal

D.O.A.

Survey held at

Rear

R/Bal

L/Bal

D.O.I

Des. of Damages: Frt / Rear / O/S / (HS) / U/C / Rooflop or

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

RECEIVED 01 MAR 2019

Date/Time: File Party

1/3 Typist

Date/Time: File Return

☐

Prel. Report

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

late trip \$

☐

interim \$

☐

form \$

☐

Weekend \$

Report Format

Lump Sum / L.B.T. \$

TP-PRS

Survey Fee

Interpolation

1. 1st

2. 2nd

3. 3rd

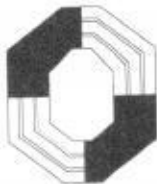
4. 4th

5. 5th

6. 6th

7. 7th

8. 8th



LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/19/19/VC00/021385

Your Ref : CS3/LPC19003121/Etd3s2

8 July 2019

M/s LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF FBJ4211E

We refer to the above matter.

We enclose the following documents :-

- a) Survey report & photos of FBJ4211E
- b) GIA report FBJ4211E
- c) GIA report and photos of GBH6275T

Kindly study the documents and let us have your report by 23 July 2019.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email : mt_claim@lonpac.com

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or 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 13/02/2019 14:04
Date Of Accident 28/01/2019 14:00
Exact Location Of Accident ALONG HOUGANG AVENUE 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ4211E
Insured/Policyholder
Name Of Registered Owner MICKEY THADANI
NRIC No S8916172Z
Email Address TMICKEYZ@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-97220865
Alternative Phone No OTHERS-97220865
Vehicle Particulars
Manufacturer BAJAJ
Model PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident DOING DELIVERY
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
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number 5100200874
Cover Note Number
Driver
Name of Driver MUNESH S/O NARESH THADANI
NRIC No S8916172Z
Date Of Birth 16/04/1989
Occupation OUTDOOR
Date Of Driving Pass 06/02/2014
Driving Experience 4 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97220865
Fax Number OTHERS-97220865
Contact Number TMICKEYZ@HOTMAIL.COM
Email Address

BLK 439 HOUGANG AVENUE 8
#08-1549

Address
Postcode
Was driver an employee of the Insured's Company
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

530439

NO

OWNER

-

-

-

-

General Information of the Accident

Type Of Accident
Weather Conditions
Road Surface

SIDE SWIPE

CLEAR

DRY

Other Information

Was any foreign vehicle involved in this accident?
Number of vehicles (including own vehicle) involved in the accident
Was any body injured in the Accident?
Was any injured conveyed to hospital by ambulance?
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)

NO

2

YES

YES

YES

NO

1

Details of Police Action

Was the accident reported to the police?
If Yes, Please state which Police Station
Police Station Name

YES

HOUGANG NEIGHBOURHOOD POLICE POST

ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 ,
COUNTRY: SINGAPORE

Police Station Address

Police Station Contact

TEL NO: 1800-2869999 - FAX NO: 63822066

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190201/2175

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

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

GBH6275T

COMMERCIAL VEHICLE

96338673

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUNESH S/O NARESH THADANI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ4211E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.:



SINGAPORE POLICE FORCE



T/20190201/2175

1 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No: T/20190201/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 19:41	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars			
Name of Informant: MUNESH S/O NARESH THADANI		Address: APT BLK 439 HOUGANG AVENUE 8 #08-1549 SINGAPORE 530439	
ID Type / ID No.: NRIC NO / S8916172Z		Contact No.: Home/Office: Mobile: 97220865	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 16/04/1989	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Product analyst		Driving Licence Information: Class: 2B Date of Expiry:	

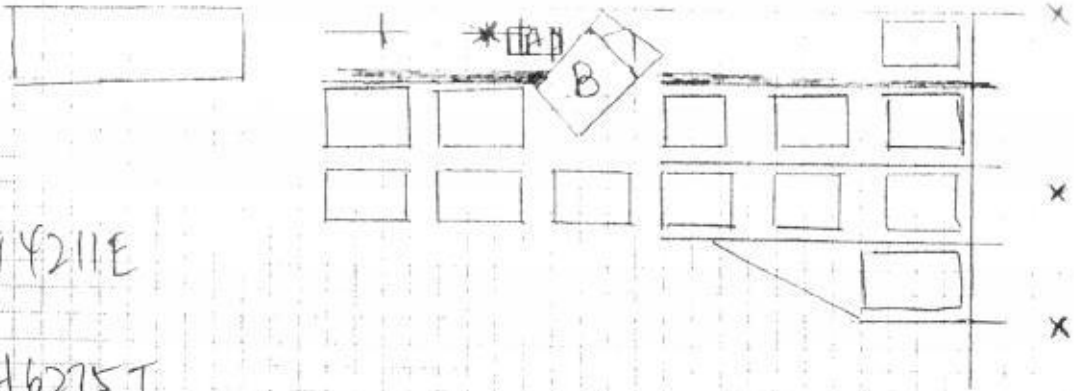
General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/01/2019 14:00	Type of Location:
Location: HOUGANG AVENUE 3 towards Hougang Avenue 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBJ4211E	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ4211E	NTUC Income Insurance Co-Operative Limited	5100200874	24/05/2018	23/05/2019

SKETCH PLAN

Along Houghton Ave 3



A) TRJ 4211E

B) GBH 6275T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PIS Refr to Police Report
1/20/2019 01/2175*

DECLARATION

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

M. Jones 12 February 2019

Policyholder's Signature
Date & Time:

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

a/ 13/02/2019
Reporting Centre Personnel's Signature
Name: *Paula Martin*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190201/2175

2 of 3

Report No. T/20190201/2175

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUNESH S/O NARESH THADANI	ID No.	S8916172Z
Related Vehicle	FBJ4211E (Motorcycle)	Contact No.	97220865
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/01/2019	Date Discharge	31/01/2019
No. of Days granted Medical Leave	19	Degree of Injury	Serious

Brief Details.

On the 28/01/2019 at about 1400hrs, I was riding along Hougang Avenue 3 on the bus lane. As it was red light, I slowed down when suddenly a pick-up truck from the middle lane turned out and wanted to cut into my lane. I then tried to avoid colliding with him and stepped on my brakes. I was unable to avoid him and collided onto his vehicle. I then fell off my motorcycle and landed on the road. The driver then got off his vehicle to make a check on me. I asked him why did he swerved out and he told me that he was sorry and he did not check his blind spot.

Shortly after the incident happened, traffic police and ambulance came down to scene. I was unable to get the other parties particulars as I was then conveyed to Tan Tock Seng hospital via the ambulance.

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	29/01/2019 15:51
Date Of Accident	28/01/2019 14:05
Exact Location Of Accident	ALONG HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6275T
Insured/Policyholder	
Name Of Registered Owner	YOSHIYA PTE LTD
Co Reg No	200903805K
Email Address	YOSHIYA@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68443130

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D 5MT (M)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
------------------	--------------------

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/101370
Cover Note Number	

Driver

Name of Driver	TAN JIAN QUAN
NRIC No	S9017120H
Date Of Birth	22/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96338673
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 556 WOODLANDS DR 53 #04-55
 Postcode 730556
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 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 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) 2
 Passenger 1 NAME: : LIM JIA YU
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CAIRNHILL NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2968999 - FAX NO: 63912398
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT & SKETCH PLAN.

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 FBJ4211E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

RIDER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBJ4211E

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

SKETCH PLAN

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 Purpose
 - (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.

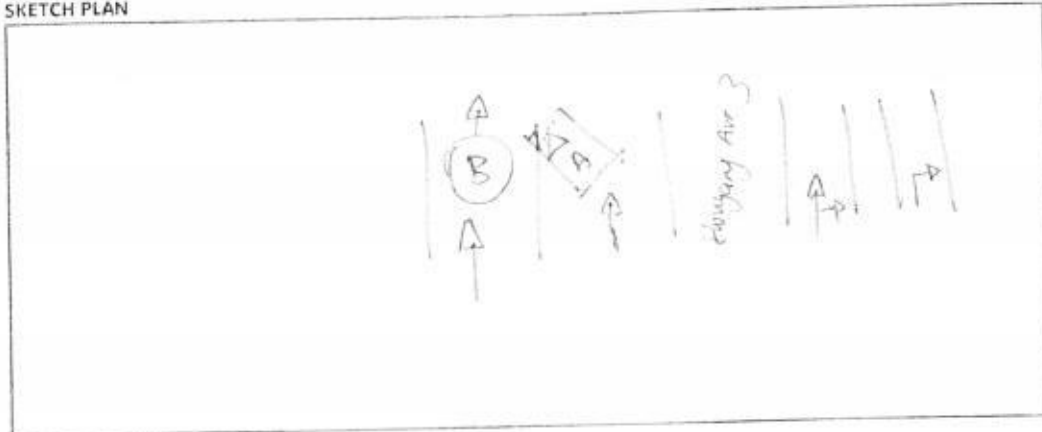


[Signature]



Sketch Plan Pg. 2

Date of accident: 28 Jan 2019 Time: 1405 Location: Hougang Ave 3
 Veh A: G8H6275 T Veh B: FB14211 E No of pax: 2 Weather: Clear/dry Rain/Wet
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1405 hrs, I was driving my vehicle G8H6275 T @ Hougang ave 3 towards Hougang ave 2 and was waiting for the traffic light to turn green. I saw that my left lane is empty hence I signal left and check before I move off. When half of my vehicle body is out, I heard a loud bang - I immediately get down of my vehicle to check and realise the motorcycle is on the floor. I went back home to check my vehicle camera and realise that the motorcyclist coming from nowhere travelling at quite a high speed in such a congested road towards my vehicle without even slowing down or having any intention to brake even when he saw half of my vehicle is already out to the left lane.

Lim Jia Jui - passenger

☒ Claim OD/TP at Falcon-Air ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: yoshiya @ singnet.com.sg

Email address: 96338673, 68443130

& myself: 96338673, 68443130

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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



Policyholder's Signature
 Date & Time:

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

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



Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190128/2104

1 of 3

Report No. T/20190128/2104

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2019 16 01	Vide Report No.: F/20190128/0106	Station Diary No.: 38
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Informant's Particulars

Name of Informant: TAN JIAN QUAN			Address: APT BLK 556 WOODLANDS DRIVE 53 #04-55 SINGAPORE 730556		
ID Type / ID No.: NRIC NO / S9017120H			Contact No.: Home/Office: Mobile: 96338673		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 22/05/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other car and light goods vehicle drivers neg.			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/01/2019 14.05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 HOUGANG AVENUE 3 HOUGANG AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBJ4211E	Motorcycle				Slightly Damaged	0
GBH6275T	Light Goods Vehicle				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



SINGAPORE
POLICE FORCE



T/20190128/2104

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

3 of 3

Report No. T/20190128/2104

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

A /

Sgt 3 KALVIN NG YONG KIAT

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

28/01/2019 16:01

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No: 65476358

Authentication Stamp

NP168



Classification Of Case:

Accident Photo



Accident Photo



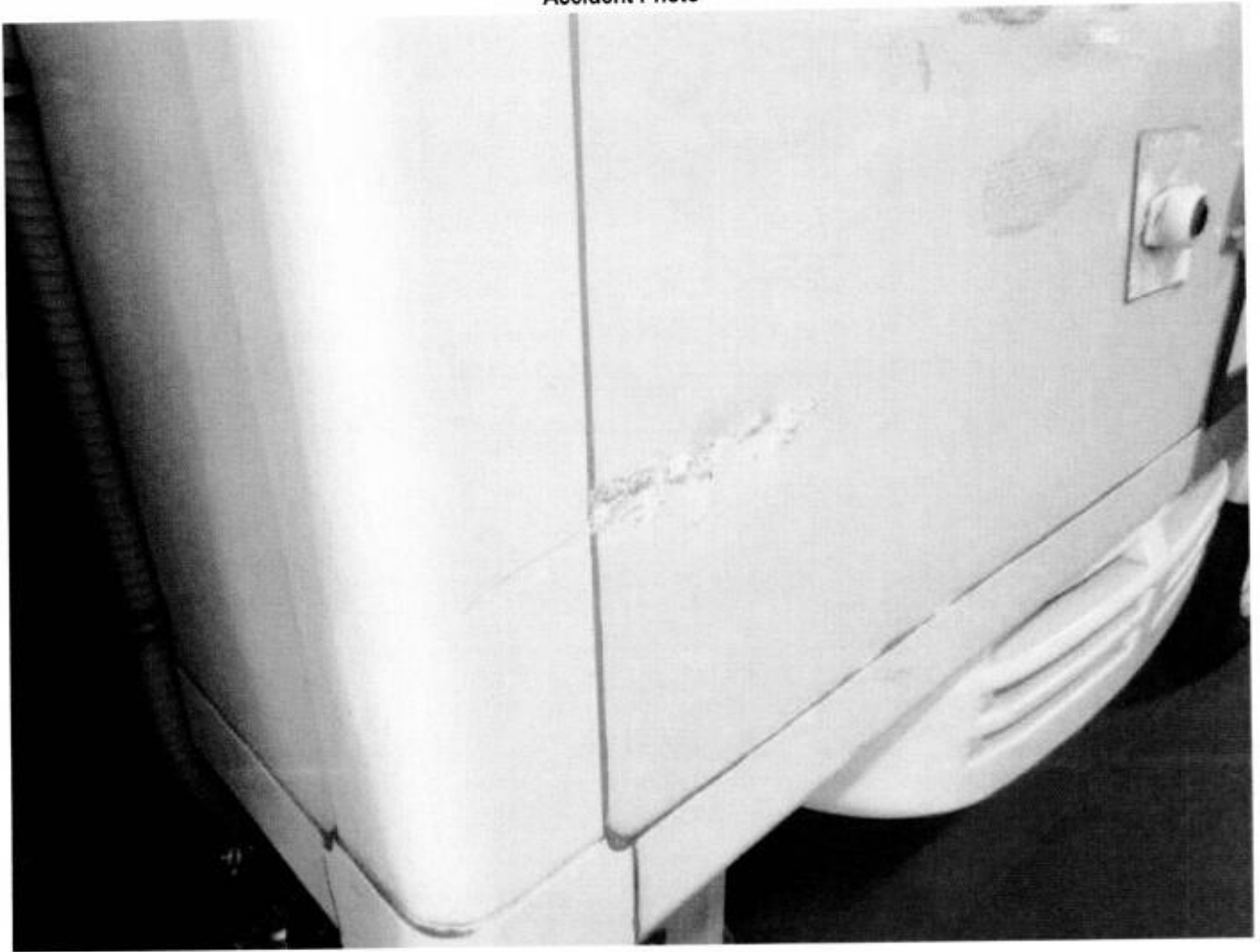
Accident Photo



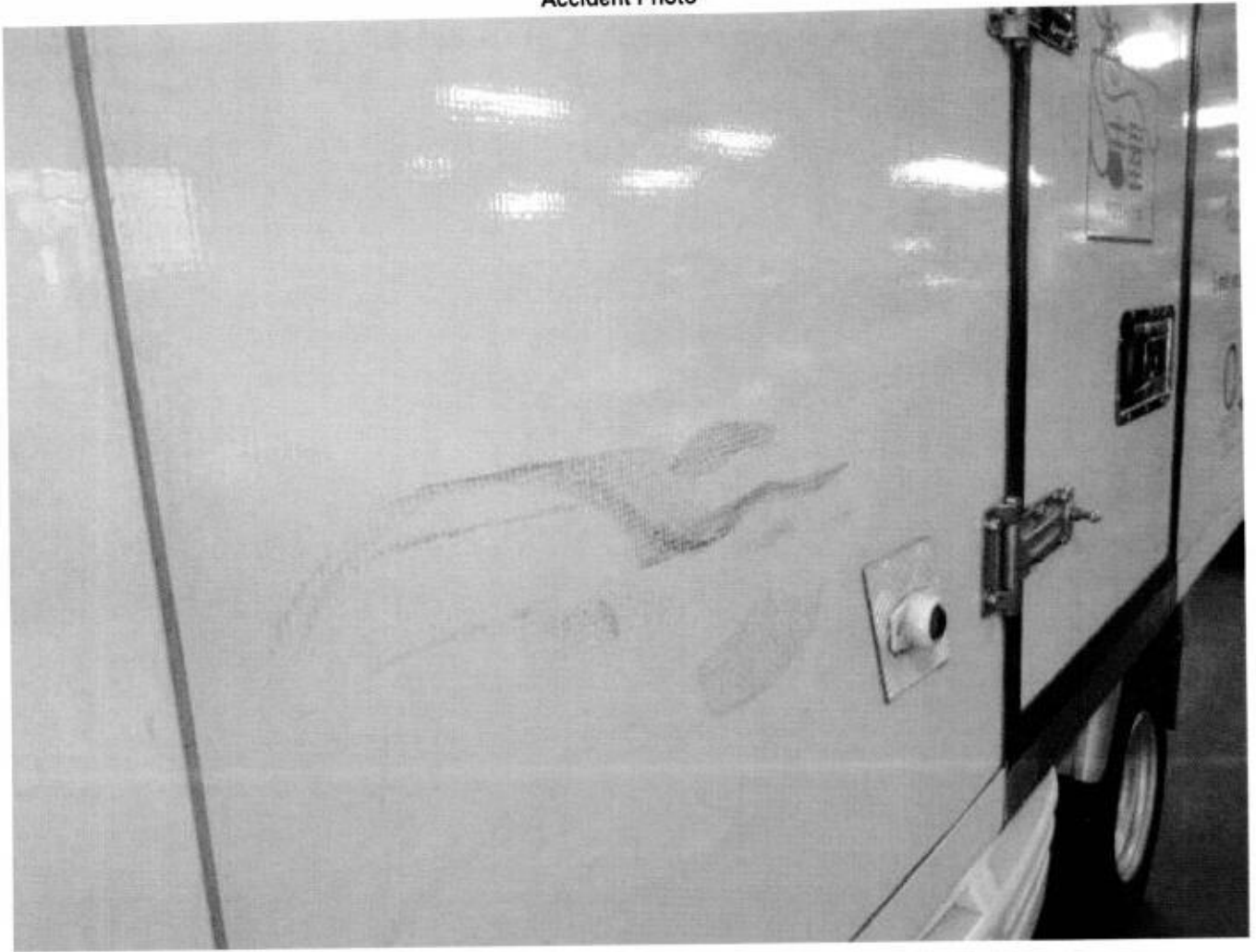
Accident Photo



Accident Photo



Accident Photo



Accident Photo



UNIVERSAL MOTORS PTE LTD

Your Complete Motorcycle Company

For Best Quality And Service

www.umpt.com.sg

HEAD OFFICE

1006 BUKIT MERAH LANE 2
#01-04 SINGAPORE 159762
TEL: 65 - 6278 2029
FAX: 65 - 6273 2039

SHOWROOM

356 ALEXANDRA ROAD
SINGAPORE 159949
TEL: 65 - 6479 3126
65 - 6479 0326

Co. Reg. No.199003243

Date : 15-Mar-19

FINAL REPAIR COST OF FBJ 4211E

Date of accident : 28-Jan-19
Make / Model : BAJAJ PULSAR 200
Name : MICKEY THADANI
Address : C/o: Universal Motors Pte Ltd
Blk 1006 Bukit Merah Lane 2,
#01-04 Singapore 159762

Lump Sum Repair Costs	\$	4,800.00
Plus 7% GST	\$	336.00
	\$	<u>5,136.00</u>

Singapore Dollars: Five Thousand One Hundred and Thirty-six Only.

AUTOMOBILE ASSESSMENT REPORT

TO: MICKEY THADANI
C/O: UNIVERSAL MOTORS PTE LTD
1006 BUKIT MERAH LANE 2 #01-04
SINGAPORE 159762

Our Reference: 219/UM090
Date: 15-Mar-2019

ASSESSMENT OF VEHICLE NO. FBJ 4211 E
DATE OF LOSS: 28-Jan-2019

We have carried out a physical assessment at **UNIVERSAL MOTORS PTE LTD**,
1006 Bukit Merah Lane 2 #01-04 Singapore 159762, according to your instruction
of **20-Feb-2019** and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.:	FBJ 4211 E
Make & Model:	BAJAJ PULSAR 200 NS MANUAL
Year of Registration:	2014
Engine Capacity:	200
Chassis No.:	MD2A36FZ1ECL57093
Engine No.:	JLZCEL51670
Colour:	RED/BLACK

2. VEHICLE CONDITION

Body Paint:	GOOD
Steering:	SERVICEABLE
Foot Brake:	SERVICEABLE
Parking Brake:	SERVICEABLE
Modification:	NIL

3. TYRE PARTICULARS & CONDITION

Front	
Make/Size/Thread:	PIRELLI 100/80 R17 - 70%

Rear	
Make/Size/Thread:	PIRELLI 140/70 R17 - 70%

4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages hit to the FRONT and LHS portion.



5. REMARKS

Market Value:	Na
Salvage Value:	Na
Repair Limit:	Na
Estimated Amount:	\$10,001.90
Adjusted Amount:	\$8,542.10
Loss Sum:	\$4,800.00
Estimated Repair Days:	10 days

Pursuant to your instruction, we have **NOT AUTHORISED** repair.
The assessment was conducted on a **"Without Prejudice"** basis.
If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by Aeon Auto Consultants LLP for any reliance on this report by any third party.

ASSESSMENT REPORT FOR VEHICLE NO. FBJ 4211 E

PARTS (LIST ITEMS)

Qty	Description	Condition	Workshop's Estimate	Our Assessment
1	HEAD LAMP	Cracked / cra	420.00	180 420.00
1	HEAD LAMP BRACKET	Bent X N/A	220.00	220.00
2	HEAD LAMP COWLING ASSY L/R	Cracked / cra	460.00	180 460.00
1	HANDLE BAR LH	Bent / BT	210.00	848 210.00
1	HANDLE BAR RH	Bent / BT	210.00	848 210.00
1	HANDLE BRAKE LEVER	Bent / BT	45.00	830 45.00
2	HANDLE BALANCER L/R	Cracked /	130.00	130 130.00
1	HANDLE CLUTCH LEVER	Bent / BT	45.00	830 45.00
2	WING MIRROR L/R	Cracked / cra	140.00	60 140.00
1	HANDLE GRIP L/R	Cut / cut	48.00	830 48.00
2	FRONT SIGNAL LAMP L/R	Cracked / Br	160.00	160 160.00
1	FRONT METER ASSY	Repair X N/A	620.00	-
2	FRONT FORK ASSY	Bent / BT	740.00	860 740.00
1	STEERING BALL BEARING RACE SET	Jammed / N/A	31.00	31.00
1	FRONT FENDER	Cracked / cra	380.00	180 380.00
1	FRONT WHEEL SHAFT	Bent X N/A	45.00	45.00
1	FRONT WHEEL BEARING	Jammed /	65.00	838 65.00
1	FRONT WHEEL RIM	Bent / BT cut	480.00	220 480.00
1	FRONT WHEEL BRAKE ROTOR	Bent X N/A	240.00	240.00
1	FUEL TANK ASSY	Bent X N/A	550.00	550.00
1	FRONT FUEL TANK SIDE COWLING LH	Cracked / cra	240.00	180 240.00
1	FRONT FUEL TANK SIDE COWLING RH	Repair	240.00	-
1	FOOT GEAR SELECTOR LEVER	Bent / Bent	180.00	860 180.00
1	FRONT FOOT REST BRACKET LH	Bent X N/A	280.00	280.00
1	FRONT FOOT REST LH	Bent X N/A	55.00	55.00
1	SIDE STAND	Repair X	182.00	-
1	REAR SEAT SIDE COWLING LH	Cracked / cra	220.00	220.00
1	REAR SEAT COWLING ASSY	Cracked X N/A	520.00	520.00
1	REAR FOOT REST BRACKET LH	Bent / cut	180.00	898 180.00
1	REAR FOOT REST LH	Bent / scr	55.00	825 55.00
1	REAR MUDGUARD	Repair X N/A	280.00	-
			7,671.00	6,349.00
Less 10% discount			767.10	634.90
Parts Total:			6,903.90	5,714.10

2498
- 10%
2167.20

2328
Less 10% discount 232.8
Parts Total 2095.20

ASSESSMENT REPORT FOR VEHICLE NO. FBJ 4211 E

SPECIAL NETT ITEMS

- 1 FRONT NUMBER PLATE
- 1 ERP UNIT
- 1 FRONT FORK OIL
- 1 FRONT TYRE
- 1 REAR TOP BOX
- 1 REAR TOP BOX BRACKET/RAIL SET

Bent / BT	20.00	320	20.00
Faulty / (CUT)	180.00	150	180.00
Necessary / nec	18.00		18.00 /
Cut x NP	220.00		220.00
Cracked / SCR	320.00	150	320.00
Bent x NM	120.00		120.00

Special Nett Total : 878.00 878.00

\$438

LABOUR

S/N Description

- 1 To provide towing charge.
- 2 Check wiring system and light.
- 3 To check, align and balance body main frame
- 4 Spray painting.
- 5 Labour Charges.

Workshop's Our
Estimate Assessment

40/ 50.00 50.00

30/ 120.00 100.00

250.00 200.00 /

700/ 800.00 700.00

300/ 1,000.00 900.00

Labour Total : 2,220.00 1,950.00

TOTAL (PARTS & LABOUR) \$ 10,001.90 8,542.10

Labour : \$770

The workshop has agreed to undertake the repair on a Lump Sum basis.

The final adjusted Lump Sum contract amount is

\$4,800.00

(SINGAPORE DOLLARS FOUR THOUSAND EIGHT HUNDRED ONLY)



Amas Ong
Automobile Assessor

PARTS : \$2167.20

Nett : \$438

Labour : \$770

Total : \$3375.20

AFT 20% LIS : \$9700

Repair days : 5 days




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

Affiliated to Federation Internationale Des Experts En Automobile				
LONPAC INSURANCE BHD		Ref : CS3/LPC19003121/Etd3s2-1		
300 BEACH ROAD #17-04/07 THE CONCOURSESINGAPORE 199555		Date : 22-07-2019		
		Code : LPC2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBH 6275T	Veh. Inspected	FBJ 4211E	
Policy No.	Z/18/VC00/101370	Coverage (\$)	0.00	
Claim No.	18/19/19/VC00/021385	Excess (\$)	0.00	
Assign From	GERALD POH	Assign Date	15/07/2019	
2. Vehicle Particulars & Condition				
Make & Model	BAJAJ PULSAR 200 NS	c.c	200	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	MD2A36FZ1ECL57093	Colour	RED	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	110/80-17	FIRELLI	7 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	140/70-17	FIRELLI	7 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	28/01/2019	Inspection Date	20/02/2019	
Survey held at	UNIVERSAL MOTORS PTE LTD BLK 1006 BUKIT MERAH LANE 2 #01-04 SINGAPORE 159762			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

**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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBJ 4211E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	HEAD LAMP	CRACKED	420.00	180.00
1	HEAD LAMP BRACKET	NOT NECESSARY	220.00	-
2	HEAD LAMP COWLING ASSY L/R	CUT	460.00	180.00
1	HANDLE BAR LH	BENT	210.00	48.00
1	HANDLE BAR RH	BENT	210.00	48.00
1	HANDLE BRAKE LEVER	BENT	45.00	30.00
2	HANDLE BALANCER L/R	CRACKED	130.00	30.00
1	HANDLE CLUTCH LEVER	BENT	45.00	30.00
2	WING MIRROR L/R	CRACKED	140.00	60.00
1	HANDLE GRIP L/R	CUT	48.00	30.00
2	FRONT SIGNAL LAMP L/R	BROKEN	160.00	60.00
1	FRONT METER ASSY	NOT NECESSARY	620.00	-
2	FRONT FORK ASSY	BENT	740.00	600.00
1	SET STEERING BALL BEARING RACE	NECESSARY	31.00	31.00
1	FRONT FENDER	CRACKED	380.00	180.00
1	FRONT WHEEL SHAFT	NOT NECESSARY	45.00	-
1	FRONT WHEEL BEARING	JAMMED	65.00	38.00
1	FRONT WHEEL RIM	CUT	480.00	280.00
1	FRONT WHEEL BRAKE ROTOR	NOT NECESSARY	240.00	-
1	FUEL TANK ASSY	NOT NECESSARY	550.00	-
1	FRONT FUEL TANK SIDE COWLING LH	CRACKED	240.00	180.00
1	FRONT FUEL TANK SIDE COWLING RH	TO REPAIR SEE LABOUR	240.00	-
1	FOOT GEAR SELECTOR LEVER	BENT	180.00	60.00
1	FRONT FOOT REST BRACKET LH	NOT NECESSARY	280.00	-
1	FRONT FOOT REST LH	NOT NECESSARY	55.00	-
1	SIDE STAND	TO REPAIR SEE LABOUR	182.00	-
1	REAR SEAT SIDE COWLING LH	CRACKED	220.00	220.00
1	REAR SEAT COWLING ASSY	NOT NECESSARY	520.00	-
1	REAR FOOT REST BRACKET LH	CUT	180.00	98.00
1	REAR FOOT REST LH	SCRATCHED	55.00	25.00
1	REAR MUDGUARD	NOT NECESSARY	280.00	-

Report Ref No. CS3/LPC19003121/Etd3s2-1



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-767.10	-240.80
			6,903.90	2,167.20
	SPECIAL NETT ITEMS			
1	FRONT NUMBER PLATE (SN)	BENT	20.00	20.00
1	ERP UNIT (SN)	CUT	180.00	150.00
1	FRONT FORK OIL (SN)	NECESSARY	18.00	18.00
1	FRONT TYRE (SN)	NOT NECESSARY	220.00	-
1	REAR TOP BOX (SN)	SCRATCHED	320.00	250.00
1	SET REAR TOP BOX BRACKET / RAIL (SN)	NOT NECESSARY	120.00	-
			878.00	438.00
	LABOUR			
	TO PROVIDE TOWING CHARGE.		50.00	40.00
	CHECK WIRING SYSTEM AND LIGHT.		120.00	30.00
	TO CHECK, ALIGN AND BALANCE BODY MAIN FRAME.		250.00	200.00
	SPRAY PAINTING.		800.00	200.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF FRONT FUEL TANK SIDE COWLING RH AND SIDE STAND.		1,000.00	300.00
			2,220.00	770.00
GRAND TOTAL			10,001.90	3,375.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,700.00

Report Ref No. CS3/LPC19003121/Etd3s2-1

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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