	Chin Lee Ying of AI	9	Date/Time: 26.19 12.09
Estimacd Co		Bill to:	
To Inspect Ve	S/TP RES/OD RES/EVA/INV/MV/C chicle No: FBE 4536 U	CS	Insured: SMG 41051
	is Butit Road 2 #1 01-16		Tel: 8380223
	099999 4322	Claim No:	949174219786
Sum Insured:		Excess:	
Make of Veh			D.O.A. 8.8.2019
CA / REV Date/Time:	REP. / REV 24 HRS  6-19 1. Sop. m Person Contacted:	Jacky	H.O.D. Endorsement: Vehicle IN OUT
Date/Time	Action/Instruction (X) Estimate	(	
	SMG HOSP=X		
	FBE 4536U NA/MSG196141621	24 D.o.	A: 08 08 2019
	Dismantle: 28/8/2019		

Sirveyor GOD REF: ALG	•
ASS	SIGNMENT (-2029)
From: Date:	Veh No: TBEYS6U Yr Regn: 28 Apr 20 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	-
OD / TP WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No:	Make: SYM Toyride c.c D1  Colour A/C: Insured/Std/NI/NA
at Workshop m/s Tax Hin	Colour
of	Sp.Reading (8 20 ) T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: RFGLF 18W 49:5003080
Claims No.	Gen. Cond: God / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Interder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NI S/Rim / STD A/Rim or
. 0	Tyre Size: F: 10/90-13
(Policy Condition)	R: 130/70-12
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO / YOKO or
Del es Madest Values	Front Rear
Bal. or Market Value:  Consistent?: Yes or No	R/Bal. / mm R/Bal. / mm
IDAG Accident sports.	L/Bal. mm L/Bal. mm
01A 7 11 00011	D.O.A. D.O.I. 26-08-19
Lot. Nepallo. ———————————————————————————————————	Survey held at W/S 6mm
Lum Sum: % _ 3 Val.: Yes or No	Des. of Damages : Frt, / Rear / OIS / NIS / U/C / Rooftop of
CA / REV / REP. / 24 HRS	
Date: Person Contacted: Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	<u> </u>
	*
7-	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3
1) : Final Report	Resurvey No. of Trip: Survey Fee: 180
Date/Time, File Return to?	Transportation:
2) Add F	ee: : Site Insp (\$ )s+Rs,si
	: Interview (\$ ) Photos
Report Format : DAR	: Tech. Invs (\$ ) Others
Lump Sum / I.B.I: (\$	: Weekend (\$ )
	TOTAL

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

AIM SUB	FOLDER TRAC			Add Dat	Adi Subr	nitted	Ins Auth'ed	Status		
Case	21 Aug 2019 Edit Reg	Est Submitted	26 Aug 2019 00:00 Edit Adj Rpt	Adj Rpt	Adj State	inites	2	Report Cancel	for Surv	ey
	Main	Re	eference		laim Details	$\neg$	Docume	nts	S	now All
CI ATM SI	UBFOLDER DE	TAILS				[Creat	ed by adjuster]			
Insured:		ORING PTE LTD								
Main Claimant:	KOH MEN	IG SOON								
Vehicle Re No.:	g. FBE453	6U			Date of Loss:	100000	2019 00:00 - :59			
Claim Type	e: <b>TP</b> / 949	91742197SG			Policy/Cover Note No.:	099999	4322 (Compreher	isive)		
Vehicle Re No. (Insured):	SMG4105	5P			Policy No. (Claimant):					
(Insured).					Excess:		r.l.			
Repairer:	G Force	Autotechnik (HQ	) 10 Kaki Bukit I	Road 2, #01-3	4, 417868 Kaki	Bukit -	iei:	Ch M	eule@ala.	om
Handling Insurer:	AIG Asia	Pacific Insuran	ce Pte. Ltd. (Ex	press) - Tel:	65-6419-3000	[Hand	led by Chew, Mar JO QIANG] [F	inal Rpt	due 04/0	9/2019
Adjuster:	LKK Auto	Consultants Pt	e Ltd (HQ) - Tel	: 6256-3561	[Handled by	AING G	oo qaaatoj į			Case Ma
ASSOCI	ATED MAIL R	ECEIVED						View All	Compose	Case Ma
AIG_S	G (28/08/2019	): TP GIA REPOR	eT .							
ALL ASS	SOCIATED TA	sks⊡				View	All Search Task		New Task	Complet
Due Da			k Group Su	bject Han	dler Assig	ned By	Completed	On Cre	eated On	Done

## PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHIC...

From: Chin, Lee-Ying

To: assignments, Admin A

Cc: Fong, Andy-SY

Sent: 8/26/2019 12:09:11 PM

Attachments:

PRS.PDF

Hi LKK,

Kindly assist to survey, bike in workshop.

or or or

Thanks.

Best Regards
Lee Ying, Chin
AIG
Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947
Lee-Ying.Chin@aig.com | www.aig.sg

#### IMPORTANT NOTICE:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

## CHIA S ARUL LLC

#### ADVOCATES & SOLICITORS UEN 201330709H

#### ARULCHELVAN S . A. RAVIDASS . DON TAN

Our Ref:

FBE 4536U (wk)

Your Ref:

To be advised

26 August 2019

AIG Asia Pacific Insurance Pte Ltd

BY EMAIL ONLY

Dear Sirs.

RE:

PROPERTY DAMAGE CLAIM

CLAIMANT :

KOH MENG SOON

ACCIDENT INVOLVING FBE 4536U & SMG 4105P ALONG JALAN TENAGA

ON 8 AUGUST 2019

PRE-REPAIR SURVEY NOTICE

 We act for Koh Meng Soon, the owner of motor cycle no. FBE 4536U which was involved in the aforesaid accident.

- We hereby in compliance with the Pre-Action Protocol for Non-Injury Motor Accident Claims, Appendix C of the State Courts Practice Directions Amendment No. 1 of 2016 ("the NIMA Protocol") give you NOTICE that we are claiming against your insured motor vehicle no. SMG 4105P for damages, costs and disbursements as a result of your insured driver's negligence.
- Please let us know if you wish to conduct a pre-repair survey on our client's motor cycle at:

Address	10 Kaki Bukit Road 2 #01-16 First East Centre Singapore 417868
Contact Person	Mr. Jacky Siah (8380 2233)

- 4. Pursuant to paragraph 2.3 of the NIMA Protocol, in the event we do not receive your response within next two (2) working days (excluding any Saturday, Sunday or public holiday), our client will instruct the workshop to commence appraisal and repairs to the damaged motor vehicle without further reference to you.
- Please advise the appointed surveyor to endorse on page 2 of this letter after the completion of each inspection.

Yours faithfully,

MR ARULCHELVAN S
cc: Client (By Email)

# > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	985F	
Vehicle No.:	FBE4536U	1 -21
Vehicle to be Exported:	No	
Intended Deregistration Date:	26 Aug 2019	
Vehicle Make:	SYM	
Vehicle Model:	JOYRIDE 200 A	
Primary Colour:	Grey	
Manufacturing Year:	2009	
Engine No.:	KB206218	
Chassis No.:	RFGLF18WY9S003080	
Maximum Power Output:		
Open Market Value:	\$2.615.00	
Original Registration Date:	28 Apr 2010	
First Registration Date:	28 Apr 2010	
Transfer Count:	2	
Actual ARF Paid:	\$393.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
COE Expiry Date:	28 Feb 2029	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
PQP Paid:	\$3,198.00	
COE Rebate Amount:	\$3,040.00	
Total Rebate Amount:	\$3,040.00	

The information contained herein is correct as at 26 Aug 2019

OK

MNA119106542-01 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 14/08/2019 18:28 SUBMITTED BY: Jackson Ho Zhao Tian

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

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

aforesaid.	
大学是1996年 2000年 11 January 1997 17 17 17 17 17 17 17 17 17 17 17 17 17	ACCIDENT STATEMENT
Date Of Report	14/08/2019 18:28
Date Of Accident	08/08/2019 09:05
Exact Location Of Accident	JALAN TENAGA
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE4536U
Insured/Policyholder	
Name Of Registered Owner	KOH MENG SOON
NRIC No	S1664985F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91070390
Alternative Phone No	OFFICE-91070390
Vehicle Particulars	
Manufacturer	SYM
Model	JOYRIDE 200 A
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-382925-CA
Cover Note Number	
Driver	
Name of Driver	KOH MENG SOON
NRIC No	S1664985F
Date Of Birth	14/06/1964
Occupation	INDOOR
Date Of Driving Pass	10/12/1984
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-91070390
Fax Number	
Contact Number	OFFICE-91070390

NOEMAIL

10 PASIR RIS LINK Address

#03-41

518163 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance? Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190814/2022.

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

SMG4105P

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 INJURED PERSON 1** 

KOH MENG SOON

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBE4536U

BODY

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

YES

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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
- 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 flability.
- 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.
- 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.
- 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 Mongtary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the purpose(s).
  - 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")
- 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:
  - 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

NRIC/FIN No.:

### Accident Sketch Plan

ETCH PLAN	
370	1 1 2/2
Vehicle A-FBE 45364	
Vehicle B-SMC 4105B 25	
Vehicle D-Smith 11033	00:15
-	2
	V
the state of the s	and the late the first to the
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
As per police report.	Report Number:
	7/20190514/2022
	aic:
	Staff Syt Muhamed Sufian
Vehicle A- FBE 45364	
Nehicle B - SMG41053	
()	
	*
1	
/	
1	
DECLARATION	
/We declare the foregoing particulars are true in every respect	$\sim$
5/	
Policyholder's signature Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: (If driver is not the policyho	

Date & Time:

NRIC/FIN No.:

#### Police Report





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20190814/2022

REPORT O	FA TRAFFIC	ACCIDENT			
	ne Report M 19 10:01	ade:	Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ılars	A STATE OF THE STA		
Name of	Informant: NG SOON		Address: APT BLK 10 PASIR RIS LINK SINGAPORE 518163	#03-41 RIPPLE BAY	
ID Type NRIC NO	D Type / ID No.: NRIC NO / S1664985F		Contact No.: Home/Office: Mobile: 91070390		
National	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 14/06/1964	Type of Informant: Rider		
Race:			Language:	Institution / School Name:	
Occupa			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambu	lance	Drink Drive: No	Date/Time of Accident: 08/08/2019 09:05	Type of Location
Location: Along Road 1 JALAN TENA					ð
117 11 11-		Road	Surface:	F	Road Speed Limit:
Weather: Clear Traffic Flow:		Traffic	c Control:	1.2	raffic Volume: Heavy

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBE4536U	Motorcycle	SYM	JOYRIDE 200 A	Grey		0
SMG4105B	Car		200.0			0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18382925	16/05/2019	27/10/2019

#### Police Report





Report No. T/20190814/2022

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

### CONTINUATION OF REPORT

Any Pedestrian In	volved: No		Use of Peo	destrian	Cross	ing: NA
No. of Pedestrian	s injured. NIL	Y 11 - 11				
Name	KOH MENG SOON			ID No.		S1664985F
Name				Contact No.		91070390
Related Vehicle	FBE4536U (Motorcycle		Contact No.		31070000	
Hospital/Clinic				Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NII		Date Disc			
No of Days gran	ited Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS ON MY WAY TO WORK, I STOPPED AT THE YELLOW BOX AREA, AND WAS WAITING FOR THE TRAFFIC. A CAR WAS COMING FROM THE OTHER DIRECTION, THE DRIVER WAS CONSTANTLY LOOKING IN THE OTHER DIRECTION AND ENDED UP COLLIDING INTO MY MOTORBIKE. EVEN AFTER THE COLLISION, THE DRIVER DID NOT NOTICE THAT THERE WAS AN ACCIDENT AND CONTINUED TO DRIVE ALONG. HE WAS GOING AT A SLOW SPEED. AFTER A WHILE HE CAME TO STOPPED AND REALISED THAT HE HAD ENDED UP HITTING MY MOTORBIKE AND ALIGHTED AND CAME AND HELP ME. HE CALLED AN AMBULANCE FOR ME AND HELPED ME TO MOVE MY VEHICLE TO THE SIDE. WE DID NOT MANAGE TO EXCHANGE PARTICULARS. THE TRAFFIC POLICE ALSO CAME TO SCENE AND I WAS LATER CONVEYED BY AMBULANCE. MY IN VEHICLE CAMERA WOULD HAVE FOOTAGE AS EVIDENCE OF THE INCIDENT, MY INCIDENT NUMBER IS G/20190808/0073.

THAT IS ALL

#### Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190814/2022

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 / LEE CHEN EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2019 10:01
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp NP168	pronature:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190814/2022

REPORT OF A TRAFFIC ACCIDENT Station Diary No .: Vide Report No .: Date/Time Report Made: 14/08/2019 10:01 Informant's Particulars Name of Informant: Address: APT BLK 10 PASIR RIS LINK #03-41 RIPPLE BAY KOH MENG SOON SINGAPORE 518163 Contact No.: ID Type / ID No .: Mobile: 91070390 Home/Office: NRIC NO / S1664985F Email: Nationality: SINGAPORE CITIZEN Type of Informant. Sex: Age: Date of Birth: 14/06/1964 Rider 55 Male Institution / School Name: Language: Race: Driving Licence Information: Occupation: Date of Expiry: Class: OTHERS

Type of Accident:	Injury Conveyed By Ambulai	Drink Drive: No	Date/Time of Accident: 08/08/2019 09:05	Type of Location:	
Location: Along Road 1 JALAN TENAS Weather: Clear		Road Surface:		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Heavy	
Type of Collision	on:			Anyone conveyed by ambulance: Yes	

Type of Colli	Sion:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lance:
Details of V	ehicle Involve	d				THE RESIDENCE OF THE PERSON OF
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
₹BE4536U	Motorcycle	SYM	JOYRIDE 200 A	Grey		0
3MG4105B	Car					0

Details of V	ehicle Insurance	THE RESERVE TO SHAPE THE PARTY OF THE PARTY		
Vehicle No.	Insurance Company	Insurance No	Effective	Explry Date
FBE4536U	MSIG INSURANCE (SINGAPORE)	MSDTMT18382925	16/05/2019	27/10/2019



T/20190B14/2022

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20190614/2022

2 of 3

CONTINUATION OF REPORT

Details of Person Any Pedestrian In	volved: No	Use of Pec	iestrian	Cross	ing: NA
No. of Pedestrian	s injured: NIL	OF THE PARTY NAMED IN			OFFICE AND ASSESSED.
Rider	KOH MENG SOON		ID No.		S1664985F
Name	KOH MENG 300N				
Related Vehicle	FBE4536U (Motorcycle)		Conta	ct No.	91070390
Hospital/Clinic	NIL		Class Driving Licent Expiry	e &	Class; NIL Date of Expiry; NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No of Dave oran	ted Medical Leave NIL	Degree o	rinjury	MIL	

#### Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS ON MY WAY TO WORK, I STOPPED AT THE YELLOW BOX AREA, AND WAS WAITING FOR THE TRAFFIC. A CAR WAS COMING FROM THE OTHER DIRECTION, THE DRIVER WAS CONSTANTLY LOOKING IN THE OTHER DIRECTION AND ENDED UP COLLIDING INTO MY MOTORBIKE. EVEN AFTER THE COLLISION, THE DRIVER DID NOT NOTICE THAT THERE WAS AN ACCIDENT AND CONTINUED TO DRIVE ALONG. HE WAS GOING AT A SLOW SPEED. AFTER A WHILE HE CAME TO STOPPED AND REALISED THAT HE HAD ENDED UP HITTING MY MOTORBIKE AND ALIGHTED AND CAME AND HELP ME, HE CALLED AN AMBULANCE FOR ME AND HELPED ME TO MOVE MY VEHICLE TO THE SIDE. WE DID NOT MANAGE TO EXCHANGE PARTICULARS. THE TRAFFIC POLICE ALSO CAME TO SCENE AND I WAS LATER CONVEYED BY AMBULANCE. MY IN VEHICLE CAMERA WOULD HAVE FOOTAGE AS EVIDENCE OF THE INCIDENT. MY INCIDENT NUMBER IS G/20190808/0073.

THAT IS ALL





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190814/2022

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 / LEE CHEN EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2019 10:01
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp	Cloneture:

Condition (CON)

\*(01)Bent (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched (07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary (12)Missing (13)Torn (14)Unconfirmed (15)Not Working

#### FOR MOTORCYCLE

ACTION (AC)

May 2005

 Replace ( ✓ )
 Repair ( X)
 Check (?) 4. Not Consistent (NC)

Motorcycle NAC

1001

3001

3002

3003 3004

3005

3006

3007

3008

3009

3010

3011 3012

3013

3014

3015

3016

3017

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3022 1118

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3030

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3042 3043

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Vehicle No: CBE 4536 U

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

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acific Insurance Pte. Ltd. (Exp	oress) - Tel: 65-6419-	3000 [Har	ndled by <b>Chew, Mavis</b> ] C	hew.Mavis@aig.c	om	
Consultants Pte Ltd (HQ) - Tel:	6256-3561 [Handle	d by XING	GUO QIANG] [Final	<b>Rpt</b> due 04/09	/2019]	
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#### **Claim Documents**

\*FBE4536U (9491742197SG) [SMG4105P] TP KOH MENG SOON Aug 8 2019 12:00AM [BIS MOTORING PTE LTD] **G Force Autotechnik** 

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Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

#### LKK Auto Consultants Pte Ltd (Co.Reg. No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

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

## VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/AIG19014952/GCF3E2

Date:

08/11/2019

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

0999994322

Claimant Vehicle No:

FBE4536U

Insured Vehicle No:

SMG4105P

Date of Loss:

08/08/2019

Nature of Claim:

TP

Claim No: 9491742197SG

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

FBE4536U

Make & Model:

SYM JOYRIDE 200 A, 171cc (A)

Engine No:

KB206218

18209 km

Reg. Date:

28/04/2010 (Man. Year: 2009)

Chassis No: Odometer:

RFGLF18WY9S003080

Colour:

Grey

171 cc

Engine Capacity: Market Value/New Car

Price:

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Footbrake (Serviceable):

Pre-accident Condition:

YAS

Handbrake (Serviceable):

CONDITION OF TYRES

110/90-13

Rear Tyre Size:

130/70-12

Front Tyre Size: Front Left Side:

Michelin 4 mm

Rear Left Side:

Michelin 4 mm

Front Right Side:

 $0 \, \text{mm}$ 

Rear Right Side:

0 mm

The above values represent the remaining tyre treads depth

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

INSPECTION

Date of Assignment:

26/08/2019

Date Inspected:

26/08/2019 Inspected At:

G Force Autotechnik (HQ)

10 KAKI BUKIT RD 2 #01-16 FIRST

EAST CENTRE

SINGAPORE 417868

Estimated Period of Repair:

3.0 days

Adjuster: XING GUO QIANG

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.

## **REPAIR DETAILS**

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No.	Qty Part No.	Particulars	Condition	Repairer's	Amount
1	1	*FRONT NUMBER PLATE	Necessary	0.00 F	*-F
2	1	*FRONT FENDER WHEEL GUARD	Distorted	0.00 F	*- F
3	1	*FRONT FORK ASSY	Bent	0.00 F	*- F
4	1	*FRONT FORK OIL SEAL	Necessary	0.00 F	*- F
5	1	*FRONT FORK OIL	Necessary	0.00 F	*- F
6	2	*FRONT HEADLAMP	Cut	0.00 F	*- F
7	1	*FRONT HEADLAMP FAIRING	Distorted	0.00 F	*- F
8	1	*FRONT WINDSHIELD	Cracked	0.00 F	*-F
9	1	*FRONT WING MIRROR	Cut	0.00 F	*- F
10	1	*FRONT LH SIGNAL LAMP	Scratched	0.00 F	*- F
11	1	*FRONT RH SIGNAL LAMP	Cut	0.00 F	*- F
12	1	*METER CASING	Cut	0.00 F	*- F
13	1	*STEERING STEM	Bent	0.00 F	*- F
14	1	*STEERING CONE AND BEARING	Necessary	0.00 F	*-F
15	1	*HANDLE BAR	Bent	0.00 F	*- F
16	1	*HANDLE BAR BALANCER RH	Cut	0.00 F	*- F
17	1	*HAND BRAKE LEVER	Cut	0.00 F	*- F
18	1	*SIDE FAIRING	Cut	0.00 F	*- F
19	1	*FAIRING TOP GARNISH	Cut	0.00 F	*- F
20	1	*CENTER FAIRING	Cracked	0.00 F	*- F
21	1	*FAIRING LOWER	Cut	0.00 F	*- F
22	1	*AIR GRILLE	Cut	0.00 F	*- F
23	1	*AIR CLEANER	Cut	0.00 F	*- F
24	1	*BODY FRAME	Repair	0.00 F	*- F
25	2	*REAR FOOT REST	Cut	0.00 F	*- F
26	1	*EXHAUST MUFFLER ASSY	Repair	0.00 F	*- F
27	1	*REAR BOX	Cut	0.00 F	*- F
28	1	*EXHAUST MUFFLER HEAT SHIELD	Cut	0.00 F	*-F
F=Fr	anchise part.		Total Parts (S\$)	0.00	0.00

Report was unsubmitted during this print-out.

Adjuster Report Page 3 of 3

## 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 >