	Tan kah Leon			e)	Date/Time: 24	8.19 13.37pm	
From (Person) Estimated Cos		) oi —	Bill to:				
OD/TP)WS	TP RES / OD RES			Insured:	GBD 9661295	95670	
at Workshon r	nds prism ma	itorworks		Tel:	9661295	55	
of MO & E	iti Buich Ave	4 #05-01	102				
Policy No. D	MCV5N30503A	9000	Claim h	lo: Sym 19	D2039601	(02	
Sum Insured:			Exces	33.			
Make of Veh					D.O.A. 23.8.2019		
of hand's Mecon							
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CA / REV	/ REP. / REV 24 F	m Person Cont			ehicle IN	UT	
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Movimun

# ...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitted	AdJ Assigned	Adi Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	27 Aug 2019		27 Aug 2019 13:37 Assign	10000.000			New Assignment Cancel Case	
	Main	Re	ference	Cla	im Details	Documer	nts Show All	
CLAIM S	UBFOLDER DET	AILS	MARCH COLARS CO.			[Cre:	ated by insurer]	
Insured:		TAY SO	OO HIA (NON-DE	RIVER), ID:	S1415358F	Level	rea by msurer]	
Main Clair	nant:				ID: S9330968E			
Vehicle Re	eg. No.:	FBL32			Date of Loss:		/2019 07:00 - :59 lonths and 2 Days From LTA late (Man Yr)]	
Claim Typ	e:	TP / S	NM19D203960	C02 Pc	licy/Cover Note No.:	1224 TER	SN30503819000	
Vehicle Re	g. No. (Insured):	GBD95	GBD9567C		Policy No. (Claimant): 510		05703790	
0.0000000000000000000000000000000000000					Excess: S\$0.0			
Repairer:		Prism 1 415875	Prism Motorworks Pte Ltd (HQ) NO. 8 KAKI BUKIT AVE 4 #05-01/02, PRIEMIER BUILDING SINGAPORE 415875, 415875 Kaki Bukit - Tel: 96612955					
Handling 1	nsurer:	China 1 638961	Taiping Insurance	ce (Singapore	e) Pte. Ltd. (HQ) - 1	Tel: 6389 6111 [H	landled by Tan Kah Leong	
Claimant's	Insurer:	and the second s		ce Co-operati	ve Ltd (HQ) - Tel:			
Adjuster:					- Tel: 6256-3561	Final Rot due 0	5/09/20191	
Driver/Cu	stodian (Insured)	: TAY CH	OR HOW (61 / Ma	le), NRIC: S	31295804H Email:	[ mar npt acc o	5/05/2019]	
ASSOCIA	TED MAIL REC	EIVED				View All	Compose Case Mail	
There are	no mail for this c	ase.					The state of the s	
E ALL ASS	OCIATED TASK	s			View All   Sear	ch Tasks   Crea		
Due Da	te Priority	Type Task G	roup Subjec	t Handler	Assigned By	1 0100	te New Task Complete	
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MSI119112486 / STA INSPECTION PTE LTD - Sin Ming ENTRY DATE & TIME: 26/08/2019 16:38 SUBMITTED BY: Wong Lip Yong

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

aroresalu,	1 September 2 and 1 and
SAME SECURITY OF SECURITY SEC	ACCIDENT STATEMENT
Date Of Report	26/08/2019 16:38
Date Of Accident	23/08/2019 07:45
Exact Location Of Accident	ANG MO KIO AVE 5 TWDS ITE CENTRAL
Country/State of Loss	SINGAPORE
等層類 建设施设施设施设施设施设施设施设施设施设施设施设施设施设施设施设施设施设施设施	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL32X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ASHRAF BIN MAT ISA
NRIC No	\$9330968E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93288233
Alternative Phone No	Others-93288233
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	ZX1000K
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5105703790
Cover Note Number	
Driver	
V (5:	

Name of Driver MUHAMMAD ASHRAF BIN MAT ISA

NRIC No \$9330968E Date Of Birth \$01/09/1993

Occupation INDOOR
Date Of Driving Pass 07/11/2018

Driving Experience 0 YEAR AND 9 MONTH

Gender

Mobile Number

MALE

(LOCAL) +65-93288233

Fax Number

Contact Number

OTHERS-93288233

EMail Address

NOEMAIL

Address

BLK 575 HOUGANG STREET 51

#03-55

Postcode

530575

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

NO OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

Road Surface

CLEAR

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO YES

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 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes,against whom?

Circumstances of Accident

REFER ATTACHED.

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

GBD9567C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NA

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NA

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 liability.
- 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 Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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:
  - 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.

F184

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Alana on bike along any the kie along and kie along and kie along any the kie along any

#### tike along Mo kto Ave 5 Im redend strafaht in a designated speed lang cst confle in travelling lane sucklenly whick 613D9567C into Van CUT mig ione 18th ON onto my bothe I was going ort low 0# Speed 484 I Cell not my vehfele driver stayed inside his. while You I ask hPm to Come

and exchange particulars, we then mention we will let our Procrance Vandle

DECLARATION

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

中国中

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

bothe

out

Name:

NRIC/FIN No.:

Objekti Statio Photosopi, 4

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	968E
Vehicle Details	
Vehicle No.:	FBL32X
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Aug 2019
Vehicle Make:	KAWASAKI
Vehicle Model:	ZX1000K
Primary Colour:	Green
Manufacturing Year:	2014
Engine No.:	ZXT00JE019443
Chassis No.:	JKAZXT00JKA025120
Maximum Power Output:	
Open Market Value:	\$12,979.00
Original Registration Date:	21 Feb 2017
First Registration Date:	21 Feb 2017
Fransfer Count:	1
Actual ARF Paid:	\$1,947.00
ntended PARF Repate Details	于100%的100%的100%。200%的100%的100%的100%的100%。
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
ntended COE Rebate Details	
COE Expiry Date:	20 Feb 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,101.00
OE Rebate Amount:	\$4,564.00
otal Rebate Amount:	\$4,564.00

ОК

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status		
Main	27 Aug 2019		27 Aug 2019 13:37 Edit Adj Rpt	S\$0.00 Edit Estimates	\$\$0.00 View R	2000		Pending for Survey Report Cancel Case		vey
1	fain	Re	ference	Cla	im Details		Docume	nts	] _s	how All
CLAIM SUI	BFOLDER DE	TAILS				[Creat	ed by insurer]			
Insured:	TAY SOO	HIA (NON-DRIV	ER), ID: S1415	5358F						
Main Claimant:	минамм	AD ASHRAF BIN	MAT ISA, ID:	S9330968E						
Vehicle Reg. No.:	FBL32X				Date of Loss:		2019 07:00 - :59 nths and <b>2</b> Days F	rom LTA Re	g Date (Ma	an Yr)]
Claim Type:	200	419D203960C0	2		Policy/Cover Note No.:	DMCVS	N30503819000			
Vehicle Reg. No. (Insured):	GBD9567	D9567C			Policy No. (Claimant):	510570	5105703790			
	0				Excess:	5\$0.00				
Repairer:		torworks Pte Ltd : 96612955	( <b>HQ)</b> NO. 8 KA	KI BUKIT AVE	# #05-01/02,	PRIEMIE	R BUILDING SING	APORE 415	875, 4158	75 Kaki
Handling Insurer:	China Tai	ping Insurance (	Singapore) Pto	e. Ltd. (HQ) -	Tel: 6389 611	1 [Ha	ndled by Tan Kah	Leong - 63	3896193]	
Claimant's Insurer:		ome Insurance (								
Adjuster:		Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Handled by ]	XING GU	IO QIANG] [Fi	nal Rpt o	lue 05/0	9/2019
Driver/Cust dian (Insured):		HOW (61 / Male)	, NRIC: S1295	804H Email:						
ASSOCIAT	ED MAIL RE	CEIVED						View All	Compose	Case Ma
There are n	o mail for this	case.								
ALL ASSO	CIATED TAS	sks <sup>=</sup>				View	All Search Tasks	Create N	lew Task	Complet
Due Date	Priority	Type Task	Group Sub	ject Handle	er Assign	ned By	Completed C	n Cre	eated On	Done

#### Claim Documents

\*FBL32X (SNM19D203960C02) [GBD9567C] MUHAMMAD ASHRAF BIN MAT ISA Aug 23 2019 7:00AM [TAY SOO HIA (NON-DRIVER)] **Prism Motorworks Pte Ltd** 

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### **Linked Accident Report Documents**

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13	26/08/19 16:54	Accident Photo	0	Load JPG	•
14	26/08/19 16:54	Accident Photo	0	Load JPG	•
15	26/08/19 16:54	Accident Photo	0	Load JPG	•
Doc	cumentation		1 per	page ▼	•
No	Finalized On	STA INSPECTION PTE LTD (Sin Ming)		Thumbnail	Print
1	26/08/19 16:57	Sketch Plan	0	Load TIF	

Assessment Reports		1 per page ▼		•	
No	Finalized On	STA INSPECTION PTE LTD (Sin Ming)		Thumbnail	Print
2	26/08/19 16:57	Sketch Plan #2	0	Load TIF	

# **Documents Checklist**

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
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/CTI19015074/GCF3S2

Date:

12/09/2019

REFERENCE

Handling Insurer:

China Taiping Insurance (Singapore)

Policy No:

DMCVSN30503819000

Claimant Vehicle

Pte. Ltd.

Insured Vehicle

No:

FBL32X

No:

GBD9567C

Date of Loss:

23/08/2019

Nature of Claim:

TP

Claim No:

SNM19D203960C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

FBL32X

Make & Model:

KAWASAKI ZX1000E, 998cc 21/02/2017 (Man. Year: 2014) Engine No: Chassis No: ZXT00JE019443

Reg. Date:

Green

Odometer:

JKAZXT00JKA025120 15139 km

Colour: Engine Capacity:

998 cc

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:

Good

Steering (Serviceable):

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

120/70 ZR17

Rear Tyre Size:

190/50 ZR17

Front Left Side:

Metzeler 4 mm

Rear Left Side:

Metzeler 4 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 (S\$)	0.00	0.00	0.00	

INSPECTION

Date Inspected:

Date of Assignment:

27/08/2019

28/08/2019

160 SIN MING DRIVE #01-14

Repairer: Prism Motorworks Pte Ltd

Estimated Period of Repair:

3.0 days

XING GUO QIANG Adjuster:

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.

Inspected At:

- 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: 12 Sep 2019)

Parts: N/A KAWASAKI ZX1000E 998cc (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for FBL32X)

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 >