

22/03/2012

ASS. REC. BY:

Surveyor: Rosal

REF:

CS/CT119018799/R1 yd3

Special Instruction:

ASSIGNMENT (Office)

From (Person): Chong Boon Sen

of

CTE

Date/Time: 23/10/19 @ 11:01 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBM 2117S

Insured:

SKR 9650P

at Workshop m/s

HKL Lim Team

Tel:

6273 6656

of

Bke 1008 Bkt Memh Lane 3 # 01-24

Policy No:

Claim No:

SNM19D204955

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 17/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11:37 am 23/10/19

Person Contacted:

James

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate
	PBM 2117S - X	
	SKR 9650P - X	
17/11 10am	Spoken to James, Insured did not report. Vehicle did not send in for repair.	
17/11	Submit preli report. (Preli fig \$1,370.00)	

ASS. REC. BY:

REF:

CTF

827A

ASSIGNMENT

From:

Date:

25/10/19

Veh No:

FBM 2117S

Yr Regn:

2014 / HK

Estimated Cost:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

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

Truck / Trailer or

To Inspect Vehicle No:

FBM 2117S

Make:

HONDA SILVER WING AT 400 A c.c. 398

at Workshop m/s

HKL Lim

Colour

PURPLE

A/C:

Insured / Std / NI / NA

of

BLK1008 Bkt Meruh lene 3 #01-24

Sp. Reading

74249

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

NF 031001929

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

5:30pm

Modi:

Nil / S/Rim / STD A/Rim or

(Policy Condition)

42423895

James

N/S	O/S

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

Tyre Size:

F:

120/80-14

R:

150/70-15

BS / DUN / EXNOVA / GY / FS / LIZA / ML2 / OHTSU / PIR / SUMI /

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

4 mm

R/Bal.

4 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

17/10/19

D.O.I.

25/10/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

HKL Lim

CA / REV / REP. / 24 HRS (up)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Frt

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



Preli. Report

Days Of Repair:

2

1)



Final Report

Resurvey No. of Trip:

-

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

22/5/20 Typist

Add Fee:



Site Insp (\$)

S + RS. SI



Interview (\$)

Photos



Tech. Invs (\$)

Others



Weekend (\$)

TOTAL

Report Format: TP

Lump Sum / 100: \$ 1,370.00

Nivitha (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Wednesday, 23 October 2019 11:01 AM
To: HKL Lim Team Motorsport
Cc: assignments
Subject: RE: OUR REF: SNM19D204955-SKR9650P-CBS- FBM2117S/SKR9650P on 17/10/2019 Arrange Surveyor

WITHOUT PREJUDICE

Dear Sir

We will be assigning M/s LKK AUTO CONSULTANTS to survey your client's vehicle.

Aside to LKK AUTO CONSULTANTS,

Please proceed to survey the third party vehicle on WP basis.

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: HKL Lim Team Motorsport [mailto:hklteam@gmail.com]

Sent: Tuesday, October 22, 2019 5:53 PM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Subject: Re: OUR REF: SNM19D204955-SKR9650P-CBS- FBM2117S/SKR9650P on 17/10/2019 Arrange Surveyor

LKK pls

On Tue, Oct 22, 2019 at 5:37 PM Chong Boon Sen <boonsen.chong@sg.cntaiping.com> wrote:

Without prejudice

Dear Sir,

LKK

STA

LBS

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: Claims Dept of CTI

Sent: Tuesday, October 22, 2019 5:19 PM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; hklitimteam@gmail.com

Subject: OUR REF: SNM19D204955-SKR9650P-CBS- FBM2117S/SKR9650P on 17/10/2019 Arrange Surveyor

Dear Boon Sen,

Please conduct PRS for FBM2117S.

Note : officer in charge – Boon Sen 63896171.

Thank you

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 63896116 | F: (65) 62247175

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From: HKL Lim Team Motorsport [<mailto:hkllimteam@gmail.com>]
Sent: Tuesday, October 22, 2019 4:50 PM
To: Claims Dept of CTI
Subject: FBM2117S/SKR9650P on 17/10/2019 Arrange Surveyor

To Whom My Concern ,

Please Arrange Surveyor for this claim .

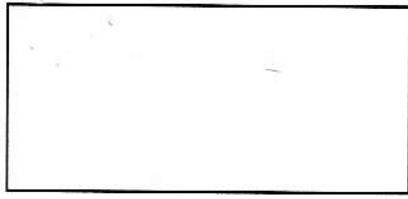
--

Thank You.

Best Regards

James Lim (Keong)

Tel:+65 9242 3895



BLK 1008 #01-24 Bukit Merah Lane 3, Singapore 159722

Tel:+65 6275-6656, 6275-6566 Fax: 6272-9291

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Thank You.

Best Regards

James Lim (Keong)

Tel:+65 9242 3895



BLK 1008 #01-24 Bukit Merah Lane 3, Singapore 159722

Tel:+65 6275-6656, 6275-6566 Fax: 6272-9291

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For more information please visit <http://www.symanteccloud.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 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	19/10/2019 14:16
Date Of Accident	17/10/2019 07:00
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER BUKIT TIMAH - EXIT 26B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2117S
Insured/Policyholder	
Name Of Registered Owner	D JEEVAN
NRIC No	S9146827A
Email Address	DEVANRAJAH@LIVE.COM
Mobile Phone No	(LOCAL) +65-84815188
Alternative Phone No	OFFICE-84815188

Vehicle Particulars

Manufacturer	HONDA
Model	SILVERWING 400
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V15273/VMS/R04
Cover Note Number	

Driver

Name of Driver	D DEVAN
NRIC No	S9516961I
Date Of Birth	18/05/1996
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84815188
Fax Number	
Contact Number	OFFICE-84815188
Email Address	DEVANRAJAH@LIVE.COM

Address	BLK 818 JURONG WEST STREET 81 #04-248
Postcode	640818
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	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	SKR9650P
Vehicle Make/Model/Colour	BMW - BROWN COLOR
Details Of Properties	LEFT REAR CORNER PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	84181167
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

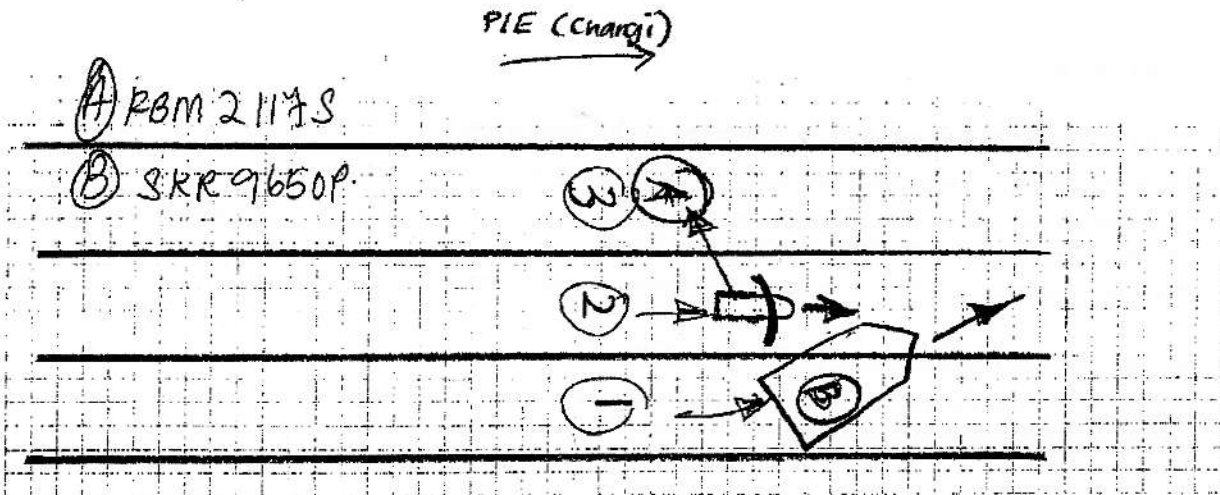
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/10/19 while riding along PIE Changi after Bukit Timah exit 26B, the
 bmw vehicle SKR 9650P suddenly swerved onto my lane. I was riding at lane 2.
 The driver was driving on lane 1. I managed to brake on time and he just
 hit my right front signal light and fairing. My bike wobbled vigorously but
 I managed to get a control of my bike and did not fall. After stopping
 on the road shoulder, the driver did admit that he did not check before
 swerving onto my lane. If I had not been more alert and brake on time,
 I would have fallen.

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/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	827A
Vehicle Details	
Vehicle No.:	FBM2117S
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Jan 2020
Vehicle Make:	HONDA
Vehicle Model:	SILVER WING GT 400 A
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	NF01E1401926
Chassis No.:	NF031001929
Maximum Power Output:	-
Open Market Value:	\$7,935.00
Original Registration Date:	16 Dec 2014
First Registration Date:	16 Dec 2014
Transfer Count:	1
Actual ARF Paid:	\$1,191.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Dec 2024
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,412.00
COE Rebate Amount:	\$2,175.00
Total Rebate Amount:	\$2,175.00

The information contained herein is correct as at 10 Jan 2020

OK



HKL LIM
TEAM MOTORSPORT

Blk 1008 #01-24, Bukit Merah Lane 3, Singapore 159722
Email: support@hklimmotorsport.com.sg

Tel: 6275 6656, 6275 6566, 62727292 Fax: 6272 9291
Website: www.hklimmotorsport.com.sg

FBM2117S

1 Head Cowling <i>era</i> ✓	\$ 420.00
2 Side Panel RH <i>sea</i> ✓	\$ 300.00
3 Front Signal RH <i>ca</i> ✓	\$ 150.00
4 Spary Paiting	\$ 400.00 <i>300</i>
5 Labour	\$ 350.00 <i>200</i>
Total	\$1,620.00

Resue

Hp 90010068

2 days

P/P

25/10/19 @ 1735

Resuey before paint