ASS.REC.BY: | REF: CS3/INC1908821/Hcd3 | Special Instruction:

Surveyor: HOLLAND

ASSIGNMENT (Office)

From (Person): Theresa Vimala of INK Date/Time: 23/10/2019 @ 10.02am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBH 5371E Insured: YN 8530D

at Workshop m/s Karz Works Tel: 84422475.

of 53 ubi Avenue 1 #01-23

Policy No: Claim No: MT/1067552-002

Sum Insured: Excess:

Make of Veh: D.O.A 18/10/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 10.55am @ 23/10/19 Person Contacted: Shushan Vehicle IN / OUT

Date/Time	Action/Instruction Estimate (X)
	YN 8530D - X
	FBH 5371E - NA/INC1908449V2A DOA: 18/10/2019
	Dismantle: 24/10/2019
	After repair: 1/11/2019.

ASS. REC. BY: H ANN | REF: NTUC

ASSIGNMENT

PRS

From: | Date: 23/10/2019

Estimated Cost:

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

To Inspect Vehicle No: FBH 5371 E

at Workshop m/s Teamwork

of 53 Ubi Avenue 1 #01-23

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S
X	X

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

GIA / PR Seen: | Consistent? : Yes or No

Est. Repairs: 3 days | Res.: Yes or No

Lum Sum: % | 3 Val.: Yes or No

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

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: FBH 5371 E | Yr Regn: 17/06/13

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

Make: Yahama FZ16ST cc 153

Colour red | A/C: Insured / Std / NI / NA

Sp.Reading 4980 km | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ME145S0B50200836

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 100/80/R17

R: 140/70/R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	5 / PIR mm	R/Bal.	5 / PIR mm
L/Bal.	mm	L/Bal.	mm

D.O.A 18/10/19 | D.O.I 23/10/19

Survey held at Tea work

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

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

Date / Time	Action / Instruction
	+ FBH 5371 E (PRS) c/f
	MV - 3800
	PV - 597
	NV - 3200
	Range → 2.5-3K
	repair Days - 3 days

29/10/2019

Date/Time, File Pass to? 1) 08/11 tupas | ☐ : Prell. Report | ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Insp ($) ☐ : Weekend ($)

Survey Fee:

Transportation: S + PS SI

Phone:

Others:

TOTAL $50

Report Format : IRS.

Lump Sum / LBI: (S)

Celine Fong (LKKAuto)

From: Celine Fong (LKKAuto)
Sent: Monday, 11 November 2019 11:48 AM
To: Helena Tan
Subject: Pre-Repair Survey by LKK (Vehicle No. FBH 5371E ; Your Ref: MT/1067552-002)
Attachments: Inspection Photographs.pdf; Photo of damaged parts.pdf; Photo After Spray.pdf; LKKInvoice1.pdf

Dear Helena,

Refer to your assignment on 23.10.2019 at 10.02am.

Please be informed that we have inspected the vehicle FBH 5371E on 23.10.2019 at 4.50pm.

At the time of inspection the repairer did not present their estimation to the damaged vehicle.

Please find attached Pre-Repair photographs and invoice of FBH 5371E.

Best Regards,
Celine Fong
LKK Auto Consultants Pte Ltd
phone: 6256-3561 | email: celinefong@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Wednesday, 23 October 2019 2:27 PM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: RE: TP CASES FARMED OUT TO LKK ON 23/10/2019

Dear LKK, Here are the list of OIC details for your record.

SN	Surveyor	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	HELENA	MT/1067552-002	23/10/2019	FBH5371E	KARZ WORKS PTE LTD	53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934	Shu Shan / 6844 5938		YP8530D	18/10	
2	AZHARI	MT/1065842-002	23/10/2019	GBE6599A	PEOPLE'S VEHICLE RECOVERY SERVICE	BLK 3023A #01-60 UBI ROAD 1 SINGAPORE 408717	Apple / 6743 3246		SJZ1637B	5/10	
3	ERIC	MT/1067485-002	23/10/2019	SMA575Z	PREMIUM AUTOMOBILES PTE LTD	55 UBI ROAD 1 SINGAPORE 408699	Syafiq / 6388 2323 /	14:00-16:00	SLS4727T	18/10	Owner waiting

							6768 9911				
4	CANCELLED	MT/1067470-001	23/10/2019	JQQ8872	SAT MOTORS	24 Defu Lane 12 Singapore 539131	Jonathan Lim / 9126 9987		CANCELLED SURVEY		

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg

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Nivitha (LKK Auto)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Wednesday, 23 October 2019 2:27 PM
To: Admin-D (LKKAuto)
Cc: assignments; SUR
Subject: RE: TP CASES FARMED OUT TO LKK ON 23/10/2019

Dear LKK, Here are the list of OIC details for your record.

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3	ERIC	MT/1067485-002	23/10/2019	SMA57SZ	PREMIUM AUTOMOBILES PTE LTD	55 UBI ROAD 1 SINGAPORE 408699	Syafiq / 6388 2323 / 6768 9911	14:00-16:00	SLS4727T	18/10	Owner waiting
4	CANCELLED	MT/1067470-001	23/10/2019	JQQ8872	SAT MOTORS	24 Defu Lane 12 Singapore 539131	Jonathan Lim / 9126 9987		CANCELLED SURVEY		

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

With Regards

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	660G
Vehicle Details	
Vehicle No.:	FBH5371E
Vehicle to be Exported:	No
Intended Deregistration Date:	25 Oct 2019
Vehicle Make:	YAMAHA
Vehicle Model:	FZ16ST
Primary Colour:	Black
Manufacturing Year:	2013
Engine No.:	455B008646
Chassis No.:	ME1455085D2008836
Maximum Power Output:	-
Open Market Value:	$2,463.00
Original Registration Date:	17 Jul 2013
First Registration Date:	17 Jul 2013
Transfer Count:	2
Actual ARF Paid:	$370.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jul 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$1,610.00
COE Rebate Amount:	$599.00
Total Rebate Amount:	**$599.00**

The information contained herein is correct as at 25 Oct 2019

OK

(/)

Bike model

Type
Any

Price From
Any

Price To
Any

Class
Any

MORE SEARCH OPTIONS

Q SEARCH VIEW ALL (/LISTING/USEDBIKES/LISTING/)

REPORT ERROR ADD TO SHORTLIST Like Share

SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKES/YAMAHA-YAMAHA-FZ16-ST/14640/)

Yamaha FZ16 ST

Listing Type	Paid Ad
Brand	Yamaha (/listing/usedbike/brand/yamaha/)
Model	Yamaha FZ16 ST (/listing/usedbike/model/yamaha-fz16-st/)
Engine Capacity	153cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	06/02/2013
COE Expiry Date	05/02/2023 (3 years 3 months left)
Mileage	51897km
No. of owners	-
Type of Vehicle	Street Bikes (/listing/usedbike/model/motorcycle-for-sale/street-bikes/)

Price: SGD$4288

DETAILS

Coe Till 2/2023. Loan Available, Welcome Trade In. Serious Buyers Are Welcome To Negotiate. Unit Selling Fast. Contact Us Asap!

DOA- 18/10/19

3yr 4mth

NV - 3800
PV - 599
NV - 3200

SIMILAR BIKES VIEW ALL (/LISTING/USEDBIKES/LISTING/)

MNA119138889 / National Assessment Centre Services - Uti
ENTRY DATE & TIME: 21/10/2019 09:58
SUBMITTED BY: Jackson Ho Zhao Tian

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 insurors, 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	21/10/2019 09:58
Date Of Accident	18/10/2019 19:00
Exact Location Of Accident	YIO CHU KANG RD TWDS LENTOR AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBH5371E
Insured/Policyholder	
Name Of Registered Owner	LEONG CHIN WAN
NRIC No	S2599660G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94562322
Alternative Phone No	OFFICE-94562322
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16ST
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
Fleet Policy	NO
Policy Number	5107588773
Cover Note Number	
Driver	
Name of Driver	LEONG CHIN WAN
NRIC No	S2599660G
Date Of Birth	27/03/1963
Occupation	INDOOR
Date Of Driving Pass	26/03/1991
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94562322
Fax Number	
Contact Number	OFFICE-94562322
EMail Address	NOEMAIL

Address	BLK 404 YISHUN AVENUE 6 #08-1234
Postcode	760404
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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 TO STATEMENT.

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	YP8530D
Vehicle Make/Model/Colour	MITSUBISHI FUSO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PANCHAVARNAM RAVI
NRIC/Passport Number	F8184211Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEONG CHIN WAN

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBH5371E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1) Please report **correctly** on the details of the accident to speed up the claims process.
2) This form must **be completed by the policy holder 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 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.
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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:

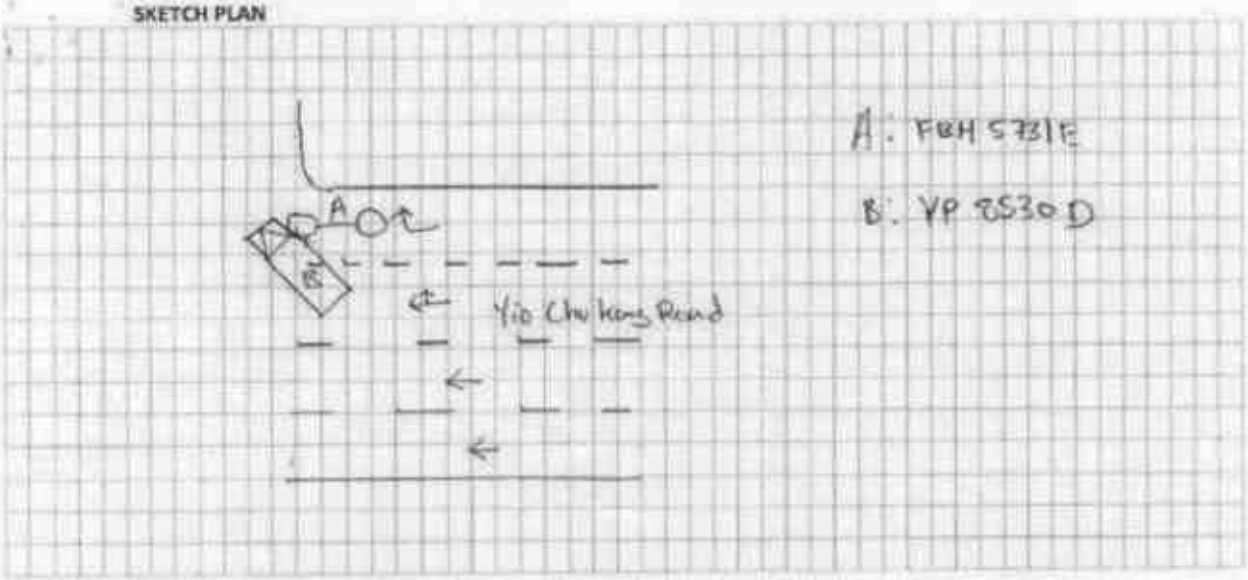
- (i) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
- (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature **Date / time:**	**Driver's signature** **(if driver is not policy holder)** **Date / time:**	**reporting centre personnel's Signature** **Date / time:**

Page 5

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary on the extreme right lane at the Junction of Yio Chu Kang Road waiting to turn right onto Lentor Avenue. Suddenly Vehicle B abruptly made a sharp right turn in an attempt to make a U-Turn and hence collided on to my motorcycle left. Despite Vehicle B after colliding on to my motorcycle, Vehicle B did not stop but continued to accelerate forward a few meters before stopping.

DECLARATION

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

Policy holder's signature Date & time:	Driver's signature (if driver is not policy holder) Date & time:	reporting centre personnel's Signature NRIC/FIN No.:

Page 6