

Assignment

REF: CS/CTI/19018825/T1 YD302

Special Instruction:

1/3: \$6100.00

ASSIGNMENT (Office)

From (Person): Tan kuh leong of CTI Date/Time: 21/10/2019

Third Parties:

Claimant:

Surveyor: Prudent Adjusters & Co

Workshop: A.S. phoon

OD: IP Re-inspection / Evaluation

To Inspect Vehicle No: F26924L

Insured: GBE 97022

at Workshop n/s: A.S. phoon

Tel: 65150770

of B1e 36 Joh Cuen Rd East # 01-35

Policy No:

Claim No: SNM18D0533702

Sum Insured:

Excess:

Make of Veh:

D.O.A. 30/10/2018

(Client's Record)

30/10/2019 @ 11am

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig. days (Red \$ / %; Original 8 days)

Date/Time: 5/12/19 Submit Final Fig 4000/-, 6 days (Red \$ 2100/- 34 %; Original 6 days)

Date/Time	Action/Instruction
	F26924L-NA/INC18020371/24
	GBE 97022-NA/INC18020371/24
	Don: 30/10/2018
	Don: 30/10/2018

RECEIVED 5 DEC 2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

150

150

1) Date/Time 5/12/19 File Pass to Typist

3) Date/Time File Pass to

5) Date/Time File Pass to

2) Date/Time File Return to

4) Date/Time File Return to

6) Date/Time File Return to

ASS. REQ. BY:

REF:

ASSIGNMENT

GE 2025 Feb

From:

Date:

Veh No:

FZ6924L

yr Regn:

2005 Sep

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:

Make:

Honda CB400

cc 399

at Workshop m/s

Colour

blue

A/C:

Insured / Std / NI / NA

of

Sp. Reading

-

T/Radio:

Insured / Std / NI / NA

Insured:

Eng/No:

Policy No

C/No:

JH2NC39955 M100103

Claims No:

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

49200

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Tyre Size:

F:

170/60R17

R:

160/60R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

30/10/2019

Survey held at

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

John Smith
4/12/2019

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + PS \$

Photos

Notes

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Report Format:

Lump Sum / L.B.I. (\$

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: 014B

Vehicle Details

Vehicle No.: FZ6924L

Vehicle to be Exported: No

Intended Deregistration
Date: 04 Dec 2019

Vehicle Make: HONDA

Vehicle Model: CB400

Primary Colour: Red

Manufacturing Year: 2005

Engine No.: NC23E3000103

Chassis No.: JH2NC39955M100103

Maximum Power
Output: -

Open Market Value: \$7,119.00

Original Registration
Date: 28 Sep 2005

First Registration Date: 28 Sep 2005

Transfer Count: 5

Actual ARF Paid: \$1,068.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry
Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 28 Feb 2025

COE Category: D - Motorcycle

COE Period(Years): 10

PQP Paid: \$4,383.00

COE Rebate Amount: \$2,295.00

Total Rebate Amount: \$2,295.00

The information contained herein is correct as at 04 Dec 2019

OK



Source: U.S. Census Bureau, *Current Population Reports*, 1990.

VIEW ALL 45 ETHNOMEDICINE STUDIES

[illegible]

Listing Type	Full Ad
Brand	Honda (listing/usedbike/brand/honda)
Model	Honda CB400 Super 4 Spec 3 (listing/usedbike/model/honda-cb400-super-4-spec-3)
Engine Capacity	399cc
Classification	Class 2A (listing/usedbike/model/motorcycle-for-sale/class-2a)
Registration Date	23/12/2005
COE Expiry Date	30/11/2025 (3 years 11 months left)
Mileage	-
No. of owners	-
Type of vehicle	Street Bikes (listing/usedbike/model/motorcycle-for-sale/street-bikes)

DETAILS

Visit United Cycles! Trade In/Loan Available! Price Nego For Sincere Buyers! Call Now!

SIMILAR SITES

[VIEW ALL LISTINGS/RESULTS LISTING/1](#)

Nivitha (LKK Auto)

From: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Sent: Monday, 21 October 2019 1:59 PM
To: assignments
Cc: SUR
Subject: FW: Your ref: RT/434/2018/sn Our ref: SNM18D05337C02 - ACCIDENT INVOLVING FZ6924L AND GBE9702Z ON 30 OCTOBER 2018
Attachments: Survey Report.pdf; Photos.pdf; Photos 2.pdf

Dear Sirs,

We refer to the email below.

Please assists to contact the workshop for the re-inspection for third party motorbike.

Please note that no PRI has been conducted.

Thank you.

Regards

Tan Kah Leong
Assistant Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/

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From: sheena@tanchinhoe.com.sg [mailto:sheena@tanchinhoe.com.sg]
Sent: Monday, October 21, 2019 11:40 AM
To: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Cc: 'Kee (AS Phoon)' <kee@asphoon.com>
Subject: RE: Your ref: RT/434/2018/sn Our ref: SNM18D05337C02 - ACCIDENT INVOLVING FZ6924L AND GBE9702Z ON 30 OCTOBER 2018

WITHOUT PREJUDICE

Dear Kah Leong

- 1) We refer to your email of 18 October 2019.
- 2) Our client's motorcycle is available for re-inspection on 30 October 2019 at 10.00am at the carpark of Blk 414 Hougang Avenue 10 Singapore 530414.
- 3) Please confirm.

Sheena Ng, Paralegal
TAN CHIN HOE & CO
24 Raffles Place
#24-01 Clifford Centre
Singapore 048621
Tel: 65382687
Fax: 65380287
Email: sheena@tanchinhoe.com.sg

This email is subject to legal privilege. If you are not the intended recipient, please delete this email and all its attachments from your computer immediately.

----- Original Message -----

Subject: Your ref: RT/434/2018/sn Our ref: SNM18D05337C02

From: Tan Kah Leong

To: info@tanchinhoe.com.sg

CC:

Without Prejudice

Dear Sirs,

We refer to your letter dated 03.09.2019.

Strictly without admission of liability basis, we would like to conduct a physical re-inspection on your client's vehicle.

Please let us know the date/time and place (7 days in advance) for our surveyor to do so.

Meanwhile, please advise if there are any video footage and/or scene photographs for the accident.

Thank you.

Regards

Tan Kah Leong

Assistant Executive

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/

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For more information please visit <http://www.symanteccloud.com>

Nivitha (LKK Auto)

From: sheena@tanchinhoe.com.sg
Sent: Tuesday, 22 October 2019 2:33 PM
To: Tan Kah Leong
Cc: 'Kee (AS Phoon)'
Subject: RE: Your ref: RT/434/2018/sn Our ref: SNM18D05337C02 - ACCIDENT INVOLVING FZ6924L AND GBE9702Z ON 30 OCTOBER 2018

Dear Kian Leong

- 1) We are instructed to change the re-inspection venue to A S Phoon Pte Ltd at 36 Toh Guan Road East #01-35 Singapore 608580.
- 2) Please kindly confirm the re-inspection.

Sheena Ng, Paralegal
TAN CHIN HOE & CO
24 Raffles Place
#24-01 Clifford Centre
Singapore 048621
Tel: 65382687
Fax: 65380287

Email: sheena@tanchinhoe.com.sg

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From: sheena@tanchinhoe.com.sg <sheena@tanchinhoe.com.sg>
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To: 'KahLeong.Tan@sg.cntaiping.com' <KahLeong.Tan@sg.cntaiping.com>
Cc: 'Kee (AS Phoon)' <kee@asphoon.com>
Subject: RE: Your ref: RT/434/2018/sn Our ref: SNM18D05337C02 - ACCIDENT INVOLVING FZ6924L AND GBE9702Z ON 30 OCTOBER 2018

WITHOUT PREJUDICE

Dear Kah Leong

- 1) We refer to your email of 18 October 2019.
- 2) Our client's motorcycle is available for re-inspection on 30 October 2019 at 10.00am at the carpark of Blk 414 Hougang Avenue 10 Singapore 530414.
- 3) Please confirm.

Sheena Ng, Paralegal
TAN CHIN HOE & CO
24 Raffles Place
#24-01 Clifford Centre
Singapore 048621
Tel: 65382687
Fax: 65380287
Email: sheena@tanchinhoe.com.sg

PRUDENT ADJUSTORS SERVICES

BLOCK 607 ELIAS ROAD #05-192

SINGAPORE 510607

BUSINESS REGN. No. 53193457L

Hp 96699988

VEHICLE DAMAGE INSPECTION REPORT

Mr. Mohammed Asfar
C/o Tan Chin Hoe & Co
24 Raffles Place
24-01 Clifford Centre
Singapore 048621

Our Ref : PA/FZ6924/1118/tpw
Date : 15 December 2018

REFERENCES

Claim Type	: Third Party	Date of Accident	: 30 October 2018
Vehicle No.	: FZ 6924 L	Date of Assignment	: 15 November 2018
Make	: Honda	Date of Inspection	: 15 November 2018
Model	: CB400	Date of Re-inspn	: 07 December 2018
Reg. Date	: 28 September 2005	COE Exp	: 28 February 2025
Color	: Red	Chassis No	: JH2NC39955M100103
Odometer	: No key	Engine No	: Blocked

TYRE CONDITION

	Make	Size	Thread Balance
Front	Bridgestone	120/60-17	5mm
Rear	Bridgestone	160/60-17	6mm

GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

The vehicle sustained damage at front and right side portion.
Please refer to photographs and assessment of repairs for details
Enclosed (45) photographs depicting damage and after repair

INSPECTION AND ADJUSTMENT

Original Quotation : \$ 8,531.50 Revised Assessment : \$ 6,100.00 Lump sum

Survey conducted at A S Phoon Pte Ltd

In accordance to your instruction, we have not authorized repairs.

In normal circumstances, repairs to the vehicle would take approximately
Eight (8) days to complete.

This survey was conducted on a "WITHOUT PREJUDICE" basis.

Note:

The workshop has agreed to undertake the repair on a lump sum basis, and or the use of ex-stock
Reconditioned parts whichever is possible

PRUDENT ADJUSTORS SERVICES

Vehicle No: FZ 6924 L

Our Ref: PA/FZ6924/1118/tpw

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

S/N	Description Material	Qty	Condition	Original Quotation	Revised Quotation
1	Top cowling assy	1 pc	Grazed/cut	480.00	480.00 ✓
2	Cowling stay @ \$61.75/-	2 pcs	Bent	123.50	123.50 ✓
3	Handle bar	1 pc	Bent	155.00	155.00 ✓
4	Handle balancer	1 set	Grazed	60.00	60.00 ✓
5	Handle grip	1 set	Usable	40.00	X516 ~
6	Brake lever	1 pc	Bent	95.00	95.00 ✓
7	Mirror assy	1 set	Grazed	180.00	180.00 ✓
8	Head lamp assy	1 pc	Dented	382.50	382.50 ✓
9	Front signal @ \$95/-	2 pcs	Cracked RH	190.00	95.00 ✓
10	Front brake disc @ \$680/-	1 pc	Warped	680.00	680.00 XMM ✓
11	Front wheel assy	1 pc	Warped	986.00	986.00 RX ✓
12	Front wheel shaft	1 pc	Bent	75.00	75.00 XMM ✓
13	Front footrest	1 pc	Bent RH	75.00	75.00 ✓
14	Brake pedal	1 pc	Bent	68.00	68.00 ✓
15	Footrest bracket	1 pc	Bent	145.00	145.00 RX ✓
16	Exhaust muffler (yoshimura)	1 pc	Dented	1800.00	1800.00 ✓
				5535.00	5400.00 3514
	Less 10%			553.50	540.00 2462.60
				4981.50	4860.00
<u>Add special nett item</u>					
17	Front fork oil seal & dust cover	2 pcs	Necessary	150.00	150.00 100
18	Front fork oil	4 lits	Necessary	80.00	40.00
19	Steering cone/bearing	1 set	Necessary	180.00	90.00
20	Front wheel bearing	1 pc	Necessary	140.00	70.00
21	Engine guard	1 set	Dented/grazed	500.00	400.00 300
				1050.00	750.00 600

PRUDENT ADJUSTORS SERVICES


Vehicle No: FZ 6924 L

Our Ref: PA/FZ6924/1118/tpw

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

<u>Labour charge</u>			
Towing (2 trips)	150.00	120.00	80
Front fork align	400.00	300.00	120
Steering stem Align	200.00	150.00	60
Front fender repair & respray	150.00	120.00	100
Fuel tank repair & respray	350.00	300.00	200
Side fairing repair & respray	500.00	400.00	200
Body frame align	350.00	280.00	200
Workmanship	400.00	350.00	250
	<u>2500.00</u>	<u>2020.00</u>	1210
Total parts and labour concluded	<u>8531.50</u>	<u>7630.00</u>	
Lump sum repair adjustment		<u>6100.00</u>	

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Prudent Adjustors Services
Bok Jee Tan

4972-60
4544000
6/4/20

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	09/11/2018 10:42
Date Of Accident	30/10/2018 14:20
Exact Location Of Accident	SERANGOON RD TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6924L
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED ASFAR
NRIC No	S8573014B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94880551
Alternative Phone No	OFFICE-94880551

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	5080649846-02
Cover Note Number	

Driver

Name of Driver	MOHAMMED ASFAR
NRIC No	S8573014B
Date Of Birth	05/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94880551
Fax Number	
Contact Number	OFFICE-94880551
Email Address	NOEMAIL

Address	BLK 414 HOUGANG AVENUE 10 #03-1256
Postcode	530414
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT- T/20181031/7008.

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	GBE9702Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMMED ASFAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FZ6924L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

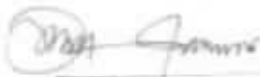
IMPORTANT NOTICE

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.
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7. By the lodging 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.

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 used 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/ID No:

Accident Sketch Plan

SKETCH PLAN



A 25949L

U: 40597022

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/8/03/3000-

DECLARATION

(v) We declare the foregoing particulars are true in every respect.

 Police Officer's Signature
 Date & Time

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

Reporting Centre Personnel's Signature

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Traffic Police Division HQ
101B Lianhua Street, SINGAPORE 408865
Tel No. 63470001



T201810317008

1 of 2

Report No. T201810317008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
11 NOV 18 12:25

Video Report No.

Station Diary No.

Informant's Particulars

Name of Informant SARAFI MED SUDHAN		Address APT BLK 414 HOUGANG AVENUE 10 #02-1266 SINGAPORE 530418	
IC Type / IC No. NRE-NR 585 3014B		Contact No. Home/Office Mobile 94880551	
Nationality INDIAN		Email sarafak007@hotmail.com	
Sex Male	Age 31	Date of Birth 05-08-1985	Type of Informant Rider
Language English		Institution / School Name	
Occupation Customer service manager		Driving Licence Information Class 2A Date of Expiry	

General Information of the Accident

Report Accident	Inquiry Attended by Police	Drink Drive No	Date/Time of Accident 30/10/2018 14:20	Type of Location Straight Road
--------------------	-------------------------------	----------------------	--	-----------------------------------

Location
BETTER DEFRANGCOON ROAD

Weather Drizzling	Road Surface Little wet as it was drizzling	Road Speed Limit
Traffic Flow One Way	Traffic Control Not Controlled	Traffic Volume Moderate
Type of Collision Moving vehicles: veered on right and hit	Anyone conveyed by ambulance Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
1207024	Motorcycle	HONDA	CB400%252 Bversion%252 293%252B	Black	Seriously Damaged	0
GBE97002	Van	TOYOTA	HACE	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Police Report



SINGAPORE
POLICE FORCE



T201810317008

Police Station: CR 1 (Hq)
Traffic Police District HQ
No 100, Avenue 4 SINGAPORE 408865
Tel No: 60470000

2 of 3
Report No: T201810317008

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
F26924	NTUC Income Insurance Co-Operative Limited	5080649546-02	08/04/2018	27/03/2019

Details of Person Involved

Any Pedestrian involved: No			
No. of Pedestrians Injured: Nil			
Use of Pedestrian Crossing: NA			
Rider	MOHAMMED ASFAR	ID No.	S8573014B
Vehicle	F26924, (Motorcycle)	Contact No.	94880551
Motorcycle Class	Nil	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: Nil
Date Treatment	Nil	Date Discharge	Nil
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Sgt Umar
ACCIDENT INVOLVING TOYOTA HIACE VAN GBE9702Z and MOTORCYCLE HONDA CB400 SUPER FOUR F26924

I Mohammed Asfar S8573014B making this report regarding an accident that happened on Tuesday 16/10/18 afternoon approximately 14:20 (Sgt) alongside Serangoon road.
I was riding back home (Hougang) on extreme right lane on Serangoon road leading towards upper Serangoon road when a silver colour Toyota Hiace Van (vehicle no. GBE9702Z) from the beside lane (left) cut in to my lane and hit me on the left side of my motorbike due to which I fell on my right side and skidded on the curb for a few meters.
I called and informed Ambulance about the accident. Ambulance and Traffic police were arrived at the accident scene at about 1440.
Due to the nature and condition I was in I didn't manage to exchange particulars with the party involved in the accident but I did manage to take the photo of the vehicle registration number involved in the accident.
Traffic police were exchange upon the arrival of Traffic police and there after I was conveyed to the Raffles Medical Hospital.
Injured: sustained an opened wound on right foot plantar area, abrasions on right elbow and palm abrasions on right and left knee.

Police Report



SINGAPORE
POLICE FORCE

CONTACT NUMBER (TOLL FREE)
1-800-338-6222 (Singapore 4362)
101-888-0000 (SINGAPORE 408865)
Toll-free 1-800-338-6222



1-2018-1031-7006

Page 1

Report No. 1-2018-1031-7006

CONTINUATION OF REPORT

Signature of Informant

Signature of Informant to provide sketch plan

Signature Of Officer Recording The Report
Not applicable

Signature Of Informant
Not applicable

Officer In Charge Of Case
P-11993
P-11993 CAI
Contact No. 65420000

Investigation Stage
Not applicable

Signature Of Informant

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time
31/10/2018 12:29

Classification Of Case

Police Report



AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408065

NP 168 No.	:	T/20181031/7008	Name	:	Mohammed Asfar
Accident Date/Time	:	30/10/2018 at 1420hrs	Address	:	Blk 414 Hougang ave 10
Vehicler(s) Involved	:	FZ6924L		:	#03-1256
	:	GBE9702Z	NRIC No	:	S8573014B
	:		Tel No	:	94880551
	:		Date	:	02/11/2018

Dear Sir / Madam

Accident involving FZ6924L & GBE9702Z
along Upper Serangoon Road on 30/10/2018 at 1420 hours

With reference to the above, I have on 30/10/2018 (date) 1420 hours (time) make a
police report at Using EPC (Police Station/NPP/NPC)
In NP 168 T/20181031/7008

On 2/11/2018 (date), 2209 hours (time) at Hougang NPC
(Police Station/NPP/NPC), I make the following amendments to the above report:
The actual location is at Serangoon Road towards Upper Serangoon Road and I wish to inform
that I was conveyed to Raffles hospital and was given 14 days of medical leave

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

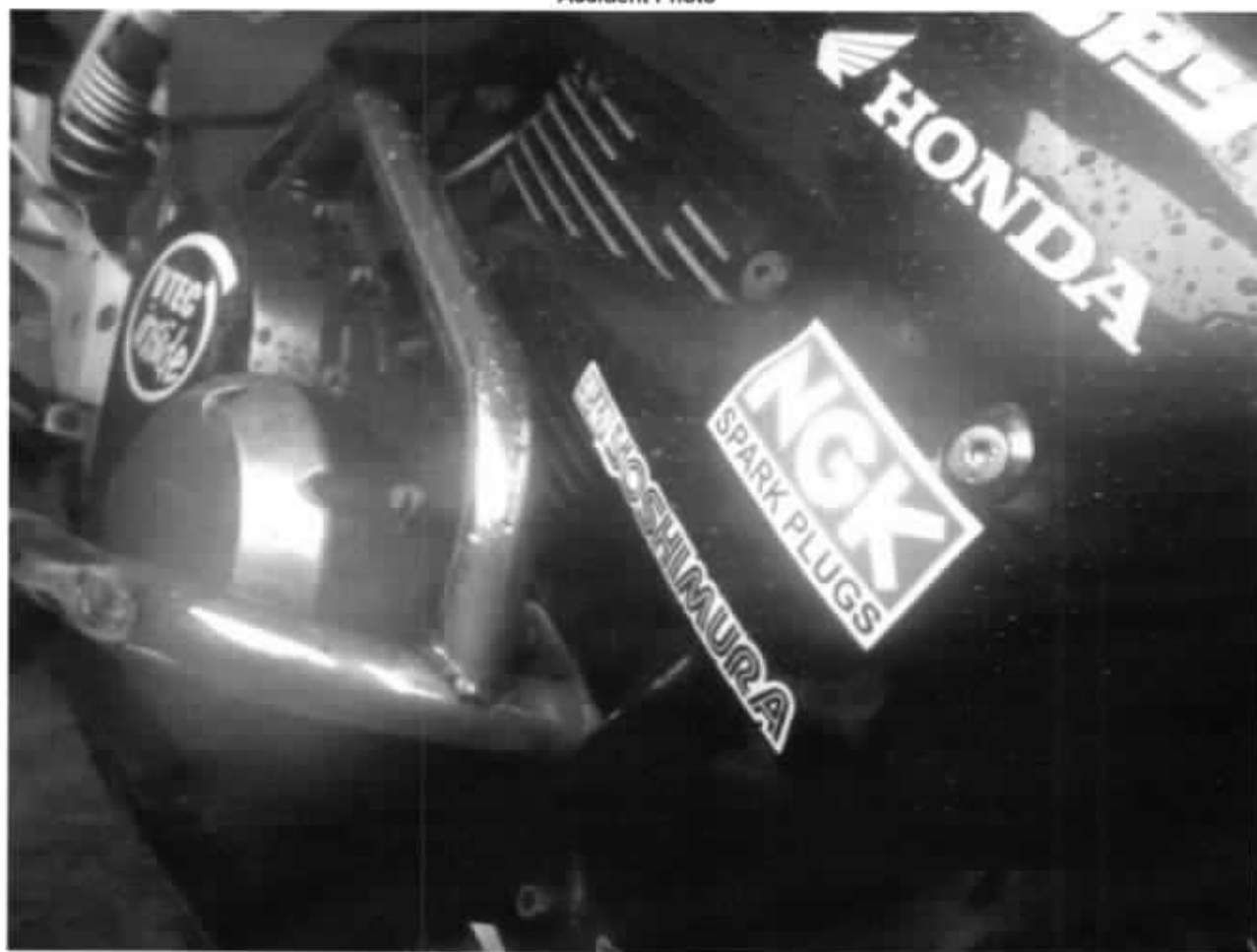
If a police officer recorded these amendments, please complete the following.

Name / Rank No	:	SGT T150271 Chua Zi Hua
Date and Time	:	02/11/2018 @ 2209hrs
Station Dairy No	:	99
Signature	:	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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	12/11/2018 14:54
Date Of Accident	30/10/2018 14:30
Exact Location Of Accident	SERANGOON ROAD TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE9702Z
Insured/Policyholder	
Name Of Registered Owner	TRUST LAUNDRY PTE. LTD.
Co Reg No	200506411R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91898268
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 DX DIESEL TURBO MT 2
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3033641800
Cover Note Number	
Driver	
Name of Driver	CHAN TUCK CHEW
NRIC No	S0050271E
Date Of Birth	26/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1975
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92968685
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 505 JELAPANG ROAD #14-440
Postcode	670505
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20181031/2015.

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	FZ6924L
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

Approximate Age

Injuries Sustain

Injured person in which vehicle? FZ6924L

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: 12 NOV 2018 (Signature)	 Driver's Signature (If driver is not the policyholder) Date & Time: 12 NOV 2018 (Signature)	 Reporting Centre Personnel's Signature Name: Poh Kwee Choo NRIC/FIN No.: S6840583A
--	---	---

SPR & Sketch Plan Form v2

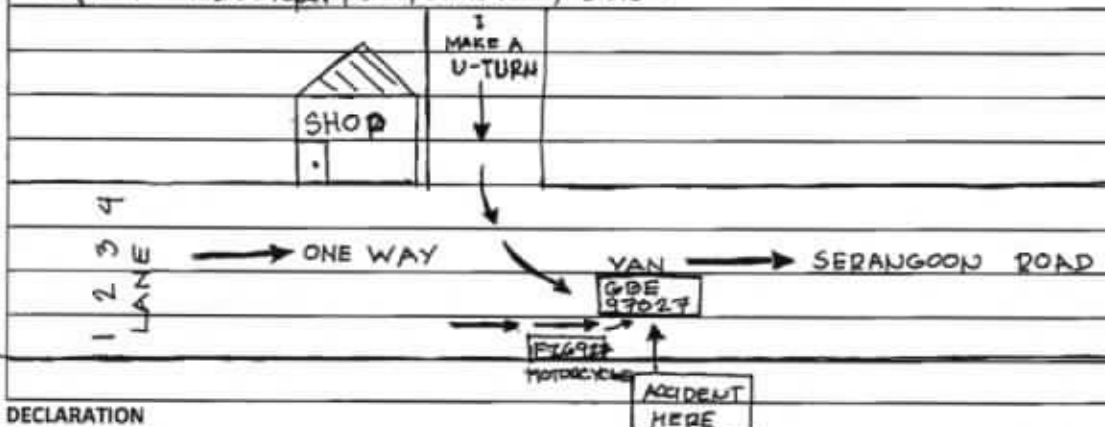
SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Brief Details and Sketch Plan.

On 30/11/2018 at about 1430hrs, I was driving along my vehicle (GBE9702Z) along Serangoon Rd, on the second lane. As I needed to make a U-Turn, I then tried to filter to my right-most lane. After making the necessary checks, I then started filtering into the right most lane when suddenly, I felt an impact from the right side of my van. I then went down to make a check and realize that a motorcycle had collided into the rear of my van. Subsequently, we were attended to by the Police & Ambulance, and the motorcyclist was conveyed to the hospital. I wish to state that I do not have any injuries.

Refer to Police report: T/20181031/2015.



DECLARATION

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

Policyholder's Signature
Date & Time: 12/12/2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/12/2018

Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A



**SINGAPORE
POLICE FORCE**



T/20181031/2015

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20181031/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2018 09:11		Vide Report No.: A/20181030/0073		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: CHAN TUCK CHEW			Address: APT BLK 505 JELAPANG ROAD #14-440 SINGAPORE 670505		
ID Type / ID No.: NRIC NO / S0050271E			Contact No.: Home/Office: Mobile: 92968885		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 26/08/1951	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2018 14:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SERANGOON ROAD UPPER SERANGOON ROAD Serangoon rd, towards upp serangoon road, before the flyover				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

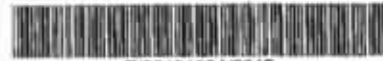
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE9702Z	Van				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181031/2015

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20181031/2015

CONTINUATION OF REPORT

Driver			
Name	CHAN TUCK CHEW		ID No. S0050271E
Related Vehicle	GBE9702Z (Van)		Contact No. 92968685
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 30/10/2018 at about 1430hrs, I was driving along my vehicle (GBE9702Z) along Serangoon road on the second lane. As I needed to make a u-turn, I then tried to filter to my right-most lane. After making the necessary checks, I then started filtering into the right most lane when suddenly, I felt an impact from the back.

I then went down to make a check and realize that a motorcyclist had collided into the rear of my vehicle. Subsequently, we were attended to by the Police and Ambulance, and the motorcyclist was conveyed to the hospital. I wish to state that I do not have any injuries.



**SINGAPORE
POLICE FORCE**



T/20181031/2015

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20181031/2015

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:

E /

Sgt 2 EVE LEE TENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/10/2018 09:11

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Classification Of Case:

SINGAPORE
POLICE FORCE

SN 061

Authentication Stamp
NP168

SIGNATURE

CERTIFICATE OF INSURANCE Pg. 1



中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M2300/CE SM
AM0397A
Cov.Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVEN3033641800	Engine No : IKD2573426 Chassis No: KDH2010184812
1. Index Mark and Registration Number of Vehicle	GBE97022	
2. Name of Policy Holder	TRUST LAUNDRY PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24 MAY 2018	EXCESS SECT I\$350.00 EX ON WINDSCREEN\$100.00
4. Date of Expiry of Insurance	3 MAY 2019	
5. Persons or Classes of Persons entitled to drive *	ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION. PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.	
6. Limitations as to use: *	(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES. THE POLICY DOES NOT COVER: (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING. (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.	
HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Reg. No.: 201537487C

172 Sin Ming Drive

Singapore 575720

Tel: 6933 9400 Fax: 6456 0678

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER



**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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CTI19018825/T1yd3e2

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 06-12-2019



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

Insured Veh.	GBE 9702Z	Veh. Inspected	FZ 6924L
Policy No.	DMCVSN3033641800	Coverage (\$)	0.00
Claim No.	SNM18D05337C02	Excess (\$)	0.00
Assign From	TAN KAH LEONG	Assign Date	21/10/2019

2. Vehicle Particulars & Condition

Make & Model	HONDA CB400	c.c	399
Engine No.	HIDDEN	Year of Reg.	2005
Chassis No.	JH2NC39955M100103	Colour	BLUE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	120/60 R17	BRIDGESTONE	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	160/60 R17	BRIDGESTONE	6 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.
--

5. General Information

Accident Date	30/10/2018	Inspection Date	30/10/2019
Survey held at	A.S. PHOON PTE LTD BLK 36 TOH GUAN ROAD EAST #01-35 SINGAPORE 608580		

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:	6 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. FZ 6924L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	TOP COWLING ASSY	REPLACED	480.00	480.00
2	COWLING STAY @\$61.75	REPLACED	123.50	123.50
1	HANDLE BAR	REPLACED	155.00	155.00
1	SET HANDLE BALANCER	REPLACED	60.00	60.00
1	SET HANDLE GRIP	SERVICEABLE	40.00	-
1	BRAKE LEVER	REPLACED	95.00	95.00
1	SET MIRROR ASSY	REPLACED	180.00	180.00
1	HEAD LAMP ASSY	REPLACED	382.50	382.50
2	FRONT SIGNAL @\$95.00	O/S REPLACED	190.00	95.00
1	FRONT BRAKE DISC	NOT NECESSARY	680.00	-
1	FRONT WHEEL ASSY	REPAIRED SEE LABOUR	986.00	-
1	FRONT WHEEL SHAFT	NOT NECESSARY	75.00	-
1	FRONT FOOTREST	REPLACED	75.00	75.00
1	BRAKE PEDAL	REPLACED	68.00	68.00
1	FOOTREST BRACKET	REPAIRED SEE LABOUR	145.00	-
1	EXHAUST MUFFLER (YOSHIMURA)	REPLACED	1,800.00	1,800.00
	LESS 10% DISCOUNT		-553.50	-351.40
			4,981.50	3,162.60
SPECIAL NETT ITEMS				
2	FRONT FORK OIL SEAL & DUST COVER (SN)	REPLACED	150.00	100.00
4	LITS FRONT FORK OIL (SN)	REPLACED	80.00	40.00
1	SET STEERING CONE / BEARING (SN)	REPLACED	180.00	90.00
1	FRONT WHEEL BEARING (SN)	REPLACED	140.00	70.00
1	SET ENGINE GUARD (SN)	REPLACED	500.00	300.00
			1,050.00	600.00
LABOUR				
	TOWING (2 TRIPS).		150.00	80.00
	FRONT FORK ALIGN.		400.00	120.00
	STEERING STEM ALIGN		200.00	60.00

Report Ref No. CS/CT119018825/T1yd3e2



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 (\$)
	FRONT FENDER REPAIR & RESPRAY.		150.00	100.00
	FUEL TANK REPAIR & RESPRAY.		350.00	200.00
	SIDE FAIRING REPAIR & RESPRAY.		500.00	200.00
	BODY FRAME ALIGN.		350.00	200.00
	WORKMANSHIP. INCLUSIVE OF THE REPAIR OF FRONT WHEEL ASSY AND FOOTREST BRACKET.		400.00	250.00
			2,500.00	1,210.00
	GRAND TOTAL		8,531.50	4,972.60
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,000.00

Report Ref No. CS/CTI19018825/T1yd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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