Barviljac	REF: C33 CTE 1800	09215/121	sd3-1	Special Instruction:	
From (Person): Edwing Fan Estimated Cost:	- A 57477 - 74		ATA IN CO.	Third Parties:	5800-00
OD/TP Re-inspection Evaluat	7			Surveyor: 0	H Appraisal Service
	BH 9443F			Workshop: H	m siang chow
	im Motor	Insured;			
of 160 Sin		Tel:	9766 754	3	
Policy No:	113 011(4) 0		tro // Lana no	Δ1 Δ1	
Sum Insured:			EFA/Unina OF	179A/VI -	
Make of Veh:		Excess:	adad	00170	
(Client's Record)		D.O.A.	28/04	2018	
				LO.D. Eulonement/Dar	
Date/Time:	Person Contacted:	V	chicle IN/OUT		
Date/Time: Confir	med with Fin	al Fire	days (Pa	d\$ / %: (Priginal 6
Date/Time: 11/12/19 Submit	Final Fig & 3,900/-	, 4 days	(Red \$ 1,900/-1	33%; Original	days)
Date/Time Action/Instruction					
FB1141443E-033	CTINOGOIS/FIZALES	Donte)	4118 12.1	he reasonable	of cost price
ax 14186 (33/	TT 18009215 E1 246/2		4/18 (3 Th	e reasonable of	wood of repairs
			(3) Whether it	seconomical -	o repair-the
(1) Cart wine	11 (00 0		plaintif:	t's Motorcycle	-if not what
COST PRICE	12 \$3,900			alue of total	
3 4 day . f	receiv			10	
				mo	ont
3 1to econor	mical to rape	niv and	1	(11))
advitable	to total loss			Va	12/2019
Para(1) : Parts found not					1, 1
raca(1) . Parts found not	replaced (To hig	ghlight I	or UB, LI	R, Etc)	
	m				
Para(2): Comments on co	onsistency of dame	nas (Paute	Not Constitute	4 Non	
	on the state of th	iges (Farts	Not Consiste	nt:/vc)	
DECEN	ED 1 1 DEC 2010				
	ED 1 1 DEC 2019				
Para(3): Nett Value					
Market Value				Fee Charged:	Date:
William Villue		Inspected/		Basic & Add	300
Salvage Value		Evaluated (by:	Transport	
Nett Value				Photos Others	
The Proper agency				Total	300
75.55	e Pass to	2) Date/Tim	e	File Return to	
El D. Com	e Pass to	4) Date/Tim	e	File Return to	
5) Date/TimeFil	e Pass to	6) Date/Tim	e	File Return to	

	Eys/v)		ASSIG	NMENT (Office)		
From (Person)	Jowyn	Tay	ii(CTL	Date/1	ime 21052018 123pm
Estimated Cos				Bill to		
OD LEDINS	/TP RES / O	D RES / E	VA/INV/M	1840 to		
	Commence of the Commence of th	1.0	1 44 1		Insured:	GX 7413R
at Workshop r	n/s	lim !	suma (no	W	Tet. 4	79675113
of	16	0 Sin m	ing Duc	+09-30		
Policy No	0m(VSN31	16215170	13	Claim No:	SNM18 D02	253(U)
Sum Insured:				Excess.		- Control Control
Make of Veh. (Client's Report					D.O.A	28042018
	REP. / REV	TITTE I	JD4	3205 2018		
				ted Poter		D. Endorsement. OUT
Date/Time	Action/Instru	non (7	() Estin	ode		
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			MURIL	até Athyla is		3(4 · J2(/312
e a tra	Dismant		-			

ASSI	NM	ENI
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From Date	Van No FBH 94436 VI Regn 2013 NOV
Estimated Cost:	Type M.Car (M.Cycle) Bus / Van / Lorry / Taxi / Prime Mover /
OD (TPJWS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer of
To Inspect Vehicle No. FBH 94456	MAN KYMCO DOWNTOWN ZONI CO 199
M Workshop mis LIM SCONE CHOW	Goldur MWTI A/C Insured / Std / NI / NA
160,510 minh De # 05-20	Sp.Reading — T/Radio: Insured / Std / NI / NA
losared CTI	Eng/No
Policy No.	CINO REBSK40A ED 1000 194
Claims No.	Gen. Cond: Good / Part Poor / Burnt
Sum Insured Excess	Steering Moretar / Jammed / Leaked / Burnt or
(Csent's Flocont)	Brake: (norder / Jammed / Leaked / Burnt: or
Make of Veh:	Modi Nil (SIRIm / STD A/Rim or
	Tyre Size F 120/80-14
(Policy Condition)	Tyre Size F 120 (80-14 R 150 110-13
Rumark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO OF KENOA
Bat or Market Value	Front Rear
IDAC Accident Rport Consistent? Yes or No	R/Bai. 4 mm R/Bai 4 mm
GIA / PR Seen Consistent? Yes or No	L/Bal mm L/Bal mm
Est Repairs.	Survey neld at LIM SIAM CHOW
Luni Sum: % 3 Val. Yes or No	Survey held at LIM SIAM CHOW
CA / REV / REP / 24 HRS	Des. of Danuages Frt. Rear OSS KTS U/C Rooftop or
Vehicle IN / OUT	
Date Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Diffe / Time Action / Instruction	\$4,800 - \$6,000 July 47
commend . How . with	LA. OCO A DE Minute
21/6/18 Submit PRS Repair	// ()
110000	151/8/5018-
	Days Of Repair:
Final Report	Resurvey No. of Trip: Survey Fee: 150
Add Fee	Side lings (\$) (63.5) (9
	Interview (\$) received
Report Format	Teich Invs (\$ 1756)
Lump Sum / I.B.I: (5	Westend (\$

> Back to OneMotoring

Date of accidet: 28/04/18

/ehicle Owner Particulars	101C		
Owner ID Type:	Singapore NRIC		
Owner ID: /ehicle Details	5998J		
/ehicle No.:	FBH9443E		
/ehicle to be Exported:	No		
ntended De-registration Date:	21 Jun 2018		
/ehicle Make:	KYMCO		
/ehicle Model:	DOWNTOWN 2001		
Primary Colour:	White		
Manufacturing Year:	2013		
Engine No.:	SK40A1000197		
Chassis No.:	RFBSK40AED1000194		
Maximum Power Output:			
Open Market Value:	\$3,390.00		
Original Registration Date:	20 Nov 2013		
First Registration Date:	20 Nov 2013		
Transfer Count:	2		
Actual ARF Paid: Intended PARF Rebate Details	\$509.00		
PARF Eligibility:	No		
PARF Eligibility Expiry Date:			
PARF Rebate Amount: Intended COE Rebate Details	\$0.00		
COE Expiry Date:	19 Nov 2023		
COE Category:	D - Motorcycle		
COE Period(Years):	10		

The information contained herein is correct as at 21 Jun 2018

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

OK

\$1,804.00

\$1,008.00

\$1,008.00

1008



Abdul Salim

WILESTER. Michael En michael@ulalle.com

salim@ulallc.com Edwina Fan edwina@ulallc.com

Anthony Wee anthony@ulallc.com

Cynthia Lee

Associate Director:

cynthia@ulalle.com

Sar. Associates: Gloria Lee

gloria@ulallc.com

Fendrick Koh fendrick@ulallc.com Associates:

Iris Pek iris@ulalle.com

Alicia Chia alicia@ulallc.com

Pang Weng Fong wengfong@ulalle.com

Azlın Fathima azlin@ulalle.com

Jasmine Koh. jasmine@ulalle.com

Lidia Maliki lidia@ulallc.com

Our Ref: Your Ref: EFA/China0593A/vi Please advise

2 2 NOV 2019

LKK AUTO CONSULTANTS PTE LTD

51 Ubi Avenue 1 #01-25 Paya Ubi Industrial Park Singapore 408933

Dear Sirs.

BY FAX (6256 4315) & POST

ACCIDENT ON 28.04.2018 INVOLVING GX 7403R, FBH 9443E, FBM 2391R & SKX 9405A ALONG THE TPE ("the Accident") RE-INSPECTION OF MOTORCYCLE NO. FBH 9443E ("the Plaintiff's motorcycle")

We act for M/s China Taiping Insurance (Singapore) Pte. Ltd. ("our clients"), the motor insurers of motor vehicle no. GX 7403R ("our Insured vehicle") at the material time of the Accident. The registered owner of the Plaintiff's motorcycle ("the Plaintiff") has commenced legal proceedings against the driver our Insured vehicle ("our Insured driver") in connection with the Accident. The Plaintiff is claiming cost of repairs and loss of use during the period of repair.

We are instructed that your firm conducted a pre-inspection survey of the Plaintiff's motorcycle. In view of this, our clients have instructed us to appoint you to conduct a re-inspection on the Plaintiff's motorcycle and let us have your re-inspection report ("the report") pertaining to the following: -

- (a) The reasonable cost of repairs;
- (b) The reasonable period of repairs; and
- (c) Whether it is economical to repair the Plaintiff's motorcycle. If not, what is the value of total loss.

We enclose copes of the following documents for your perusal: -

- i. GIA/Traffic Accident report of our Insured driver;
- ii. GIA/Traffic Accident report of the Plaintiff;
- Vehicle Damage Inspection report issued by Oh Appraisal Services to the Plaintiff; iii.
- Repair bill for the Plaintiff's motorcycle issued by Lim Motor Pte Ltd; iv.
- Your pre-inspection survey report of the Plaintiff's motorcycle; and V.

vi. Footage(s) of the Accident.

Kindly let us know if you require any further documents.

We have written to the Plaintiff's solicitors to request for an appointment to conduct said re-inspection.

We will update you in due course once we have heard back from them.

Please issue your invoice in the name of "China Taiping Insurance (Singapore) Pte. Ltd. c/o United Legal Alliance LLC".

Yours faithfully

Edwina Fan

United Legal Alliance LLC

Enc. by post

OH APPRAISAL SERVICES

BLK 34.#02-309.TOA PAYOH.LORONG 5 SINGAPORE (310034)

Mobile: 97982959 Fax: 63975857 email: oh3434@yahoo.com.sg Business Regn No 53214975X

VEHICLE DAMAGE INSPECTION REPORT

Mr.

Mohammad Tarmizie Bin Paiman

Blk 446 Hougang Avenue 8

#10-1637

Singapore 530446

Our Ref

: FBH9443E/TP5053

Date

: 30 May 2018

REFERENCES

Claim Type Vehicle No.

Make

Front

Rear

Model

: Third Party : FBH9443E

: Kymco

: DownTown 2001

Reg. Date Color Odometer

: 20 November 2013

White : Nil

Engine No

Date of Accident

Date of Assignment Date of Inspection

Date of Re-inspn. Chassis No

: 23 May 2018 : RFBSK40AED1000194

: 28 April 2018

: 21 May 2018

: 21 May 2018

: Blocked

TYRE CONDITION

Make

Kenda Kenda

Size 120/80-14 150/70-13 Thread Balance 3

4

GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

Front and Both side portion

INSPECTION AND ADJUSTMENT

Original Quotation

: \$7,655.20

Revised

\$5,800.00 Lump sum

Assessment

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

In normal circumstances, repairs to the vehicle would take approximately (6) days to complete.(Survey at Lim Siang Chow Auto Service.)

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

S/N	Description	Other	Condition	0	Revised
	Material	Qty	Condition	Quotation	Quotation
1	Front cowling visor	I pc	Grazed	250.00	
2	Front cowling	1 pc	Cracked/Cut	350.00	350.00
3	Front cowling " Y " garnish		Grazed	280.00	280.00
4	Front cowling side cover (black)@\$35/-	1 pc	2.100.000000	55.00	55.00
5	Handle bar	2 pcs	Cracked/grazed	70.00	70.00
	Handle balancer	1 pc	Bent	88.00	88.00 X SUE
9500	Brake lever@\$44/-	1 set	Bent	28.00	28.00
	Meter punel	2 pcs	Bent	88.00	88.00
	Meter panel side cover @\$25/-	1 pc	Cracked/Cut	120.00	120.00
200	Cdi unit	2 pes	Cracked/Cut	50.00	50.00
200	Mirror @\$65/-	1 pc	Bent	180.00	180.00
000	Headlamp Rh	2 pcs	Grazed	130.00	130.00 XSVC
12.5	Headlamp Lh	1 pc	Cut/grazed	383.00	383.00
		1 pc	Grazed	383.00	383.00
	Headlamp bracket	1 pc	Bent	93.00	93.00
0.00	Front muguard	1 pc	Grazed	85.00	85.00 R
7.00	Font fork assy@\$285/-	2 pcs	Bent	570.00	570.00 R
	Front fork under bracket	1 pc	Distorted	220.00	220.00 X2VC
10.00	Front rim	I pc	Bent	320.00	320.00 €
0.70	ront rim shaft	1 pc	Bent	35.00	35.00 X5 V
	Front brake disc	1 pc	Warped	185.00	185.00 X54C
	Chassis frame cover (Front)	I pc	Cracked	65.00	65.00
	ower fairing@\$175/-	2 pcs	Cut/grazed	350.00	350.00
	Jnder tray	1 pc	Cracked	220.00	220.00
4 B	Body frame cover step board@\$180/-	2 pes	Deformed	360.00	360.00
5 S	Seat	l pc	Tom	320.00	320.00
6 S	eat compartment	1 pc	Cracked	280.00	280.00
7 S	eat lower garnish	1 pc	Cracked/grazed	125.00	125.00
8 A	ir box		Grazed	120.00	C-216 (278)
9 T	ailamp w/signal	1 pc	Cracked		120.00 13-6
- 1	ailamp top cover		Cut/grazed	220.00	220.00
	ail board @ \$140/-	100		45.00	45.00
	9 - 1 - 1 - 1	2 pcs	Cracked/grazed	280.00	280.00 43 45
		1 10 84	1991	6098.00	6098.001
		Less 10 %	discount	609.80	609.80
				5488.20	5488.20 3910
A	dd special nett items				
	ont number plate	1 7	NT	14 - 10 - 10	
5 (100)	eering cone & bearing		Necessary	12.00	10.00
1	icker " Shark "	100000	Necessary	65.00	32.50
	ar box base		Necessary	80:00	80:00 50
5 1253	ar box		Bent	120.00	100.00 ×50C
INC	ai oox	1 pc	Grazed	300.00	280:00 150
To	wing fee (Two ways)	910,50		60.00	50:00 40
	eck electrial	11 1 1 100		80.00	2000 30
Ch	assis frame repair	762150	3	- CONTRACTOR OF THE PARTY OF TH	
	ray painting	4875.0		300.00	250:00 100
	bour charges	0 9		650.00	500.00 300
	atoreses.com (元) 秦 元元/	10%	13-3900	500.00	400.00 2 70
		DO BOIL	0	7655.20	7250.70
		111 111			

4 days

OH APPRAISAL SERVICES

Vehicle No: FBH9443E

Our Ref:FBH9443E/TP5053

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

The information contained in this document is privileged and confidential and is intended for the exclusive use of the addressee designation. If you are not the addressee, any enclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this document not meant for you, please contact us immediately to arrange for it to return.

For Oh Appraisal Services

OH APPRAISAL SERVICES

BLK 34,#02-309,TOA PAYOH,LORONG 5 SINGAPORE (310034)

Mobile: 97982959 Fax: 63975857 email: <u>oh3434@yahoo.com.sq</u> Business Regn No 53214975X

INVOICE

Mr.

Mohammad Tarmizie Bin Paiman

All payments made payable to : Oh Appraisal Services

Blk 446 Hougang Avenue 8

#10-1637

Singapore 530446

Invoice No

:2018/0053

Our Ref

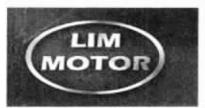
:FBH9443E/TP5053

Date

:30 May 2018

Claim	Туре	Third Party	Date of Accident	28-04-2018	
Vehicle No. F		FBH9443E	Date of Inspection	21-05-2018	
No	De	escription		4	
1	Su	rvey fees inclusive of ansportation and otographs (135) copies	s	Amount (S\$)	
			Total	615.00	
	Cir	Dalla Sila	dred and Fifteen Dollars		

For Oh Appraisal Services



Invoice No: INS-FBH9443E

30/5/2018

LIM MOTOR PTE LTD

UEN: 201709392R

GST REGISTRATION: 201709392R

SIN MING AUTOCITY

160 SIN MING DRIVE #05-20

SINGAPORE 575722

Person-In-Charge: Peter Lim HP: 9766 7543 Tel: 65527761

Email: admin@lscauto.com

Bank Acc: STANDARD CHARTERED (BANK CODE: 7144 BRANCH CODE: 001) 0104 9945 41

CUSTOMER AND CONTACT DETAIL:

MOHAMMAD TARMIZIE BIN PAINMAN BLK446 HOUGANG AVENUE 8

#10-1637 \$530446 VEHICLE NO:

Date

FBH9443E

MILEAGE:

CHASSIS NO:

RFBSK40AED1000194

MAKE/MODEL:

KYMCO

PAYMENT MODE:

Qty	Description	Unit Price	To	tal Price
	SURVYE FEES		\$	615.00
	LUMP SUM REPAIR		\$	5,800.00
	Constitution of the Consti		\$	-
			\$	- 4
			\$	- 2
			5	-
			\$	
			S	-
			S	
			\$	
		TOTAL	\$	6,415.00
		GST 7%	\$	449,05
	GRA	ND TOTAL	S	6,864.05

Kindly acknowledge:	Date In:
The vehicle is received in good condition.	Date Out: PTE
Signature	

Thank You for Supporting Us.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as truthful and accurate as possible. Any wiful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.
- 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 of creenid.

CONTRACTOR SERVICE	ACCIDENT STATEMENT	
Date Of Report	09/05/2018 12:48	
Date Of Accident	28/04/2018 17:45	
Exact Location Of Accident	TPE TOWARDS SLE	
Country/State of Loss	SINGAPORE	

DETAILS O	- COMM	 LLE

Vehicle Registration Number FBH9443E

Insured/Policyholder

Name Of Registered Owner MOHAMMAD TARMIZIE BIN PAIMAN

NRIC No S7915998J

Email Address TARMIZIEPAIMAN@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-83823693

 Alternative Phone No
 OTHERS-83823693

Vehicle Particulars

Manufacturer KYMCO

Model DOWNTOWN 2001-199CC

Exact Purpose for which vehicle was being used at

time of accident

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 FWD SINGAPORE PTE. LTD.

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number PNMC2018-00000150

Cover Note Number 23/01/2018 TO 22/01/2019

Driver

Name of Driver MOHAMMAD TARMIZIE BIN PAIMAN

 NRIC No
 S7915998J

 Date Of Birth
 30/05/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 21/12/1995

Driving Experience 22 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83823693

Fax Number

Contact Number OTHERS-83823693

EMail Address TARMIZIEPAIMAN@GMAIL.COM

APT BLK 446 HOUGANG AVE 8 #10-1637 (S) 530446 Address

Postcode

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

CHAIN COLLISION Type Of Accident

DRIZZLING Weather Conditions

WET Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

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)

Passenger 1

NAME:

: ADELENA BINTE ADNAN / S7713495F (WIFE)

GENDER: : FEMALE

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

TEL NO: 65470000 - FAX NO:

Police Station Address

Police Station Contact

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

refer with police report t/20180502/2181 remarks; the motorbike was at the traffic compound wait for release.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

YES

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GX7403R

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

MOHAMMAD TARMIZIE BIN PAIMAN

Approximate Age

Injuries Sustain

KHOO TECK PUAT HOSPITAL

Injured person in which vehicle?

FBH9443E

Were seat belts worn?

YES

YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name

ADELENA BINTE ADNAN

Approximate Age

Injuries Sustain

KHOO TECK PUAT HOSPITAL

Injured person in which vehicle?

FBH9443E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YES

ambulance?

Address

Postcode

Page 3 of 11

Accident Sketch Plan Pg. 1

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)
 - (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
- aff 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
- 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.
- 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.
- 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 policyhalder) Date & Time:

Reporting Centre Refsonriel's Signature

Name:

NRIC/FIN N

Accident Sketch Plan Pg. 1

SKETCH PLAN		
11		A: FBH 9443E
	A CONTRACTOR OF THE PARTY OF TH	B: GX7403P
	TPE !	D: unknown wa - (red
DESCRIBE CIRCUMSTANC	with polite	18000 T/2018002/218
	ability currently	- release
		FLAD SOSCAPOR PIC
		Proporting Only Over Damage Claims
		Oner Workshop
DECLARATION I/We declare the foregoing p	articulars are true in every/respect.	1107
Policyholder's Signature Date & Time:	Oriver's Signature (if driver is not the policyhold Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.

police report Pg. 1





Report No. T/20180502/218

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

	ne Report N 018 20:43	/lade:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars		SPANISH STANKED	
Name of Informant: Mohammad Tarmizie Bin Paiman			Address: APT BLK 446 HOUGANG AVE 8 #10-1637 SINGAPORE 530446		
ID Type / ID No.: NRIC NO / S7915998J			Contact No.: Home/Office: Mobile: 83823693		
Nationali SINGAP	ity: ORE CITIZ	EN	Email:	100000000000000000000000000000000000000	
Sex: Male -	Age: 38	Date of Birth: 30/05/1979	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: EQUIPMENT OPERATOR		RATOR	Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:	

Type of Accident:	Injury Conveyed By Amb	ulance	Drink Drive: No	Date/Time of Accident: 28/04/2018 1		Type of Location Straight Road
TAMPINES EX SELETAR EXF		WARDS Road	S SLE Surface:	54	Ros	ad Speed Limit:
Traffic Flow: One Way		1104590000	Control:		Tra: Hea	ffic Volume:
Type of Collisio Between Movir	on: ng Vehicles - Head To	Side			Any	one conveyed by bulance:

Details of V	ehicle Involve	d	SO CHE TOUS		NUL CHESTINESSE	CARL SECTION
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBH9443E	Motorcycle	KYMCO	DOWNTOW N 2001	White	Seriously Damaged	1
GX7403R	Lorry				Slightly Damaged	2

Details of V	ehicle Insurance		NUTRICE STATES	CONTRACTOR.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9443E	FWD Singapore Pte. Ltd	PNMC2018- 00000150	23/01/2016	22/01/2019

police report Pg. 1



2 of 3

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20180502/2181

CONTINUATION OF REPORT

Brief Details.

On 28/04/2018, between 1745hrs and 1800hrs, I was riding my motorcycle FBH9443E along TPE towards SLE at Lane 2. There was a lorry GX7403R in front of me at the point of time.

Out of sudden, the lorry in front of me skidded and the whole lorry was in between Lane 1 and 2. I was unable to react on time and as a result, I hit onto the lorry and both my wife Adelena Binte Adnan NRIC: S7713495F HP: 98767004 and I fly off from my motorcycle and landed on Lane 3 and the filtered lane respectively. I would like to state that there was a red car which I cannot remember, hit my wife when she was being flung off from my motorcycle.

During this accident, I observed that there is another motorcycle which also skidded and hit onto the lorry. I cannot remember the plate number of the motorcycle.

Both my wife and I were later conveyed to Khoo Teck Puat Hospital. I was warded for 3 days and given 10 days'MC. My wife is still currently warded. I was informed by Traffic Police Senior Investigation Officer SIO Thabagesh Jeyathesh to call him once I am able to do so.

am lodging this for insurance and medical bills' claims as well.

That's all.

police report Pg. 1





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

3 of 3 Report No. T/20180502/2181

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 F / Staff Sgt LEE TECK LENG	The Report	Signature Of Informant:
Signature Of Interpreter: Not applicable	(Date/Time: 02/05/2018 20:43
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	(II) sig	Classification Of Case:
Authentication Stamp	Singapore	Police (Circa

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

- 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.

ACCI		of the second of
ACU	TSTA	 100
	 200	

 Date Of Report
 11/05/2018 11:48

 Date Of Accident
 28/04/2018 18:00

Exact Location Of Accident TPE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX7403R

Insured/Policyholder

Name Of Registered Owner AUTOMATIC CONTROLS AND INSTRUMENTATION PTE LTD

Co Reg No 200808240W

Email Address MAHA@A-CONTROL.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-64844039

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 150 D

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number DMCVSN3062151702
Cover Note Number 02/09/17 - 01/09/18

Driver

Name of Driver VASU PONMANIKANDAN

 Passport No/FIN
 G3213596Q

 Date Of Birth
 07/05/1994

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/11/2016

Driving Experience 1 YEAR AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98693006

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 2D JALAN PAPAN #04-57 AVERY LODGE Address

619415 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - SUB-CON

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

YES

NO

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

RAINING Weather Conditions Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance,

Number of Passengers (Including Driver) 6

Passenger 1 MAIN CONTRACTOR STAFF NAME:

GENDER: MALE

Passenger 2 : MAIN CONTRACTOR STAFF NAME:

> GENDER: : MALE

Passenger 3 NAME: : MAIN CONTRACTOR STAFF

> : MALE GENDER:

Passenger 4 MAIN CONTRACTOR STAFF NAME:

> MALE GENDER:

Passenger 5 MAIN CONTRACTOR STAFF NAME:

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-4849999 - FAX NO: 62181399 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER POLICE REPORT.

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

FBH9443E

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FBM2391R

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

MOTORCYCLIST

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBH9443E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

MOTORCYSLIST

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBM2391R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: 64 THOSE

INSURER DATE & TIME: >=|+|-=

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
- Information provided must be as truthful and accurate as possible. Any wirful 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 componies.
- 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 interected 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
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workship 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 whicle(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 purposeist ed:
 - (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 inquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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, Fandling and/or dealing with my claims (collectively the "Purposes"|
- (b) all insurer[a] who have insured whicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to callect, 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 froud, 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

Polycyholder's Signature Date & Time

Itt driver is not the policyholder)

Date & Time

(45) 24 Reporting Centre Personnel's Signature

Name

NAKC/FIN No.:

Sketch Plan #2

DESCRIBE CIRCUMST	A: GX7+GER B: FEH 94+3E C: FEA+2371B Y: Not Included
Insuers this	Tapy Veh els 6x 14038 360-22 4 18 18:00
Refer Pance	Be part.
Note: Cleans note:	that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
	wn comprehensive policy. Please check with your policy for more information
DECLARATION I/We declare the Jorgani Policyhnidar's Signature	V - Peri Identi Pro ilan Driver's Signature No Description Transfer Temporal Tempo
Date & Time	(If driver is not the policyholder) Name: Date 4 Time No.: () Claim Own Policy () Claim Third Party () Reporting Only () Claim OO/TP at other workshop ()





Report No. T/20180428/2169

Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

REPORT	F A TRAFFIC	ACCIDENT		Station Diary No.	
Date/Time Report Made: 28/04/2018 22:12			Vide Report No.: F/2018042B/0200	98	
Informa	nt's Particu	ulars		THE SAME OF THE	
Name of Informant: VASU PONMANIKANDAN			Address: APT BLK 2D JALAN PAPAN #04-57 AVERY LODGE SINGAPORE 619415		
ID Type / ID No.: FIN NO / G3213596Q			Contact No. Mobile: 98693006		
Nationality: INDIAN			Email		
Sex: Age: Date of Birth: Male 23 07/05/1994			Type of Informant. Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident 28/04/2018 18:00	Type of Location Straight Road	
near to Jalan	EXPRESSWAY	Road Surface		Road Speed Limit	
Weather: Raining		Wet			
		Traffic Control	1	Traffic Volume: Heavy	
				Anyone conveyed by	

CACAMILLE PAR NO	chicle involve	U Company	110	To allow	Condition	No of Passenge
Venice No.	Type	Make	Model	COIOI	Potnemen	1
FBH9443E	Motorcycle					
		-		_		0
FBM2391R	Motorcycle					
		_	_			5
GX7403R	Lorry					-





T/20180428/2159

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE

2 of 3 Report No. T/20180428/2169

CONTINUATION OF REPORT Tel No: 1800-4849999

Brief Details.

On 28.04.2018 @ 1800hrs, I was travelling along TPE, on my way back to Yishun. While I was near to the exit of Jalan Kayu, any unknown lorry who was infront of me, suddenly jammed his brake. As such, I also immediately applied my brake. However, I lost control of my vehicle and went into the right lane. Due to this, two motorcycle hit on to my lorry. The 2 motorcyclist was injured and both Traffic police and ambulance was also at the accident point to assist. I was then told by the traffic police to lodge a police report of the accident.





3013

Report No. Tr20180428/2199

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

CONTINUATION OF REPORT

Sketch Plan

Tel No: 1800-4849999

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: F / Staff Sgt LOFF THIMING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2018 22:12
Officer in Charge Of Case TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:
Authentication Stamp	

Authorisation Letter

Date:			
To : Accident Reporting Centre (A	ARC)		
I / We hereby approve (driver's r	name)	Toronto America	
NRIC/FIN _ S _ Z = 1 S S S S S	, our employe	e / employee of	HAY Technique
Pro 14.1	to drive our r	n/vehicle no	IN INCAR
and to file the accident report (Ŧ	hird Party clain	ns/Own-Damage	Claims/Reporting
Only) which occurred on (date)_	Ja De M	@ (time)	13 (1)
along (location)			
* Relationship between insured a Mark Technologies pay the Thank you. Regards,			
X (CD)			
* SIGN & STAMP at the above *			
Name of Owner : Malya			
NRIC / ROC : (1676/26/14)			
Contact No : 904 7 613			
Enail: maha@a-centri	(ma)		



















40

1 of 3

Report No. T/20180502/218

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

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: OUT-12 02/05/2018 20:43 historia di Pudital Address Name of Informant: APT BLK 446 HOUGANG AVE 8 #10-1637 SINGAPORE Mohammad Tarmizje Bin Palman 530446 Contact No.: ID Type / ID No .: Mobile: 83823693 Home/Office NRIC NO / S7915998J Email Nationality: SINGAPORE CITIZEN Type of informant: Rider Date of Birth: Sex: Age: 384 30/05/1979 Male . Industriant/School Name Language Race: English Malay Driving tigence Inform tiges Class: 28 9A,2,3,415 Occupation: **EQUIPMENT OPERATOR**

Type of Accident:	Injury Conveyed By Ambulan	ce Drink Drive No	Autorio II	जिल्लाका विकास अस्त्रीता विकास
TAMPINES EX SELETAR EXP	PRESSWAY AT LANE 2 AT TPE TOWA	RDSSII		ne.
Weather: Drizzling	. 70	oad/Sim		Thin some Limit
Traffic Flow: One Way		alticlica: olicumen		Companyate interest
Type of Collision Between Movin	on: ng Vehicles - Head To Side			Activate conveyed by Commentation

Defails only	datala Intodor		
FBH9443E	Motorcycle	MARKS.	9(0)
GX7403R	Lorry		

FBH9443E FWD Singagor, Physician



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408885 Tel No: 65470000



2013

Report No. 17/0180502/2180

CONTINUATION OF REPORT

Brief Details.

On 28/04/2018, between 1745hrs and 1800hrs, I was riding my motorcycle FBH9443E along TPE towards SLE at Lane 2. There was a lony GX7403R in front of me at the point of time.

Out of sudden, the lorry in front of me skidded and the whole lorry was in between Lane 1 and 2. I was unable to react on time and as a result. I hit onto the lorry and both my wife Adelena Binte Adnan NRIC: respectively. I would like to state that there was a red car which I cannot remember, hit my wife when she was being fitting off from my motorcycle.

During this accident, I observed that there is another motorcycle which also skidded and hit onto the lorry. I cannot remember the plate number of the motorcycle.

Both my wife and I were later conveyed to Khoo Teck Puat Hospital. I was warded for 3 days and given 10 days MC. My wife is still currently warded. I was informed by Traffic Police Senior Investigation Officer SIO Thabagesh Jeyathesh to call him once I am able to do so.

I am lodging this for insurance and medical bills' claims as well.

That's all.



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 85470000



T/20180502/2181

3 of 3

Report No. T/20180502/2181

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Cartificate 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:

Staff Sgt LEE TECK LENG

Signaturé Ontriendere (M. Not significante

Cancers vinge Come newscry Skilling chief readership Comed to Artick, No

Addenne of Theme

Signature Of Informant:



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

PHOTOGRAPHS FOR VEHICLE NO. FBH 9443E

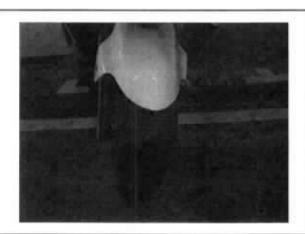
INSPECTION















51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

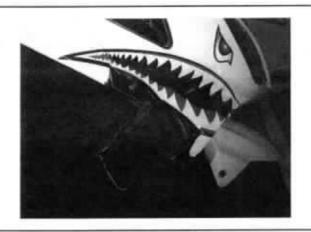








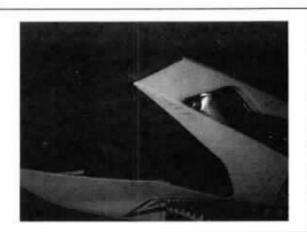


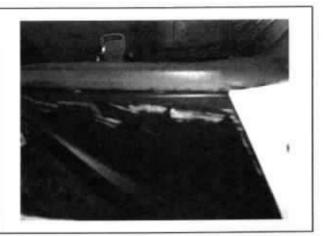




51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315









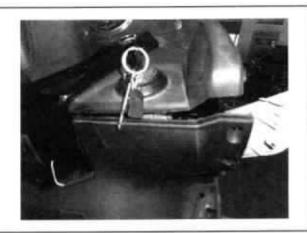






51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315

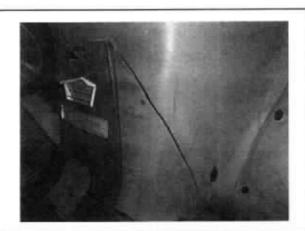








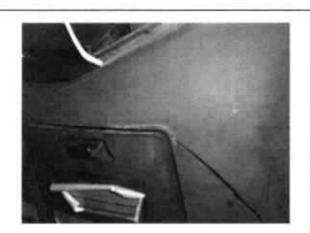


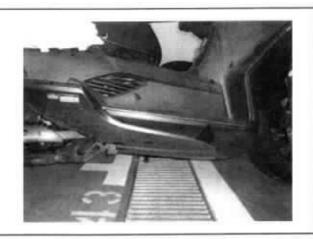




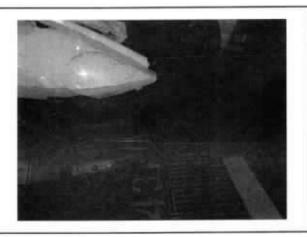
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

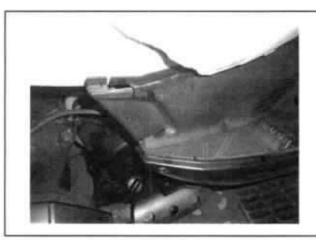
TEL: 6256 3561 FAX: 6256 4315

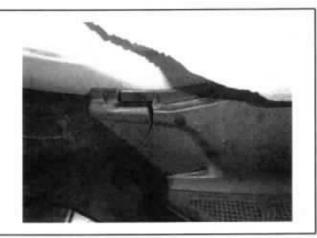








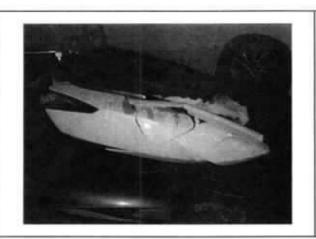


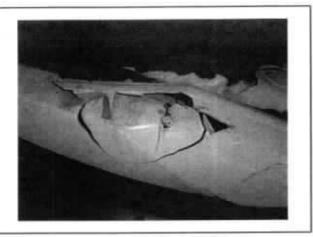


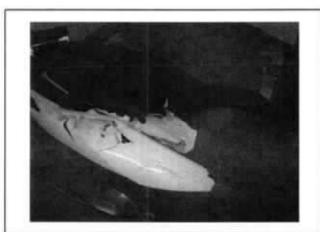


51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

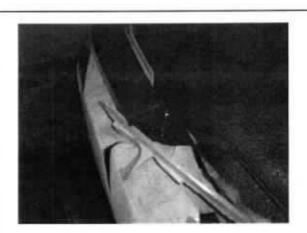












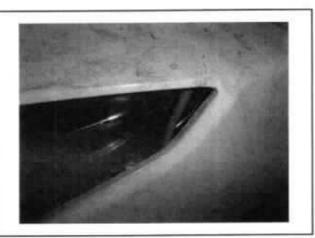


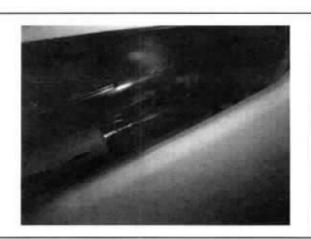
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315











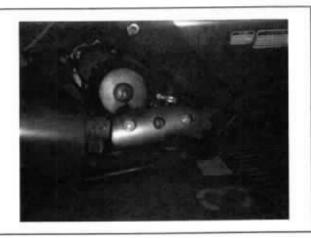




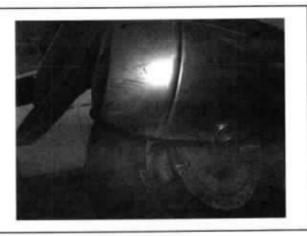
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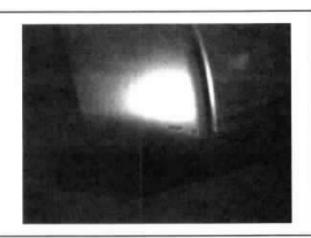
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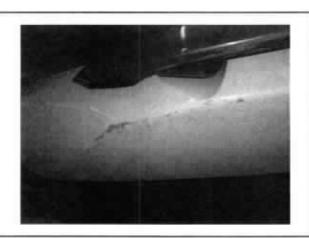
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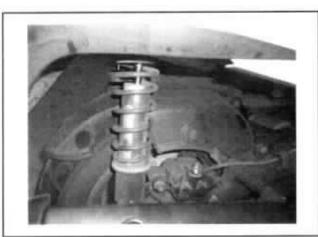


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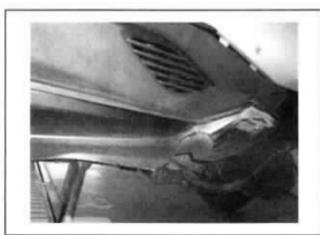


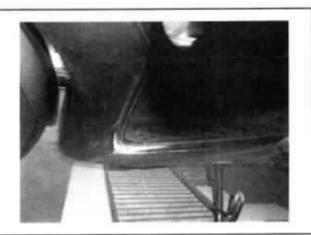
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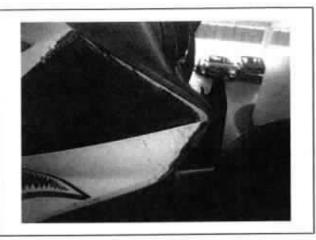


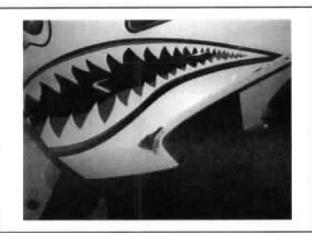


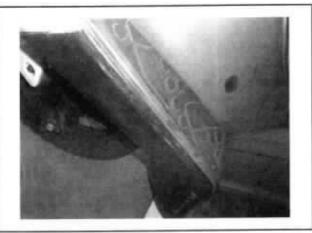
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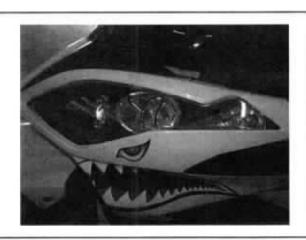
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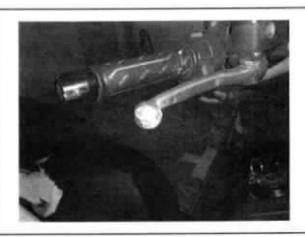








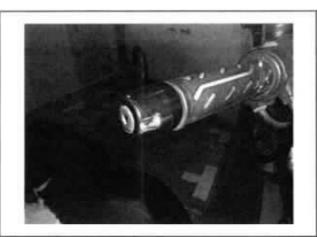






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Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. FBH 9443E

RE-INSPECTION

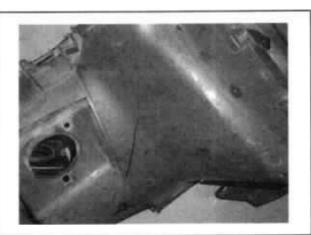














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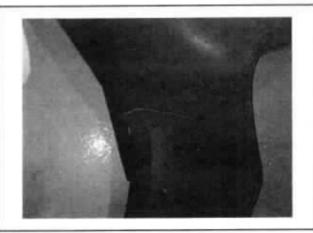








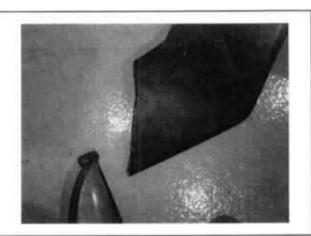






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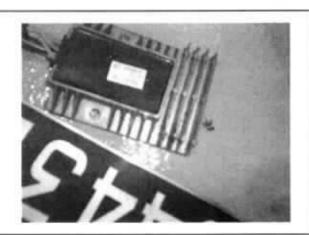
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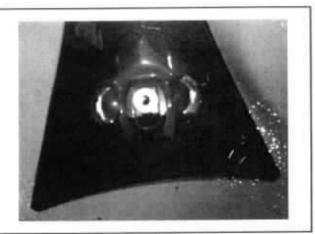


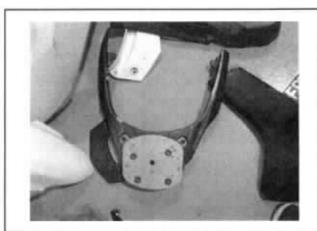


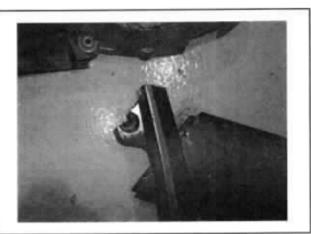
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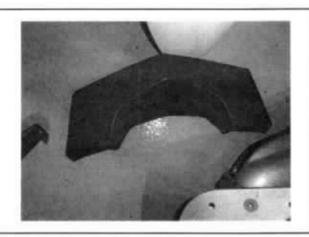
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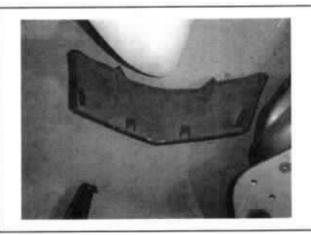














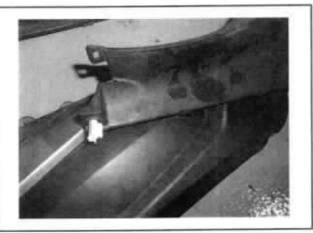
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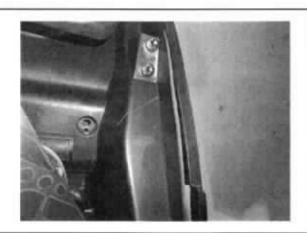
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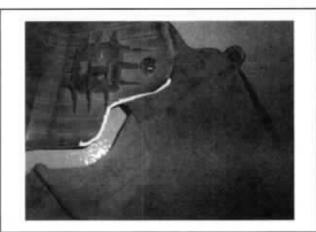


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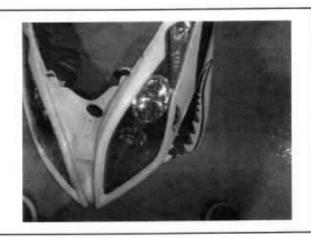
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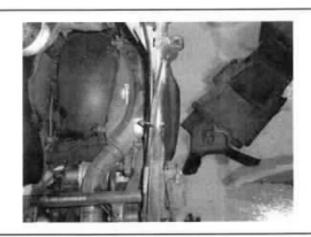














51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315





Writer's Email: admin@characterist.com

Your Reference: EFA/CHINA0593A.vi

Our Reference: GCW.PI.5629.2018

Lie Chin Chin Daniel Goh Choon Wah

> Consultant Lie Kee Pong

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Senior Associate Director Noel Ochlers

> Associate Director Johnston Lee

Senior Associates Zeng Hanyi Jonathan Low Daniel Yeang Rachel Soh Daniel Ng

> Associates Nicole Chee Dennis Lim

Foreign Lawyer (Malaysia) Teo Sze Yi

Managing Directors

* Please quote our reference when replying

3 December 2019

United Legal Alliance LLC 20 Maxwell Road #13-00 Maxwell House Singapore 069113

BY FAX (6338 4497) W/O ENC & BY HAND W/ENC

Dear Edwina.

DC/DC 1985/2019

Thank you for your fax of 29 November 2019. To save costs, and because you are on the other side, Edwina, I am comfortable giving you the enclosed coloured photographs, on the undertaking that you will return the same to us. I am hoping to save costs for all parties. Please return the photographs when you can.

Thank you.

Yours faithfully,

(Characterist LLC) for Daniel Goh

Enc

190 Middle Road #15-01, Fortune Centre, Singapore 188979 T. 6222 5562 F: 6222 5561 (we do not accept service of Court documents by fax)

Characterist LLC (Incorporating Lie Kee Pong Partnership) UEN/GST No. 200501945H Advocates & Solicitors | Commissioners for Oaths | Notary Public Characterist LLC is incorporated with limited liability

www.characterist.com



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: CS3/CTI18009215/R1sd3e2-1

C/O: UNITED LEGAL ALLIANCE LLC

20 MAXWELL ROAD #13-00 MAXWELL HOUSESINGAPORE 069113		Date: 12-12-2019				
			Code: CTI			
		Policy Particular	s :- THIRD PARTY CLAI	M		
	Insured Veh.	GX 7403R	Veh. Inspected	FBH 9443E		
	Policy No.	DMCVSN3062151702	Coverage (\$)	0.00		
	Claim No.	EFA/China0593A/vi	Excess (\$)	0.00		
	Assign From	EDWINA FAN	Assign Date	26/11/2019		
2,		Vehicle Par	ticulars & Condition			
	Make & Model	KYMCO DOWNTOWN 2001	c.c	199		
	Engine No.	HIDDEN	Year of Reg.	2013		
	Chassis No.	RFBSK40AED1000194	Colour	MULTI COLOUR		
	Odometer	::	Steering	IN ORDER		
	Brakes	IN ORDER	Modification	SPORTS RIM		
	General	FAIR				
3.		Cond	itions of Tyres			
		Size	Make	Balance		
	R/H Front Tyre	120/80-14	KENDA	4 mm		
	L/H Front Tyre			mm		
	R/H Rear Tyre	150/70-13	KENDA	4 mm		
	L/H Rear Tyre			mm		
1.	Description of Damages					
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE C ETAILS.	D/S AND N/S BODY.			
5.	General Information					
	Accident Date	28/04/2018	Inspection Date	22/05/2018		
	Survey held at	LIM MOTOR PTE LTD				
		160 SIN MING DRIVE #05-20 SIN MING AUTOCITY SINGAPORE 575722				
5a.			Remarks			
	A)THE INSPECTION	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS.	ITHOUT PREJUDICE" BAS	IS.		
5b.	I DIN NOODSDAN		e Days of Repair	TEP METAINS.		
ed would	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 Working Day	4		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBH 9443E

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT COWLING VISOR	GRAZED	350.00	350.00
- 1	FRONT COWLING	CRACKED / CUT	280.00	280.00
1	FRONT COWLING "Y" GARNISH	GRAZED	55.00	55.00
2	FRONT COWLING SIDE COVER (BLACK) @\$35.00	CRACKED / GRAZED	70.00	70.0
- 1	HANDLE BAR	SERVICEABLE	88.00	
1	SET HANDLE BALANCER	BENT	28.00	28.0
2	BRAKE LEVER @\$44.00	BENT	88.00	88.00
1	METER PANEL	CRACKED / CUT	120.00	120.00
2	METER PANEL SIDE COVER @\$25.00	CRACKED / CUT	50.00	50.0
1	CDI UNIT	BENT	180.00	180.0
2	MIRROR @\$65.00	SERVICEABLE	130.00	
1	HEADLAMP RH	CUT / GRAZED	383.00	383.0
1	HEADLAMP LH	GRAZED	383.00	383.0
1	HEADLAMP BRACKET	BENT	93.00	93.0
1	FRONT MUDGUARD	TO REPAIR SEE LABOUR	85.00	
2	FRONT FORK ASSY @\$285.00	TO REPAIR SEE LABOUR	570.00	
1	FRONT FORK UNDER BRACKET	SERVICEABLE	220.00	
1	FRONT RIM	TO REPAIR SEE LABOUR	320.00	
1	FRONT RIM SHAFT	SERVICEABLE	35.00	
1	FRONT BRAKE DISC	SERVICEABLE	185.00	
1	CHASSIS FRAME COVER (FRONT)	CRACKED	65.00	65.0
2	LOWER FAIRING @\$175.00	CUT / GRAZED	350.00	350.0
1	UNDER TRAY	CRACKED	220.00	220.0
2	BODY FRAME COVER STEP BOARD @\$180.00	DEFORMED	360.00	360.0
1	SEAT	TORN	320.00	320.0
1	SEAT COMPARTMENT	CRACKED	280.00	280.0
1	SEAT LOWER GARNISH	CRACKED / GRAZED	125.00	125.0

Report Ref No. CS3/CTI18009215/R1sd3e2-1



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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
-1	AIR BOX	SERVICEABLE	120.00	5.5
1	TAILLAMP W/SIGNAL	CRACKED	220.00	220.00
- 61	TAILLAMP TOP COVER	CUT / GRAZED	45.00	45.00
2	TAIL BOARD @\$140.00	CRACKED / GRAZED	280.00	280.00
	LESS 10% DISCOUNT		-609.80	-434.50
			5,488.20	3,910.50
	SPECIAL NETT ITEMS			
1	FRONT NUMBER PLATE (SN)	NECESSARY	12.00	10.00
1	STEERING CONE & BEARING (SN)	NECESSARY	65.00	32.50
1	SET STICKER "SHARK" (SN)	NECESSARY	80.00	50.00
- 1	REAR BOX BASE (SN)	SERVICEABLE	120.00	
1	REAR BOX (SN)	GRAZED	300.00	150.00
			577.00	242.50
	LABOUR			
	TOWING FEE (TWO WAYS).		60.00	40.00
	CHECK ELECTRICAL		80.00	30.00
	CHASSIS FRAME REPAIR		300.00	100.00
	SPRAY PAINTING.		650.00	300.00
	LABOUR CHARGES, INCLUSIVE OF THE REPAIR OF FRONT MUDGUARD, FRONT FORK ASSY AND FRONT RIM.		500.00	250.00
			1,590.00	720.00
	GRAND TOTAL		7,655.20	4,873.00

RECOMMENDED COST OF LUMP SUM REPAIRS	A STATE OF THE PARTY OF THE PAR	3,900.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS3/CTI18009215/R1sd3e2-1

1) COST PRICE IS \$3,900.00.

2) 4 DAYS OF REPAIR.

3)ITS ECONOMICAL TO REPAIR AND ADVISABLE TO TOTAL LOSS.

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI

Licensed Appraiser

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