

DATE: 11/12/19

REF: CS/MSG 190220721 EVF3

ASSIGNMENT (Office)

From (Person): Jasmine Luk King, MSG

11/12/19 11:01 a.m.

Assigned (To):

OD: (1) WS / LP RES / OD RES / EA / INV / MY / CS

To inspect Vehicle for: PBE 7418H

4820649

at Work shop for: HKL Lin

92423896

at BIK 1008 #01-20 Built m-44 Lam 3

Policy No: 28913529

587373

Claim (From):

Name of Veh:

8.3.2019

at Item's location:

CA / RLY / REP / REA 24 HRS

16/12/19 12:58 a.m.

James

11/12/19

11/12/19 12:58 a.m. ✓

17/12/19. Send preli revised via messenger

11/12/2020 @ 240pm James said vehicle not repair yet, pending liability

Summary

Steve

REF:

ASSIGNMENT

From

Date:

Estimated Cost:

CO/TP/WS/TPRES/O2RES/EVA/INV/MY

To inspect Vehicle No:

at Workshop no:

of

Insured

Policy No

Claims No

Sum Insured:

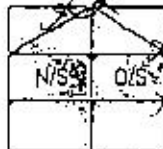
Excess:

[Client's Record]

Make of Veh

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Reports: Days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No: FBE 74184

Yr Regn:

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

Truck / Trailer or

Make: Yamaha RX 2135

cc 133

Colour: Black

W.C: Insured / Std / NI / NA

Sp. Reading 72888

T/Ratio: Insured / Std / NI / NA

Eng. No:

C/N: PMYSPY100A0032907

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rln / STD A/R/m or

Tyre Size: F: 70/80-17

R: 80/90-17

ES / DUN / EXNOVA / GY / FS / LIZA / MIC / ORTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal: 5 mm

R/Bal: 5 mm

L/Bal: mm

L/Bal: mm

D.O.A. 8/3/19

D.O.A. 16/12/19

Survey held at: HKL Lim

Des. of Damages: (Frt) / Rear / (O/S) / N/S / UIC / Rooflop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pls to?

☐

: Proff. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Y. S - RS. - S

Prize

Others

Report Format:

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

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech Insp (\$

☐ Weekend (\$

TOTAL

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

CLAIM SUBFOLDER TRACKING

13 Mar 2019	16 Dec 2019	11:01	New Assignment
Main	Assign		Cancel Case

Main	Reference	Claim Details	Documents	Show A...
CLAIM SUBFOLDER DETAILS				
Insured:		[Created by insurer]		
Main Claimant:		HUA SIAH CONSTRUCTION PTE LTD, Co. Reg. No : 198105429C		
Vehicle Reg. No.:		FBE7418H	Date of Loss:	
Claim Type:		TP / 587373	Policy/Cover Note No.:	
Vehicle Reg. No. (Insured):		YP2064Y	Policy No. (Claimant):	
Repairer:		Hkl Lim Team Motorsport (HQ) 3-K 100B #01-24 BUKIT MERAH LANE 3, 159/22 Bukit Merah - Tel: 52/56656/62756566/62727292		
Handling Insurer:		MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 - In-land by Jasmine Lok Kheng Kwei - 6594 2550		
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 17/12/2019]		
Driver/Custodian (Insured):		NG WU TECK (), NRIC: S0210747C, Tel: +6598833959 Email: on WP (Manual Assign) Lab: NR, Agree on SJC Assign: LKK Auto Consultants Pte Ltd Contact: James @ 9242 3555 / 6275 6656.		
Adj. Ass. Remarks:				
ASSOCIATED MAIL RECEIVED				
View All Compose Case Mail				
There are no mail for this case				
ALL ASSOCIATED TASKS				
View All Search Tasks Create New Task Complete				
Date	Priority	Type	Task Group	Subject
No results.				

LKK Auto Consultants Pte Ltd (Co.Reg No 139607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6344-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Jasmine Lok Kheng Kwei

Date: 17 Dec 2019

Preliminary Advice

Insured Vehicle No : YP2064Y

TP Vehicle No : FBE7418H

Make : YAMAHA RXZ135

Date of Inspection : 16/12/2019

Inspection At : HKL LIM TEAM MOTORSPORT

Accident Date : 08/03/2019

Assignment Date : 16/12/2019

Est. Duration of Repair : 5

Point of Impact / General Description of Damages

The vehicle sustained impact / damages front portion and o/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	7,705.00
Revised Amount	:S\$	4,399.50
Check Items (Estimated)	:S\$	0.00
Total	:S\$	4,399.50
Lump Sum Repair	:S\$	

Total Loss Consideration

Now for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

() The vehicle is economical/not economical for repair.

(X) The above survey was conducted on a 'without prejudice' basis

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please read carefully the details of the accident statement and the information provided before signing the statement and the NCD Form.
2. This statement is to be signed by the Motorist only and the NCD Form must be signed by the Motorist and the Police Officer only. Any other person who signs the statement or the NCD Form will be liable for the consequences.
3. The statement and the NCD Form must be submitted to the Police Officer for signature and the Motorist must sign the statement and the NCD Form.
4. Any false reporting may be referred to the Police for investigation.

ACCIDENT STATEMENT	
Date Of Report	06/12/2019 16:07
Date Of Accident	06/12/2019 16:07
Location/Address Of Accident	SETEK ROAD SOUTH ROAD TOWARDS A LINGGANGA AVENUE B
Country/State Of Location	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FB2747R
Insured/Policyholder	
Name Of Registered Owner	JONASD BEN VALER
NRIC No	55524471
Email Address	NOR_ZAME@YAHOO.COM.SG
Mobile Phone No	100611005041411
Address Of Owner/Driver	OTHER ROAD 110
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZD3 1.6 100 CVT
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
Third Party state of claim to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NCD INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Third Policy	NO
Policy Number	1111272524 01
Cover Note Number	
Driver	
Name of Driver	JONASD BEN VALER
NRIC No	55524471
Date Of Birth	13/01/1947
Occupation	INSURER
Date Of Issuing Pass	14/03/1970
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	100611005041411
Email Address	OTHER38612001
Contact Number	OTHER38612001
Email Address	NOR_ZAME@YAHOO.COM.SG

Page 1 of 2

Name of Driver
NRIC/Passport Number
Contact Number
Address
Residence
Insurance Company Name

Page 2 of 2

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ULMAAD BIN MALEK
Approximate Age	
Injured Person	DRIVER OF THE VEHICLE
Injured Person in which vehicle?	Full Father
Were seat belts worn?	
Was there any medical emergency treatment and/or surgery?	YES
Address	
Postcode	

POLICE NO.

SKETCH PLAN

IMPORTANT NOTICE

1. Insured must correctly provide all the information requested
2. The form must be completed by the Policyholder and/or the Authorised Driver
3. Information must be truthful and accurate as possible. Any false or misrepresentation or willful concealment of facts may a. Term insurance company to repudiate policy liability
4. The insurer may require the policyholder to provide a written statement signed by him or her on the part of the insured's company
5. Any false reporting may be referred to the Police for investigation
6. The report will then be forwarded to the relevant authorities if the case is referred to the police. The report will then be sent to the relevant authorities if the case is referred to the police.
7. The report will then be sent to the relevant authorities if the case is referred to the police.
8. The report will then be sent to the relevant authorities if the case is referred to the police.
9. The report will then be sent to the relevant authorities if the case is referred to the police.
10. The report will then be sent to the relevant authorities if the case is referred to the police.

4. 2012. 12. 12. 14:00

- [illegible]

Page Number: 134
Date: 10/10/2010

$$| \eta_{\alpha} | \leq C_0 \| u \|_{L^{\infty}} + C_0 \| v \|_{L^{\infty}}$$

10/10/1977
 10/10/1977

SKETCH PLAN

sketch of property

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten notes on the form include:

- Police report
- 1/20/2006
- 10:00

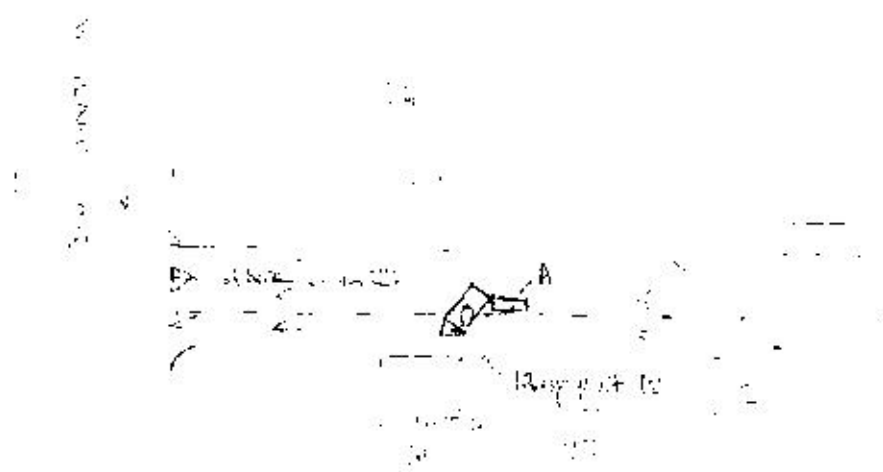
DECLARATION

I declare that the foregoing is true and correct to the best of my knowledge.

Signature of the
owner of the property

Signature of the
owner of the property

Signature of the
owner of the property



B - ...
 A - ...

W. ...
... 1990



**SINGAPORE
POLICE FORCE**



2019-205/2100

1 of 3

Police Station Of Origin
Queenstown N P C
3 Queensway #01-03 SINGAPORE 149073
Tel.No. 1800-4719999

Report No. T20191207/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
06/12/2019 15:19

File Report No

Station Diary No:
40

Informant's Particulars

Name of Informant NORIZAM BIN JUMAAD			Address APT BLK 540 WOODLANDS DRIVE 15 #06-77 SINGAPORE 730540		
IO Type / IO No			Contact No		
NRIC NO / S86204751			Home Office Mobile 93272800		
Nationality SINGAPORE CITIZEN			Email		
Sex	Age	Date of Birth	Type of Informant		
Male	33	25/07/1985	Vehicle Owner		
Race Bayerese			Language		
Occupation TRACK RIDER			Institution / School Name		
Driving Licence Information			Date of Expiry		
Class 2B 2A,3					

General Information of the Accident

Type of Accident	Fatal Others	Drink Drive No	Date/Time of Accident 06/03/2019 16:00	Type of Location
Location Along Road 1 Traveling Toward Road 2 SENOKO SOUTH ROAD WOODLANDS AVENUE 6 ALONG SENOKO SOUTH ROAD TOWARDS WOODLANDS AVENUE 6 IN FRONT OF UNIT 23 NEAR LIP 12				
Weather	Road Surface	Road Speed Limit		
Traffic Flow	Traffic Control	Traffic Volume		
Type of Collision	Anyone conveyed by ambulance			No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7416H	Motorcycle					0
YP2064Y	Lorry					0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



0201514392100

Police Station Of Origin
Queensdown N.P.C.
3 Queensway #01-03 SINGAPORE 149073
Tel No. 1800-4719999

Doc ID
Report No. 0201514392100

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

[Handwritten signature]

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 56474885 stating the report number as reference

Signature Of Officer Recording The Report
Sgt 3 DAM-EN LEONG JUN SIAN

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
05/12/2019 15:19

Officer In Charge Of Case
TP : FAIT /
SIDZUL HAIRIE BIN RAMLI
Contact No. 35476220

Classification Of Case

Authentication Stamp
NP 35



Police Station Of Origin
Queenstown N.P.C.
3 Queensway #01-03 SINGAPORE 145073
Tel No. 1800-471 9999

2019
Report No. 130151205 2102

CONTINUATION OF REPORT

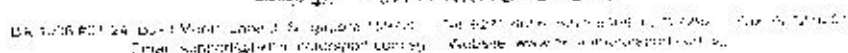
Rider			
Name	JUYAAD BIN MALEK	ID No	S0519326E
Related Vehicle	FBE7415H (Motorcycle)	Contact No	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Fata
Vehicle Owner			
Name	MORIZAM BIN JUMAAD	ID No	S6620475E
Related Vehicle	NIL	Contact No	91272200
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the vehicle owner of FBE7415H and I share the bike with my father

On the 8th March 2019, my father had used my bike to travel to work. At about 1802hrs, my father was travelling along Serangoon South Road towards Woodlands Avenue 8, on the way back home. However, he met with a fatal accident in front of unit 23, near LP 10 along that road.

My sister contacted me that day to inform me that my father was pronounced dead at the scene due to multiple injuries. The IO namely Dzul Haine Bin Ramli, Senior Investigation Officer from Traffic Police, had also contacted me and my family for follow up. I am lodging this report as my bike workshop required a police report from me. I wish to inform that my bike was badly damaged. The reference number to the case is TP/IR/13615/2019 & CI-300779-2019-TA.



1 LAMP STAY	\$	60.00
2 METER ASSY	\$	450.00
3 FRONT FORK ASSY LH RH	\$	400.00
4 FRONT FORK UNDER BRACKET	\$	150.00
5 STEERING CONE BEARING	\$	60.00
6 BODY FRAME ALIGNMENT	\$	550.00
7 FRONT FENDER	\$	55.00
8 FRONT WHEEL RIM	\$	180.00
9 FRONT WHEEL SHAFT	\$	45.00
10 FRONT WHEEL BEARING 2PCS	\$	40.00
11 FRONT WHEEL BEARING OIL SEAL	\$	10.00
12 FRONT BRAKE DISC	\$	150.00
13 FRONT BRAKE CALIPER	\$	250.00
14 HEAD COWLING	\$	150.00
15 FRONT SIGNALS LH RH	\$	90.00
16 HU UNIT	\$	170.00
17 HU BRACKET	\$	25.00
18 HANDLE BAR	\$	150.00
19 HANDLE BAR GRIP	\$	20.00
20 HANDLE BAR BALANCER	\$	40.00
21 WINDSHIELD	\$	35.00
22 FRONT NO PLATE	\$	10.00
23 BRAKE LEVER	\$	20.00
24 CLUTCH LEVER	\$	20.00
25 SIDE MIRROR	\$	35.00
26 HEAD LIGHT	\$	120.00
27 BRAKE PEDAL	\$	80.00
28 FRONT FOOT REST	\$	60.00
29 FRONT BRAKE HOSE	\$	150.00
30 FUEL TANK	\$	2,320.00
31 EXHAUST PIPE	\$	580.00
32 SPEEDER CABLE	\$	30.00
33 RPM CABLE	\$	30.00
34 TAIL BOARD	\$	120.00
35 TOP BOX	\$	150.00
36 TOP BOX BRACKET	\$	150.00
37 TOWING	\$	50.00
38 LABOUR	\$	700.00

TOTAL

\$ 7,795.00