

ASS. REP. 10

REF: CS3/MSG19002196 /Gtd3-1

Sub Vendor

From Person

GA

Kenny ong

ASSIGNMENT (Office)

MSIG

Date/Time: 12/09/2019

Estimated Cost

Bill to

OD / TP / WS / TP RES / OD RES / EVA / INV / MYTCS

To Inspect Vehicle No

FBK 3600S

Insured

SMG 1030R

at Workshop info

Equator Brotherhood

Tel

90113391 / 6384 6939

of

25 Kalki Bkt Rd 4 # 03-79 Synergy

Policy No

MT2018TR02047

Claim No

584227

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A

14/01/2019

CA / REV / REP. / REV 24 HRS

wp?

H.O.D. Endorsement

Date/Time

10:20am @ 7/2/19

Person Contacted

Wille

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

7/2/19 -

call back on 8/2/19, wilep closed for CNY. (No answer)

FBK 3600S - X

SMG 1030R - X

8/2/19 -

called no answer (3 times)

11/2/19 -

11:50am - called more than 3 times still no answer

12/2/19 -

call wilep no answer - inform buyer, longer role call back after 12pm

13/2/19 -

wilep just answer - VNI (2:38pm)

URGENT

Do Not Finalise

\$ 1650, 4 Days. (Red: 2950; 64%)

To Submit.

24/01/2020.

[Signature]

PRS
Xcel.

MSLG

15/2/19

FBK 3600S

Jul 15

OD: ☒ WS / ☐ RES / ☐ OHS / ☐ EVA / ☐ HV / ☐ MV
 Equator Brotherhood
 25 Kaki Blk Rd 4 #03-71

Vehicle: FBK 3600S
 Type: M Car / B / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Yamaha YZF-R3 321
 Color: Black
 Cap Reading: 51388
 A/P: Insured / Std / NI / NA
 T/Radio: Insured / Std / NI / NA

Eng/Ho: MH 3RHO 7100000 3544
 CNo:

Gen Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Mod: ☒ M / S/Rim / STD A/Rim or

Tyre Size: F: 110/70 ZR17
 R: 150/60 ZR17

☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHSU / PIR / SUMI /

TOYO / YOKO or

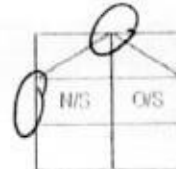
Front	Rear
R/Bal: 5 mm	R/Bal: 5 mm
L/Bal: mm	L/Bal: mm

D.O.A.: 15-02-19
 Survey held at: w/s 12:30 pm

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

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

After 11am



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

Est. of Market Value:
 BDA: Accident Report: Consistent? Yes or No
 GA: PR Seen: Consistent? Yes or No
 Est. Repair: 3 days Res: Yes or No
 Lump Sum: 20 % 3 Val: Yes or No

GA / REV / REP. / 24 HRS up
 Date: Person Contacted: Vehicle: IN / OUT

Date: Time: Action / Instruction: \$1000 - \$2000.

Date/Time: File Path to: ☐ : Prelim. Report
☐ : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: -

Add Fee: ☐ Site Insp: 1\$
☐ Interview: 1\$
☐ Tech. Insp: 1\$
☐ Workshop: 1\$

Survey Fee:	120
Transportation:	
Food:	
Other:	10
Total:	130

Report Format: PRS
 Lump Sum / L.P.F.S.

Celine Fong (LKKAUTO)

From: Accounts (LKKAUTO)
Sent: Thursday, 12 September 2019 3:43 PM
To: Admin-D (LKKAUTO); Celine Fong (LKKAUTO)
Cc: Accounts (LKKAUTO)
Subject: RE: Report Send Back Alerts - FBK3600S (TP)

Dear Celine,

FYNA Please...

Pending for Survey Report-CS3/MSG19002196/GCD3E2

12 Sep 2019 14:05	Ins Send Back Adj Rpt	Hi, please carry out a paper reinspection on TP vehicle FBK3600S.	[I] Keny Ong Thiam Beng
12 Sep 2019 14:05	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/09/16	[I] Merimen Administrator
12 Sep 2019 14:05	Adj Mandate Set	Maintained.	[I] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: account@lkkauto.com | fax: 6844-8805

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Do-Not-Reply <do-not-reply@merimen.com>

Sent: Thursday, 12 September 2019 2:20 PM

To: account@lkkauto.com

Subject: Report Send Back Alerts - FBK3600S (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,

The Merimen Team



This email has been checked for viruses by AVG antivirus software.
www.avg.com

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	15/01/2019 14:36
Date Of Accident	14/01/2019 10:35
Exact Location Of Accident	CARPARK GANTRY NEAR TO BLK 7 JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3600S
Insured/Policyholder	
Name Of Registered Owner	LIM SI HUI
NRIC No	SXXXX962F
Email Address	LIMSIHUI97@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-86994393
Alternative Phone No	Office-86994393

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R3-321CC ABS
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR02047

Driver

Name of Driver	LIM SI HUI
NRIC No	SXXXX962F
Date Of Birth	25/08/1997
Occupation	INDOOR
Date Of Driving Pass	12/04/2017

Driving Experience	1 YEAR AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86994393
Fax Number	
Contact Number	OFFICE-86994393
Email Address	LIMSIHUI97@LIVE.COM.SG
Address	BLK 3 JALAN BUKIT MERAH #14-5056
Postcode	150003
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Vehicle Registration Number	SMG1030R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	LIM SI HUI
Approximate Age	21
Injuries Sustain	PAIN ON LEGS
Injured person in which vehicle?	FBK3600S
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 3 JALAN BUKIT MERAH #14-5056
Postcode	150003

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**.
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: 15/1/19
12:35pm

Driver's Signature

(If driver is not the policyholder)
Date & Time: 15/1/19
12:35pm

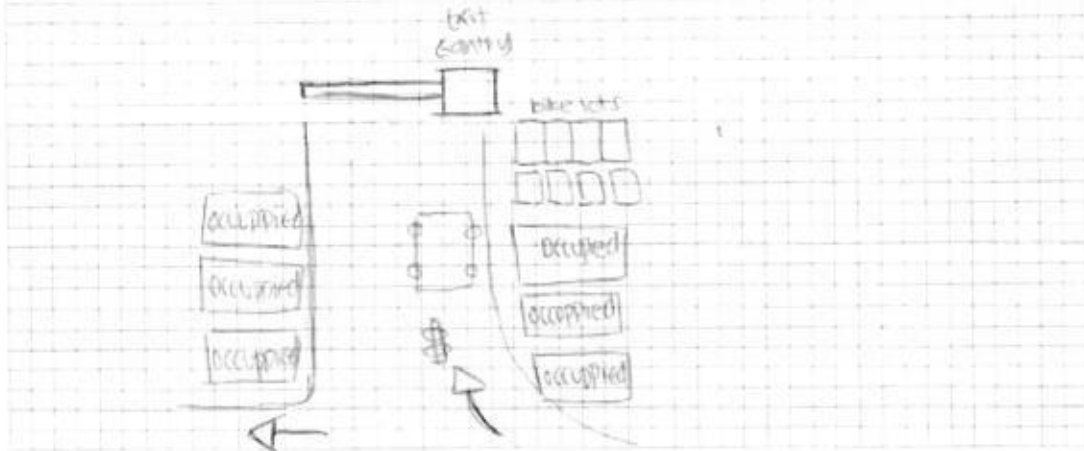
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

I did honk a few times but driver did not hear. I tried to reverse but I couldn't reverse ~~reverse~~ faster than the car.

weather - clear

Road Surface - Dry

86994293

lims@w97@114.com.sg

DECLARATION

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

Policyholder's Signature

Date & Time: 15/1/19

12:35pm

COBAC, Singapore, 11/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/1/19

12:35pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Great American Insurance



GREAT AMERICAN INSURANCE COMPANY
 UEN: T15PC00058 GST REG. NO.: M902700817
 3 TEMASEK AVENUE, #15-01 CENTENNIAL TOWER
 SINGAPORE 039190
 TEL: +65 6834 6000
 FAX: +65 6235 2616

MOTOR COVER NOTE: MT2018TR02047

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby **HELD COVERED** under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	GREAT AMERICAN INSURANCE COMPANY
The Insured	UM SI HUI
Insured NRIC/Passport No./Res	58731862F
Named Rider	CHUNG KAH HOU AM05
Policy Coverage	THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	YAMAHA / YZF-R3 ABS
Vehicle Registration No	FB436033
Year Of Manufacture	2015
Engine No	H402E0010065
Chassis No	MH3RH071000803544
Engine Capacity	321
Hire Purchase	DE XING MOTOR PTE LTD
Value (\$S)	AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	FROM: 03/12/2018 TO: 02/12/2019
Excess (\$S)	Section I \$5,100.00
Optional Benefits	N/A
Authorized Workshop	DE XING MOTOR PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

For and on behalf of Great American Insurance Company

Great American Insurance Company
 Authorised Signatory

Date of Issue: 03/12/2018 10:33 hrs

Intermediary: TENA RISK SOLUTIONS PTE LTD
 MTRC/COVERNOTE/18/01/18

Police Report



**SINGAPORE
POLICE FORCE**



T201901140170

1 of 3

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529082
Tel No: 1800-5871999

Report No: T201901140170

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
14/01/2019 23:13

Wife Report No.

Station Diary No.:
145

Informant's Particulars

Name of Informant LIM SI HUI			Address APT BLK 3 JALAN BUKIT MERAH #14-5056 SINGAPORE 150003		
ID Type / ID No NRIC NO / S9731962F			Contact No. Home/Office Mobile: 86984393		
Nationality SINGAPORE CITIZEN			Email		
Sex Female	Age 21	Date of Birth 25/08/1997	Type of Informant Rider		
Race Chinese			Language English		Institution / School Name
Occupation Manicurist			Driving Licence Information Class: 2B 2A		Date of Expiry

General Information of the Accident

Type of Accident Injury Others	Drink Drive No	Date/Time of Accident 14/01/2019 10:50	Type of Location Car Park
Location JALAN BUKIT MERAH BLK 7 JALAN BUKIT MERAH			
Weather Sunny	Road Surface Dry	Road Speed Limit	
Traffic Flow	Traffic Control	Traffic Volume Light	
Type of Collision BETWEEN VEHICLE - REVERSED INTO THE HEAD OF MOTORCYCLE			Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3600S	Motorcycle	YAMAHA	R3	Black		0
SMG1030R	Car	BMW		Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBK3600S	GREAT AMERICAN INSURANCE COMPANY	MT2018TR02047	03/12/2018	02/12/2019

Police Report



**SINGAPORE
POLICE FORCE**



1291901142170

Police Station Of Origin
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3
Report No: 1291901142170

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM SI HUI	ID No.	597319627
Related Vehicle	FBK3600S (Motorcycle)	Contact No.	86994393
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B 2A Date of Expiry: NIL
Date Treatment	14/01/2019	Date Discharge	14/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Mohamed Khairon Bin Mohamed Sami	ID No.	679103891
Related Vehicle	SMG1030R (Car)	Contact No.	92332441
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

On 14/01/2019, at about 10.40am, I was riding my motorcycle (FBK3600R) with no pillion on board exiting a carpark gantry near to Blk 7 Jalan Bukit Merah.

As I was about to exit the carpark gantry, a car (SMG1030R) had braked in front of me while awaiting for the gantry to open. During which, the car had suddenly did a reverse and collided onto the front of my motorcycle causing me to fall off my motorcycle. I was not wearing any camera. No ambulance or traffic police attended to us.

I felt pain on my leg as such I had went to seek medical consultation and was given 3 days medical certificate.

Police Report



**SINGAPORE
POLICE FORCE**



7021901142170

Police Station Of Origin
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 520682
Tel No. 1800-5671999

3 of 3

Report No. 7021901142170

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
G /
Staff Sgt CHAN DE MING

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
14/01/2019 23:13

Officer In Charge Of Case
TP / AET /
Staff Sgt WONG SIEU LUI
Contact No. : 65476151

Classification Of Case

Authentication Stamp
10/1/19

10/1/19

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



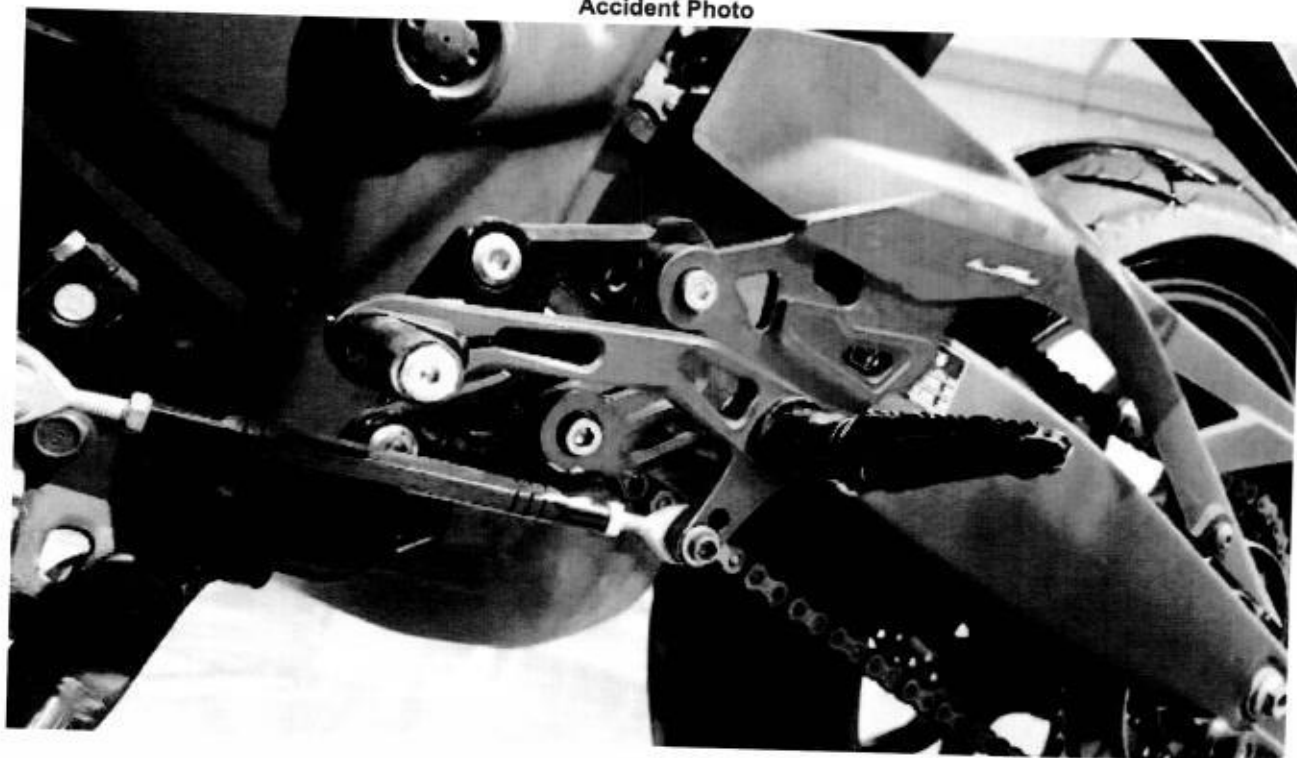
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

