

EC BY:

REP

CS3/A1420001909/R15d302

Special Instructions:

Rasul

ASSIGNMENT (Office)

From (Person):

chin lee ying

of

A14

Date/Time:

4/2/2020 @ 11:34am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

FBL 3963P

Insured:

GBJ 3579B

at Workshop m/n:

My car consultant

Tel:

88668832

of

53 Ubi Avenue 1 # 01-33

Policy No.:

Claim No.:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21/01/2020

CA / REV / REP. / REV 24 HRS ^{up}

H.O.D. Endorsement:

Date/Time:

12:34pm @ 4/2/2020

Person Contacted:

Hui Qin

Vehicle IN / OUT

Date/Time

Action/Instruction

Fblmald (X)

FBL 3963P - NM / INC20001735 / 24

DOA: 21/01/2020

GBJ 3579B - NM / INC20001735 / 24

DOA: 21/01/2020

10/02/20

@ 13:59 pm checked with Hui Qin (superior), no issue

ASS. REC. BY:

REF:

A14

2812

PRS

ASSIGNMENT

From:

Date:

04/02/2020

Estimated Cost:

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

To Inspect Vehicle No:

FBL 3963P

at Workshop m/s

My car consultant

of

53 Ubi Road 1 # 01-33

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

1up

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBL 3963P

Yr Regr:

2016 / SEP

Type: M. Car

(M. Cycle)

Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

HONDA CBF190WH

C.C.

184

Colour:

MULTI

A/C:

Insured / Std / NI / NA

Sp. Reading

-

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

LWBMC4694H1104038

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order

/ Jammed / Leaked / Burnt or

Brake:

In order

/ Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim

/ STD A/Rim or

Tyre Size:

F:

100/80-17

R:

140/70-17

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

21/01/2020

D.O.I.

04/02/2020

Survey held at

MY CAR CONSULTANT

Des. of Damages: Frt / Rear

(O/S)

/ N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

28/02/20

1)

Type

Date/Time, File Return to?

2)



: Preli. Report



: Final Report

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Survey Fee:

180

Transportation:

S + PS: \$

Photo:

Other:

Report Format:

PRS

Lump Sum / L.B.E (\$

TOTAL

191

PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHIC...

From: Chin, Lee-Ying
To: assignments, Admin-D (LKKAuto)
Cc: Lim, Kok-Chong
Sent: 2/4/2020 11:34:12 AM
Attachments:  FBL3963P_21012020.pdf

Hi LKK,

Kindly assist to survey, vehicle in workshop.

Thanks.

Best Regards
Lee Ying, Chin
AIG
Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947
Lee-Ying.Chin@aig.com | www.aig.sg

From: My Car Consultant <admin@mycar.sg>
Sent: Monday, February 3, 2020 12:03 PM
To: AIG SGP, Claims-Survey <AIGSGP_ClaimsSurvey@aig.com>
Subject: [EXTERNAL] OUR REF: FBL3963P YOUR REF: GBJ3579B PRE-REPAIR INSPECTION FOR FBL3963P

This message is from an external sender; be cautious with links and attachments.

WITHOUT PREJUDICE

OUR REF: FBL3963P
YOUR REF: GBJ3579B

Dear Sir/Madam,

PRE-REPAIR INSPECTION FOR FBL3963P
ACCIDENT INVOLVING FBL3963P AND GBJ3579B

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction - Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention

Best Regards,

Huiqin

Claims | My Car Consultant Pte Ltd

+65 88668832

Admin@mycar.sg

Mycar.sg

53 Ubi Ave 1, Paya Ubi Industrial Park, 01-33, 5408934

This Email, including attached files, may contain confidential information and is intended only for the use of the individual and/or entity to which it is addressed. If you have received this message in error, please notify the sender of the error and delete the message. Thank you.

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	01/02/2020 17:20
Date Of Accident	21/01/2020 09:10
Exact Location Of Accident	UBI AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3963P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH
NRIC No	SXXXX281I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81128311
Alternative Phone No	OFFICE-81128311

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5084669086-03
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH
NRIC No	SXXXX281I
Date Of Birth	02/07/1989
Occupation	INDOOR
Date Of Driving Pass	14/04/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81128311
Fax Number	
Contact Number	OFFICE-81128311
Email Address	NOEMAIL

Address	BLK 128 MARSILING RISE #04-266
Postcode	730128
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	WET

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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200122/2016.

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	GBJ3579B
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM POH HEE
NRIC/Passport Number	SXXXX160D
Contact Number	90075624
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBL3963P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIM 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:

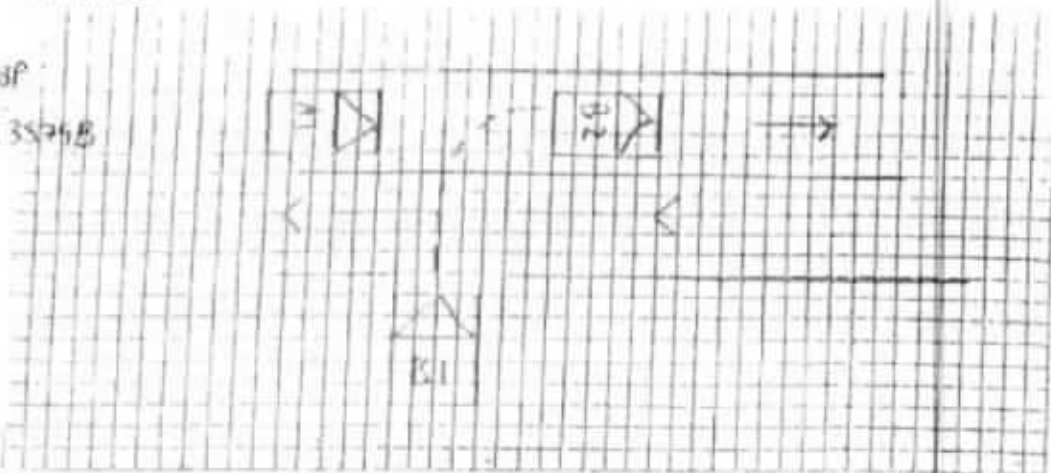
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A1-FBL3948P
B1, R2 - (183) 357618



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref. Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

FORM 10-1 (Rev. 1/2018)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	01/02/2020 17:20
Date Of Accident	21/01/2020 09:10
Exact Location Of Accident	UBI AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3963P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH
NRIC No	SXXXX281I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81128311
Alternative Phone No	OFFICE-81128311

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5084669086-03
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH
NRIC No	SXXXX281I
Date Of Birth	02/07/1989
Occupation	INDOOR
Date Of Driving Pass	14/04/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81128311
Fax Number	
Contact Number	OFFICE-81128311
Email Address	NOEMAIL

Address	BLK 128 MARSILING RISE #04-266
Postcode	730128
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	WET

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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200122/2016.

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	GBJ3579B
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM POH HEE
NRIC/Passport Number	SXXXX160D
Contact Number	90075624
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL3963P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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2. This form must be completed by the Policyholder and/or the Authorised Driver.
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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 lodging of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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:

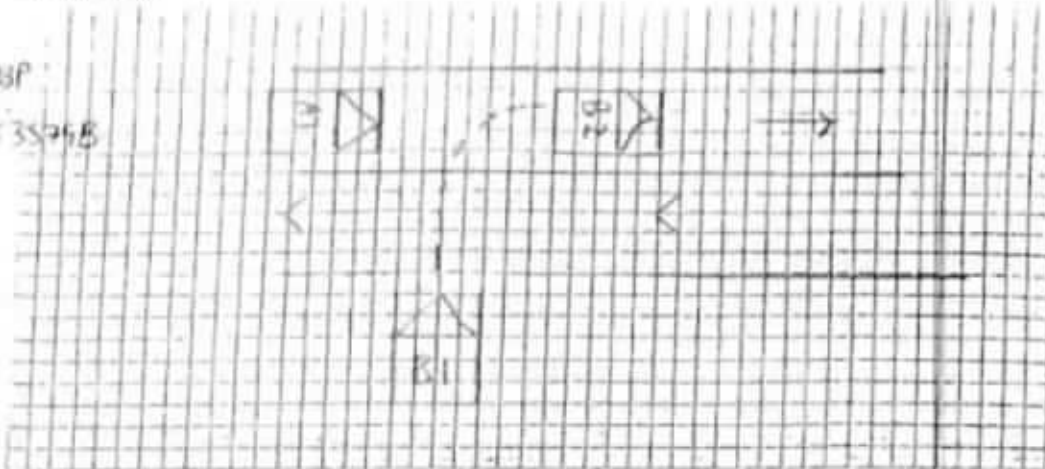
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A1 - FBL396P
B1, R2 - (18) 35795B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref. Police Report -

DECLARATION

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

Policyholder's Signature
Date & Time:

Witness's Signature (if any)

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

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200122/2016

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No: T/20200122/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2020 04:34	Vide Report No.:	Station Diary No.: 38
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH			Address: APT BLK 128 MARSILING RISE #04-266 SINGAPORE 730128		
ID Type / ID No.: NRIC NO / S89242811			Contact No.: Home/Office: Mobile: 81128311		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 02/07/1989	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: FIELD SERVICE TECHNICIAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/01/2020 09:10	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 1 BEFORE BUS STOP 71219				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: SELF-SKID			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3963P	Motorcycle	HONDA	CBF190WH	Orange	Seriously Damaged	0
GBJ3579B	Van	NISSAN		Grey	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3963P	NTUC Income Insurance Co-Operative Limited	5084669086-03	01/10/2019	30/09/2020



**SINGAPORE
POLICE FORCE**



T/20200122/2016

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20200122/2016

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH	ID No.	S8924281I
Related Vehicle	FBL3963P (Motorcycle)	Contact No.	81128311
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/01/2020	Date Discharge	21/01/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Driver

Name	LIM POH HEE	ID No.	S0019160D
Related Vehicle	GBJ3579B (Van)	Contact No.	90075624
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21 January 2020 at around 0910hrs, I was travelling along Ubi Avenue 1 when a van suddenly made a right turn into my lane from 59 Ubi Avenue 1. Due to this, I had to do a hard braking to avoid hitting the van and thus I self-skidded. After the accident, passerby assisted me to the side of the road and to push my bike. The driver of the van subsequently came down and asked me for private settlement, however, I informed him that I was in a lot of pain and I had to call an ambulance. I then called for ambulance and police while sitting at the nearby bus stop. After about ten minutes, ambulance came and I was conveyed to Tan Tock Seng conscious. A nearby bike shop owner then offered to tow my bike away for me. I suffered abrasion on right elbow, knee and ankle, soreness and ache on my right side torso. I was given two days of medical certificate by the doctor. Damages suffered to my bike was on the right side of my front and back peddles, handle, side mirror, handle and brake and scratches on right side of bike and rear box.



**SINGAPORE
POLICE FORCE**



T/20200122/2016

3 of 3

Report No. T/20200122/2016

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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:

L /

Sgt 2 RAYMOND LIM ZHAO MENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Signature Of Informant:

Date/Time:

22/01/2020 04:34

Classification Of Case:

Authentication Stamp

NP168

Condition (CON)

(01) Bent (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched
(07) Deformed (08) Shifted (09) Buckled (10) Broken (11) Necessary
(12) Missing (13) Torn (14) Unconfirmed (15) Not Working

FOR MOTORCYCLE
ACTION (AC)

1. Replace (✓) 2. Repair (X) 3. Check (7)
4. Not Consistent (NC)

May 2005

Motorcycle

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate			
3001	995065	Front Tyre			
3002	995095	Front Rim			
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard		R	
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy		R	
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp	SCA	/	
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing	SCA	/	
3017	992130	Front Windshield			
3018	992134	Front Wing Mirror	SCA	/	
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp	SCA	/	
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar		?	
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip			
3031	995184	Handle Bar Balancer LH			
3032	992300	Handle Bar Balancer RH	SCA	/	
1252	992179	Fuel Tank			
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever			
3035	992293	Hand Brake Lever	SCA	/	
3036	991119	Side Fairing	SCA	/	
3037	994220	Side Fairing Top Garnish			
3038	994219	Side Fairing Inner Garnish			
3039	991118	Fairing Shield			
3040	992047	Front Top Fairing Inner Garnish	SCA	/	
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing			
3043	993378	Rear Fairing			
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower			

Vehicle No:

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator			
1053	992738	Radiator Cowling			
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake	SCA	/	
3050	991154	Front Foot Rest	SCA	/	
3051	991779	Front Foot Rest Bracket			
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter			
3058	993500	Rear Foot Rest	SCA	/	
3059	993501	Rear Foot Rest Bracket	SCA	/	
3060	992581	Exhaust Muffler Heat Shield			
3061	991058	Exhaust Muffler Assy	SCA	/	
1405	993719	Rear LH Shock Absorber			
1445	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
1420	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp			
1137	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box	SCA	/	
3078	992928	Rear Box Bracket			
3079	991328	Emblem			
1136	990247	Sticker			

No of Items:

Assessor:

4 days

...CLAIM SUBFOLDER...(Pending for Survey Report)

PR1

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Feb 2020 Edit Reg		04 Feb 2020 00:00 Edit Adj Rpt	\$0.00 Edit Estimates	\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
-------------	------------------	----------------------	------------------	-----------------

CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured:	SHINNER ELECTRIC (S) PTE LTD , Co. Reg. No.: 200800093N, Tel: +6599999999		
Main Claimant:	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH		
Vehicle Reg. No.:	FBL3963P	Date of Loss:	21/01/2020 09:00 - :59 [39 Months and 22 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 1774474178SG	Policy/Cover Note No.:	1900081461 (Comprehensive)
Vehicle Reg. No. (Insured):	GBJ3579B	Policy No. (Claimant):	
		Excess:	
Repairer:	My Car Consultant (HQ) 53 Paya Ubi Industrial Park, #01-33, 408934 Paya Lebar - Tel: 88668832		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Chan, Kian Meng] kianmeng.chan@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 13/02/2020]		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

- AIG_SG (05/02/2020): **No Policy Found**
- AIG_SG (05/02/2020): **Request to upload TP GIA Report**

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*FBL3963P (1774474178SG)
[GBJ3579B]





































TP













MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH

Jan 21 2020 9:00AM

[SHINNER ELECTRIC (S) PTE LTD]

My Car Consultant

Upload Documents			Upload Photos		Compose New Letter		Upload Video		Upload Audio		View		View in Browser	
Photos/Images												3 per page	<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)										Thumbnail	Print	
1	28/02/20 12:05	General View										 Load JPG	<input checked="" type="checkbox"/>	
2	28/02/20 12:05	General View										 Load JPG	<input checked="" type="checkbox"/>	
3	28/02/20 12:05	General View										 Load JPG	<input checked="" type="checkbox"/>	
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34	28/02/20 12:05	General View										 Load JPG	<input checked="" type="checkbox"/>	
35	28/02/20 12:05	General View										 Load JPG	<input checked="" type="checkbox"/>	
36	28/02/20 12:05	General View										 Load JPG	<input checked="" type="checkbox"/>	
37	28/02/20 12:05	General View										Load JPG	<input checked="" type="checkbox"/>	

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
38	28/02/20 12:05	General View	 Load JPG	<input checked="" type="checkbox"/>
39	28/02/20 12:05	General View	 Load JPG	<input checked="" type="checkbox"/>
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45	28/02/20 12:05	General View	 Load JPG	<input checked="" type="checkbox"/>
46	28/02/20 12:05	General View	 Load JPG	<input checked="" type="checkbox"/>
47	28/02/20 12:05	General View	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	10/02/20 12:05	TP GIA REPORT.pdf	 Load PDF	
2	10/02/20 12:05	POLICE REPORT.pdf	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AIG20001909/R1SD3E2

Date: 02/03/2020

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 1900081461
 Claimant Vehicle No: FBL3963P Insured Vehicle No: GBJ3579B
 Date of Loss: 21/01/2020 Nature of Claim: TP Claim No: 1774474178SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: FBL3963P Engine No: MC46E5014612
 Make & Model: HONDA CBF190WH, 184cc Chassis No: LWBMC4694H1104038
 Reg. Date: 30/09/2016 (Man. Year: 2016) Odometer: 0 km
 Colour: Multi-colour
 Engine Capacity: 184 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 100/80-17 Rear Tyre Size: 140/70-17
 Front Left Side: Pirelli 4 mm Rear Left Side: Pirelli 4 mm
 Front Right Side: 0 mm Rear Right Side: 0 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 04/02/2020
 Date Inspected: 04/02/2020 Inspected At: My Car Consultant (HQ)
 53 Paya Ubi Industrial Park, #01-33
 Singapore 408934
 Estimated Period of Repair: 4.0 days

Adjuster: MOHD RASUL

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT FENDER WHEEL GUARD	Repair	0.00 F	*- F
2	1		*FRONT FORK ASSY	Repair	0.00 F	*- F
3	1		*FRONT HEADLAMP	Scratched	0.00 F	*- F
4	1		*FRONT HEADLAMP FAIRING	Scratched	0.00 F	*- F
5	1		*FRONT WING MIRROR	Scratched	0.00 F	*- F
6	1		*FRONT RH SIGNAL LAMP	Scratched	0.00 F	*- F
7	1		*HANDLE BAR	* Check	0.00 F	*- F
8	1		*HANDLE BAR BALANCER RH	Scratched	0.00 F	*- F
9	1		*HAND BRAKE LEVER	Scratched	0.00 F	*- F
10	1		*SIDE FAIRING	Scratched	0.00 F	*- F
11	1		*FRONT TOP FAIRING INNER GARNISH	Scratched	0.00 F	*- F
12	1		*FOOT BRAKE	Scratched	0.00 F	*- F
13	1		*FRONT FOOT REST	Broken	0.00 F	*- F
14	1		*REAR FOOT REST	Scratched	0.00 F	*- F
15	1		*REAR FOOT REST BRACKET	Scratched	0.00 F	*- F
16	1		*EXHAUST MUFFLER ASSY	Scratched	0.00 F	*- F
17	1		*REAR BOX	Scratched	0.00 F	*- F
F=Franchise part.						
Total Parts (\$\$)					0.00	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >