

ASS. REC. BY:

REF: CS/MSG 20003442/AGGf3

Special Instruction:

Surveyor: UWO@kny

ASSIGNMENT (Office)

From (Person): Keny Ong Thiam Beng of MSG Date/Time: 2.3.2020 16.31p.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: FBD 6952T Insured: SLP 19920

at Workshop m/s Jel Auto Service Tel: 92327457

of 1 Kati Bukit M26 #02-11 Autobay

Policy No: 29141713 Claim No: 620029

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17 Feb 2020

(Client's Record) (mp)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement: _____

Date/Time: 2/3/2020 4.52p.m Person Contacted: Ah xian Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	FBD 6952T - X
	SLP 19920 - CC3/MSG #00184/Jqd3e2 D.O.A - 12/01/2019
	Sent via merimen pending estimate
18/05/20@11.12am	revised to Keny Ong via Merimen.
	LS \$2400, 4 days. (Red \$3581, 60%)

REF:

Ass. REC. BY:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 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: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBDG952T. Yr Regn: 2009, June
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Yamaha X-1R c.c. 135
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 56113 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 453010160
 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: 70/90 R17.
 R: 80/90 R17.
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 03/03/20
 Survey held at JEC.
 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
	TPMS/G. CoE Expiry : 21/06/29.
	MV : 6.5K
	PV : 3.2K
	Nett : 3.3K

Date/Time, File Pass to? : Prel. Report
 : Final Report
 18/05 Typist
 Date/Time, File Return to? _____

Days Of Repair: 4
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Report Format : MER-TP
 Lump Sum : 2400

Survey Fee: _____
 Transportation: _____
 3 + RS. \$ _____
 Fines _____
 others _____
 TOTAL: _____

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Feb 2020		02 Mar 2020 16:31 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS			[Created by insurer]						
Insured:	GRAB RENTALS PTE LTD , Co. Reg. No.: 201617200G								
Main Claimant:	SITI ZUBAIDAH BINTE MOHAMMAD ANWAR , ID: S9632199F								
Vehicle Reg. No.:	FBD6952T	Date of Loss:	17/02/2020 09:00 - :59 [1 Months and 16 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 620029	Policy/Cover Note No.:	29141713 (Comprehensive) Coverage: 01/02/2020 - 31/12/2020						
Vehicle Reg. No. (Insured):	SLP1992D	Policy No. (Claimant):							
		Excess:							
Repairer:	Jec Auto Service (HQ) 1 KAKI BUKIT AVENUE 6 #02-11, Autobay @ Kaki Bukit, 417883 Kaki Bukit - Tel: 6509 6585 / 9435 4491								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Keny Ong Thiam Beng - 6643 1309]								
Claimant's Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 03/03/2020]								
Driver/Custodian (Insured):	ONG JIN YU (), NRIC: S7023270G, Tel: +6596973569 Email:								
Adj Asg. Remarks:	on WP. OI:Grab. Liab: unclear. Agree on SJE. Assign: LKK Auto Consultants Pte Ltd. Contact: Ah Xian @ 9232 7457.								
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					
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

View Sent Message

This mail is associated with :

***FBD6952T (620029)**
[SLP1992D]

TP
SITI ZUBAIDAH BINTE MOHAMMAD ANWAR
Feb 17 2020 9:00AM
[GRAB RENTALS PTE LTD]
Jec Auto Service

[Resend](#) [View Recipients](#) [Print Message](#) [Delete Message](#) [Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on **05/03/2020 11:30 AM**.
To KENY_ONG@SG.MSIG-ASIA.COM
Subject

Dear Sir/Madam,

Please be informed that we have inspected the vehicle FBD 6952T ON 03/03/20
We are pending estimate from repairer.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

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

DOCUMENTS SUMMARY

There are no documents.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	199F
Vehicle Details	
Vehicle No.:	FBD6952T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 Mar 2020
Vehicle Make:	YAMAHA
Vehicle Model:	X-1R
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	453010160
Chassis No.:	453010160
Maximum Power Output:	-
Open Market Value:	\$1,859.00
Original Registration Date:	22 Jun 2009
First Registration Date:	22 Jun 2009
Transfer Count:	5
Actual ARF Paid:	\$279.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Jun 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$3,430.00
COE Rebate Amount:	\$3,223.00
Total Rebate Amount:	\$3,223.00

The information contained herein is correct as at 05 Mar 2020

OK

Bike model
Yamaha X1-R 135

Type Of Vehicle
Any

Price From
Any

Price To
Any

Class
Any

MORE SEARCH OPTIONS ▾

Q SEARCH VIEW ALL (/LISTING/USEDBIKES/LISTING/)

Q SEARCH ▾

Yamaha X1-R 135 (/listing/usedbike/yamaha-yamaha-x1-r-135/16075/)



(/listing/usedbike/yamaha-yamaha-x1-r-135/16075/)

SGD\$7000

Reg : 02/10/2009

Type: Cubs

135cc

80000km

Yamaha X1R For Sale. Engine In Good Condition. Price Negotiable Road Tax Till Apr 2020.

Posted on : 17/02/2020

★ DIRECT SELLER

DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-X1-R-135/16075/) COMPARE

Yamaha X1-R 135 (/listing/usedbike/yamaha-yamaha-x1-r-135/15956/)



(/listing/usedbike/yamaha-yamaha-x1-r-135/15956/)

SGD\$5800

Reg : 13/02/2009

Type: Cubs

135cc

60700km

All Original Spare Parts. No Accident. Every 1500Km Change Engine Oil (Castrol 15W-40) And Filter. Change Front And Back Maxxis Diamond Tyre & Rk-m Chain.

Posted on : 07/02/2020

★ DIRECT SELLER

DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-X1-R-135/15956/) COMPARE

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	26/02/2020 13:25
Date Of Accident	17/02/2020 09:10
Exact Location Of Accident	PIE TOWARDS CHANGI BEF EXIT TOA PAYOH LOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD6952T
Insured/Policyholder	
Name Of Registered Owner	SITI ZUBAIDAH BINTE MOHAMMAD ANWAR
NRIC No	SXXXX199F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87498792
Alternative Phone No	OFFICE-87498792

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	72194030/E01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AIDIL SYUKRI BIN ROSLI
NRIC No	TXXXX239F
Date Of Birth	16/01/2000
Occupation	INDOOR
Date Of Driving Pass	03/09/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87498792
Fax Number	
Contact Number	
EEmail Address	MAIDILSYUKRI16@GMAIL.COM

Address	BLK 330 JURONG EAST AVE 1 #04-1714
Postcode	600330
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	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?	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	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE 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	SLP1992D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	

Nature Of Damage

NA

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD AIDIL SYUKRI BIN ROSLI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBD6952T

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

BLK 330 JURONG EAST AVE 1 #04-1714

Postcode

SKETCH PLAN

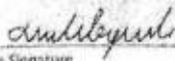
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.

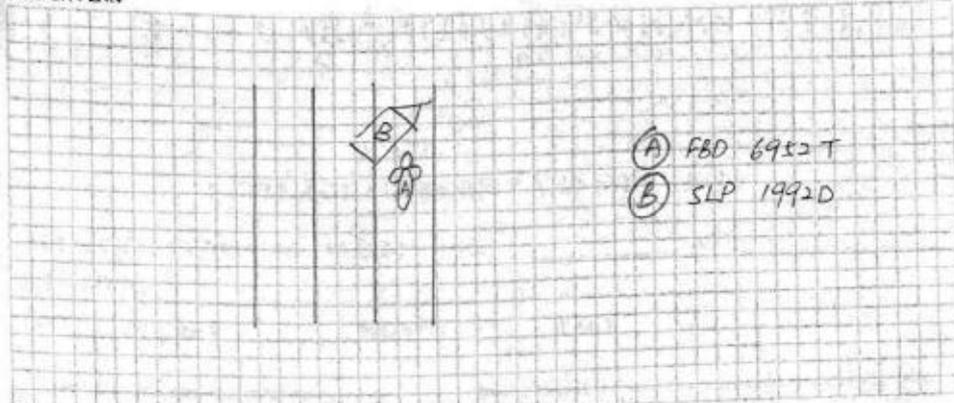

 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 26/02/2020
 12:52 pm


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

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report

Insurance Co. _____
Vehicle No. _____ Date of Accident: _____
 Reporting Only
 Own Damage Claim
 Third Party Claim

@ other n/s

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/02/2020
1252

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



**SINGAPORE
POLICE FORCE**



D/20200217/7024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200217/7024

Person Name	MUHAMMAD AIDIL SYUKRI BIN ROSLI		
ID Type	NRIC NO	ID No	T0002239F
Gender	Male	Age	20
Race	Boyanese	Language	English
Occupation	Student	Address Type	
Address	APT BLK 330 JURONG EAST AVENUE 1 #04-1714 SINGAPORE 600330	Mobile No	87498792
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD AIDIL SYUKRI BIN ROSLI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

17/02/2020 14:12

Classification Of Case: