

ASS. REC. BY:

REF:

AXA/ 210007741KV

C

Kenneth

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.

Bal. or Market Value:

8KRM

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

PNK 1981

Yr Regn:

2018

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

Truck / Trailer or

Make:

Honda PCX

c.c

129

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MKKF 2170JB 100748

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

90/80R14

R:

110/70R14

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

TOYO / YOKO or

Arrow

Front

Rear

R/Bal.

3

mm

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

13/1/21

D.O.I.

18/1/2021

Survey held at

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

cls body

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

Date / Time

Action / Instruction

1/ Barton Plaz, await for log book

1/2 1/1 Sup @ 2000 Cuhw C Red 744.80, 781m

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 4/2/21-Typist

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. St

Fees

Others

TOTAL

Report Format: SMART CLAIM

Lump Sum / I.B.I: (\$ LS \$2000



Liberty
Insurance

THE SCHEDULE
JADUAL

STAMP DUTY PAID
DUTI SETEM TELAH
DIBAYAR

MOTOR CYCLE INSURANCE POLICY
POLISI INSURANS MOTORSIKAL

JBMA-227816
TAI FAR YAH
62 JALAN SERI AUSTIN 6C3
TAMAN SERI AUSTIN
81100 JOHOR BAHRU
JOHOR

POLICY NUMBER
NOMOR POLISI
ACCOUNT CODE
KOD AKAUN
BRANCH CODE
KOD CAWANGAN
CLASS
KELAS

JBMA-227816

BRANCH
ALPINE RISK
MANAGEMENT

JB - JOHOR BAHRU

MOTOR CYCLE

NRIC : 808919-04-5489
No. Kad Pengiraan :
Business Registration No : NOT APPLICABLE
No Pendaftaran Perniagaan :
Occupation or Profession : OTHERS
Pekerjaan atau Pekerjaan :
Period of Insurance : 09/04/2020 00:00:01 to
Tempoh Insurans : 09/04/2021 Midnight

Cover Note No. : JBMA-227816
No Nota Perlindungan :

Asuransi ini adalah insurans yang kami bayar dan kami setuju untuk menerima insurans ini. Kami tidak akan membayar insurans ini jika insurans ini adalah insurans yang kami bayar.

Vehicle Registration : PK1951

No. Pendaftaran : PK1951

Registration Card No. : 0

No. Pendaftaran : 0

Registration Card No. : 0

No. Pendaftaran : 0

Registration Card No. : 0

No. Pendaftaran : 0

Registration Card No. : 0

No. Pendaftaran : 0

Registration Card No. : 0

No. Pendaftaran : 0

Registration Card No. : 0

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Registration Card No. : 0

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Registration Card No. : 0

No. Pendaftaran : 0

Registration Card No. : 0

No. Pendaftaran : 0

Basic Premium : RM 231.66
Premium Asas :
All Rider : RM 115.83
Semua Pemegang :
NCD (0) : (20.00%) RM 69.50
Diskaun Tanpa Tuntutan :
Gross Premium : RM 277.99
Premium Kasar :
Relate (0) : (0.00%) RM 8.00
Pembayaran :
Service Tax : (6.00%) RM 26.68
Cukai Perkhidmatan :
Stamp Duty : RM 10.00
Duti Setem :
Total : RM 304.65
Jumlah :
Net Premium : RM 68.30
Akta Premium :

Make & Type of Body : HONDA - HONDA -
Bentuk & Jenis Badan : HOON SIEW PCX 158
CONTINUOUS VARIABLE
TRANSM &
MOTORCYCLE

Engine No. : KFT068150761

No. Enjin : KFT068150761

Chassis No. : PSHCKP31702H100740

No. Chasis : PSHCKP31702H100740

Seating Capacity : 2

Manuten Tempoh Audit : 2

Tempoh Pemeriksaan : 2

Type of Cover : COMPREHENSIVE

Pertindungan yang : COMPREHENSIVE

Diberi : COMPREHENSIVE

Here Purchaser Owner : 1

Di sini Pembeli Pemilik : 1

Di sini Pembeli Pemilik : 1

Di sini Pembeli Pemilik : 1

Di sini Pembeli Pemilik : 1

Di sini Pembeli Pemilik : 1

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Liberty
Insurance

THE SCHEDULE
JADUAL

MOTOR CYCLE INSURANCE POLICY
(POLISI INSURANS MOTORCYKL)

STAMP DUTY PAID
DUTI SISTEM TULAH
DIKAYAR

POLICY NUMBER
JADUAL POLISI
ACCOUNT CODE
KOD AKAUN
BRANCH CODE
KOD CAWANGAN
CLASS
KELAS

JRMA-227816
JBRAMA
ALPINE RISK
MANAGEMENT
JB - JOHORE BAHRU
MOTOR CYCLE

NRIC
No. Kad Pengkalan
Business Registration No.
No. Pendaftaran Perniagaan

8801944-5489
OTHERS

Business Registration No.
No. Pendaftaran Perniagaan

NOT APPLICABLE

Business Registration No.
No. Pendaftaran Perniagaan

OTHERS

Cover Name No.
No. Nama Penanggung

JRMA-227816

Period of Insurance
Tempoh Insurans
05/04/2022 00:00:00 to
05/04/2023 00:00:00

Any change of details must be notified to the insurer in writing. Any change of details must be notified to the insurer in writing. Any change of details must be notified to the insurer in writing.

Vehicle Registration No.
No. Pendaftaran Kenderaan

2017

Basic Premium
Premium Asas

RM 231.44

No. Pendaftaran Kenderaan

2017

Basic Premium
Premium Asas

RM 231.44

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2017

Basic Premium
Premium Asas

RM 231.44



SINGAPORE POLICE FORCE



T/20210113/2072

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20210113/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2021 12:59	Vide Report No.: G/20210113/0071	Station Diary No.: 47
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Informant's Particulars

Name of Informant: TAI FAH YAH			Address: APT BLK 332C ANCHORVALE LINK #12-380 ANCHORVALE ISLES SINGAPORE 543332		
ID Type / ID No.: FIN NO / G2498543T			Contact No.: Home/Office: Mobile: 93384022		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 19/09/1980	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2021 09:10	Type of Location:
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Self Skidded				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PNK1981	Motorcycle				Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Rider			
Name	TAI FAH YAH		ID No. G2498543T
Related Vehicle	PNK1981 (Motorcycle)		Contact No. 93384022
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 13/01/2021 at about 0910hrs, I was travelling on my motorcycle bearing Malaysian registration plate number PNK1981 on the first lane along KPE just before the entrance of the tunnel. Out of nowhere, the driver on the second lane opened his door and as a result, I jammed my brakes so as to avoid the door of the vehicle. I subsequently skidded as a result of jamming my brakes.

I discovered that the driver was a taxi driver and that a van had collided onto his taxi bearing registration plate number SHB2292E. I assume that the taxi driver had earlier opened his door to get off from the taxi to assess the damages on his taxi. However, the taxi driver had failed to spot me and had opened the door without checking if it is safe to do so.

I suffered lacerations on my right elbow and right knee as a result of the fall. There were scratches on the right side of my motorcycle and the right compartment was damaged. There were also scratches on my right side mirror. Traffic Police and ambulance subsequently arrived at the location. The paramedic treated my wounds however I informed them that I do not wish to be conveyed to hospital. I will instead be going to a nearby polyclinic or a General Practitioner clinic.



**SINGAPORE
POLICE FORCE**



T/20210113/2072

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20210113/2072

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:

F /

Sgt 2 FAKHRUN NABEEL BIN MOHD FIKRI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Signature Of Informant:

Date/Time:

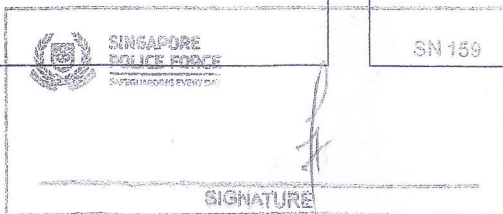
13/01/2021 12:59

Classification Of Case:

SN 159

Authentication Stamp

NP168



~~2218204340~~

Not with order
Lump @ 2000ph
Recovery After Paim



S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :
ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SHB2292E

ESTIMATE REPORT 1st QUOTATION

JOB NO. : _____

OWNER'S PARTICULAR

NAME : TAI FAH YAH

CONTACT : _____

ADDRESS : _____

LICENSE NO. PNK1981

TRANS. : _____

CHASSIS NO. : _____

MAKE / MODEL : _____

ENGINE NO. : _____

OWNER'S INSURER

JOB-CODE : TP

S/A : JOEY

ACCIDENT DATE : 13-Jan-21

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1 HEADLAMP ASSY	1.00	485.00	10.00	436.50	Y	✓
2 HEADLAMP GRILLE	1.00	220.00	10.00	198.00	Y	X
3 FRONT HEADLAMP STAY	1.00	195.00	10.00	175.50	Y	X
4 FRONT PLASTIC SHIELD COVER	1.00	105.00	10.00	94.50	Y	X
5 KEY IGNITION COVER	1.00	312.00	10.00	280.80	Y	✓
6 REAR SIGNAL LAMP RH	1.00	155.00	10.00	139.50	Y	X
7 FRONT WING MIRROR RH	1.00	195.00	10.00	175.50	Y	✓
8 FRONT HANDLE BAR	1.00	295.00	10.00	265.50	Y	✓
9 FRONT HANDLE BALANCER RH	1.00	76.00	10.00	68.40	Y	✓
10 FRONT HANDLE GRIP	1.00	170.00	10.00	153.00	Y	X
11 FRONT FENDER RH	1.00	234.00	10.00	210.60	Y	X
12 FRONT FENDER INNER COVER	1.00	330.00	10.00	297.00	Y	X
13 HEADLAMP COVER GUARD OUTER	1.00	522.00	10.00	469.80	Y	X
14 HEADLAMP COVER GUARD INNER	1.00	240.00	10.00	216.00	Y	X
15 FRONT LOWER SIDE COVER	1.00	496.00	10.00	446.40	Y	✓
16 LOWER SIDE COVER	1.00	580.00	10.00	522.00	Y	✓
17 SIDE STAND	1.00	97.00	10.00	87.30	Y	X
18 FOOT REST PANEL RH	1.00	120.00	10.00	108.00	Y	X
19 REAR PILLION FOOT REST RH	1.00	80.00	10.00	72.00	Y	✓
20 REAR PILLION FOOT REST BRACKET RH	1.00	72.00	10.00	64.80	Y	X
21 FRONT BRAKE HANDLE	1.00	165.00	10.00	148.50	Y	✓
22 FRONT STEP BRAKE	1.00	195.00	10.00	175.50	Y	X
23 REAR SIDE COVER RH UPPER	1.00	155.00	10.00	139.50	Y	✓
24 REAR SIDE COVER RH LOWER	1.00	155.00	10.00	139.50	Y	✓
25 REAR FENDER GUARD RH	1.00	238.00	10.00	214.20	Y	X
26 REAR WHEEL PROTECTOR	1.00	195.00	10.00	175.50	Y	✓
27 REAR WHEEL PROTECTOR BRACKET	1.00	60.00	10.00	54.00	Y	X
28 REAR FENDER EMBLEM - PCX	1.00	60.00	10.00	54.00	Y	✓
29 REAR EXHAUST PIPE	1.00	685.00	10.00	616.50	Y	91205N

30	REAR EXHAUST COVER BRACKET	1.00	185.00	10.00	166.50	Y	X
31	REAR EXHAUST COVER	1.00	218.00	10.00	196.20	Y	✓
32	REAR TOOLS BRACKET	1.00	159.00	10.00	143.10	Y	X
33	REAR TOOLS HANDLE	1.00	168.00	10.00	151.20	Y	X
34	ENGINE SIDE COVER	1.00	295.00	10.00	265.50	Y	X

TOTAL (PARTS) : 7912.00 7120.80

SPECIAL NETT ITEM

1	TOP BOX	1.00	380.00	10.00	380.00	Y	2005n
2	REAR TOP BOX CARRIER	1.00	150.00	0.00	150.00	Y	X
3	FRONT NO. PLATE	1.00	18.00	0.00	18.00	Y	X
4	REAR NO. PLATE	1.00	18.00	0.00	18.00	Y	✓
5	FRONT PLASTIC SHIELD STICKER - HONDA	1.00	15.00	0.00	15.00	Y	X

TOTAL (PARTS) : 581.00 581.00

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	700.00	0.00	700.00	Y	1801
2	SPRAY PAINTING ON ACCIDENT AREAS	1.00	700.00	0.00	700.00	Y	X
3	CONDUCT FULL WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	Y	X
4	CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	151
5	BALANCE FRONT WHEEL	1.00	50.00	0.00	50.00	Y	X
6	BALANCE REAR WHEEL	1.00	50.00	0.00	50.00	Y	X

TOTAL (LABOUR) : 1740.00 1740.00

TOTAL PARTS & LABOUR 10233.00 9441.80

EXCESS : : S\$

NO. OF DAY : 4 days

RE-SURVEY : BEFORE / AFTER PAINTING

PART BY PART OR LUMP-SUM

DATE OF SURVEY : 18/01/21

SURVEY BY : Kenneth

CONTACT NO: _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and

FAX NO subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: