

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. **D20001079MFSH**

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

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

TOYO / YOKO or IRC

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

19/10/22 under insure 45 \$1200 informed Jason - (red 2564.60, 68%)

MV: RM 3800

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 19/10/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) __S + RS__SI

) Photos

) Others

TOTAL

Report Format : TP

Lump Sum /+B.t: (\$ 1200)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Allianz General Insurance Company (Malaysia) Berhad (735426-V)

LEVEL 29, MENARA ALLIANZ SENTRAL,
203, JALAN TUN SAMBANTHAN,
KUALA LUMPUR SENTRAL 50470 KUALA LUMPUR
E-Mail: general@allianz.com.my

Customer Service

GROUND FLOOR, BLOCK 2A,
PLAZA SENTRAL, JALAN STESEN SENTRAL 5,
KUALA LUMPUR SENTRAL, 50470 KUALA LUMPUR
Email: customer.service@allianz.com.my

Tel : 03-22641188
Fax : 03-22641199

Tel : 03-2264 0700
Fax : 03-2264 0602
Toll Free No : 1-300-88-1028



RTD CODE : 13

ORIGINAL COPY

THE SCHEDULE
JADUAL**STAMP DUTY PAID**
DUTI SETEM DIBAYAR

M.Y.3		MOTORCYCLE ALL RIDER - INDIVIDUAL				
PERIOD OF INSURANCE TEMPOH INSURANS	(a) From 17-01-2020 (both dates inclusive) Dari 17-01-2020 (termasuk kedua-dua tarikh) To 16-01-2021 Hingga 16-01-2021 (b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium. Sebarang tempoh selanjutnya di mana Anda hendaklah membayar, dan Kami hendaklah bersetuju menerima premium pembaharuan.	Date of Issue/Time Tarikh Dikeluarkan/Waktu 29-12-2019 12:01 AM E-Cover Note No. No. Nota Perlindungan PMIS-588478 Account No. No. Akaun JB07104 Premium Loading 0.00% 209.79 0.00 NCD 25.00% 52.45 Extra Coverage INCLUSION OF SPECIAL PERILS (MOTORCYCLE) DEATH/ PD - INSURED/AUTHORISED RIDER HOSPITAL INCOME - INSURED HOSPITAL INCOME - AUTHORISED RIDER 0.00 0.00 0.00 GROSS PREM 157.34 STAMP DUTY 10.00 SERVICE TAX 6.00% 9.44 TOTAL DUE 176.80 AMOUNT PAYABLE(ROUNDED) 176.78				
INSURED PEMUNYA	SELVAM A/L MUNIANDY ✓					
ADDRESS ALAMAT	NO 24 JLN TIMOR 22 TMN TIMOR 81300 JOHOR BAHRU JOHOR					
OCCUPATION/TYPE OF BUSINESS PERNIAGAAN/PEKERJAAN	Others					
HIRE PURCHASE OWNERS/EMPLOYER'S LOAN SEWA BELI/PINJAMAN MAJIKAN	CASH					
PARTICULARS OF VEHICLE BUTIR-BUTIR KENDERAAN	COMPULSORY EXCESS LEBIHAN WAJIB	100.00				
Make and Type of Body Buatan dan Jenis Badan YAMAHA 135LC	Registration No./Trailer No. No. Pendaftaran/No. Treler JPU4120					
Engine No. No. Enjin G399E-204342	Engine C.C/Horse Power/Tonnage CC Enjin/Kuasa Kuda/Tan 135 CC	Act. Akta	40.50			
Chassis No. No. Casis PMYUG0410D0204342	Seating Capacity Muatan Tempat Duduk 2	Year Of Manufacture Tahun Dibuat 2013	Sum Insured Jumlah Diinsurankan 2,000.00			
NRIC No./Bus. Regn. No. No. Kad Pengenal/No. Pendaftaran Perniagaan 661227-08-5503	Telephone No. No. Telefon 01251254525	Regn. Card No. No. Kad Pendaftaran NA	Type of Cover Jenis Perlindungan COMPREHENSIVE			
This Policy is subject to the following endorsements as printed in this Policy or added thereon or attached thereto :- Polisi ini adalah tertakluk kepada pengendaraan yang telah dicetak atau dikembali atau dimasukkan kedalamnya. ENDT. 94 - COMPULSORY EXCESS - DAMAGE CLAIMS MCPA1-1 - DEATH/PERMANENT DISABLEMENT - INSURED/AUTHORISED RIDER (SUM INSURED RM5,000) ✓ MCPA2 - HOSPITAL INCOME - INSURED (RM50 PER DAY) ✓ MCPA2-1 - HOSPITAL INCOME - AUTHORISED RIDER (RM50 PER DAY) ✓ ENDT.57 - INCLUSION OF SPECIAL PERILS ENDT. 15 - HIRE PURCHASE						
NAMED DRIVERS						
LODGING COMPLAINTS & GRIEVANCES						
IF YOU HAVE ANY COMPLAINTS OF UNFAIR MARKET PRACTICES BY THE COMPANY, YOU MAY CALL OR WRITE TO :						
<table border="0"><tr><td>1. CUSTOMER FEEDBACK CENTER ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD GROUND FLOOR, BLOCK 2A, PLAZA SENTRAL, JALAN STESEN SENTRAL 5, KUALA LUMPUR SENTRAL, 50470 KUALA LUMPUR. TEL : 03-2264 0700 FAX : 03-2264 0602 EMAIL : customer.service@allianz.com.my</td><td>2. OMBUDSMAN FOR FINANCIAL SERVICES ("OFS") (Formerly known as Financial Mediation Bureau) LEVEL 14, MAIN BLOCK, MENARA TAKAFUL MALAYSIA, NO. 4, JALAN SULTAN SULAIMAN, 50000 KUALA LUMPUR. TEL NO: +603-2272 2811 FAX NO: +603-2272 1577 EMAIL : enquiry@ofs.org.my</td><td>3. LAMAN INFORMASI NASIHAT DAN KHIDMAT (LINK) BANK NEGARA MALAYSIA GROUND FLOOR BLOCK C, JALAN DATO' ONN, 50480 KUALA LUMPUR, TOLL FREE: 1-300-88-5465 FAX NO.: 03-2174 1515 EMAIL: bnmteletelink@bnm.gov.my</td></tr></table>				1. CUSTOMER FEEDBACK CENTER ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD GROUND FLOOR, BLOCK 2A, PLAZA SENTRAL, JALAN STESEN SENTRAL 5, KUALA LUMPUR SENTRAL, 50470 KUALA LUMPUR. TEL : 03-2264 0700 FAX : 03-2264 0602 EMAIL : customer.service@allianz.com.my	2. OMBUDSMAN FOR FINANCIAL SERVICES ("OFS") (Formerly known as Financial Mediation Bureau) LEVEL 14, MAIN BLOCK, MENARA TAKAFUL MALAYSIA, NO. 4, JALAN SULTAN SULAIMAN, 50000 KUALA LUMPUR. TEL NO: +603-2272 2811 FAX NO: +603-2272 1577 EMAIL : enquiry@ofs.org.my	3. LAMAN INFORMASI NASIHAT DAN KHIDMAT (LINK) BANK NEGARA MALAYSIA GROUND FLOOR BLOCK C, JALAN DATO' ONN, 50480 KUALA LUMPUR, TOLL FREE: 1-300-88-5465 FAX NO.: 03-2174 1515 EMAIL: bnmteletelink@bnm.gov.my
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Geographical Area : Malaysia, Republic of Singapore and Negara Brunei Darussalam Kawasan Geografi : Malaysia, Republik of Singapura dan Negara Brunei Darussalam Limitations as to Use / Authorised Driver : As described in the Certificate of Insurance Had Penggunaan / Pemandu Yang Diberi kuasa : Seperti yang tercatat dalam Sijil Insurans		Issued By / Dikeluarkan oleh 21506HAFEEZ POS MALAYSIA BERHAD - TAMAN UNGKU AMINAH				
Please ensure All accidents are reported to the Police within 24 hours. Pastikan semua kemalangan hendaklah dilaporkan kepada pihak Polis dalam masa 24 jam. Issued in lieu of and Cancelling/Replacing Cover Note/Policy No. : - Dikeluarkan Sebagai Pembatalan/Pengantian/No. Nota Perlindungan/ No. Polisi Date of Signature of Proposal & Declaration : 29-12-2019 Tarikh Tandatangan Cadangan dan Akaun		ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD (735426-V)  Authorised Signature				

Important Notice : Policy print out can be obtained from our branch offices located nationwide or from your servicing agents.
Kenyataan Penting : Cetakan polisi boleh diperolehi daripada pejabat cawangan kami di seluruh negara ataupun daripada ejen Allianz Anda.
MT04906/09070/FF278



yamaha 135Lc

RM 4 250

Used

2013

Sep 27, 21:11

Selangor



USED 2013 YAMAHA 135LC ENJIN CUUnn

RM 4 200

Used

2013

Sep 27, 15:30

Johor



Yamaha Lc V2

RM 6 500 RM 6 000

Used

2013

Sep 27, 15:07

Perak



LC 135 5s v2

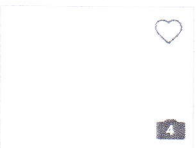
RM 5 800

Used

2013

Sep 27, 09:24

Penang



Moto Lc135 5s

RM 4 800

Used

2013

Sep 26, 20:30

Penang



Ic135 V2 5s

RM 5 800

Used

2013

Sep 26, 16:44

Kedah



YAMAHA LC135 V2 Tahun 2013 UNTUK DIJUAL

RM 5 400

Used

2013

Sep 26, 15:50

Selangor



yamaha lc 135 v2

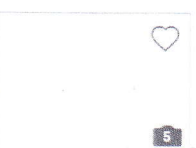
RM 4 700

Used

2013

Sep 26, 15:26

Perak



2013 Yamaha lc135

RM 4 450

Used

2013

Sep 26, 15:24

Kedah



YAMAHA LC 135 4s FOR SALE

RM 5 500

Used

2013

Sep 26, 14:30

Kelantan



SINGAPORE POLICE FORCE

Police Station Of Origin
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768527
Tel No. 1800-8529999



1 of 2
Report No. 122525227/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
27/02/2020 14:09

Video Report No.

Station Diary No.
110

Informant's Particulars

Name of Informant
SELVAM A/L MUNIANDY

ID Type / ID No.

FIN NO / F1009782M

Nationality
MALAYSIAN

Sex
Male

Age
53

Date of Birth
27/12/1966

Race
Indian

Occupation
CLEANER

Address

Contact No.

Home/Office: 0167307074

Mobile: 90524533

E-mail

Type of Informant
Rider

Language

Institution / School Name

Driving Licence Information

Class

Date of Expiry

General Information of the Accident

Type of Accident	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident	Type of Location Flyover
			16/02/2020 06:00	

Location
Along Road 1 Traveling Toward Road 2
BUKIT TIMAH EXPRESSWAY
PAN ISLAND EXPRESSWAY
10.2km

Weather
Clear

Traffic Flow

Road Surface
Dry

Traffic Control

Road Speed Limit

Traffic Volume
Light

Type of Collision
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by
ambulance
No

Details of Vehicle Involved

Plate No.	Type	Make	Model	Color	Condition Totally Damaged	No. of Passenger
JPU4120	Motorcycle				0	
SHC2510X	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	0	

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T120200327/2085

Police Station Of Origin

Yishun North N.P.C.

31 Yishun Central SINGAPORE 758827

Tel No. 1800-6529999

3 of 3

Report No. T120200327/2085

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 65474855 stating the report number as reference.

Signature Of Officer Recording The Report

L /

Sgt 1 GAN WEI LEONG, ALASTAIR

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time

27/02/2020 14:09

Officer In Charge Of Case

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No. 65476252

Classification Of Case

SN 085

Authentication Stamp

NP106



Signature

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20200227/2082

2 of 3

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No 1800-8529999

Report No. T/20200227/2082

CONTINUATION OF REPORT

Rider			
Name	SELVAM A/L MUNIANDY	ID No.	F1099752M
Related Vehicle	JPU4120 (Motorcycle)	Contact No	0167307074
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/02/2020	Date Discharge	27/02/2020
No. of Days granted Medical Leave	32	Degree of Injury	Serious

Brief Details.

1) On 16 February 2020 at about 0600hrs, I was riding with the registration number (JPU4120) along the flyover at BKE towards PIE at the 10.2km mark. I was travelling at the 2nd lane and there was a vehicle with the registration number (SHC2510X) travelled along the filter lane on my left and changed to the 2nd lane. The front portion of the vehicle knocked onto the left side of my motorbike causes me to flung to the 1st lane of the road.

2) I was conveyed to khoo Teck Puat Hospital on the same day and was discharged on 27 February 2020 and was given 32 days of medical certificate with the MC number KH20201773675 and the primary diagnosis was ankle fracture.

3) I wish to add on that I am currently staying at Malaysia



BISADO TECHNOLOGIES

Pioneering Connections, Discovering Possibilities

Estimation Quote

Date	September 29, 2022
Valid Until	October 13, 2022
Quote #	JPU 4120
Customer ID	EIC

R.O.C.: T15LL0704L, BISADO TECHNOLOGIES LLP

Customer:

Motor Claims Department

Quote/Project Description

Repair Parts and Services for :

Make / Model: YAMAHA LC135

Plate Number: JPU 4120

not authorized
29/09/22
90096608
1/581200
4 days.
2/581200
4 days. Whaphoto Ather 14--

Description	Unit	Unit Price	Line Total
Balancer (L.H.) mis —	1.00	\$36.89	\$36.89 ✓
Brake Caliper 11 X	1.00	\$236.54	\$236.54 X
Clutch Pedal 3ut —	1.00	\$76.78	\$76.78 ✓
Footrest Rubber new/100n ✓	2.00	\$26.35	\$52.70 ✓
Footrest Bar 3ut —	1.00	\$89.62	\$89.62 ✓
Front Auxillary Headlight Fairing Cover cut —	1.00	\$96.45	\$96.45 ✓
Front Box cut —	1.00	\$82.70	\$82.70 ✓
Front Disc Bent —	1.00	\$135.34	\$135.34 ✓
Front Fender Fairing cut —	1.00	\$68.45	\$68.45 ✓
Front Headlight Fairing Cover cut —	1.00	\$53.65	\$53.65 ✓
Front Wheel Axle 11 X	1.00	\$28.98	\$28.98 X
Front Wheel Nut 11 X	1.00	\$7.85	\$7.85 X
Handlebar 3ut —	1.00	\$185.35	\$185.35 ✓
Handlebar Grip (1 Set) 70/1 —	1.00	\$30.27	\$30.27 ✓
Headlight Assembly cut —	1.00	\$108.65	\$108.65 ✓
Lower Cowl Fairing (L.H.) cut —	1.00	\$98.77	\$98.77 ✓
Mirror (L.H.) cut —	1.00	\$36.85	\$36.85 ✓
Pillion Foot Stay (L.H.) cut —	1.00	\$98.50	\$98.50 ✓
Pillion Footrest (L.H.) B20 —	1.00	\$40.55	\$40.55 ✓
Rear Fairing (L.H.) cut —	1.00	\$145.80	\$145.80 ✓
Rear Pillion Bar cut —	1.00	\$165.54	\$165.54 ✓
Rear Rim 11 X	1.00	\$265.34	\$265.34 X
Rear Signal (L.H.) 11 X	1.00	\$45.50	\$45.50 X
Rear Taillight Assy 11 X	1.00	\$195.22	\$195.22 X
Sprocket Cover Fairing 11 X	1.00	\$52.31	\$52.31 X
Services:			
Labour 280	1.00	\$650.00	\$650.00
Frame Alignment 11 X	1.00	\$330.00	\$330.00
Spray Painting 11 X	1.00	\$350.00	\$350.00

Special Notes and Instructions

2-1602-86
107
1442-57
280
1722-57

Total (SGD) \$ \$3,764.60

Quotation is in Singapore Dollars

Thank you for your business!

Should you have any enquiries concerning this quote, please contact Jason Tang at (+65) 88288918

1 Kaki Bukit Ave 6, #02-32 AutoBay @ Kaki Bukit, Singapore, 417883

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
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: