

ASS. REC. BY:

REF: CS/FCZ/700 0787/RI #322

Special Instruction:

Surveyor:

RBSU

ASSIGNMENT (Office)

From (Person):

May Chua

of

FCZ

Date/Time:

21/1/2017 3:11pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBE 2151J

Insured:

SHB 36264

at Workshop m/s

Southern Motor

Tel:

62736369

of

BIR 1006 out of mech lane 2 H01-10

Policy No:

Claim No:

NL-1700 0657

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 6/1/2017

CA / REV / REP. / REV 24 HRS (wp)

13/1/2017

H.O.D. Endorsement:

Date/Time:

12/1/2017 3:20pm

Person Contacted:

Mr. Lim

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	FBE 2151J - NBA/MSH 17000516/y
	SHB 36264 - CS/MG090 17434/cn
16.1.17	Sent email to Yin Min to inform pending EST from repairer
20/1/2017 10:55am	Mr. Lim said vehicle done repair.

D.O.A. = 6/1/2017

D.O.A. = 7/8/2019

(08/11/13) wef

ASS. REC. BY:

REF: FC1

ASSIGNMENT

From: _____ Date: 12/1/2017

Estimated Cost: _____

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

To Inspect Vehicle No: FBE 2151J

at Workshop m/s Southern Motor

of Blk 1006 Butyl marsh Lane 2 #01-10

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition) morning

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

Bal. or Market Value: 3K

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 (up)

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBE 2151J Yr Regn: 2010 / JAN

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

Truck / Trailer or

Make: Honda wave 125X c.c 125

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NF125 ST 0028961 *

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: 80/90-17

R: 90/80-17

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

TOYO / YOKO or

Front

Rear

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. mm L/Bal. mm

D.O.A. 06/01/17 D.O.I. 13/01/17 @ 1036 AM

Survey held at Southern Motor

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

Cash Job.- vehicle done repair.

Submit PRS Report.

RECEIVED 30 OCT 2018

Date/Time, File Pass to?

1) 29/10 Typist

Date/Time, File Return to?

2) _____

☒: Preli. Report☐: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐: Site Insp (\$ _____) S + RS, SI☐: Interview (\$ _____) Photos☐: Tech. Invs (\$ _____) Others☐: Weekend (\$ _____) TOTAL

Report Format: TP PRS

Lump Sum / I.B.I: (\$ _____)

Survey Fee: 150

Transportation:

Photos

Others

TOTAL 150



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI17000787/R1th3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 12-01-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 3626U	Veh. Inspected	FBE 2151J
Policy No.		Coverage (\$)	0.00
Claim No.	NC-17000657	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	Assign Date	12/01/2017

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--	--

5. General Information

Accident Date	06/01/2017	Inspection Date	13/01/2017
Survey held at	SOUTHERN MOTOR BLOCK 1006 BUKIT MERAH LANE 2 #01-10 SINGAPORE 159762		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	09-01-2017	Our Ref No. NC-17000657
Accident Date	06-01-2017	Claim Type. Third Party
Insured Vehicle	SHB3626U	Third Party Vehicle. FBE2151J
Survey Location	BLK 1006 #01-10 BUKIT MERAH LANE 2	
Contact Person.	MARY LIM	
Contact No.	62730369/ 62730369	Fax No. 00
Survey Type	WITHOUT PREJUDICE	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	SOUTHERN MOTOR	Attention. NIL
Cc : TP Solicitor	CLIFFORD LAW LLP	TP Solicitor Fax No. NA
Officer Incharge	AUNGYM	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/8642)



PRI Documents



Close



PRI Header Details

Claim No	NC-17000657	Policy No	D-17086801MFSH	Claimant S.No & Name	1 & CLIFFORD
Workshop Name	SOUTHERN MOTOR (Contact Person : MARY LIM)	Survey Location & Contact Details	BLK 1006 #01-10 BUKIT MERAH LANE 2 Mobile: 62730369 , Phone: 62730369 , Fax: 00 EmailId: MARYLIM@CLIFFORDLAW.SG		
Our Surveyor	LKK-AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB3626U	TP Vehicle No	FBE2151J
PRI Recieved Date	12-01-2017 02:34:17 PM	Surveyor Appointed Date	12-01-2017 03:11:13 PM	Surveyor Accept Date	12-01-2017 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	12-01-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks

Date

Job Remarks

Action

Janice Lee (LKKAUTO)

From: Janice Lee (LKKAUTO)
Sent: Monday, 16 January, 2017 10:43 AM
To: 'Claim Workflow System'; AUNGYINMIN@FIRST-INSURANCE.COM.SG
Cc: SUR; Admin-D (LKKAUTO); assignments
Subject: RE: SURVEY ASSESSMENT - NC-17000657/1

Dear Yin Min,

Please be informed that we have inspected the vehicle **FBE 2151J** on **13.01.2017**.
We are pending estimate from repairer.

Thank you.

"Wishing you a Happiness and Prosperity New Year"

Best Regards,

Janice Lee (Ms) | Admin

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Thursday, 12 January, 2017 3:27 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - NC-17000657/1

Dear Sir/Madam,

Thank you for the assignment.

"Wishing you a Happiness and Prosperity New Year"

Best Regards,

Ashley Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Thursday, 12 January, 2017 3:11 PM
To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; AUNGYINMIN@FIRST-INSURANCE.COM.SG

Subject: PRI: SURVEY ASSESSMENT - NC-17000657/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

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 ability.
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 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	09/01/2017 14:38
Date Of Accident	06/01/2017 06:50
Exact Location Of Accident	DEPOT ROAD TOWARDS ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2151J
Insured/Policyholder	
Name Of Registered Owner	MASLINAH BINTE MOHD ZAIN
NRIC No	S7733775Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96185999
Alternative Phone No	Others-96185999

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125X-125cc (M)
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	MSIG Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	MSD/VMS/16-347033-CA
Cover Note Number	

Driver

Name of Driver	MASLINAH BINTE MOHD ZAIN
NRIC No	S7733775Z
Date Of Birth	20/12/1977
Occupation	Outdoor
Date Of Driving Pass	03/02/2012
Driving Experience	4 Years And 11 Months
Gender	Female
Mobile Number	(Local) +65-96185999
Fax Number	
Contact Number	Others-96185999
EMail Address	NOEMAIL

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 ability.
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 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	06/01/2017 14:42
Date Of Accident	06/01/2017 06:20
Exact Location Of Accident	DEPOT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB33626U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	Reporting Only
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-15072702MFSH
Cover Note Number	

Driver

Name of Driver	LEE MENG SIM
NRIC No	S1606705I
Date Of Birth	12/04/1963
Occupation	Outdoor
Date Of Driving Pass	24/03/1981
Driving Experience	35 Years And 9 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	658A JURONG WEST STREET 65 #07-638
Postcode	641658
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - TAXI DRIVER
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 Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	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)	2

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Nanyang N.p.c
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Remarks/ Reasons:	-
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE2151J
Vehicle Make/Model/Colour	
Details Of Properties	MOTOR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name MASLINAH BINTE MOHD ZAIN (MOTOR RIDER)

Approximate Age

Injuries Sustain LEG PAIN

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

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 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 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.
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Jackson Hong
CSO

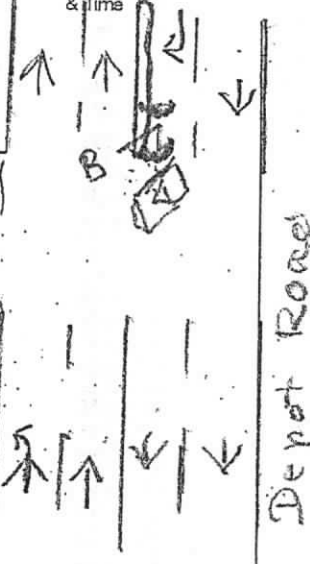
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Depot close.



(A) SHB 3626U.
(B) FBE 2151J.

Describe Circumstances of the Accident

AS PER POLICE REPORT ATTACH
T20170106/2021

Declaration

We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature / Date &
Time

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

6/1/17
Jackson Heng
CSO

Witnessed by Reporting Centre
Personnel

Address	BLK 59 LENGKOK BAHRU #06-547
Postcode	150059
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 Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	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	Queenstown N.p.c
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20170106/2036

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	SHB3626U
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	LEE MENG SIM
NRIC/Passport Number	S1606705I
Contact Number	97689382
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	MASLINAH BINTE MOHD ZAIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE2151J
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	



**SINGAPORE
POLICE FORCE**



T/20170106/2036

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

4 of 4

Report No. T/20170106/2036

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: D / Sgt AW SHI LEI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI KONG MUN KEEN Contact No.: 65476099

Signature Of Informant:
Date/Time: 06/01/2017 11:32
Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**



T/20170106/2036

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 4

Report No. T/20170106/2036

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20170106/2036

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 4

Report No. T/20170106/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MASLINAH BINTE MOHD ZAIN	ID No.	S7733775Z
Related Vehicle	FBE2151J (Motorcycle)	Contact No.	81052317
Hospital/Clinic	NATIONAL UNIVERISTY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/01/2017	Date Discharge	06/01/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Lee Meng Sim	ID No.	S1606705I
Related Vehicle	SHB3626U (Car)	Contact No.	97689382
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 6/1/17 at about 0650hrs, I was riding on my motorbike, FBE2151J, on the first lane, travelling straight towards Alexandra Rd. On the second lane (my left hand side), there's a yellow city cab taxi, SHB3626U, beside me. When I was about to sped off, suddenly the taxi made a right turn. The taxi then hit onto my motorbike, causing me and my bike to fall on my right. The taxi driver then get off his vehicle, called for ambulance and police. He apologized and gave me his particulars.

Ambulance arrived and conveyed me to NUH for medical treatment before I could meet up with the traffic police.

I suffered the below injuries:

- 1) Right knee swollen
- 2) Bruises on both leg
- 3) Chest pain
- 4) Shoulder and back aching

I was given 3 days of MC.


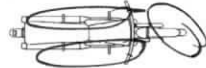
**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD		Ref: CS/FCI17000787/R1th3e2		
36 ROBINSON ROAD #16-01 CITY HOUSE		Date: 08-11-2018		
SINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 3626U	Veh. Inspected	FBE 2151J	
Policy No.	D-17086801MFSH	Coverage (\$)	0.00	
Claim No.	NC-17000657	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	12/01/2017	
2. Vehicle Particulars & Condition				
Make & Model	HONDA WAVE 125X	c.c	125	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	NF125ST0028961	Colour	BLUE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	80/90-17	DUNLOP	3 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	90/80-17	DUNLOP	3 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S, N/S BODY AND FRONT PORTION.				
5. General Information				
Accident Date	06/01/2017	Inspect Date / Time	13/01/2017 (10:36 AM)	
Survey held at	SOUTHERN MOTOR BLOCK 1006 BUKIT MERAH LANE 2 #01-10 SINGAPORE 159762			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) MARKET VALUE:\$3,000.00				

Report Ref No. CS/FCI17000787/R1th3e2

Inspected By



MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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