

ASS. REC. BY:

REF: CS/FC21700 3090 / R1gh3e2

Special Instruction:

Surveyor: Rasu ASSIGNMENT (Office)

From (Person): Joanne King of FC2 Date/Time: 15/2/2017 9-33am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: FBJ 1325R Insured: S1C8327U

at Workshop m/s Sj 98 Motor Tel: 6452898

of Blk 4001 Amk Ind Park 1 #01-21

Policy No: _____ Claim No: D17001704MFS4

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 1/2/2017
(Client's Record)

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

Date/Time: 15/2/2017 10 am Person Contacted: Ruse Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	FBJ 1325R -
	S1C8327U - CC3/AXA 11014889 / Hlg/c3g DCA: 24/7/2017
16/2/17	Sent pending EST from repairer email to Joanne
20/7/2017 11:45am	Ruse said vehicle has been repaired, pending finalise with Rasu!

08/11/13 wef
ASS. REC. BY: Rajan

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBJ 7325R

at Workshop m/s SH 98 MOTOR

of _____

Insured: PCI / TP

Policy No. _____

Claims No. _____

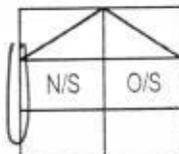
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 11K

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3 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: FBJ 7325R Yr Regn: 2014 / SEP

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

Truck / Trailer or _____

Make: YAMAHA YZR R15 M c.c. 150

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

Sp.Reading: 012594 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ME11CK 042E2018616

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 90/80-17

R: 130/20R17

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

TOYO / YOKO or MRF

Front _____ Rear _____

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

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 09/02/17 D.O.I. 15/02/17

Survey held at SH 98 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

45 \$1800 (Red: 1933.10, 52%).

RECEIVED 29 NOV 2017.

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 3

1) _____

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: 130

2) _____

Transportation: 50

Add Fee: : Site Insp (\$ _____)) S + RS SI

50

: Interview (\$ _____)) Photos 66

66

: Tech. Invs (\$ _____)) Others _____

: Weekend (\$ _____)) _____

TOTAL

296

Report Format: TP

Lump Sum / I.B.I.: (\$ 1800)



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/FCI17003090/R1gh3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 15-02-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 8327U	Veh. Inspected	FBJ 7325R
Policy No.		Coverage (\$)	0.00
Claim No.	D17001704MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	15/02/2017
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	09/02/2017	Inspection Date	15/02/2017
Survey held at	SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

MOTOR SURVEY ASSIGNMENT

Date	13-02-2017	Our Ref No. D17001704MFSH
Accident Date	09-02-2017	Claim Type. Third Party
Insured Vehicle	SHC8327U	Third Party Vehicle. FBJ7325R
Survey Location	BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21	
Contact Person.	LEENA	
Contact No.	64524898/ 0	Fax No. 64524868
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
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	SG 98 MOTOR PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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/216443)

PRI Documents

Close X

PRI Header Details

Claim No	D17001704MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & SG 98 MO
Workshop Name	SG 98 MOTOR PTE LTD (Contact Person : LEENA)	Survey Location & Contact Details	BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 Mobile: 0 , Phone: 64524898 , Fax: 64524868 EmailId: SGMOTOR2000@YAHOO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM T		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC8327U	TP Vehicle No	FBJ7325R
PRI Recieved Date	14-02-2017 07:58:46 PM	Surveyor Appointed Date	15-02-2017 09:32:41 AM	Surveyor Accept Date	15-02-2017 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	15-02-2017	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

Job Sheet (/ClaimWS/Surveyor/JobSheet/216186)  PRI Documents  Close 

PRI Header Details

Claim No	D17001472MFSH	Policy No	D-17086802MFSH	Claimant S.No & Name	1 & SN SERVICE
Workshop Name	SNG AH TEE MOTOR & PANEL SERVICE PTE LTD (Contact Person : JANICE CHANG)	Survey Location & Contact Details	BLK 3 PIONEER ROAD NORTH #01-18 Mobile: 62686183 , Phone: 62686183 , Fax: EmailId: JANICE@SNGAHTEE.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC8467Z	TP Vehicle No	SKQ84
PRI Recieved Date	14-02-2017 07:31:51 PM	Surveyor Appointed Date	15-02-2017 09:35:24 AM	Surveyor Accept Date	15-02-

Survey Report Upload

Surveyor Inspection Date *	<input type="text"/>	Surveyor Report Date	15-02-2017	Upload Survey Report *	<input type="text"/>
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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"/>
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

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Thursday, 16 February, 2017 2:06 PM
To: 'Claim Workflow System'; JOANNEYONG@FIRST-INSURANCE.COM.SG
Cc: SUR; Admin-D (LKKAuto); assignments
Subject: RE: SURVEY ASSESSMENT - D17001704MFSH/1

Dear Joanne,

Please be informed that we have inspected the vehicle **FBJ 7325R** on **15.02.2017**.
We are pending estimate from repairer.

Thank you.

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: Wednesday, 15 February, 2017 10:02 AM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: JOANNEYONG@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17001704MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

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: Wednesday, 15 February, 2017 9:32 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; JOANNEYONG@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17001704MFSH/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	10/02/2017 15:49
Date Of Accident	09/02/2017 19:45
Exact Location Of Accident	JURONG CENTRAL 1 HDB BLK 694/693 HDB DRIVEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8327U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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-1572701MFSH
Cover Note Number	

Driver

Name of Driver	NEO WEE SENG
NRIC No	S0217984I
Date Of Birth	24/10/1953
Occupation	Outdoor
Date Of Driving Pass	03/09/1975
Driving Experience	41 Years And 5 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 121 TECK WHYE LANE #11-828
Postcode	680121
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)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Ubi Ave 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: Singapore
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20170209/2196

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	FBJ7325R
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNSURE
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name UNKNOWN(RIDER)
Approximate Age
Injuries Sustain ANKLE AND SHOULDER
Injured person in which vehicle? FBJ7325R
Were seat belts worn? No
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN(PILLION)
Approximate Age
Injuries Sustain ANKLE AND SHOULDER
Injured person in which vehicle? FBJ7325R
Were seat belts worn? No
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 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. 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

[Handwritten signature]

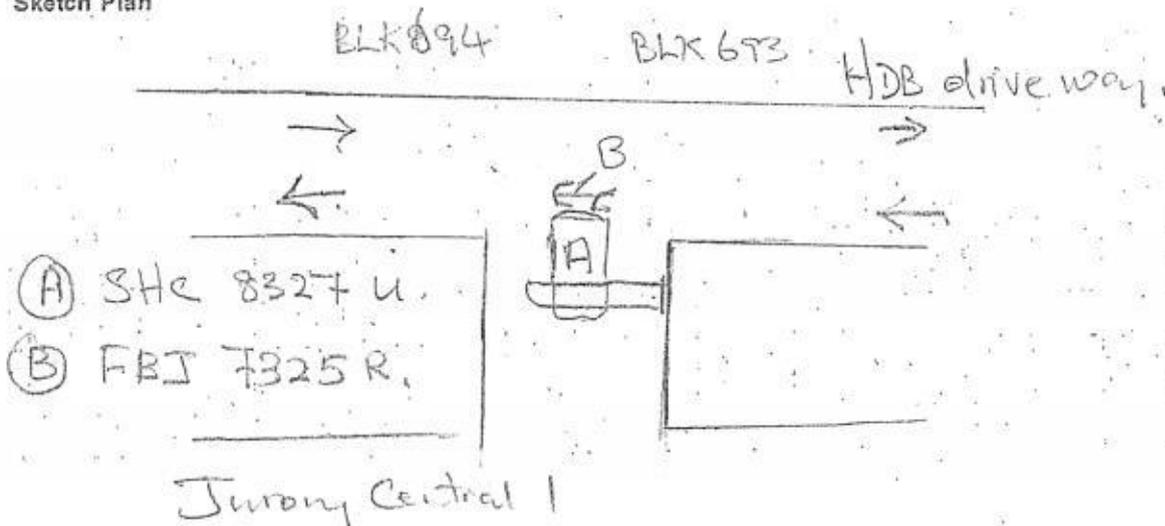
Jackson Heng
CSO

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Whilst I enter C/P at Jurong West Central 1, I stop at
 the the barrier up. My view was not clear & I stop &
 I. Grant on my right, I did not see any vehicles
 or object from ~~the~~ both side ^{then} cross the road hump
~~at slightly~~, suddenly one motor ^{by} ~~sa~~ cross in front
 of me. I apply brake immediately however, other
 Party cross over my front & fall down
 I comedown from my Tx. & ~~see~~ the motorbly lay
 in front of my veh about 1m away & ~~one~~ man who
 complaint that his left shoulder was very paink. another
 lady who said how achor was injur. I call the 995 for
 assistance. They arrived at about 10min & follow by
 the T/P (TP179) later

Police Report Attach.

T2017/0209/2196

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO REG. NO 199303821R

Jackson Heng
CSO

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

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 willful 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	10/02/2017 16:38
Date Of Accident	09/02/2017 19:45
Exact Location Of Accident	BLK 694 GANTRY AREA (JURONG WEST ST 1)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7325R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD KHAIR ASHFIR BIN MOHAMAD ARMAN
NRIC No	S9814171E
Email Address	khairashfir@outlook.com
Mobile Phone No	(LOCAL) +65-85873907
Alternative Phone No	Others-85873907
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RZF R15
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
Fleet Policy	No
Policy Number	5086355763
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD KHAIR ASHFIR BIN MOHAMAD ARMAN
NRIC No	S9814171E
Date Of Birth	28/04/1998
Occupation	Indoor
Date Of Driving Pass	11/11/2016
Driving Experience	0 Year And 2 Month
Gender	Male
Mobile Number	(Local) +65-85873907
Fax Number	
Contact Number	Others-85873907
EEmail Address	khairashfir@outlook.com

Email Address

DETAILS OF INJURED PERSON 1

Name MUHAMMAD KHAIR ASHFIR BIN MOHAMAD ARMAN
Approximate Age
Injuries Sustain REFER REPORT
Injured person in which vehicle? FBJ7325R
Were seat belts worn?
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NURSYAQINA BINTE MOHD MURAT / S9829285C
Approximate Age
Injuries Sustain REFER REPORT
Injured person in which vehicle? FBJ7325R
Were seat belts worn?
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode



**SINGAPORE
POLICE FORCE**



T/20170209/2196

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20170209/2196

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2017 21:20		Vide Report No.: J/20170209/0181		Station Diary No.:	
Informant's Particulars					
Name of Informant: NEO WEE SENG			Address: 121 TECK WHYE LN #11-828 HDB-CHOA CHU KANG SINGAPORE 680121		
ID Type / ID No.: NRIC NO / S0217984I		Contact No.:		Mobile: 96215732	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 63	Date of Birth: 24/10/1953	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/02/2017 19:45	Type of Location: Car Park
Location: JURONG WEST CENTRAL 1 BLK 694 Jurong West Central 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7325R	Motorcycle				Slightly Damaged	1
SHC8327U	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20170209/2196

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20170209/2196

CONTINUATION OF REPORT

Driver			
Name	NEO WEE SENG		ID No. S02179841
Related Vehicle	NIL		Contact No. 96215732
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AS ABOVE MENTION DATE TIME AND LOCATION,

I WAS GOING IN THE ENTRANCE CARPARK, BUT THERE'S A BARRIER I HAVE TO SLOW DOWN WAIT FOR THE BARRIER TO GO UP THEN I CAN ENTER. AFTER THE BARRIER IS UP I MOVED FORWARD ABIT THEN SUDDENLY A MOTORCYCLE CAME FROM THE RIGHT AND SLIGHTLY HIT ON MY TAXI. AFTER THAT I CAME OUT OF MY TAXI TO CHECK ON THEM AND THE RIDER TOLD ME THAT SHE AND HER PILLON WAS INJURED AT THE ANKLE AND SHOULDER DUE TO THE ACCIDENT. SO I CALLED FOR THE AMBULANCE.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20170209/2196

3 of 3

Report No. T/20170209/2196

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

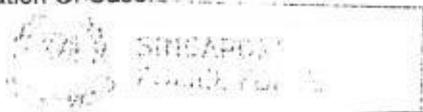
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / MUHAMMAD ALFIE AASRIQ BIN MOHAMMED IRWAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant: 

Date/Time: 09/02/2017 21:20

Classification Of Case: 

Signature: 

Nett items

- 1 IU Unit
- 2 Towing fee
- 3 Remove & replace parts, align & etc
- 4 Supply body decal sticker
- 5 Remove & refix fork assy & top up fork oil

160.00 ~~CRA~~
 40.00 ✓
 280.00 180
 180.00 100
 140.00 80

} 1110

Sub-Total 800.00

Nett Total 3,733.10

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion
 Thank you

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:

Rasul
 4/9 20010068

SG 98 MOTOR PTE LTD

U.L.G

1154
 1110

 2262

20%
 1809.60

4/3 - 1,800

 3 days

3 days
 4/3
 15/02/17 @ 1520

1800

LKK Auto Co
 the Repairer:
 • 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:

Fax 3/3/2017

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 20 February 2017

To : LKK

By Fax: 6256-4315

Attn : Rasul

Tel : 90010068

VEHICLE NO : FBJ 7325R
ACCIDENT DATE: 9 February 2017

Yamaha R15

<u>Description</u>	<u>Qty</u>	<u>Quotation \$</u>
<u>Supplementary item</u>		
1 Front Rim	1	350.00 R x
	Sub-Total	350.00
	Less 10%	35.00
	Total	315.00

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion
Thank you

SG 98 MOTOR PTE LTD

1G



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/FCI17003090/R1gh3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 05-12-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 8327U	Veh. Inspected	FBJ 7325R
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17001704MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	15/02/2017
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA YZF-R15 MANUAL	c.c	150
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	ME11CK042E2018616	Colour	BLACK
Odometer	12594	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	90/80-17	MRF	3 mm
L/H Front Tyre			mm
R/H Rear Tyre	130/70 R17	MRF	3 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/02/2017	Inspection Date	15/02/2017
Survey held at	SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622		
5a. Remarks			
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBJ 7325R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LH MIRROR	SCRATCHED	89.00	89.00
1	HANDLE BAR LH	BENT	235.00	85.00
1	SIGNAL LH	SCRATCHED	95.00	50.00
1	HEAD LAMP STAY	SERVICEABLE	256.00	-
1	HEAD LAMP	SCRATCHED	350.00	350.00
1	FRONT LH FAIRING	SCRATCHED	280.00	280.00
1	CLUTCH LEVER	SCRATCHED	78.00	50.00
1	GEAR SHIFTER	BENT	95.00	50.00
1	FOOTREST	SCRATCHED	76.00	76.00
1	FOOTREST BRACKET	SERVICEABLE	95.00	-
1	BODY GARNISH PROTECTOR LH	SCRATCHED	350.00	250.00
1	FRONT RIM (ADDITIONAL)	TO REPAIR SEE LABOUR	350.00	-
	LESS 10% DISCOUNT		-234.90	-128.00
			2,114.10	1,152.00
1	SET FORK TUBE (SN)	BENT	480.00	250.00
1	SWING ARM (SN)	SCRATCHED	780.00	300.00
	LESS 10% DISCOUNT		-126.00	-
			1,134.00	550.00
<u>SPECIAL NETT ITEMS</u>				
1	IU UNIT (SN)	CRACKED	160.00	160.00
			160.00	160.00
<u>LABOUR</u>				
	TOWING FEE.		40.00	40.00
	REMOVE & REPLACE PARTS, ALIGN & ETC. INCLUSIVE OF THE REPAIR OF FRONT RIM.		280.00	180.00
	SUPPLY BODY DECAL STICKER.		180.00	100.00
	REMOVE & REFIX FORK ASSY & TOP UP FORK OIL.		140.00	80.00
			640.00	400.00

Report Ref No. CS/FCI17003090/R1gh3e2



GRAND TOTAL		4,048.10	2,262.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,800.00

Report Ref No. CS/FCI17003090/R1gh3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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