

ASS. REC. BY:

REF:

Q/PCU1007877/Grh32

Special Instruction:

Surveyor
CWS

Guo Guang

ASSIGNMENT (Office)

From (Person):

Juarre Feng

of

ECI

Date/Time:

21/4/2017 11:51am

Estimated Cost:

Bill to:

OD (TP) / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No:

FBC 11234

Insured:

SUA3557R

at Workshop m/s:

HKL Lim Team

Tel:

02423895

of

Blt 1008 Bukit Merah Lane 3 H 01-24

Policy No:

Claim No:

Q7004004 MFS4

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17/4/2017

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

21/4/2017 12:00 PM

Person Contacted:

Kuang

Vehicle: IN/OUT

Date/Time

Action/Instruction (✓) Estimate

FBC 11234 - 180/100 - 700772 - 11

21/4/2017

SUA3557R - N/A/C/B/L/4530/Y/M/S4

Date: 16/10/2013

20/7/2017 1:55pm - Kuang said pending liability, vehicle still not repairing

5/2/18 Lump Sum \$1,000 before GST - 3days (Red \$1618, 61%)

(Gichian)

(13/11/13)

AS S. REC. BY: X/22

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s HKL Lim

of _____

Insured: _____

Policy No. _____

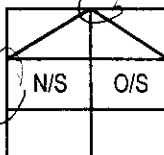
Claims No. _____

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBC1123H Yr Regn: 09 Nov 2007 (2017)Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Yamaha T135 c.c. 135Colour: white A/C: Insured / Std / NI / NASp. Reading: 83484 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5YP 716 554Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 80/90-17R: 90/80-17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 4 mm R/Bal. 4 mm

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

D.O.A. _____ D.O.I. 21-04-17Survey held at w/s 5pmDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
25/4/17	email preli to Joanne.

RECEIVED 5 FEB 2018

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: 110Transportation: 50

S + RS, SI

Photos 42

Others

TOTAL

Report Format : _____

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

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

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
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Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp. Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

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(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

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(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

/			
/			
/			
/			
/			
/			

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

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Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014




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/FCI17007877/Ggh3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 21-04-2017	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 3557R	Veh. Inspected	FBC 1123H	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17004004MFSH	Excess (\$)	0.00	
Assign From	CWS (JOANNE YONG)	Assign Date	21/04/2017	
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	17/04/2017	Inspection Date	21/04/2017	
Survey held at	HKL LIM TEAM MOTORSPORT BLK 1008 #01-24 BUKIT MERAH LANE 3 SINGAPORE 159722.			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D17004004MFSH

Date: 25-04-2017

Our Ref: CS/FCI17007877/Ggh3

The Motor Claims Department
First Capital Insurance Ltd

Without Prejudice

Dear Sir/Madam,

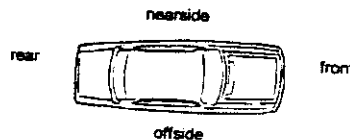
INITIAL INSPECTION REPORT OF VEHICLE NO. FBC 1123H.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 21-04-2017 at the premises of M/s HKL LIM TEAM and have the following to report:-

Workshop Estimate Amount	: S\$ 2,618.00
Revised Estimate Amount	: S\$ 1,273.20
"Check" Items Amount	: S\$ -
Market Value	: S\$ -
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

Description of Damage:

The vehicle sustained damages at the front and n/s portion.



Yours faithfully

Xing Guo Qiang
Automotive Assessor

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 9994W

Vehicle Details

Vehicle No.: FBC1123H

Vehicle to be
Exported: NoIntended De-
registration Date: 25 Apr 2017

Vehicle Make: YAMAHA

Vehicle Model: T135

Primary Colour: White

Manufacturing Year: 2007

Engine No.: 5YP716554

Chassis No.: 5YP716554

Maximum Power
Output: -

Open Market Value: \$1,834.00

Original Registration
Date: 09 Nov 2007First Registration
Date: 09 Nov 2007

Transfer Count: 6

Actual ARF Paid: \$276.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry
Date:PARF Rebate
Amount: \$0.00**Intended COE Rebate Details**

COE Expiry Date: 08 Nov 2017

COE Category: D - Motorcycle

COE Period(Years): 10

QP Paid: \$1,050.00

COE Rebate Amount:\$60.00

**Total Rebate
Amount: \$60.00**

The information contained herein is correct as at 25 Apr 2017

OK

Land Transport  Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.

Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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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	18/04/2017 16:32
Date Of Accident	17/04/2017 13:15
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY (4.7MARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC1123H
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	MOHAMEDZAKIR080697@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91739152
Alternative Phone No	OFFICE-91739152

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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	5085645204
Cover Note Number	

Driver

Name of Driver	MOHAMED ZAKIR BIN MOHAMED RIDZAL
NRIC No	S9736025A
Date Of Birth	08/06/1997
Occupation	INDOOR
Date Of Driving Pass	28/02/2017
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91739152
Fax Number	
Contact Number	OTHERS-91739152
Email Address	MOHAMEDZAKIR080697@GMAIL.COM

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

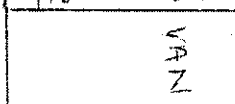
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

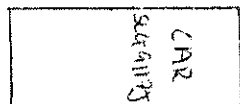
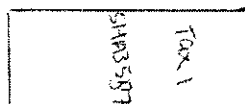
Sketch Plan

AYER RAJAH EXPRESSWAY (47 MARK)

MC
(F8C133A)



lane 3



lane 2

lane 1



**SINGAPORE
POLICE FORCE**



T/20170418/2079

1 of 3

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

Report No. T/20170418/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2017 13:37		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: MOHAMED ZAKIR BIN MOHAMED RIDZAL			Address: APT BLK 17 MARSILING LANE #05-225 SINGAPORE 730017		
ID Type / ID No.: NRIC NO / S9736025A			Contact No.: Home/Office: Mobile: 91739152		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 08/06/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: SCDF NS MEN			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2017 13:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBC1123H	Motorcycle				Slightly Damaged	0
SHA3557R	Car			Blue		1
SLG9117J	Car					0



**SINGAPORE
POLICE FORCE**



T/20170418/2079

3 of 3

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

Report No. T/20170418/2079

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 /
LEE JIA YAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Signature Of Informant:

Date/Time:

18/04/2017 13:37

Classification Of Case:

Authentication Stamp

NP168



Singapore Police Force

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	20/04/2017 14:13
Date Of Accident	17/04/2017 12:30
Exact Location Of Accident	AYER RAJAH EXPRESSWAY > TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3557R
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	BOO MUI CHIN
NRIC No	S1627993E
Date Of Birth	29/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1981
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	MUICHINBOO@GMAIL.COM

Address	170 BISHAN ST 13 # 08-55
Postcode	S570170
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	UNKNOWN - NO CONTACT WITH 3P
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
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	

Sketch Plan Pg. 1

SKETCH PLAN

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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.

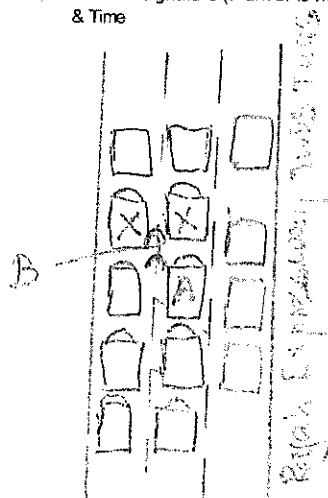
Policyholder's Signature / Date & Time

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

Jackson Heng
CSO

Witnessed by Reporting Centre
Personnel

Sketch Plan



① SHA 3551 R
② Unknown (motor cycle)

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 17th/04/2017 at about 1230 hrs I vehicle A was at AYE toward Thrus on middle lane. There was heavy traffic jam and slow moving, At that time vehicle A was stationary and on the signal left. Then I saw a motor cycle come inbetween the road marking lane, so he was in front of me and unbalance his motor bike and fall on both parallel vehicle in front of me. After that the policeman came and the policeman ask me to move off. That all.

N. L. L. K.

Declaration

We declare the foregoing particulars are true in every respect.
 COMFORT TRANSPORTATION PTE LTD
 393 SIN MING DRIVE
 SINGAPORE 573717
 TEL: 6555 1188 FAX: 6483 3183
 CO. REG. NO. 199303921R

[Signature]

20/4/17 C/D
 Jackson Heng
 C80

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Norrita (LKKAuto)

From: HKL Lim Team Motorsport <hkllimteam@gmail.com>
Sent: Monday, 5 February 2018 11:14 AM
To: Norrita (LKKAuto)
Subject: Re: Finalise Vehicle No : FBC 1123H

Hi Rita,

Yes agree.

Thank You

On Mon, Feb 5, 2018 at 11:07 AM, Norrita (LKKAuto) <norrita@lkkauto.com> wrote:

Dear Paul

We spoke and thank you for prompt reply .

Confirmed lump sum \$1,000 before GST , repair 3 days for Vehicle No : FBC 1123H.

Thank you

Best Regards,

Rita AB |

LKK Auto Consultants Pte Ltd

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

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



HKL LIM TEAM MOTORSPORT

Blk 1008 #01-24, Bukit Merah Lane 3, Singapore 159722

Tel: 6275 6656, 6275 6566, 62727292 Fax: 6272 9291

Email: support@hklimmotorsport.com.sg

Website: www.hklimmotorsport.com.sg

IBC 1123 L1

condition

Towing - 30 /

Front forkassy - 420 - 120 (SN) (local repair) BT

Steering cone bearing - 70 / MC

Front fender - 55 / cut

Handle bar - 60 / BT

" " Balancer bar - 18 / cut

Head light - 55 / scr

Front signal L/R - 35 X NN

Head cowling - 85 / cut

Clutch lever - 15 / cut

In unit - 170 X NN

Side mirror - 45 / cut

Side fairing L/R - 80 X NN

Sticker - 80 / MC

Rear padel - 40 / BT

" " shield - 85 / MC

Clutch gasket - 15 / MC

Front foot bar - 55 / cut

" " rubber tips - 20 / cut

Side Panel - 25 X NN

Main Panel - 55 X NN

513



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FBC 11234

Sprocket / Chain - 95 / DM
Rear foot rest h - 25 / Cut
" " bracket h - 45 X NN
tail cover h - 80 / Cut
" " center - 25 / ~~cut~~
Rear neoprene - 15 / BT
Exhaust pipe - 220 X NN
" " cover - 50 / Cut
Lexus / Engine - 550 180.
tail light - 60 / ~~SCR~~ SCR

2678

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Total \$2618

1105

[Signature]
25/11

1273.2

20% : 1000.

before GST

3 Days.

lump sum repair

After repair

Guo Qiang - 82880282

21/4/17.

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:

2678



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/FCI17007877/Gnh3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 05-02-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 3557R	Veh. Inspected	FBC 1123H
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17004004MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	21/04/2017

2. Vehicle Particulars & Condition

Make & Model	YAMAHA T135	c.c	135
Engine No.	HIDDEN	Year of Reg.	2007
Chassis No.	5YP716554	Colour	WHITE
Odometer	83484	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	80/90-17	DUNLOP	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	90/80-17	DUNLOP	4 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND FRONT PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	17/04/2017	Inspection Date	21/04/2017
Survey held at	HKL LIM TEAM MOTORSPORT BLK 1008 #01-24 BUKIT MERAH LANE 3 SINGAPORE 159722.		

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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBC 1123H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	STEERING CONE BEARING	NECESSARY	70.00	70.00
1	FRONT FENDER	CUT	55.00	55.00
1	HANDLE BAR	BENT	60.00	60.00
1	HANDLE BAR BALANCER LH	CUT	18.00	18.00
1	HEAD LIGHT	SCRATCHED	55.00	55.00
1	FRONT SIGNAL LH	NOT NECESSARY	35.00	-
1	HEAD COWLING	CUT	85.00	85.00
1	CLUTCH LEVER	CUT	15.00	15.00
1	IU UNIT	NOT NECESSARY	170.00	-
1	SIDE MIRROR	CUT	45.00	45.00
1	SIDE FAIRING LH	NOT NECESSARY	80.00	-
1	STICKER	NECESSARY	80.00	80.00
1	GEAR PEDAL	BENT	40.00	40.00
1	GEAR PEDAL SHAFT	NECESSARY	85.00	85.00
1	CLUTCH GASKET	NECESSARY	15.00	15.00
1	FRONT FOOT BAR	CUT	55.00	55.00
2	FRONT FOOT RUBBER	CUT	20.00	20.00
1	SIDE STAND	NOT NECESSARY	25.00	-
1	MAIN STAND	NOT NECESSARY	55.00	-
1	SPOCKET / CHAIN	DAMAGED	95.00	95.00
1	REAR FOOT REST BAR	CUT	25.00	25.00
1	REAR FOOT BRACKET LH	NOT NECESSARY	45.00	-
1	TAIL COVER LH	CUT	80.00	80.00
1	TAIL COVER CENTER	CUT	25.00	25.00
1	REAR NO. PLATE	BENT	15.00	15.00
1	EXHAUST PIPE	NOT NECESSARY	220.00	-
1	EXHAUST PIPE COVER	CUT	50.00	50.00
1	TAIL LIGHT	SCRATCHED	60.00	60.00
	LESS 10% DISCOUNT		-	-104.80
			1,678.00	943.20

Report Ref No. CS/FC17007877/Gnh3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
SPECIAL NETT ITEMS				
1	FRONT FORK ASSY (SN) (LOCAL REPAIR)	BENT	420.00	120.00
			420.00	120.00
	LABOUR			
	TOWING.		30.00	30.00
	LABOUR/ENGINE.		550.00	180.00
			580.00	210.00
GRAND TOTAL			2,678.00	1,273.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,000.00

Report Ref No. CS/FC117007877/Gnh3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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