

ASS. REC. BY:

REF:

a/fc21013098/high302

Special Instructions:

Surveyor:

RAGU!

ASSIGNMENT (Office)

Ans

From (Person):

Lame Jan

of

FC2

Date/Time:

5/1/2017 7:57pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

PBH 17435

Insured:

SHAA9109L

at Workshop m/s:

SG 98 motor

Tel:

64524898

of

BIF 401 AMK and Park 1 #01-21

Policy No.:

Claim No.:

D17006505MFSM

Sum Insured:

Excess:

D.O.A. 29/6/2017

Make of Veh:  
(Client's Record)

CA / REV / REP. / REV 24 HRS

rup

H.O.D. Endorsement:

Date/Time:

6/7/2017 9:52am

Person Contacted:

Ruse

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

PBH 17435 - x

SHAA9109L - x

Rasul

REF: R2

## ASSIGNMENT

From:

Date:

7/1/2017

Estimated Cost:

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

To Inspect Vehicle No:

FBH 17435

at Workshop m/s

SG 98 motor

of

Blk 4001 AMK and Park 1 #01-21

Insured:

Policy No.

Claims No.

Sum Insured:

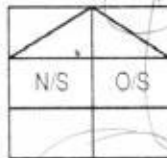
Excess:

(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:

4

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:

FBH 17435

Yr Regn:

2013

28/03

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

Truck / Trailer or

Make:

YAMAHA R15 B2

c.c

150

Colour:

WHITE / RED

A/C:

Insured / Std / NI / NA

Sp. Reading

69030

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ME11CK042D20032

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:

F:

90/80-17

R:

130/70-17

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

TOYO / YOKO or

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

29/06

23:30

D.O.I.

7/7

1.40pm

Survey held at

SG MOTOR

Des. of Damages:

Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

10/2/17

Email to Lurene - pending est from wesp.

45 \$2350

(Red: 2616-80, 53 %).

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

135

Transportation:

50

) S + RS. ) SI

50

) Photos

38

) Others

TOTAL

273

Report Format:

TP

Lump Sum / I.B.I: (\$ 2350)




# 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/FCI17013098/R1gh3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 06-07-2017	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHA 9109L	Veh. Inspected	FBH 1743S	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17006505MFSH	Excess (\$)	0.00	
Assign From	CWS (LURENE JAW)	Assign Date	06/07/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	29/06/2017	Inspection Date	07/07/2017	
Survey held at	SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622			
<b>5a. Remarks</b>				
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** 03-07-2017 **Our Ref No.** D17006505MFSH**Accident Date** 29-06-2017 **Claim Type.** Third Party**Insured Vehicle** SHA9109L **Third Party Vehicle.** FBH1743S**Survey Location** BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21**Contact Person.** ROSE**Contact No.** 64524898/ 91711655**Fax No.** 64524868**Survey Type** WITHOUT PREJUDICE: WAITING FOR OUR ID'S VIDEO FOOTAGE TO DETERMINE LIABILITY.**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** LURENE**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/224863)

PRI Documents

Close

## PRI Header Details

Claim No	D17006505MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & SG 98 MO
Workshop Name	SG 98 MOTOR PTE LTD (Contact Person : ROSE)	Survey Location & Contact Details	BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 Mobile: 91711655 , Phone: 64524898 , Fax: 64524868 EmailId: SGMOTOR2000@YAHOO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WAITING FOR OUR ID'S VIDEO F LIABILITY.		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA9109L	TP Vehicle No	FBH1743S
PRI Recieved Date	05-07-2017 07:17:22 PM	Surveyor Appointed Date	05-07-2017 07:56:41 PM	Surveyor Accept Date	06-07-2017 0

## Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	06-07-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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## Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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

## Ai Phing (LKKAuto)

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**From:** Ai Phing (LKKAuto)  
**Sent:** Monday, 10 July, 2017 2:34 PM  
**To:** 'Claim Workflow System'  
**Cc:** LURENEJAW@FIRST-INSURANCE.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D17006505MFSH/1

Dear Lurene,

Please be informed that we have inspected the vehicle FBH 1743S on 07-07-2017.  
We are pending estimate from repairer.

Best Regards,

**Ai Phing** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

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**From:** Admin-D (LKKAuto)  
**Sent:** Thursday, 6 July, 2017 9:54 AM  
**To:** 'Claim Workflow System' <[cwsmotorclaims@first-insurance.com.sg](mailto:cwsmotorclaims@first-insurance.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** LURENEJAW@FIRST-INSURANCE.COM.SG; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D17006505MFSH/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](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]  
**Sent:** Wednesday, 5 July, 2017 7:57 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG](mailto:CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG); [LURENEJAW@FIRST-INSURANCE.COM.SG](mailto:LURENEJAW@FIRST-INSURANCE.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D17006505MFSH/1

Dear Sir/Mdm,

## 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	05/07/2017 13:50
Date Of Accident	29/06/2017 23:30
Exact Location Of Accident	SOUTH BRIDGE ROAD BEFORE EXIT TO CIRCULAR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1743S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOREN CHONG YI YAO
NRIC No	S9339595F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91093050
Alternative Phone No	OFFICE-91093050
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	MOTORCYCLE
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
<b>Insurance Company</b>	
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/16-977375-WTT
Cover Note Number	
<b>Driver</b>	
Name of Driver	LOREN CHONG YI YAO
NRIC No	S9339595F
Date Of Birth	20/10/1993
Occupation	INDOOR
Date Of Driving Pass	15/10/2015
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91093050
Fax Number	
Contact Number	OFFICE-91093050
EEmail Address	NOEMAIL

Email Address

**DETAILS OF INJURED PERSON 1**

Name	LOREN CHONG YI YAO
Approximate Age	23
Injuries Sustain	REFER ATTACHED
Injured person in which vehicle?	FBH1743S
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 103 TAMPINES STREET 11 #07-51
Postcode	520103

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

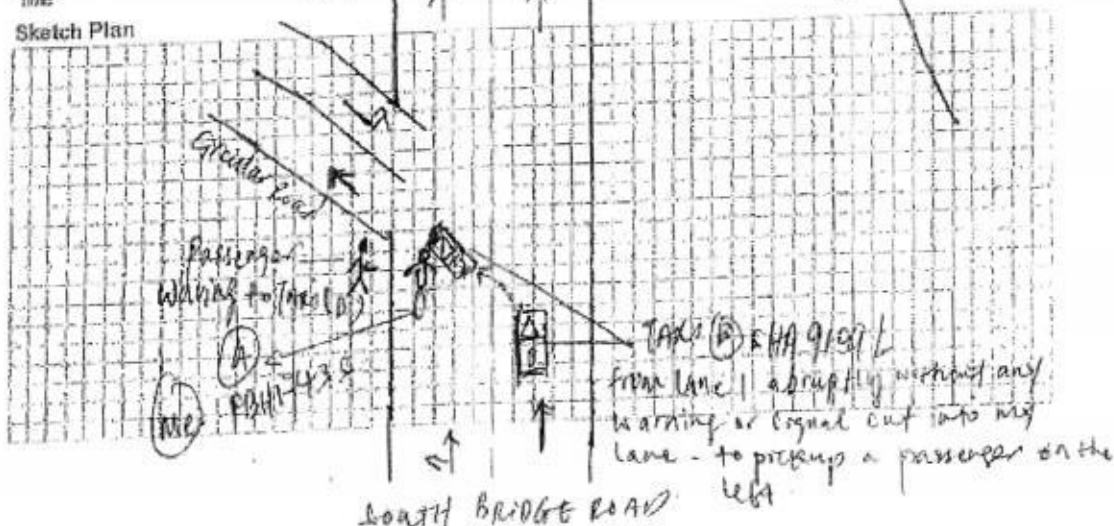
1. Please report correctly the details of the accident to speed up the claims process.
  2. This Form must be completed by the Policyholder and/or the Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 elsewhere.
  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) on 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' law yers/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 making 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/postal 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' law yers/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 law yers/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



## 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	30/06/2017 09:33
Date Of Accident	29/06/2017 23:25
Exact Location Of Accident	UPP CIRCULAR RD X SOUTH BRIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9109L
<b>Insured/Policyholder</b>	
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	TOYOTA
Model	PRIUS HYBRID 4G

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	GOH HONG CHYE @ GOH HONG KHOON
NRIC No	S0051881F
Date Of Birth	16/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	24/08/1974
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	GOHHC8288@YAHOO.COM.SG

Address	BLK 5 HACIENDA GROVE #03-02
Postcode	457911
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/20170630/2004

#### 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	FBH1743S
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	HANDS & LEGS BRUISES
Injured person in which vehicle?	FBH1743S
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan Pg. 1

### 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.

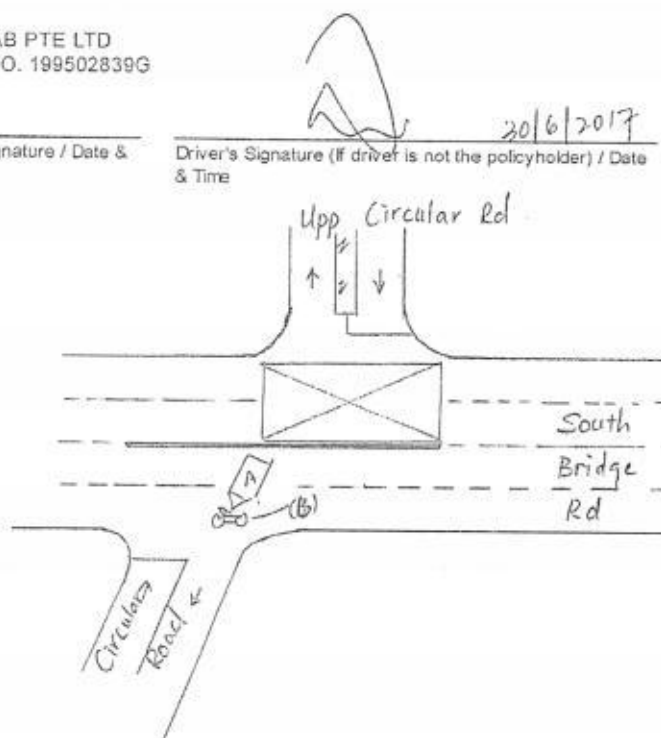
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A. SHA9109L

B. FBH1743S

Sketch Plan Pg. 2

Describe Circumstances of the Accident

As police report no:  
T/20170630/2004

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

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20170630/2004

1 of 3

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

Report No. T/20170630/2004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2017 00:38		Vide Report No.: A/20170629/0204		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Goh Hong Chye			Address: 5 HACIENDA GR #03-02 HACIENDA, THE SINGAPORE 457911		
ID Type / ID No.: NRIC NO / S0051881F			Contact No.: Home/Office: Mobile: 90051881		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 16/03/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2017 23:25	Type of Location:
Location:  CIRCULAR ROAD SOUTH BRIDGE ROAD NEAR BK EATING HOUSE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH1743S	Motorcycle				Slightly Damaged	0
SHA9109L	taxi				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20170630/2004

2 of 3

Report No. T/20170630/2004

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

CONTINUATION OF REPORT

**Brief Details.**

As above mention date time and location,

I was from the location mentioned above, I was about to turn right South Bridge Road. As I was about to turn suddenly a motorcycle from the right hit onto my taxi front left portion. No one is seriously injured then I called from the ambulance.



**SINGAPORE  
POLICE FORCE**

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



T/20170630/2004

3 of 3

Report No. T/20170630/2004

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 /

Sr Staff Sgt SALEHA BINTE MOHAMED SANI  
Contact No.: 65476258

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/06/2017 00:38

Classification Of Case:

Rasul

Attn: Catherine

Lat on

14/4/17

2 9145

# SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 559622

Tel: 6452 4898 Fax: 6452 4868

Email: sg\_motor\_enterprise@yahoo.com.sg

Date: 7 July 2017

To : LKK

By Fax: 6256-4315

Attn: Rasul

Tel : 90010068

VEHICLE NO : FBH 1743S

Yamaha R15 V2

ACCIDENT DATE: 29 June 2017

Description	Qty	Quotation \$
1 Brake Lever	1	50 78.00 Bro ✓
2 Windshield	1	250.00 Xsu ✓
3 Mirror RH	1	95.00 scd ✓
4 Head Cowling	1	150 250.00 gear ✓
5 Head Lamp	1	380.00 scu ✓
6 Mudguard	1	150 195.00 scu ✓
7 Fork Tube *	1 set	480.00 R (local repair - 100) - labor scu ✓
8 Head Lamp Stay Bracket	1	200 250.00 Pt ✓
9 Front Signal RH	1	80.00 scu ✓
10 Front RH Side Fairing	1	180.00 car ✓
11 RH Handle Bar	1	95.00 Pt ✓
12 Balancer	1 set	100 200.00 scu ✓
13 Throttle Grip	1 set	135.00 Xsu ✓
14 Brake Pedal	1	79.00 Pt ✓
15 Front Inner RH Panel	1	65.00 scu ✓
16 Centre RH Garnish Guard Panel	1	180.00 scu ✓
17 Exhaust Pipe *	1	550.00 R (local repair - 100) - labor scu ✓
18 Exhaust Pipe Guard	21	200 360.00 scu ✓
19 Engine Lower Guard	1	150.00 Xsu ✓
Sub-Total		4,052.00 2004
Less 10%		405.20 10%
Sub-Total		3,646.80 1803.60

CD

11/1/17

VEHICLE NO : FBH 1743S

Yamaha R15 V2

Nett items

1	IU unit	160.00	500 ✓
2	Body decal sticker - 1 set	200.00	1000 ✓
3	Towing fee	40.00	✓
4	Remove & replace necessary parts, align & etc	320.00	250
5	Remove & replace fork tube & top up fork oil	150.00	80
6	Putty & touch up paint work & decal body sticker labour	450.00	300

Sub-Total 1,320.00

Nett Total 4,966.80

930  
+ 200 = 1130

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

LG

Resul  
Hp 90010068

4 days

L/S

07/07/17 @ 1325

1803.60

1130.00

2933.60

20%

2346.88

43-71350

4 days

8

VEHICLE NO : FBH 1743S

Yamaha R15 V2

Nett items

1	IU unit	
2	Body decal sticker - 1 set	160.00 500 ✓
3	Towing fee	200.00 100
4	Remove & replace necessary parts, align & etc	40.00 ✓ 320.00 250
5	Remove & replace fork tube & top up fork oil	150.00 80
6	Putty & touch up paint work & decal body sticker labour	450.00 300

Sub-Total 1,320.00

Nett Total 4,966.80 930

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

.LG

*Paul*  
Hp 90010068  
4 days  
4/3  
07/07/17 @ 1325

1758.60  
930.00  
2688.60  
20%  
2150.88  
43-2,150  
4 days

16/4/2017 - Paul  
OK Acceptance  
as agreed @ 2,350/-

*(Signature)*

2685.60  
930  
3615.60  
less 20% 2892.48




## 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/FCI17013098/R1gh3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 22-11-2017	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHA 9109L	Veh. Inspected	FBH 1743S	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17006505MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	05/07/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	YAMAHA R15B2	c.c	150	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	ME11CK042D2003202	Colour	WHITE / RED	
Odometer	69030	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	90/80-17	MICHELIN	2 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	130/70-17	MICHELIN	2 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION AND O/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	29/06/2017	Inspection Date	07/07/2017	
Survey held at	SG 98 MOTOR PTE LTD BLK 4001 ANG MO KIO INDUSTRIAL PARK 1 #01-21 SINGAPORE 569622			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



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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. FBH 1743S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BRAKE LEVER	BROKEN	78.00	50.00
1	WINDSHIELD	SERVICEABLE	250.00	-
1	MIRROR RH	SCRATCHED	95.00	95.00
1	HEAD COWLING	SCRATCHED	250.00	150.00
1	HEAD LAMP	SCRATCHED	380.00	380.00
1	MUDGUARD	SCRATCHED	195.00	150.00
1	HEAD LAMP STAY BRACKET	BENT	250.00	200.00
1	FRONT SIGNAL RH	SCRATCHED	80.00	80.00
1	FRONT RH SIDE FAIRING	CRACKED	180.00	180.00
1	RH HANDLE BAR	BENT	95.00	95.00
1	SET BALANCER	SCRATCHED	200.00	100.00
1	SET THROTTLE GRIP	SERVICEABLE	135.00	-
1	BRAKE PEDAL	BENT	79.00	79.00
1	FRONT INNER RH PANEL	SCRATCHED	65.00	65.00
1	CENTRE RH GARNISH GUARD PANEL	SCRATCHED	180.00	180.00
2	EXHAUST PIPE GUARD	SCRATCHED - ONLY 1 PC	360.00	200.00
1	ENGINE LOWER GUARD	SERVICEABLE	150.00	-
	LESS 10% DISCOUNT		-405.20	-200.40
			2,616.80	1,803.60
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET FORK TUBE (LOCAL REPAIR) (SN)	SCRATCHED	480.00	100.00
1	EXHAUST PIPE (LOCAL REPAIR) (SN)	SCRATCHED	550.00	100.00
1	IU UNIT (SN)	SCRATCHED	160.00	160.00
1	SET BODY DECAL STICKER (SN)	NECESSARY	200.00	100.00
			1,390.00	460.00
<b><u>LABOUR</u></b>				
	TOWING FEE.		40.00	40.00
	REMOVE & REPLACE NECESSARY PARTS, ALIGN & ETC.		320.00	250.00
	REMOVE & REPLACE FORK TUBE & TOP UP FORK OIL.		150.00	80.00

Report Ref No. CS/FCI17013098/R1gh3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	PUTTY & TOUCH UP PAINT WORK & DECAL BODY STICKER LABOUR.		450.00	300.00
			960.00	670.00
GRAND TOTAL			4,966.80	2,933.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,350.00

Report Ref No. CS/FCI17013098/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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