

21/03/2017

ASS. REC. BY:

REF: CS3/FCI/7019449/WB

Special Instruction:

SUMMARY

cws

Wilson

ASSIGNMENT (Office)

From (Person):

Eileen Lee

of

FCI

Date/Time:

10/10/17 @ 11:46 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBE 3904 Y

Insured:

SH 8278X

at Workshop m/s

New Union Company

Tel:

98452253

of

9004 Tampines street 93 # 01-106

Policy No:

Claim No:

D17009419 MESH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

24/09/17

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement

Date/Time:

10.10.17 @ 12pm

Person Contacted:

Mr. Yeo

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (X) Estimate

FBE 3904 Y - X

SH 8278 X - NS / TNC 14020540 / H19J3K3 D.O.A: 30/10/2014

Dismantle Part: 12.10.2017

After repair: 27.10.2017

Sheet 1 of 1

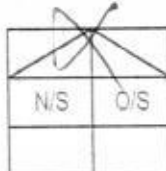
REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FBE 3904 Y
 at Workshop m/s New Union Company
 of 9004, Tampine St. 93
 Insured: #01-106
 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.



Est. or Market Value: \$4200
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBE 3904Y Yr Reg: 03 / 10
 Type: M/Car / Motorcycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Yamaha YZF R15 cc 150
 Colour: white/red A/C Insured / Std / NI / NA
 Sp. Reading: Not Available T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ME120P02Y92005547
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 110/80-17
 R: 110/70-17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / QHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front _____ Rear _____
 R/Bal. 2 mm R/Bal. 2 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 24.09.2017 D.O.I. 10.10.2017 @ 1.05pm
 Survey held at New Union
 Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Mileage Not Taken - Meter Gauge Not Power Supply.
	<u>\$ M.V. → \$4200</u>
	RECEIVED 05 JAN 2018

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1) 03-01-2018

Date/Time, File Return to?

2)

Report Format: PRS

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

() \$ + \$5 _____

Photos

Others:

TOTAL

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
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

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

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
---	--	--	--

(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

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	04-10-2017	Our Ref No. D17009419MFSH
Accident Date	24-09-2017	Claim Type. Third Party
Insured Vehicle	SH8278X	Third Party Vehicle. FBE3904Y
Survey Location	9004 Tampines Street 93 #01-106	
Contact Person.	BT YEO	
Contact No.	67849488/ 98452253	Fax No. 0
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	NEW UNION COMPANY	Attention. NIL
Cc : TP Solicitor	CHEONGHOH LAW CORPORATION	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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/228770)



PRI Documents



Close



PRI Header Details

Claim No	D17009419MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & CHEONGH
Workshop Name	NEW UNION COMPANY (Contact Person : BT YEO)	Survey Location & Contact Details	9004 Tampines Street 93 #01-106 Mobile: 98452253 , Phone: 67849488 , Fax: 0 EmailId: MAIL@CHEONGHOH.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH8278X	TP Vehicle No	FBE3904Y
PRI Recieved Date	04-10-2017 08:59:01 PM	Surveyor Appointed Date	10-10-2017 11:45:44 AM	Surveyor Accept Date	10-10-2017 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	10-10-2017	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

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

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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(1)

D.O.A → 24/9/2017

Yr Manufacture / Register → 2010

Bike model

Type

Scooters

Price From

Any

Price To

Any

Class

Any

MORE SEARCH OPTIONS ▾

Q SEARCH ▢ VIEW ALL (/LISTING/USEDBIKES/LISTING/)

Yamaha YZF-R15 (/listing/usedbike/yamaha-yamaha-yzf-r15/37/)



(/listing/usedbike/yamaha-yamaha-yzf-r15/37/)

Reg : 29/07/2010

Type: Street Bikes

150cc

29980km

Bike is fully paid. Extremely low mileage. Mostly use on weekends. Never failed any LTA inspections with this bike. Fuel Consumption: *450-500km on a full tank. Call/SMS owner for viewing. Any s...

Posted on :-

★ DIRECT SELLER

* m.v

→ \$3500

- \$4500

(Chk with owner)

DETAILS ▸ (/LISTING/USEDBIKE/YAMAHA-YAMAHA-YZF-R15/37/)

FIRST (?PAGE=1&LICENSE_CLASS=&CATEGORY=&STATUS=&REG_YEAR_TO=&BIKE_MODEL=YAMAHA+YZF-R15&BIKE_TYPE=7&PRICE_FROM=&PRICE_TO=&R

1

LAST (?PAGE=1&LICENSE_CLASS=&CATEGORY=&STATUS=&REG_YEAR_TO=&BIKE_MODEL=YAMAHA+YZF-R15&BIKE_TYPE=7&PRICE_FROM=&PRICE_TO=&R

Found Unable To Obtain LTA Rebate Online. Suspect
Bike Donor Has Sold Off His Bike, Managed to Obtain
The Following From Workshop For M.V Check

AUTOMOBILE APPRAISAL REPORT

Vehicle Registration No.	: FBE 3904 Y
Make/Model	: Yamaha YZF-R15
Year Manufacture Register	: 2010
Colour	: Red/White
Engine No.	: Obscure
Chassis No.	: ME120P02Y92005547
Nature Of Inspection	: Third Party
Date Of Accident	: 24 Sept 2017
Date Of Inspection	: 10 Oct 2017
Name of Workshop	: New Union Company
Place Of Inspection	: Blk 9004 Tampines St.93 #01-106
	: Singapore 528838

CONDITION ON VEHICLE

Celine agreed to base on
info that provided by workshop.

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	25/09/2017 17:52
Date Of Accident	24/09/2017 03:00
Exact Location Of Accident	LORONG 18 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE3904Y
Insured/Policyholder	
Name Of Registered Owner	LUKMAN NURHAKIM BIN M THAMRIN
NRIC No	S9032279F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83754382
Alternative Phone No	OTHERS-83754382
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5090118563
Cover Note Number	THIRD PARTY PLAN
Driver	
Name of Driver	LUKMAN NURHAKIM BIN M THAMRIN
NRIC No	S9032279F
Date Of Birth	04/09/1990
Occupation	INDOOR
Date Of Driving Pass	17/05/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83754382
Fax Number	
Contact Number	OTHERS-83754382
Email Address	NOEMAIL

Address BLK 501 BEDOK NORTH STREET 3
#02-28
Postcode 460501
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 SIDE SWIPE
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 BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20170924/2116

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 1JH8278X
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver JOH PH' SEH'G
NRIC/Passport Number 19013111A
Contact Number 99331111
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC1082X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

CHONG CHENG SAN

NRIC/Passport Number

S1404920G

Contact Number

Address

UNKNOWN

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

LUKMAN NURHAKIM BIN M THAMRIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBE3904Y

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report No. M17

D.O.A. 24/09/2017
Time: 0300 hrs

Vehicle No. FBE1901Y

Make / Model: YAMAHA YZF-R15

Report Date & Start Time: 25/09/17 / 17:44

Reporting Type: End Time: /

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders



25/09/17 / 17:44

Policyholder's Signature / Date & Time

25/09/17 / 17:44

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

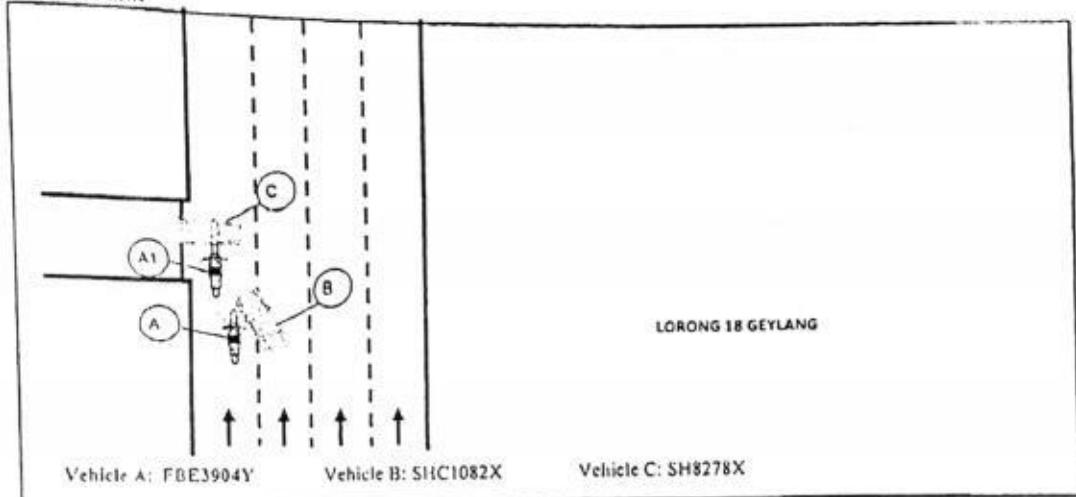
Aaron Chuah (S991802)
Customer Care Executive
Motor Service Centre



Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Brief Details:

On 24/09/2017 at about 3am, I was riding my bike FBE3904Y along Geylang Road. At that point of time I was on the 4th lane. As I was approaching Geylang Lorong 18, a taxi (SHC1082X) was on the 3rd lane suddenly cut my lane. The said taxi then hit the right side of the bike. Due to the impact, my bike was swerving. At that point of time, there is another taxi (SH8278X) who was at Geylang Lorong 18. The said vehicle was stationary however the vehicle did not stop behind the stop line and was protruding to the 4th lane. As I could not control my bike I hit the taxi (SH8278X) and fell down.

I then exchange particulars with the parties involved and left the scene. Due to the accident, I suffered some pain on the groin, neck, back and hands and went to CGH on 24/09/2017. I was given 4 days MC. For my bike it cannot be moved at all.

Declaration

We declare the foregoing particulars are true in every respect.




9/25/2017 17:44

Policyholder's Signature / Date & Time

9/25/2017 17:44

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

Aaron Chuah (S991802) 
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20170924/2116

1 of 4

Report No. T/20170924/2116

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2017 21:00		Vide Report No.:		Station Diary No.: 102	
Informant's Particulars					
Name of Informant: LUKMAN NURHAKIM BIN M THAMRIN			Address: APT BLK 501 BEDOK NORTH STREET 3 #02-28 SINGAPORE 460501		
ID Type / ID No.: NRIC NO / S9032279F			Contact No.: Home/Office: Mobile: 83754382		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 04/09/1990	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2017 03:00	Type of Location: Straight Road
Location: Along Road 1 LORONG 18 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBE3904Y	Motorcycle	YAMAHA	YZF-R15	Yellow	Totally Damaged	0
SH8278X	Car					0
SHC1082X	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20170924/2116

1 of 4

Report No. T/20170924/2116

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2017 21:00		Vide Report No.:		Station Diary No.: 102	
Informant's Particulars					
Name of Informant: LUKMAN NURHAKIM BIN M THAMRIN			Address: APT BLK 501 BEDOK NORTH STREET 3 #02-28 SINGAPORE 460501		
ID Type / ID No.: NRIC NO / S9032279F			Contact No.: Home/Office:		Mobile: 83754382
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 04/09/1990	Type of Informant: Rider		Institution / School Name:
Race: Malay			Language:		
Occupation: Despatch worker			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2017 03:00	Type of Location: Straight Road
Location: Along Road 1 LORONG 18 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3904Y	Motorcycle	YAMAHA	YZF-R15	Yellow	Totally Damaged	0
SH8278X	Car					0
SHC1082X	Car					0

Vehicle Insurance	
Insurance Company:	Insurance No. Effective From:



SINGAPORE POLICE FORCE



T/20170924/2116

2 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20170924/2116

CONTINUATION OF REPORT

Insurance				
Policy No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBE3904Y	NTUC Income Insurance Co-Operative Limited	5090118563	11/04/2017	10/04/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LUKMAN NURHAKIM BIN M THAMRIN	ID No.	S9032279F
Related Vehicle	FBE3904Y (Motorcycle)	Contact No.	83754382
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	24/09/2017	Date Discharge	24/09/2017
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	GOH HIN SENG	ID No.	S0013451A
Related Vehicle	SH8278X (Car)	Contact No.	NIL
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
Driver			
Name	CHONG CHENG SAN	ID No.	S1404920G
Related Vehicle	SHC1082X (Car)	Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**



T/20170924/2116

3 of 4

Report No. T/20170924/2116

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440 99

CONTINUATION OF REPORT

Brief Details.

On 24/09/2017 at about 3am, I was riding my bike FBE3904Y along Geylang Road. At that point of time I was on the 4th lane. As I was approaching Geylang Lorong 18, a taxi (SHC1082X) was on the 3rd lane suddenly cut my lane. The said taxi then hit the right side of the bike. Due to the impact, my bike was swerving. At that point of time, there is another taxi (SH8278X) who was at Geylang Lorong 18. The said vehicle was stationary however the vehicle did not stop behind the stop line and was protruding to the 4th lane. As I could not control my bike I hit the taxi (SH8278X) and fell down.

I then exchange particulars with the parties involved and left the scene. Due to the accident, I suffered some pain on the groin, neck, back and hands and went to CGH on 24/09/2017. I was given 4 days MC. For my bike it cannot be moved at all.



**SINGAPORE
POLICE FORCE**



T/20170924/2116

4 of 4

Report No. T/20170924/2116

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel: 6700-2449999

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:

G/
Sr Staff Sgt ABDUL RAHMAN BIN ABDUL
RAHMAN

Signature Of Informant:

Signature Of Interpreter:

Not available

Date/Time:

24/09/2017 21:00

Officer In Charge Of Case:

T/20170924/2116
Sgt TANG SIEW PING
Contact No: 65476430

Classification Of Case:

Authorisation Stamp
NP185


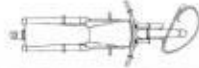
**LKK Auto Consultants Pte Ltd**

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			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI17019449/Wbs2 Date: 16-01-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SH 8278X	Veh. Inspected	FBE 3904Y
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17009419MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	10/10/2017
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA YZF-R15	c.c	150
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	ME120P02Y92005547	Colour	WHITE / RED
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	110/80-17	MICHELIN	2 mm
L/H Front Tyre			mm
R/H Rear Tyre	110/70-17	MICHELIN	2 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.			
5. General Information			
Accident Date	24/09/2017	Inspect Date / Time	10/10/2017 (01:09 PM)
Survey held at	NEW UNION COMPANY 9004 TAMPINES ST 93 #01-06 SINGAPORE 528838		
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 \$4,200.00			

Report Ref No. CS3/FCI17019449/Wbs2

Inspected By



WILSON TEO CHENG MING

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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