

ASS. REC. BY:

REF: CS3/FCI/2022541/Wbst

Special Instruction:

Survivor: Wilson

ASSIGNMENT (Office)

CWS

From (Person): Serene Ter

of

FCI

Date/Time: 24/11/17 @ 6.35pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: FBG 4498K

Insured:

SHC1489G

at Workshop m/s

Ong Motor

Tel:

83802233

of

464 Macpherson Road, 368182

Policy No:

Claim No:

D17010912 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 20/11/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time:

10.27am @ 27/11/17

Person Contacted:

Mr. Jaeky

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

FBG 4498K - NA/INC170224022402/h4-D.O.A.: 20/11/2017

SHC1489G - NA/INC170224022402/h4-D.O.A.: 20/11/2017

Dismantle Part: 29.11.2017

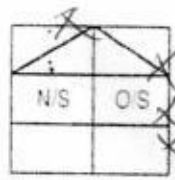
PRS
Wilson

REF:

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: **FBG 4498 K**
at Workshop n/s: **Ong Motor**
of: **464 Macpherson Rd**
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 Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res: Yes or No
Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: **FBG 4498 K** Yr Regn: **2012 Jul 24**
Type: **M/Car** / ~~M/Cycle~~ / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: **K.T.M 200 Duke** cc: **200**
Colour: **Black** A.C. Insured / Std / NI / NA
Sp. Reading: **17625** T. Radio: Insured / Std / NI / NA
Eng No: _____
C.No: **VBKJUC 4A4CC005507**
Gen. Cond: **Good** / ~~Fair~~ / Poor / Burnt
Steering: **Inorder** / Jammed / Leaked / Burnt or
Brake: **Inorder** / Jammed / Leaked / Burnt or
Mod: **Nil** / **(S/Rim)** / STD A/Rim or
Tyre Size F: **110 / 70 R 17 K/L**
R: **150 / 60 R 17**
BS / DUN / EXNOVA / GY / FS / LIZA / **(MIC)** OHTSU / PIR / SUMI /
TOYO / YOKO or
Front
R-Bal: **2mm** mm ~~R-Bal~~ **2** mm
L-Bal: _____ mm
D.O.A. _____ DOI: **27/11/2017**
Survey held at: **As Above** @ **2:37pm**
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Frt 1 R/H
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
No Accident Report Given.

Date/Time File Pass to: ☐ : Preli. Report
25/11/2018 ☐ : Final Report
Date/Time File Return to:

Days Of Repair:
Resurvey No. of Trip:

Report Format: **PRS.**
Lump Sum / I.B.I: IS

Add Fee: ☐ Site Insp IS
☐ Interview IS
☐ Tech Invs IS
☐ Weekend IS

Survey Fee
Transportation
S-RS IS
Photos
Other

RECEIVED 23 NOV 2018



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 : CS3/FCI17022541/Wb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 27-11-2017



Code : FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

| | | | |
|--------------|------------------|----------------|------------|
| Insured Veh. | SHC 1489G | Veh. Inspected | FBG 4498K |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | D17010912MFSH | Excess (\$) | 0.00 |
| Assign From | CWS (SERENE LER) | Assign Date | 27/11/2017 |

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 | 20/11/2017 | Inspection Date | 27/11/2017 |
| Survey held at | ONG MOTOR TRADING NO. 464 MACPHERSON ROAD SINGAPORE 368182 | | |

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. |
|--|

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

| | | |
|--------------------|--|-------------------------------|
| Date | 23-11-2017 | Our Ref No. D17010912MFSH |
| Accident Date | 20-11-2017 | Claim Type. Third Party |
| Insured Vehicle | SHC1489G | Third Party Vehicle. FBG4498K |
| Survey Location | 464 MACPHERSON ROAD | |
| Contact Person. | MR JACKY SIAH | |
| Contact No. | 83802233/ 83802233 | Fax No. 67338183 |
| Survey Type | WITHOUT PREJUDICE: LIABILITY UNCLEAR (NO EST. *) | |
| 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 | ONG MOTOR | Attention. NIL |
| Cc : TP Solicitor | CHIA S ARUL LLC | TP Solicitor Fax No. NA |
| Officer Incharge | SERENE | |

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/230588)



PRI Documents



Close



PRI Header Details

| | | | | | |
|--------------------------|--|--|--|---------------------------------|-----------------------|
| Claim No | D17010912MFSH | Policy No | D-15072701MFSH | Claimant S.No & Name | 1 & CHIA S AF TRADING |
| Workshop Name | ONG MOTOR (Contact Person : MR JACKY SIAH) | Survey Location & Contact Details | 464 MACPHERSON ROAD Mobile: 83802233 , Phone: 83802233 , Fax: 6733818: EmailId: WENGKIT@CHIAARUL.COM | | |
| Our Surveyor | LKK AUTO CONSULTANTS PTE LTD | Instructions To Surveyor | WITHOUT PREJUDICE: LIABILITY UNCLEAR (NO EST. *) | | |
| Insured Name | COMFORT TRANSPORTATION PTE LTD | Insured Vehicle No | SHC1489G | TP Vehicle No | FBG4498K |
| PRI Recieved Date | 23-11-2017 08:50:49 PM | Surveyor Appointed Date | 24-11-2017 06:34:55 PM | Surveyor Accept Date | 27-11-2017 0. |

Survey Report Upload

| | | | | | |
|------------------------------------|--|-----------------------------|------------|--------------------------------|--|
| Surveyor Inspection Date *: | | Surveyor Report Date | 27-11-2017 | Upload Survey Report *: | <input type="button" value="Choose File"/> |
|------------------------------------|--|-----------------------------|------------|--------------------------------|--|

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

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 | 23/11/2017 17:34 |
| Date Of Accident | 20/11/2017 22:00 |
| Exact Location Of Accident | CLEMENTI RD AFTER CLEMENTI AVE 2 B4 ULU PANDAN RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | FBG4498K |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD ARISMAN BIN ARMAN |
| NRIC No | S9226240E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87506091 |
| Alternative Phone No | OFFICE-87506091 |
| Vehicle Particulars | |
| Manufacturer | KTM |
| Model | 200 DUKE |
| 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 | 5078078257-01 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | MUHAMMAD ARFIZAN BIN ARMAN |
| NRIC No | S9732615J |
| Date Of Birth | 16/09/1997 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/02/2016 |
| Driving Experience | 1 YEAR AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93226469 |
| Fax Number | |
| Contact Number | |
| EMAIL Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | BLK 559 AMK AVE 10 #03-1838 |
| Postcode | 560559 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SIBLING |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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 | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SHC1489G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| 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 MUHAMMAD ARFIZAN BIN ARMAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG4498K

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan


SKETCH PLAN

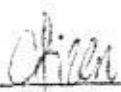
IMPORTANT NOTICE


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 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 lodging 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.


Policyholder's Signature
Date & Time: 23/11/17

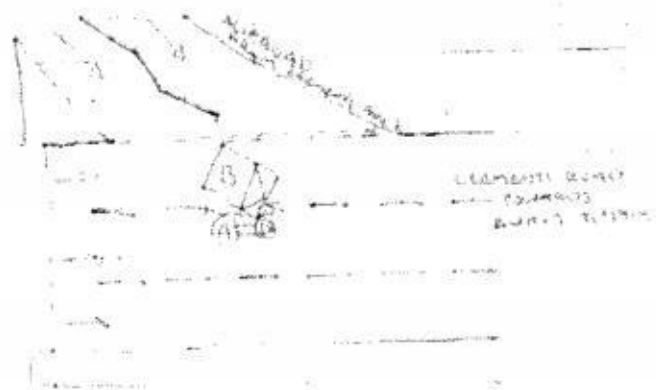

Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

$\lim_{n \rightarrow \infty} \frac{1}{n^2} = 0$



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

DECLARATION
I/We declare the foregoing particulars are true in every respect.

Police Officer's Signature
Date & Time

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

Reporting Center Personnel's Signature
Name: _____
NR/C/T/ID No. _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171122/2049

1 of 3

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

Report No: T/20171122/2049

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 22/11/2017 12:33 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMMAD ARFIZAN BIN ARMAN | | | Address: APT BLK 559 ANG MO KIO AVE 10 #03-1838 HDB-ANG MO KIO SINGAPORE 560559 | | |
| ID Type / ID No. NRIC NO / S9732615J | | | Contact No.: Home/Office: | | Mobile: 93226469 |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 20 | Date of Birth: 16/09/1997 | Type of Informant: Rider | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: Student | | | Driving Licence Information: Class: 2B,2A | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------------|---|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 20/11/2017 22:00 | Type of Location: Straight Road |
| Location: CLEMENTI ROAD AFT CLEMENTI AVE 2 BEFORE ULU PANDAN ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|---------|--|-------|-----------|-----------------|
| FBG4498K | Motorcycle | KTM | 200 DUKE | Black | | 0 |
| SHC1489G | Car | HYUNDAI | SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO | Blue | | 0 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171122/2049

2 of 3

Report No. T/20171122/2049

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

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------|--|-------------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD ARFIZAN BIN ARMAN | ID No. | S9732615J |
| Related Vehicle | NIL | Contact No | 93226469 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B.2A Date of Expiry: NIL |
| Date Treatment | 20/11/2017 | Date Discharge | 20/11/2017 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION I WAS RIDING ALONG CLEMENTI ROAD ON THE SECOND LANE OF A 3 LANE ROAD. WHEN PASSING BY THE FILTER LANE, A TAXI FROM THE FILTER LANE DASH OUT AND SIDE SWIPE MY VEHICLE MAKING ME TO LOSE MY BALANCE AND FELL ONTO THE ROAD

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171122/2049

3 of 3

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

Report No T/20171122/2049

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 MIRZA SYAHMI BIN HARMIZI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/11/2017 12:33

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**



Signature: _____

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|-------------------|
| Vehicle Owner Particulars | |
| Owner ID Type | Singapore NRIC |
| Owner ID | 6240E |
| Vehicle Details | |
| Vehicle No. | FBG4498K |
| Vehicle to be Exported | No |
| Intended De-registration Date | 14 Dec 2017 |
| Vehicle Make | K.T.M. |
| Vehicle Model | 200 DUKE |
| Primary Colour | Orange |
| Secondary Colour | Black |
| Manufacturing Year | 2012 |
| Engine No. | 0290603744 |
| Chassis No. | VBKJUC4A4CC005507 |
| Maximum Power Output | - |
| Open Market Value | \$3,650.00 |
| Original Registration Date | 24 Jul 2012 |
| First Registration Date | 24 Jul 2012 |
| Transfer Count | 3 |
| Actual ARF Paid | \$548.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility | No |
| PARF Eligibility Expiry Date | - |
| PARF Rebate Amount | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date | 23 Jul 2022 |
| COE Category | D - Motorcycle |
| COE Period(Years) | 10 |
| QP Paid | \$1,859.00 |
| COE Rebate Amount | \$856.00 |
| Total Rebate Amount | \$856.00 |

The information contained herein is correct as at 14 Dec 2017



| PRE-REPAIR INSPECTION REPORT | | | | |
|--|--|---|-------------------------|---|
| FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 | | Ref: CS3/FCI17022541/Wbs2 Date: 26-01-2018 Code: FCI2 | |  |
| 1. Policy Particulars :- (THIRD PARTY CLAIM) | | | | |
| Insured Veh. | SHC 1489G | Veh. Inspected | FBG 4498K | |
| Policy No. | D-15072701MFSH | Coverage (\$) | 0.00 | |
| Claim No. | D17010912MFSH | Excess (\$) | 0.00 | |
| Assign From | SERENE LER | Assign Date | 24/11/2017 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | K.T.M. 200 DUKE | c.c | 200 | |
| Engine No. | HIDDEN | Year of Reg. | 2012 | |
| Chassis No. | VBKJUC4A4CC005507 | Colour | BLACK | |
| Odometer | 17625 KM | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 110/70 R17MC | MICHELIN | 2 mm | |
| L/H Front Tyre | | | mm | |
| R/H Rear Tyre | 150/60 R17 | MICHELIN | 2 mm | |
| L/H Rear Tyre | | | mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND O/S BODY. | |  | | |
| 5. General Information | | | | |
| Accident Date | 20/11/2017 | Inspect Date / Time | 27/11/2017 (02:37 PM) | |
| Survey held at | ONG MOTOR TRADING NO. 464 MACPHERSON ROAD SINGAPORE 368182 | | | |
| 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. | | | | |

Report Ref No. CS3/FCI17022541/Wbs2

Inspected By



WILSON TEO CHENG MING

Automotive Assessor



K.K.LAU CPT (RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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