

27/03/2002

ASS. REC. BY:

REF: CS/FCI17024444/11rd3

Special Instructions:

## ASSIGNMENT (Office)

Signature

CWS

From (Person):

Leanne Jaw

of

FCI

Date/Time:

4.13pm @ 27/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FY 6327R

Insured:

SHB 4888Z

at Workshop m/s

Kim Kock Motor

Tel:

93676256

of

3K27 A Jurong port Rd #01-19

Policy No:

Claim No:

D17011428MFSH

Sum Insured:

Excess:

D.O.A. 11/12/17

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

up?

H.O.D. Endorsement:

Date/Time: 11.57am @ 27/12/17

Person Contacted:

Mr. Gan

Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	FY 6327R-X
	SHB 4888Z-CS/INC09011032/Yh
	D.O.A. : 17/05/2009
19/13/18	Sent preli thru email.
7/18/18	Confirm with Mr Gan L/s \$5300 @ 5 days (Red: \$3189.38/1)

ASS. REC. BY: Tanjin

REF: FCR

# ASSIGNMENT

FY6327R.

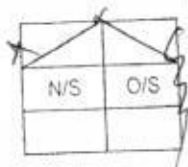
2024 March.  
2004 Nov

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s: \_\_\_\_\_  
of: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Claims No: \_\_\_\_\_  
Sum Insured: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Excess: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IFAC Accident Report: \_\_\_\_\_

GIA / PR Seen: \_\_\_\_\_

Est. Repairs: \_\_\_\_\_

Lump Sum: \_\_\_\_\_

Consistent? Yes or No

Consistent? Yes or No

days Res: Yes or No

% 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Date / Time Action / Instruction

Veh No: \_\_\_\_\_  
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda CB400

Colour: Grey

Sp. Reading: \_\_\_\_\_

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 120/60R17

R: 160/60R17

BSY DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

R/Bal. 5 mm

L/Bal. mm

D.O.A. \_\_\_\_\_

Survey held at Kim Hock Motor

Des. of Damages: FR / Rear / O/S / NIS / UIC / Rooftop or

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

Date Time For Pass to?

typist

Date Time For Return to?

☐ : Preli. Report  
☒ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee  
Transportation

) \$ + RS. SI

) Photos

) Others

TOTAL

Report Format: TP

Lump Sum / L.A.I: (\$ 5300)

160
50
43
303




# 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/FCI17024444/rd3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 27-12-2017		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHB 4888Z	Veh. Inspected	FY 6327R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17011428MFSH	Excess (\$)	0.00	
Assign From	CWS (LURENE JAW)	Assign Date	27/12/2017	
<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	11/12/2017	Inspection Date		
Survey held at	KIM KOCK MOTOR PTE LTD BLK 27A JURONG PORT ROAD #01-19 SINGAPORE 619101			
<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.				

# First Capital Insurance Limited

A FAIRFAX Company

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

## MOTOR SURVEY ASSIGNMENT

Date	12-12-2017	Our Ref No.	D17011428MFSH
Accident Date	11-12-2017	Claim Type.	Third Party
Insured Vehicle	SHB4888Z	Third Party Vehicle.	FY6327R
Survey Location	BLK 27A JURONG PORT ROAD #01-19		
Contact Person.	MR GAN / MS HOW		
Contact No.	62650226/ 93676256	Fax No.	62652588
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:		
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	KIM KOCK 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/231764)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D17011428MFSH	<b>Policy No</b>	D-15072702MFSH	<b>Claimant S.No &amp; Name</b>	1 & KIM KOCK
<b>Workshop Name</b>	KIM KOCK MOTOR PTE LTD (Contact Person : MR GAN / MS HOW)	<b>Survey Location &amp; Contact Details</b>	BLK 27A JURONG PORT ROAD #01-19 <b>Mobile:</b> 93676256 , <b>Phone:</b> 62650226 , <b>Fax:</b> 62652588 <b>EmailId:</b> KIMKOCKMOTOR@GMAIL.COM		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: LIABILITY UNCLEAR:		
<b>Insured Name</b>	CITYCAB PTE LTD	<b>Insured Vehicle No</b>	SHB4888Z	<b>TP Vehicle No</b>	FY6327R
<b>PRI Recieved Date</b>	22-12-2017 09:35:21 PM	<b>Surveyor Appointed Date</b>	26-12-2017 04:12:30 PM	<b>Surveyor Accept Date</b>	27-12-2017 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>		<b>Surveyor Report Date</b>	27-12-2017	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
------------------------------------	--	-----------------------------	------------	--------------------------------	--

## Vehicle Particulars

<b>Make</b>	Please Select Make ▼	<b>Model</b>	Please Select Model ▼	<b>Year</b>	Select Year ▼
<b>Chasis No</b>	<input type="text"/>	<b>Engine No</b>	<input type="text"/>	<b>Mileage</b>	<input type="text"/>
<b>Color</b>	<input type="text"/>	<b>Cubic Capacity</b>	<input type="text"/>		

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks



Auto  
Consultants  
Pte Ltd

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

Your Ref: D17011428MFSH

Our Ref: CS/FCI17024444/T1rd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

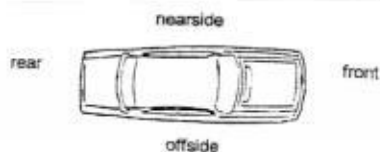
**INITIAL INSPECTION REPORT OF VEHICLE NO. FY 6327R .**

Please be informed that we had conducted the inspection of the above mentioned vehicle on 28/12/2017 at the premises of M/s KIM KOCK MOTOR PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>8,489.00</u> .
Revised Estimate Amount	: S\$ <u>7,779.00</u> .
"Check" Items Amount	: S\$ <u>          </u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

**Description of Damage:**

The vehicle sustained damages  
at front portion, o/s body and n/s body.



Yours faithfully  
TAUFIKH  
Automotive Assessor

## Janice Lee (LKKAuto)

---

**From:** Janice Lee (LKKAuto)  
**Sent:** Monday, March 19, 2018 5:44 PM  
**To:** 'Claim Workflow System'  
**Cc:** SUR; SERENELER@MSFIRSTCAPITAL.COM.SG  
**Subject:** RE: SURVEY ASSESSMENT - D17011428MFSH/1  
**Attachments:** FY 6327R.pdf

Dear Sir/ Madam,

Enclosed preliminary revised for **FY 6327R**.

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

---

**From:** Admin-D (LKKAuto)  
**Sent:** Wednesday, December 27, 2017 11:59 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 - D17011428MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

*"Wishes you a Merry Christmas & Happy New Year 2018"*

Best Regards,

**G.Nivitha** | 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)

---

**From:** Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]  
**Sent:** Tuesday, 26 December, 2017 4:12 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 - D17011428MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 12/12/2017 15:04  
Date Of Accident 11/12/2017 07:20  
Exact Location Of Accident PIONEER SECTOR 2  
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FY6327R  
**Insured/Policyholder**  
Name Of Registered Owner AHMAD IBRAHIM BIN JALIL  
NRIC No S8520005D  
Email Address MUDJAZIEBB@GMAIL.COM  
Mobile Phone No (LOCAL) +65-92200119  
Alternative Phone No OFFICE-92200119

Vehicle Particulars

Manufacturer HONDA  
Model CB 400  
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 FIRE AND/OR THEFT  
Fleet Policy NO  
Policy Number 5054091909-05  
Cover Note Number

Driver

Name of Driver AHMAD IBRAHIM BIN JALIL  
NRIC No S8520005D  
Date Of Birth 18/07/1985  
Occupation OUTDOOR  
Date Of Driving Pass 03/06/2008  
Driving Experience 9 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92200119  
Fax Number  
Contact Number OFFICE-92200119  
Email Address MUDJAZIEBB@GMAIL.COM

金國摩托私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0228 Fax: 6265 2565

Address	BLK 431B YISHUN AVE 1 #13-593
Postcode	762431
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4888Z
Vehicle Make/Model/Colour	TAXI - YELLOW COLOR -HYUNDAI SONATA
Details Of Properties	RIGHT SIDE
Name of Driver	LEE SOO LAM
NRIC/Passport Number	
Contact Number	97267302
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	AHMAD IBRAHIM BIN JALIL
Approximate Age	32

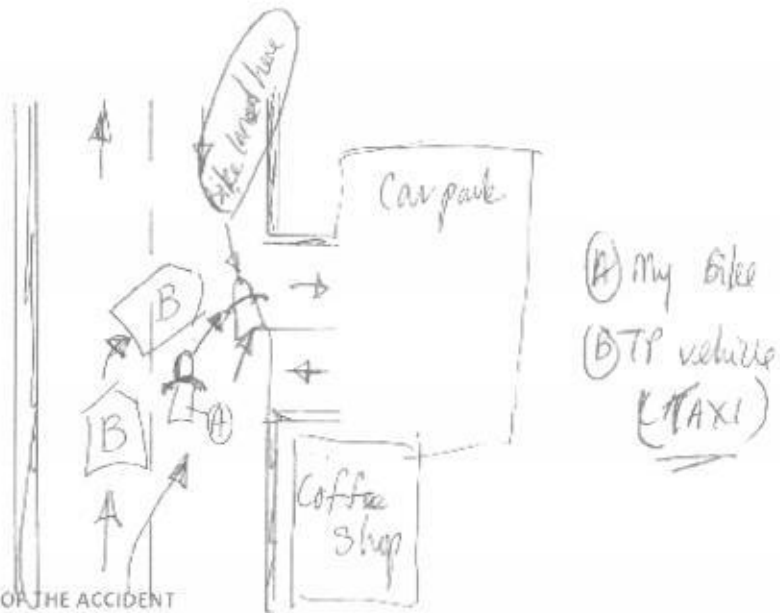
金國摩哆私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2503

Injuries Sustain	REFER ATTACHED
Injured person in which vehicle?	FY6327R
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 431B YISHUN AVE 1 #13-593
Postcode	762431

金國摩托私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-18,  
Singapore 619101  
Tel: 6285 0226 Fax: 6265 2586

# Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer Police Report*

*7/20/17 12/11/2141*

金國摩哆私人有限公司  
 KIM KOCK MOTOR PTE LTD  
 27A, Jurong Port Road, #01-19,  
 Singapore 619101  
 Tel: 6265 0225 Fax: 6265 2568

## DECLARATION

/We declare the foregoing particulars are true in every respect

Policyholder's Signature

Date & Time:

12/12/17 11:11hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NR/LPN No.:

*Reported by Kim*  
*81257169/1*

## Sketch Plan #2

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please read and correctly fill details on the accident as stated on this form, precisely.
2. This form is to be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this form by me is a complete and exclusive admission of policy liability on the part of the insured concerned.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the members of the GIA Roadside Management Centre to the relevant Insurance Association of Singapore (IAS) for a claim. A copy of this report will for a fee be made available upon application by interested parties.
7. By the signing of this form, the signatory gives his consent to the recording of this accident as well as the disclosure of this report being made available to third parties.
8. Consent under the Personal Data Protection Act (PDPA).

I understand, acknowledge, agree and consent to:

- (a) My insurance, my workshop and the Insurance Institute of Singapore ("IIA") may be permitted to collect, use, disclose and/or process my personal data/vehicle information set out in this [Form] and any other personal information provided by me or derived by my insurer collectively the "Personal Information"; and disclose and transfer such Personal Information to all insurance(s) who have insured each party involved in this accident (all insured) (I/we have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insured"), the Insurers' lawyers/law firms, the Singapore Authority of Singapore and any other relevant government agency/authority (such as the police) or the public, if:
  - (i) processing is a necessary compliance with insurance law, including the settlement of disputes and any necessary investigations relating to the claim;
  - (ii) investigating the accident from the police;
  - (iii) carrying out, and/or complying with, legal, regulatory or law-enforcing requirements by me;
  - (iv) a need to comply with a third party's claim, including third party claims, claims for damages, reports or notices to me, which could involve disclosure of certain personal data associated with my, about delivery of the same as well as the accident scene or a development package;
  - (v) complying with applicable law and data storage, processing and disclosure relating with my claim or policy (the "Purposes").
- (b) all insurer(s) I/we have insured (collectively Insured in this accident and the Insurers' lawyers/law firms) may be 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 be disclosed by any of the Insurers, me/for GIA to their third party claim providers or events (including their lawyers/law firms), which may be and is disclosed in Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used, for example by the Insurers, for the purposes of third party claim, investigation and management in present and future claims;
- (e) this information will also be collected for all above mentioned purposes; and
- (f) all Insurers and/or any other third parties, may be used in evaluating, investigating, controlling or managing claims, negotiations, settlements and general claims related as reasonably required for the purposes stated; and
- (g) for complying with requirements under any regulatory or laws or court orders.

Policyholder's Signature  
Date & Time

Driver's Signature  
Printed Name (Authorized Driver)  
Date & Time

Reporting Officer's Signature  
Name  
NRP/RA No.

RECEIVED NRP/RA  
SISX16910

金國摩打私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-15,  
Singapore 619101  
Tel: 6255 0258 Fax: 6255 0259

## Common Statement



**SINGAPORE  
POLICE FORCE**



T/20171211/2141

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No: T/20171211/2141

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2017 17:28	Vide Report No.	Station Diary No.: 93
--	-----------------	--------------------------

## Informant's Particulars

Name of Informant: AHMAD IBRAHIM BIN JALIL			Address: APT BLK 431B YISHUN AVENUE 1 #13-593 SINGAPORE 762431	
ID Type / ID No: NRIC NO / S8520005D			Contact No. Home/Office: Mobile: 922200119	
Nationality: SINGAPORE CITIZEN			Email	
Sex: Male	Age: 32	Date of Birth: 18/07/1985	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: SENIOR SAFETY COORDINATOR			Driving Licence Information: Class: 2B, 2A, 3	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 11/12/2017 07:20	Type of Location: Straight Road
Location: Along Road 1 PIONEER ROAD				
Pioneer sector 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: taxi knocked onto the side of my motorcycle				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY6327R	Motorcycle	HONDA	CB400 SFHV M	Yellow		0
SHB4888Z	Taxi					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY6327R	NTUC Income Insurance Co-Operative Limited	5054091909-05	18/05/2017	17/05/2018

金國摩托有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6205 0220 Fax: 6205 2583

# Common Statement



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Yishun North N P C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20171211/2141

2 of 3

Report No: T/20171211/2141

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	AHMAD IBRAHIM BIN JALIL	ID No	S8520005D
Related Vehicle	FY6327R (Motorcycle)	Contact No.	922200119
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	11/12/2017	Date Discharge	11/12/2017
No. of Days granted Medical Leave	06	Degree of Injury	Slight
<b>Driver</b>			
Name	Lee soo lam	ID No	S1334401I
Related Vehicle	SHB4888Z (Taxi)	Contact No.	9726302
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

### Brief Details.

On the 11/12/2017 at about 0720hrs, I was riding my motorcycle bearing registered plate number, FY6327R. I was travelling along Pioneer sector 2 towards my workplace. I was at the lane going straight. However, a taxi bearing registered plate number, SHB4888Z was beside me. The taxi suddenly turn right and knocked onto the left side of my motorcycle. I then fell on my right side. I wish to state that the taxi did not signal and did not check his blind spot before turning right.

I was still conscious. I was being conveyed to Ng Teng Fong hospital for treatment. I was given 6 days of Medical leave from 11/12/2017 to 16/12/17. I suffered slight injury. I do not know how the damage on my motorcycle. The taxi driver informed me that there is no damage on his taxi.

金國摩哆私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2533

Common Statement



SINGAPORE  
POLICE FORCE



T/20171211/2141

Police Station Of Origin:  
Yishun North N P C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No: T/20171211/2141

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

金同摩托私人有限公司  
KIM KOCK MOTOR PTE LTD  
88/27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6205 0226 Fax: 6265 2583

**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 F / Sgt 2 TEO KENG HUI	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 11/12/2017 17:28
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	SN 085
Authentication Stamp NP168	 Singapore Police Force

**Enquire Vehicle & Owner Information ( Vehicle No. SHB4888Z As At 21 Dec 2017 / 16:25:00 )**

**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: MISC

**Current Owner Details**

Owner ID Type: Company  
Owner ID: 199502839G  
Owner Name: CITYCAB PTE LTD  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 383  
Registered Street Name: SIN MING DRIVE  
Registered Unit No.: -  
Registered Building Name: GAS BUILDING  
Registered Postal Code: 575717

**Current Vehicle Details**

Vehicle No.: SHB4888Z  
Make Description/Model: HYUNDAI / SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO  
Insurance Company Name: FIRST CAPITAL INS LTD

21/12/17

FY 6327R

Hel 3

To wing — \$35<sup>30 SN</sup> ✓

To wing go idac \$25<sup>30 SN</sup> ✓

Assy - Front sporting \$685 cut ✓

Front mudguard \$195 cut ✓

R/L Front brake disc \$560<sup>280</sup> - ~~280~~ ✓

R/L Front Fork Assy — \$780 \$180 SN ✓

Head light Assy — \$395 - cut ✓

Front Number Plate — \$25 - bt ✓

Meter Assy — \$885<sup>cut</sup> ✓

Haulk Bar — \$180<sup>bt</sup> ✓

IRP unit Assy — \$225 - cut ✓

MIRRL R/L — \$96 - cut ✓

Fuel tank Assy — \$895 dd ✓

Engine Case Assy — \$190 dd ✓

BS

Fut 120/60R17

New 160/60R17

全国摩托私人有限公司  
KIM KOCK MOTOR PTE LTD  
Bik 27A, Jurong Port Road, #01-1  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2586

ductn lever — \$180 cat ✓  
ductn Hodgei Ang — \$95 - cat ✓

(L) Rear Foot Rest — \$78 cat ✓

(L) Rear Foot Rear Bracket — \$195 - Rx

Rear Tail Cover — \$265 - cat ✓

Rear Yishimura Pipe — \$1350 cat ✓

Labour — \$350 250.

Front-AJLR Pipe Handle — \$7704  
\$785 cat ✓

Parts - 6814

10% - 6132.60

SN - 240

Labour - 250

6622.60 Total 97495749  
- WP

4/5 85300

28/12/12 @ 1pm.

5 days.

Insurance

Resurvey after repair.

\$7704

\$785 cat ✓

\$8489

金國強有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2500

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:



# 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/FCI17024444/T1rd3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 06-09-2018	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHB 4888Z	Veh. Inspected	FY 6327R
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17011428MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	27/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HONDA CB400	c.c	399
Engine No.	HIDDEN	Year of Reg.	2004
Chassis No.	NC391053224	Colour	GREY
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	120/60R17	BRIDGESTONE	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	160/60R17	BRIDGESTONE	5 mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION, O/S AND N/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	11/12/2017	Inspection Date	28/12/2017
Survey held at	KIM KOCK MOTOR PTE LTD BLK 27A JURONG PORT ROAD #01-19 SINGAPORE 619101		
<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.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>5 Working Days</b>	



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FY 6327R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	ASSY - FRONT SPORTING	CUT	685.00	685.00
1	FRONT MUDGUARD	CUT	195.00	195.00
2	R/L FRONT BRAKE DISC	O/S DENTED	560.00	280.00
1	HEAD LIGHT ASSY	CUT	395.00	395.00
1	FRONT NUMBER PLATE	BENT	25.00	25.00
1	METER ASSY	CUT	885.00	885.00
1	HANDLE BAR	BENT	180.00	180.00
1	ERP UNIT ASSY	CUT	235.00	235.00
2	MIRROR R/L	CUT	96.00	96.00
1	FUEL TANK ASSY	DENTED	895.00	895.00
1	ENGINE TANK ASSY	DENTED	190.00	190.00
1	CLUTCH LEVER	BENT	180.00	180.00
1	CLUTCH HODEI ASSY	CRACKED	95.00	95.00
1	REAR FOOT REST	CUT	78.00	78.00
1	REAR FOOT REST BRACKET	TO REPAIR SEE LABOUR	195.00	-
1	REAR TAIL COVER	CUT	265.00	265.00
1	REAR YISHIMURA PIPE	DENTED	1,350.00	1,350.00
1	FRONT - AJER PIPE HANDLE	DENTED	785.00	785.00
	LESS 10% DISCOUNT		-	-681.40
			7,289.00	6,132.60
<b>SPECIAL NETT ITEMS</b>				
2	R/L FRONT FORK ASSY (SN)	BENT	780.00	180.00
			780.00	180.00
<b>LABOUR</b>				
	TOWING.		35.00	30.00
	TOWING GO IDAC.		35.00	30.00
	LABOUR.		350.00	250.00
			420.00	310.00
<b>GRAND TOTAL</b>			<b>8,489.00</b>	<b>6,622.60</b>

Report Ref No. CS/FCI17024444/T1rd3s2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			5,300.00
---	--	--	----------

Report Ref No. CS/FCI17024444/T1rd3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.