22/03/2002

ASS. REC. BY: | REF: CS/FCL7024470/TH62 Special Instructions:

Surveyor: Toufiek ASSIGNMENT (Office)

From (Person): CWS May Chua of FCI Date/Time: 3.14pm @ 22/12

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBA 1281 4 Insured: SHD 4700X

at Workshop m/s Kim Rock Motor Tel: 93676056

of Blk 27 Ajurong port Rd #01-19

Policy No: Claim No: D1701176 8MFSH

Sum Insured: Excess:

Make of Veh: D.O.A: 28/11/2017
(Client's Record)

CA / REV / REP. / REV 24 HRS (wp) 28.12.2017 @ 12pm - 1pm H.O.D. Endorsement:

Date/Time: 9.14am @ 26/12/17 Person Contacted: Mr. Gan Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	FBA 1281U - X
	SHD 4700X - CS/FCL5015210/Avball DOA: 06.11.15
	lump sum $1000 (Red. 1080 : 51%)

Surveyor: Taufik REF: FCI

ASSIGNMENT

From: Date: 28/12/17

Estimated Cost:

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

To Inspect Vehicle No: FBA 1281 4

at Workshop m/s Kim Kock Motor

of Blk 27A jurong port Rd # 01-19

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) 12pm-1pm

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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 1wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBA 1281 4 Yr Regn: 2006 Feb 2021 Jan

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

Make: Yamaha Spark 135 c.c 135

Colour Red A/C Insured / Std / NI / NA

Sp.Reading 64346 T/Radio: Insured / Std / NI / NA

Eng No:

C/No: 5YP 703940

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 80/80(17)

R:

BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	28/12/17 @ 1230

Survey held at Kim Kock Motor

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction

RECEIVED 16 APR 2018

Date/Time File Pass to? 16/4 Typist

Date/Time File Return to?

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: -

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech. Insp ($) ☐ Measuring ($)

Survey Fee 110

Transportation 50

54

Photos

Others

TOTAL 214

Report Format : TP

Lump Sum / I.B.I: IS 10007

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

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI17024470/T1tb

Date : 27-12-2017

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHD 4700X	Veh. Inspected	FBA 1281U
	Policy No.		Coverage ($)	0.00
	Claim No.	D17011768MFSH	Excess ($)	0.00
	Assign From	CWS (MAY CHUA)	Assign Date	22/12/2017

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	28/11/2017	Inspection Date	28/12/2017
	Survey held at	KIM KOCK MOTOR PTE LTD BLK 27A JURONG PORT ROAD #01-19 SINGAPORE 619101		

5a. Remarks

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	21-12-2017	**Our Ref No.**	D17011768MFSH
Accident Date	28-11-2017	**Claim Type.**	Third Party
Insured Vehicle	SHD4700X	**Third Party Vehicle.**	FBA1281U
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: ACCIDENT NOT REPORTED:		
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	MAY CHUA		

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/232246) PRI Documents Close

PRI Header Details

Claim No	D17011768MFSH	**Policy No**	D-15O72701MFSH	**Claimant S.No & Name**	1 & KIM KOCK
Workshop Name	KIM KOCK MOTOR PTE LTD (Contact Person : MR GAN / MS HOW)	**Survey Location & Contact Details**	BLK 27A JURONG PORT ROAD #01-19 **Mobile:** 93676256 , **Phone:** 62650226 , **Fax:** 6265258 **EmailId:** KIMKOCKMOTOR@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	**Insured Vehicle No**	SHD4700X	**TP Vehicle No**	FBA1281U
PRI Recieved Date	22-12-2017 02:48:08 PM	**Surveyor Appointed Date**	22-12-2017 03:45:17 PM	**Surveyor Accept Date**	27-12-2017 0

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	27-12-2017	**Upload Survey Report *:**	Choose File

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select Year
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Remarks		Save

(Thirty claims) – claims Department
65738219

MSI317157160 / STA INSPECTION PTE LTD - Boon Lay
ENTRY DATE & TIME: 28/11/2017 14:41

SINGAPORE ACCIDENT STATEMENT

Fax – 62223547.
First Capital INS LTD.
Tel – 65738248

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 witholding 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	28/11/2017 14:41
Date Of Accident	28/11/2017 06:20
Exact Location Of Accident	IN FRONT OF NO : 146 ROBINSON ROAD
Country/State of Loss	SINGAPORE

motorclaims@first-insurance.com.sg
LKK-

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA1281U

– 68411973
H.P 94749749

Insured/Policyholder

Name Of Registered Owner	ABDUL AZIZ BIN TURRU
NRIC No	S1572007G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82879202
Alternative Phone No	OFFICE-82879202

Vehicle Particulars

Manufacturer	YAMAHA
Model	135LC-135CC ES
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	5075615623-01
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN TURRU
NRIC No	S1572007G
Date Of Birth	01/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1983
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82879202
Fax Number	
Contact Number	OFFICE-82879202
EMail Address	NOEMAIL

金国摩哆私人有限公司
KIM KOOK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-10,
Singapore 619101
Tel: 6265 0228 Fax: 6265 8228

Address	BLK 100 ALJUNIED CRESCENT #05-353
Postcode	380100
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

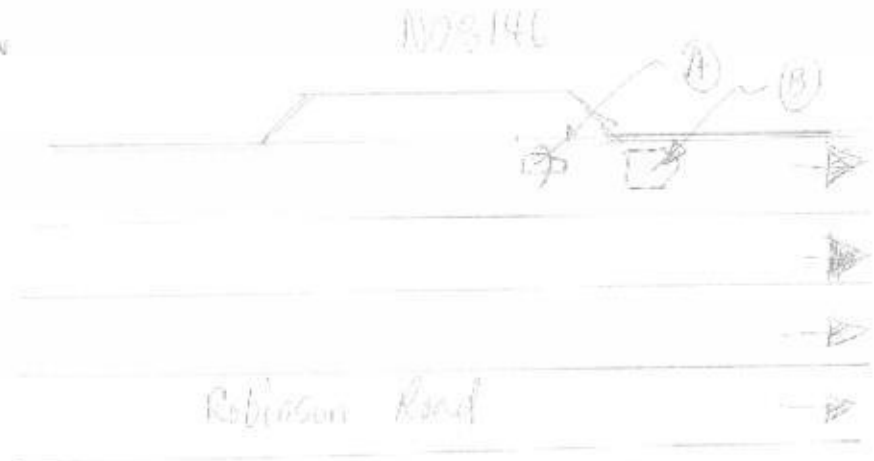
Vehicle Registration Number	SHD4700X
Vehicle Make/Model/Colour	HYUNDAI - BLUE COLOR - TAXI
Details Of Properties	NA
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA NA
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated place, date & time I parked my bike at no 146 Robinson Road to avoid some delivery lo. As I was going back & walking back to my bike I saw a taxi driver whom B was lifting my bike as it was on the floor.

I ask the taxi driver what happened & he said sorry that he knocked out my bike after he drive ahead. So I check and could not see any serious damages as it was dark.

I ask plates of the taxi & driver's face & told him I will check my bikes for damages. So I left and later I check my bike & found damages on my bike.

DECLARATION

(I/We declare that the foregoing particulars are true in every respect)

Policyholder's Signature
Date & Time:

Driver's Signature
(If different from the policyholder)
Date & Time:

Reporting Police Officer's Signature
Name: Rizwan s/o Abdul
NRIC/FIN No: S1252164J

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

1. [illegible] claims process
2. [illegible] be completed by the Policyholder and/or the Authorised Driver
3. [illegible] truthful and accurate as possible. [illegible] to adjudicate policy liability.
4. The issue and acceptance of this [illegible]
5. Any false reporting may be referred to the Police for investigation.
6. The report [illegible] Management Centre [illegible] interested parties.
7. By the lodgment of this report [illegible]
8. Consent under the Personal Data Protection Act (PDPA)

   I understand, [illegible] that:

   (a) My insurer, [illegible] and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal [illegible] set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") [illegible] Personal Information [illegible] ("Insurers"), [illegible] Monetary Authority of Singapore and any relevant government agency/authority [illegible] for the purposes of:

   (i) processing, handling and/or dealing with my claims, [illegible] 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, [illegible] or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same, [illegible] external cover of envelopes/mail packages); and/or

   (v) complying with [illegible] administering, processing, handling and/or dealing with my claims (collectively, the "Purposes").

   (b) [illegible] and the insurers' lawyers/law firms [illegible] 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 [illegible] 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 complete claims history for the purpose of [illegible] investigation and management in present and future claims.

   (e) the information [illegible] may be shared/disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, detecting or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or

   (ii) for complying with requirements [illegible] laws or court orders.

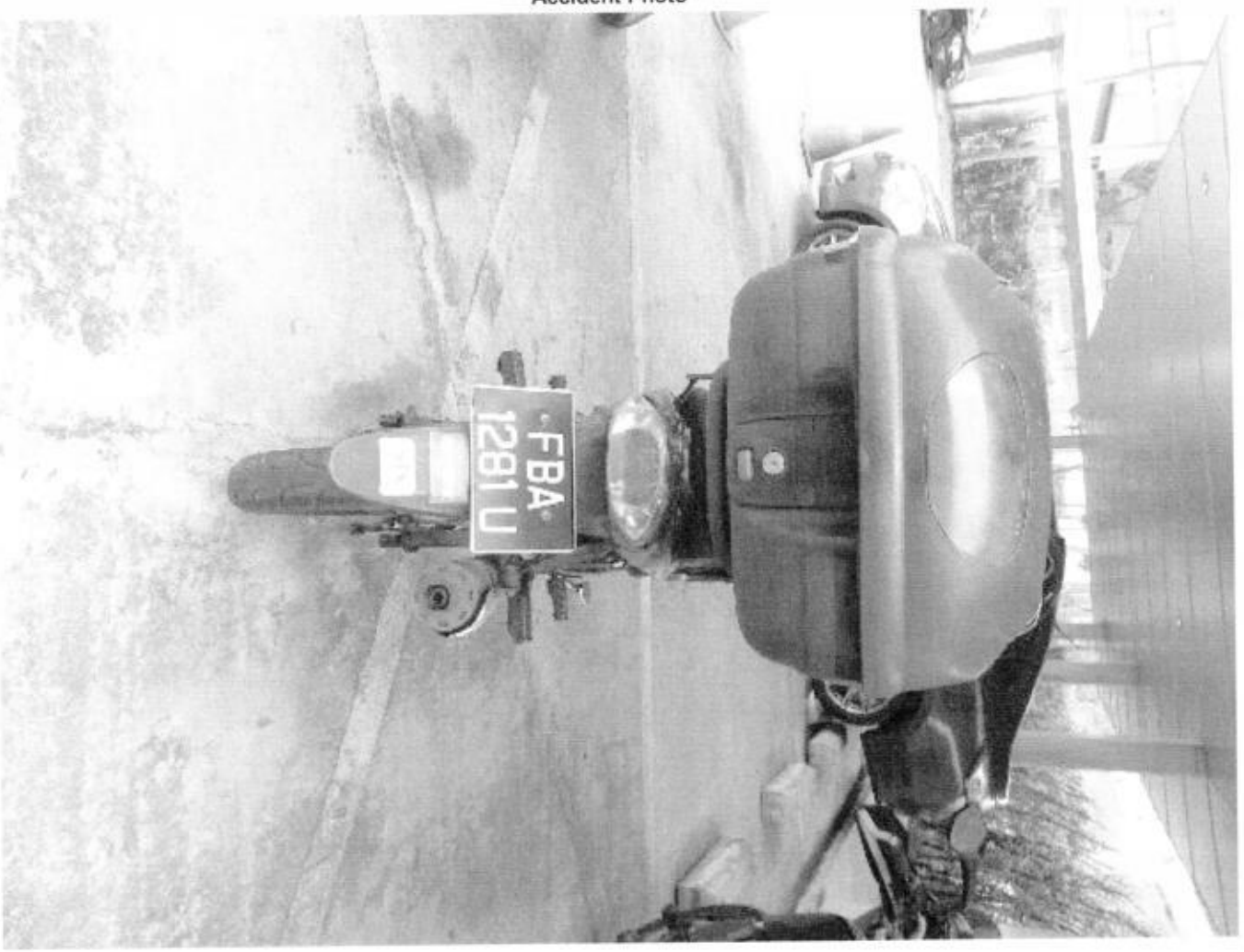
Policyholder's Signature
Date & Time:

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

[illegible] Centre Personnel's Signature
Name: RICHARD [illegible]
NRIC/FIN No.: [illegible]

KIM KOCK MOTOR PTE
Blk 27A, Jurong Port Road, #01
Singapore 619101
Tel: 6265 0225 Fax: 6265 [illegible]

Accident Photo



Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

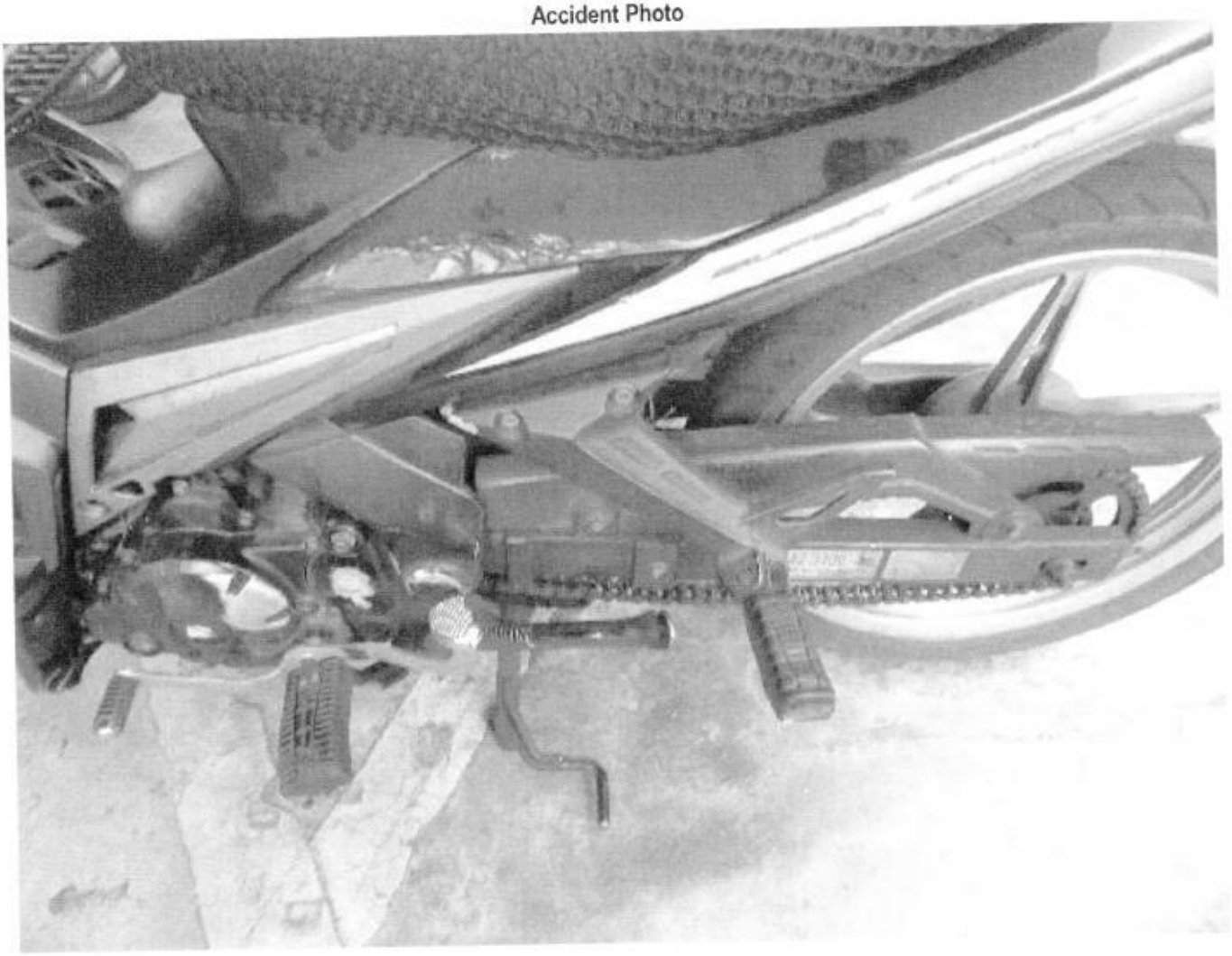
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo

15/12/17

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

FBA 1281 U.

Front Mudguard — $75 - cut
To wing — $35 -
Front Center Cover — $85 cut
R/(L) Front Side Facing — $165 — cut
Foot Rest Bar Asy — $85 - bb
(L) Rear Foot Rest 1pc — $48 - cut
Head cowing 1 pc — $78 - cut
ERP unit Asy — $230 - cut
(L/R) Mirror Asy — $68 - cA
(L) Handle Bar Below — $38 - cut
Body Centre Cover — $145 - xxx
Meter Asy — $295 - xxx
Rear Civi Box — $185 - cut
AIR Pipe Assy — $295 - xxx
250
Labour 300 $250
$1080

Taufiklim 97493749
- wp
28/12/17 @ 1230 pm.
4 days. lumpsum
Reskin after repair.

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/FCI17024470/T1tbe2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 23-04-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHD 4700X	**Veh. Inspected**	FBA 1281U
	Policy No.	D-15072701MFSH	**Coverage ($)**	0.00
	Claim No.	D17011768MFSH	**Excess ($)**	0.00
	Assign From	MAY CHUA	**Assign Date**	22/12/2017

2. Vehicle Particulars & Condition

	Make & Model	YAMAHA SPARK 135	**c.c**	135
	Engine No.	HIDDEN	**Year of Reg.**	2006
	Chassis No.	5YP703940	**Colour**	RED
	Odometer	64346	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	80/80 R17	DUNLOP	5 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	80/80 R17	DUNLOP	5 mm
	L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	28/11/2017	**Inspection Date**	28/12/2017
	Survey held at	KIM KOCK MOTOR PTE LTD BLK 27A JURONG PORT ROAD #01-19 SINGAPORE 619101		

5a. Remarks

A)DAMAGES CONSISTENT TO ACCIDENT REPORT.
B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **4 Working Days**

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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBA 1281U

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT MUDGUARD	CUT	78.00	78.00
1	FRONT CENTER COVER	CUT	85.00	85.00
1	R/L FRONT SIDE FAILING	CUT	165.00	165.00
1	FOOT REST BAR ASSY	BENT	85.00	85.00
1	L REAR FOOT REST	CUT	48.00	48.00
1	HEAD COWLING	CUT	78.00	78.00
1	ERP UNIT ASSY	CUT	230.00	230.00
1	L/R MIRROR ASSY	CUT	68.00	68.00
1	L HANDLE BAR BALANCER	CUT	38.00	38.00
1	BODY CENTRE COVER	NOT NECESSARY	145.00	-
1	METER ASSY	NOT NECESSARY	295.00	-
1	BAR CIVI BOX	CUT	185.00	185.00
1	AIR PIPE ASSY	NOT NECESSARY	295.00	-
	LESS 10% DISCOUNT		-	-106.00
			1,795.00	954.00
	LABOUR			
	TO WIRING.		35.00	35.00
	LABOUR.		250.00	250.00
			285.00	285.00
	GRAND TOTAL		**2,080.00**	**1,239.00**
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**1,000.00**

Report Ref No. CS/FCI17024470/T1tbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser