

ASS. REC. BY:

REF:

CS/FCL18000543 / Agbez

Special Instruction:

Supervisor:

Adrian

ASSIGNMENT (Office)

From (Person):

Aini

of

FCL

Estimated Cost:

Bill to:

Date/Time: 09.01.2018 1050am

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

To Inspect Vehicle No:

FBK 5543K

Insured:

SHA 90953

at Workshop m/s

Comfort-Delgado

Tel:

6848 5755

of

320 Ubi Rd 3

Policy No:

Claim No:

SHA 90953

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

01.01.2018

CA / REV / REP. / REV 24 HRS 'DS'

10.01.2018 @ morning

Date/Time:

09.01.2018 230pm

Person Contacted:

Jasmine

Vehicle ☒ IN / OUT

Date/Time

Action/Instruction (✓) Estimate:

FBK 5543K - X

SHA 90953 CS/FCL18000167 / Kib

Date: 01.01.2018

11/1/18 @

3.30pm informed Aini, we are pending estimate from repairer.

15/3/18 @

4.20pm confirmed with Jasmine CS @ 1050, 4 days.

15/3/18 @

4.16pm revised to Aini by email.

FCI

10/01/2018

FBK 5543K

2015 Oct

Estimated by

① NS TRIPES COPES B...

43
FBK 5534K

Combr/Delgro

320 Ubi Rd 3

Insured

Policy No

Claims No

Sum Insured

Excess

Claims Record

Morning

Make of car

Policy Condition

Remarks: The car had commenced its
recall at the time of inspection.



Body of Vehicle

D-10 Accident Point Consistent? Yes or No

D-11 PP Seen Consistent? Yes or No

Est. Repairs days Fee Yes or No

Est. Sum days Fee Yes or No

04 PER FEB 24 HRS (DS)

Date Person Contacted

Vehicle No. CUT

The U.C. Chassis Frame Body Structure affected due to ...

Date Time Action Instruction
TP 1st Cap

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

Yamaha MT

847

White

St. Rating

Engine

Body

JYARN296000014432

Gen. Code 0000 (Part Pool) B...

Steering ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

Brake ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

Mod. ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

Tyre Size = 120/70 R17.

= 180/55 R17.

BS DUN ERMOVA ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

TOYOTA YOKO ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

Front

Rear

R Ba 06

R Ba 06

L Ba

L Ba

D-10 A

D-10

10/01/18

Subscribed by

Comfort (Ubi)

Des. of Damages Fr. Rear ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

Draw Time Repairs



Print Report

Final Report

Draw Time Repairs

Add Fee



Draw Time

Draw Time

Draw Time

Draw Time

Draw Time

Draw Time Repairs

Draw Time Repairs

Draw Time Repairs

TP
1050

4

Days Of Repair

Resurvey No. of Time

Survey Fee

110

50

18

178




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/FCI18000543/Aqb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 09-01-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 9095S	Veh. Inspected	FBK 5543K
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	AINI	Assign Date	09/01/2018
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	01/01/2018	Inspection Date	10/01/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD NO : 320 UBI ROAD 3 SINGAPORE 408649		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

MOTOR SURVEY ASSIGNMENT

Date 8.1.18

Our Ref No. SHA 90955

Accident Date 1.1.18

Claim Type THIRD PARTY

Insured Vehicle SHA 90955

Third Party Vehicle FBK5534E

Survey Location SPARK CAR CARE

Contact Person ANIKKA LAI

330 LIBI ROAD
S(408649)

Contact No. 68485725

Fax No. 67436072

Survey Type Direct Settlement

Appointed Surveyor JKK AUTO CONSULTANTS PTE LTD

Contact Person

Fax No. 68016315

Contact Number 62563561

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.

Encl. Accident Reports & est

Cc : Workshop SPARK CAR CARE

Attention ANIKKA LAI

Officer In charge YIN MIN AUNG.

IMPORTANT NOTE

Kindly submit the survey report by email only to surveyor@first-insurance.com.sg within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Catherine Chong (LKK Auto)

From: Aini Binte Md Min <aini@first-insurance.com.sg>
Sent: Tuesday, 9 January, 2018 10:50 AM
To: 'assignments@lkkauto.com'
Cc: ubi_cr@sparkcarcare.com
Subject: NEW ASSIGNMENT (O/REF: SHA9095S)
Attachments: 09012018102850-0001.pdf; FW: FBK5534K vs SHA9095S - CHK LIABILITY (526 KB)

Dear Sirs

New survey assignment for your handling.

Thanks & Regards

Aini
Motor Claims Department

First Capital Insurance Ltd | 36 Robinson Road, City House, #16-01 Singapore 068877 | DID: 6507 3848
Fax: 6507 3849 | Company Reg. No. 195000106C

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data.
Please refer to www.first-insurance.com.sg for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.

If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.

If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Thursday, 15 March 2018 4:49 PM
To: 'Aini Binte Md Min'; assignments
Cc: SUR
Subject: RE: NEW ASSIGNMENT (O/REF: SHA9095S)
Attachments: CSFCI18000543Aqb.pdf

Dear Aini,

Enclosed herewith preliminary advice of FBK 5543K.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Shiau Chan (LKKAuto)
Sent: Thursday, 11 January 2018 3:30 PM
To: 'Aini Binte Md Min' <aini@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: NEW ASSIGNMENT (O/REF: SHA9095S)

Dear Aini,

Please be informed that we have inspected the motorbike FBK 5543K on 10/01/2018.

We are pending estimate from repairer.

Kindly advise on the claim reference.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Admin-D (LKKAuto)
Sent: Tuesday, 9 January, 2018 2:32 PM
To: 'Aini Binte Md Min' <aini@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: NEW ASSIGNMENT (O/REF: SHA9095S)

Dear Aini,

Thank you for the assignment.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd



Auto
Consultants
Pte Ltd

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

Your Ref: SHA9095S

Date: 15 March 2018

Our Ref: CS/FCI18000543/Aqb

The Motor Claims Department
First Capital Insurance Ltd

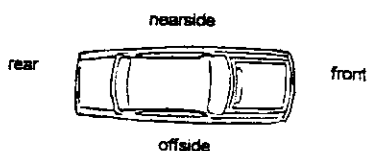
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. FBK 5543K.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 10/01/2018 at the premises of M/s COMFORTDELGRO. and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,574.00</u> .
Revised Estimate Amount	: S\$ <u>1,050.00 (Lump Sum)</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 the o/s portion.



Yours faithfully

ADRIAN LING WAI PING
B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI
Licensed Appraiser

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 11 January, 2018 3:30 PM
To: 'Aini Binte Md Min'; assignments
Cc: SUR
Subject: RE: NEW ASSIGNMENT (O/REF: SHA9095S)

Dear Aini,

Please be informed that we have inspected the motorbike FBK 5543K on 10/01/2018.

We are pending estimate from repairer.

Kindly advise on the claim reference.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25
| S(408933)

-----Original Message-----

From: Admin-D (LKKAUTO)
Sent: Tuesday, 9 January, 2018 2:32 PM
To: 'Aini Binte Md Min' <aini@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: NEW ASSIGNMENT (O/REF: SHA9095S)

Dear Aini,

Thank you for the assignment.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1,
#02-25 | S(408933)

-----Original Message-----

From: Aini Binte Md Min [mailto:aini@first-insurance.com.sg]
Sent: Tuesday, 9 January, 2018 10:50 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Cc: ubi_cr@sparkcarcare.com
Subject: NEW ASSIGNMENT (O/REF: SHA9095S)

Dear Sirs

New survey assignment for your handling.

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	02/01/2018 17:25
Date Of Accident	01/01/2018 12:05
Exact Location Of Accident	UPPER CROSS STREET CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5543K
Insured/Policyholder	
Name Of Registered Owner	AETOS SECURITY MANAGEMENT PTE LTD
Co Reg No	200208601N
Email Address	THANTAYE@AETOS.COM.SG
Mobile Phone No	(LOCAL) +65-83458968
Alternative Phone No	OFFICE-83458968

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT09

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18089438MFCE/54
Cover Note Number	

Driver

Name of Driver	SOH CHER WAH
Work Permit No	G2056880T
Date Of Birth	04/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2012
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83458968
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
 Postcode -
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured -
 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 RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident -
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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

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 SHA9095S
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver WEE CHENG TECK
 NRIC/Passport Number S0142821G
 Contact Number 98733688
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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.



Policyholder's Signature
Date & Time:

02/01/18 1445hr

Driver's Signature
(If driver is not the policyholder)

Date & Time: 02/01/18 1445hr

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180101/2064

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3

Report No. T/20180101/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2018 16:31		Vide Report No.:		Station Diary No.: 19
Informant's Particulars				
Name of Informant: SOH CHER WAH		Address:		
ID Type / ID No.: FIN NO / G2056880T		Contact No.: Home/Office: Mobile: 83458968		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 28	Date of Birth: 04/11/1989	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Auxiliary police officer		Driving Licence Information: Class: 2B,2A,2,3C Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2018 12:05	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 UPPER CROSS STREET CENTRAL EXPRESSWAY (CHIN SWEE TUNNEL)				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK5543K	Motorcycle				Slightly Damaged	0
SHA9095S	Car				Slightly Damaged	3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180101/2064

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20180101/2064

CONTINUATION OF REPORT

Rider			
Name	SOH CHER WAH		ID No. G2056880T
Related Vehicle	FBK5543K (Motorcycle)		Contact No. 83458968
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WEE CHENG TECK		ID No. S0142821G
Related Vehicle	SHA9095S (Car)		Contact No. 98733688
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 01/01/2018 at about 1205hrs, while I was on duty as an AETOS APO under LTA, I was attending to a road traffic accident along Upper Cross St on the right-most lane, towards Chin Swee tunnel. I had parked my motorbike on its side stand, behind the accident vehicles. Suddenly, one yellow taxi SHA9095S came towards my bike. It tried to swerve to its left but unable to avoid my bike. As such, the said taxi hit onto the left of my bike causing my bike to fall on its right side. I made a check and no one was injured. I also made a check on both vehicles and discovered scratches on the taxi's front right panel and scratches on my right box, right mirror, right handle bar-end and right side of my crash bar. That is all.



**SINGAPORE
POLICE FORCE**



T/20180101/2064

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20180101/2064

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: A / Staff Sgt MUHAMMAD NASHIR BIN ABDUL RAHIM <i>lh</i>	Signature Of Informant <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2018 16:31
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp
NP168

ll

CONFIDENTIAL



AETOS AUXILIARY POLICE FORCE

INCIDENT REPORT

Nature of Incident		Location of Incident	
Bike on Static Position hit by a pass-by vehicle while attending traffic accident.		CTE towards SLE (Upper Cross Street Entrance)	
Date/Day:	01 Jan 2018 Monday	Informant:	CPL (APF) T08246 SOH CHER WAH (A1)
Time:	1205 Hours	Team:	ATED LTM
Particulars of Subject/s			
Name	:	WEE CHENG TECK	
Sex/Age	:	M / 67 yrs. old	
NRIC NO	:	S0142821 G	
Nationality	:	Singapore	
Occupation	:	Taxi Driver	
Vehicle No	:	SHA9095S (HP: 98733688)	
<p>On 01 Jan 2018, CPL (APF) T08246 Soh Cher Wah (known as A1) was deployed for morning shift duty from 08000hr – 2000hr for LTA Traffic Marshal duties at Bukit Merah RV Point (CM 4).</p> <p>On 01 Jan 2018 at about 1154hrs, A1 was dispatch to attend major accident case at CTE towards SLE at Upper Cross Street entrance on lane 1. At about 1202hrs, A1 arrived at scene and park his assigned AETOS traffic marshal motorbike (FBK 5543k) behind accident vehicle which Emas truck has not arrive and with blinker on, 02-05 meters diagonally and carry out his normal duty.</p> <p>At about 1205hrs, while in conversation with the accident vehicle driver about the case, 01 confort taxi yellow in colour without seeing A1 bike at the said location and accidentally hit A1 bike from the side of the stationary AETOS bike and caused the bike to topple down. There was no injury sustained by the driver and A1.</p> <p>Upon checking the AETOS bike, the following damages were detected: motorbike front right handle bar scratched, right side box scratched, front right side mirror and front right crash bar scratched.</p> <p>At about 1217hrs, ACC on duty Insp Stanley were informed. At about 1220hrs, ASP (APF) Roy Yeo, Insp (APF) Chris Chan, SI Razak & SSGT (APF) Hafizal were notified of the accident.</p> <p>That's all</p>			
Reported By :		Signature:	Date : 01 Jan 2018
SSGT (APF) 9687 Tan Kwang Guan			Time: 1445 hours

Sketch Plan Pg. 7

REPUBLIC OF SINGAPORE DRIVING LICENCE

62056880T

SOH CHER WAH

04 Nov 1989

20 Nov 2017

25/11/2022

002745432B

S PASS

Employment of Foreign Manpower Act (Chapter 91A)

Republic of Singapore

Employee

AETOS SECURITY MANAGEMENT PTE. LTD.

Sector: SERVICE

Name

SOH CHER WAH

Occupation

AUXILIARY POLICE OFFICER

S Pass No.

4 04121928

Date of Application

17-08-2017

Date of Issue

11-09-2017

Date of Expiry

11-09-2019

L8317519

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Class	Effective Date
Class 2B	Motorcycles <= 200 cc	25 Nov 2012
Class 2A	Motorcycles between 201 cc and 400 cc	30 Jan 2015
Class 2	Motorcycles > 400 cc	14 Jul 2016
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	20 Nov 2017

NP 428A

Licence No: 62056880T

VISIT PASS

Immigration Regulations

Name

SOH CHER WAH

Date of Birth

04-11-1989

Sex

M

Nationality

MALAYSIAN

FIN

62056880T

Date of Issue

11-09-2017

Date of Expiry

11-09-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001678-9

DRAFT CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : MOTOR CYCLE INSURANCE - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-18089438MFCE/54
Vehicle No / Chassis No : FBK5543K / JYARN296000014432
Name of Insured : AETOS SECURITY MANAGEMENT PTE LTD
Period Of Insurance : 01.01.2018 To 31.12.2018
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : N.A

Excess :

SGD750.00 SECTION I
AN EXCESS OF SGD3,000.00 ON SECTION I IS IMPOSED ON THOSE DRIVERS WHO ARE
BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED RIDERS

Persons or classes of persons entitled to drive*

Any person provided he is in the Insured's employ and is driving on their order or with their permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

- (a) Use only for the Insured's business or profession.
- (b) Use for social domestic and pleasure purposes by the Insured.

The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making reliability trial or speed-testing.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

SUSAN/B0009/MY100

Issued at Singapore on 27.12.2017

Authorised Signature



320 UBI ROAD 3 SINGAPORE 408649

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TP

Ins Company : FCL VS FCL

Excess :

Date of Accident : 01/01/18

Suggested Days of Repair :

Vehicle No. : FBK5543K

Make & Model : Yamaha MT-09

Year of Manufacture : 2015

Chassis No. : JYARN296000014432

Engine No. : N701E044673

Policy No. :

Time of Accident :

In-house Vehicle Assessor

Repair Estimates

Parts	(a) Cost / List Price Items	<u>\$267.00</u>
	Plus/Less	<u>\$-</u>
	Total of Cost / List	<u>\$267.00</u>
	(b) Nett Price Items	<u>\$-</u>
	Less	<u></u>
	Total of Nett Item	<u></u>
	(c) Special Nett Items	<u>\$1,720.00</u>
Total Parts Cost (Appendix A)		<u>\$1,987.00</u>
Labour (Appendix B)		<u>\$470.00</u>
Total Repair Cost		<u>\$2,457.00</u>

Case Owner : Anikka / Jasmine

Signature :

Contact No

~~68438723 - SAHARAN~~~~68438736 - SAHARAN~~ / JASMINE CHNG

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Adrian Lj

Company : LKIC

Survey conducted on : 10/01/18 at

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 04 day(s)(c) Resurvey : Required / Not Required(d) Excess : \$ (e) Signature of surveyor : sljs Date:

Spark Car Care

ComfortDelGro Engineering Pte Ltd
320 UBI ROAD 3 SINGAPORE 408649
TEL :68438723/68438736 Fax:67436072

Spare Parts

Vehicle No : FBK5543K Case Owner : 0

Make & Model : Yamaha MT-09 Year Manufacture : 2015

Chassis No : JYARN296000014432 Engine No : N701E044673

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Handle Balancer – Right <i>wt</i>	1		\$40.00	✓		
2	Brake Lever <i>men</i>	1		\$82.00	+		
3	Mirror – Right <i>wt</i>	1		\$145.00	✓		
4	Customised Front Cowling <i>men</i>	1				\$450.00	+
5	Customised Front Crash Bar <i>wt Best</i>	1				\$600.00	400
6	Customised Rear Crash Bar – Right <i>Best</i>	1				\$390.00	300
7	3M Reflective Stickers – Saddle Bag <i>men</i>	1				\$280.00	120
8	0 <i>Signal Lamp RH wt</i>	0		117		Pricing??	
9	0	0					
10	0	0					
11	0	0					
12	0	0					
13	0	0					
14	0	0					
15	0	0					
16	0	0					
17	0	0		302			
18	0	0				SN: 820	
19	0	0		271.80			
20	0	0					
21	0	0					
22	0	0					
23	0	0					
24	0	0					
25	0	0					
26	0	0					
27	0	0					
28	0	0					
29	0	0					
30	0	0					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

ComfortDelGro Engineering Pte Ltd
320 UBI ROAD 3 SINGAPORE 408649
Tel: 68438723/68438736 FAX : 67436072

Vehicle No.	: <u>FBK5543K</u>	Case Owner	: <u>0</u>
Make & Model	: <u>Yamaha MT-09</u>	Year of Manufacture	: <u>2015</u>

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

Spark Car Care

ComfortDelgro Engineering Pte Ltd
320 UBI ROAD 3 SINGAPORE 408649
Tel: 68438723/68438736 FAX : 67436072

Finalization Form

Bill To : FIRST CAPITAL Vehicle Number : FBK5543K
Attn to : LKK (MR. ADRIAN) Type Of Claim : TP

A. Spare parts	<u>\$302.00</u>	F. Total Parts	<u>\$1,122.00</u>
B. Supplementary	<u>\$-</u>	G. Total Labour	<u>\$260.00</u>
C. Nett Price	<u>\$-</u>	H. Total Repair	<u>\$1,382.00</u>
D. Supp Nett Price	<u>\$-</u>	I. Excess	<u> </u>
E. S/Nett	<u>\$820.00</u>	Part by Parts Total	<u>1,382.00</u>

Total Spare Parts Price		<u>\$302.00</u>
Cost plus / List Down	<u>0%</u>	<u>-</u>
Total		<u>302.00</u>

Total Nett Price		<u>\$-</u>
Nett Price Less	<u>0%</u>	<u>\$-</u>
Total		<u>-</u>

Lump Sum Less	<u>20%</u>	<u>\$276.40</u>
		<u>\$1,105.60</u>
	Less Excess	<u> </u>
	Total	<u>\$1,105.60</u>
	Lump Sum Rounding	<u> </u>
Total Finalized Amount		<u>\$-</u>

N.B. If we DO NOT receive your reply within 2 weeks, we shall treat the above finalized amount as confirmed & correct.

Remarks : Please confirm and revert by Fax or Email

Date In : <u> </u>	Total Repair Day : <u> </u>
Date Survey : <u> </u>	LOU/ Day : <u> </u>
Date Out : <u> </u>	Total LOU : <u> </u>
Sat/Sun/Ph. : <u> </u>	Rental/Day : <u> </u>
Authorized Repair Day : <u> </u>	Total Rental : <u> </u>
Submitted By / Date : <u> </u>	Confirmed By / Date : <u> </u>

Spark Car Care

ComfortDelGro Engineering Pte Ltd
320 UBI ROAD 3 SINGAPORE 408649
TEL :68438723/68438736 Fax:67436072

Spare Parts

Vehicle No : FBK5543K Case Owner : 0

Make & Model : Yamaha MT-09 Year Manufacture : 2015

Chassis No : JYARN296000014432 Engine No : N701E044673

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	Handle Balancer – Right	1		\$40.00			
2	Brake Lever	1		-			
3	Mirror – Right	1		\$145.00			
4	Customised Front Cowling	1				-	
5	Customised Front Crash Bar	1				\$400.00	
6	Customised Rear Crash Bar – Right	1				\$300.00	
7	3M Reflective Stickers – Saddle Bag	1				\$120.00	
8	Signal Lamp RH	1		\$117.00			
9	0	0					
10	0	0					
11	0	0					
12	0	0					
13	0	0					
14	0	0					
15	0	0					
16	0	0					
17	0	0					
18	0	0					
19	0	0					
20	0	0					
21	0	0					
22	0	0					
23	0	0					
24	0	0					
25	0	0					
26	0	0					
27	0	0					
28	0	0					
29	0	0					
30	0	0					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

ComfortDelGro Engineering Pte Ltd
320 UBI ROAD 3 SINGAPORE 408649
Tel: 68438723/68438736 FAX : 67436072

Vehicle No. :	<u>FBK5543K</u>	Case Owner :	<u>0</u>
Make & Model :	<u>Yamaha MT-09</u>	Year of Manufacture :	<u>2015</u>

[illegible]

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.




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/FCI18000543/Aqbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 19-03-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 9095S	Veh. Inspected	FBK 5543K
Policy No.		Coverage (\$)	0.00
Claim No.	SHA 9095S	Excess (\$)	0.00
Assign From	AINI	Assign Date	09/01/2018
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA MT	c.c	847
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JYARN296000014432	Colour	WHITE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	120/70 R17	PIRELLI	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	180/55 R17	PIRELLI	6 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	01/01/2018	Inspection Date	10/01/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD NO : 320 UBI ROAD 3 SINGAPORE 408649		
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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBK 5543K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	HANDLE BALANCER - RIGHT	CUT	40.00	40.00
1	BRAKE LEVER	NOT NECESSARY	82.00	-
1	MIRROR - RIGHT	CUT	145.00	145.00
1	SIGNAL LAMP RH	CUT	117.00	117.00
	LESS 10% DISCOUNT		-	-30.20
			384.00	271.80
	SPECIAL NETT ITEMS			
1	CUSTOMISED FRONT COWLING (SN)	NOT NECESSARY	450.00	-
1	CUSTOMISED FRONT CRASH BAR (SN)	BENT	600.00	400.00
1	CUSTOMISED REAR CRASH BAR - RIGHT (SN)	BENT	390.00	300.00
1	3M REFLECTIVE STICKERS - SADDLE BAG (SN)	NECESSARY	280.00	120.00
			1,720.00	820.00
	LABOUR			
	RESPRAY SADDLE BAG - RIGHT		120.00	80.00
	RESPRAY CUSTOMISED FRONT COWLING.	NOT NECESSARY	100.00	-
	WORKMANSHIP.		250.00	180.00
			470.00	260.00
	GRAND TOTAL		2,574.00	1,351.80
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,050.00

Report Ref No. CS/FC118000543/Aqbe2

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.**