

ASSIGNMENT (Office)

From (Person): Teo Swee Keong of FCI Date/Time: 09/01/2018 @ 7.18pm

Estimated Cost: _____ Bill to: _____

OD: ☒ TP RES / OD RES / EVA / ENV / MV / CS

To Inspect Vehicle No: FS11694 Insured: SHA 7337 H

at Workshop m/s SI Motoring Tel: 6749 9535

of Blk 3006, Ubi Road 1 # 01-356

Policy No: _____ Claim No: SHA7337H (DON: 05.01.2018)

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 05/01/2018

(Client's Record) 11/01/2018

CA / REV / REP. / REV 24 HRS

R.O.D. Equipment

Date/Time: 9.41am @ 10/01/18 Person Contacted: Ah Seng

Vehicle ☒ IN ☐ OUT

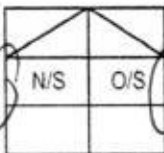
Date/Time	Action/Instruction
	<input checked="" type="checkbox"/> X <input type="checkbox"/> <input type="checkbox"/>
	<u>FS11694 - X</u>
	<u>SHA 7337H - X</u>
	<u>Dismantle Part: 12/01/2018</u>

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s SI Motoring.
of _____
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 Rpt.: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: FS 11694 Yr Regn: 05 May 2000
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Yamaha RX8 C.C. 133
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 39790 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: 8MC249919
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nib / S/Rim / STD A/Rim or
Tyre Size: F: 2.75 - 18
R: 3.00 - 18
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. _____ D.O.I. 11-01-18
Survey held at W/S 3:30pm
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 01 FEB 2018

Date/Time, File Pass to?

1) 31-01-2018

Date/Time, File Return to?

2)

Report Format :

PRS

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Invs (\$ _____)

☐ Weekend (\$ _____)

) \$ + RS. \$ _____

) Photos

) Others

TOTAL

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

	Y-Date	N-Date	Y-Date	N-Date
C Reference No.	✓			
C Customer Code	✓			
N Assign From	✓			
C Assign Date	✓			
C Veh No (Inspected)	✓			
C Veh No (Insured)	✓			
C D.O.A	✓			
C Policy No				
C Claim No				
C Insurance Authorisation (CA /REV/REP)				
C Report Type	✓			
C Weekend Charges				
N Survey held at/Repairer	✓			
C Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C Vehicle No	✓			
C Regn Month/Year	✓			
N Vehicle Type	✓			
N Make & Model	✓			
C Engine Capacity. (C.C)	✓			
N Colour	✓			
C Odometer. (Sp.Reading)	✓			
C Chassis No	✓			
N General Condition	✓			
N Steering	✓			
N Brake	✓			
N Modification (Modi)	✓			
C Tyre Size	✓			
N Tyre Make	✓			
C Tyre Balance	✓			
C Date of Inspection	✓			
N Survey held	✓			
N Des.of Damages	✓			

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	✓			
--	---	--	--	--

(3) Workshop Estimate/Assignment Form

N ALL Parts condition				
C Market Value for OD cases				
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C Days of repair				
C Finalised Amount				
C Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C Resurvey photo Uploaded				
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Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014




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/FCI18000622/Gd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 10-01-2018	
		Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHA 7337H	Veh. Inspected	FS 1169U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	TEO SWEE KEONG	Assign Date	10/01/2018
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	05/01/2018	Inspection Date	11/01/2018
Survey held at	S1 MOTORING BLK 3006 UBI ROAD 1 #01-366 SINGAPORE 408700		
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.			

Nivitha (LKK Auto)

From: Teo Swee Keong <TeoSweeKeong@first-insurance.com.sg>
Sent: Tuesday, 9 January 2018 7:18 PM
To: 'assignments@lkkauto.com'
Cc: Joanne Yong Lai fong; Weng Kit
Subject: NEW SURVEY ASSIGNMENT - OUR REF: SHA7337H DOA 09/01/2018
Attachments: FW: Our Ref: FS 1169U (kc/wk) PRE-REPAIR INSPECTION NOTICE ACCIDENT INV... (304 KB); MOTOR SURVEY ASSIGNMENT.pdf

Dear Sirs

New survey request for your handling.

Thanks and Regards,

SK Teo
Motor Claims Dept

36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax No. : 6507 3849 | Company Regn. No. 195000106C
email: MotorClaims@first-insurance.com.sg

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.

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From: Teo Swee Keong
Sent: Tuesday, January 09, 2018 12:52 PM
To: 'Kelley Choong' <kelley@chiaarul.com>
Cc: Joanne Yong Lai fong (Joanneyong@first-insurance.com.sg) <Joanneyong@first-insurance.com.sg>
Subject: Yr Ref: FS 1169U (kc/wk) PRE-REPAIR INSPECTION NOTICE ACCIDENT INVOLVING FS 1169U & SHA 7337H (OUR REF) ALONG ORCHARD ROAD ON 5 JANUARY 2018

Dear Sirs,

Please refer to our email earlier.

We wish to highlight :

"If you do not agree to any of the surveyors above, you may proceed to appoint your own surveyor. In this instance, we will also appoint a surveyor from our list above to conduct the pre-repair survey. Upon completion of repairs, please contact our appointed surveyor to conduct a physical re-inspection of the vehicle. Our surveyor will be appointed within 2 working days of your email.

Thank you."

Thanks and Regards,

SK Teo
Motor Claims Dept

36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax No. : 6507 3849 | Company Regn. No. 195000106C
email: MotorClaims@first-insurance.com.sg

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From: Kelley Choong [<mailto:kelley@chiaarul.com>]

Sent: Tuesday, January 09, 2018 9:53 AM

To: Teo Swee Keong <TeoSweeKeong@first-insurance.com.sg>

Subject: RE: Yr Ref: FS 1169U (kc/wk) PRE-REPAIR INSPECTION NOTICE ACCIDENT INVOLVING FS 1169U & SHA 7337H (OUR REF) ALONG ORCHARD ROAD ON 5 JANUARY 2018

Dear Sirs,

Our client is not agreeable to your proposed surveyor and propose L H Teo.

Regards,

Ms Kelley Choong

M/s Chia S Arul LLC

151 Chin Swee Road

#03-09 Manhattan House

Singapore 169876

Tel: (65) 6733 4647 Fax: (65) 6733 8183

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From: Teo Swee Keong [<mailto:TeoSweeKeong@first-insurance.com.sg>]

Sent: Monday, January 8, 2018 7:07 PM

To: Weng Kit <wengkit@chiaarul.com>

Cc: Joanne Yong Lai fong <Joanneyong@first-insurance.com.sg>

Subject: Yr Ref: FS 1169U (kc/wk) PRE-REPAIR INSPECTION NOTICE ACCIDENT INVOLVING FS 1169U & SHA 7337H (OUR REF) ALONG ORCHARD ROAD ON 5 JANUARY 2018

Dear Sirs,

We refer to your survey request dated 08/01/2018.

Please find below our list of surveyors for your reference. Kindly select from our list below and inform us of your choice within the next 2 days.

1. LKK Auto Consultants Pte Ltd
2. Vicom Ltd

Once you inform us of your choice, the surveyor will be appointed within 2 working days of your email.

If you do not agree to any of the surveyors above, you may proceed to appoint your own surveyor. In this instance, we will also appoint a surveyor from our list above to conduct the PRI. Upon completion of repairs, please contact our appointed surveyor to conduct a physical re-inspection of the vehicle.

Thank you.

Thanks and Regards,

SK Teo
Motor Claims Dept

36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax No. : 6507 3849 | Company Regn. No. 195000106C
email: MotorClaims@first-insurance.com.sg

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From: Caroline Cabrera

Sent: Monday, January 08, 2018 3:16 PM

To: Teo Swee Keong <TeoSweeKeong@first-insurance.com.sg>

Subject: FW: Our Ref: FS 1169U (kc/wk) PRE-REPAIR INSPECTION NOTICE ACCIDENT INVOLVING FS 1169U & SHA 7337H ALONG ORCHARD ROAD ON 5 JANUARY 2018

Dear SK,

For survey

Thanks & Regards
Caroline Cabrera
Motor Claims Department

First Capital Insurance Ltd

A member of **MS&AD** INSURANCE GROUP

36 Robinson Road #16-01 City House| Singapore 068877 | Reg. No. 195000106C
D: 6507 3848 | F: 6507 3849
email: www.first-insurance.com.sg

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From: Weng Kit [<mailto:wengkit@chiaarul.com>]

Sent: Monday, January 8, 2018 3:13 PM

To: Motor Claims <MotorClaims@first-insurance.com.sg>; CWS Motor Claims <cwsmotorclaims@first-

insurance.com.sg>

Cc: 'Kelley Choong' <kelley@chiaarul.com>

Subject: Our Ref: FS 1169U (kc/wk) PRE-REPAIR INSPECTION NOTICE ACCIDENT INVOLVING FS 1169U & SHA 7337H
ALONG ORCHARD ROAD ON 5 JANUARY 2018

Dear Sirs,

We refer to the above matter.

Attached is a copy of our pre-repair inspection notice dated 8 January 2018 for your attention.

Best Regards,

Mr Weng Kit
M/s Chia S Arul LLC
151 Chin Swee Road
#03-09 Manhattan House
Singapore 169876
Tel: (65) 6733 4647 Fax: (65) 6733 8183

This e-mail is from M/s Chia S Arul LLC, a firm of Advocates and Solicitors in Singapore, and is intended solely for the named addressee. It contains confidential and /or legally privileged information. If the e-mail has reached you in error, please delete the e-mail immediately and inform us of the error. You may contact us at info@chiaarul.com. Internet communications cannot be guaranteed to be secured or error-free as information could be intercepted, corrupted, lost, arrive late or contain viruses. The sender therefore does not accept liability for any errors or omissions in the context of this message which arise as a result of Internet transmission.

MOTOR SURVEY ASSIGNMENT

Date 9/1/18
Accident Date 5/1/18
Insured Vehicle SHA7337H
Survey Location S1 Motoring
Contact No. #01-366 S'pore 408 700
TEL: 6749 9535
Our Ref No. SHA7337H
Claim Type 3rd Party
Third Party Vehicle FS1169U
Contact Person Nil
Fax No. —

Survey Type Without Prejudice.

Appointed Surveyor Lkh
Contact Person
Contact Number 6256 3561
Fax No. 6841 6315

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 S1 Motoring
Cc : TP Solicitor Chia S Aro LLC
Officer In charge Joanne Yong
Attention Mr Weng Kit
TP Solicitor Fax No 6733 4647
6733 8183

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.

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	08/01/2018 14:10
Date Of Accident	05/01/2018 19:50
Exact Location Of Accident	ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS1169U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD DANIEL BIN ROY NEZAL
NRIC No	S9643153H
Email Address	DANXYG96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88233421
Alternative Phone No	OTHERS-88233421
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ-133CC (M)
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AN3159309
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD DANIEL BIN ROY NEZAL
NRIC No	S9643153H
Date Of Birth	18/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88233421
Fax Number	
Contact Number	OTHERS-88233421
Email Address	DANXYG96@GMAIL.COM

Address	BLK 195 KIM KEAT AVENUE #08-330 SINGAPORE
Postcode	310195
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	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 - SINGAPORE CITY
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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SHA7337H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY KIM HUAT
NRIC/Passport Number	S1484960B
Contact Number	82837270
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD DANIEL BIN ROY NEZAL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FS1169U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



SINGAPORE POLICE FORCE



T/20180108/2053

1 of 3

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

Report No. T/20180108/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 13:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD DANIEL BIN ROY NEZAL			Address: APT BLK 195 KIM KEAT AVE #08-330 KIM KEAT VIEW SINGAPORE 310195		
ID Type / ID No.: NRIC NO / S9643153H			Contact No.: Home/Office:		Mobile: 88233421
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 18/11/1996	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2018 19:50	Type of Location: T-Junction
Location: Along Road 1 ORCHARD ROAD INFRONT OF THE HEEREN BUILDING				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS1169U	Motorcycle	YAMAHA	RXZ	Red	Seriously Damaged	0
SHA7337H	Car	HYUNDAI	I40	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS1169U	AXA INSURANCE SINGAPORE PTE LTD	P2000992	20/09/2017	19/09/2018



**SINGAPORE
POLICE FORCE**



T/20180108/2053

2 of 3

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

Report No. T/20180108/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANIEL BIN ROY NEZAL	ID No.	S9643153H
Related Vehicle	FS1169U (Motorcycle)	Contact No.	88233421
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAY KIM HUAT	ID No.	S1484960B
Related Vehicle	SHA7337H (Car)	Contact No.	82837270
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS AT THE FIRST LANE, THE TAXI WAS AT THE SECOND LANE. I WAS GOING STRAIGHT BUT THE TAXI WANTED TO TURN RIGHT INTO THE HEEREN BUILDING, THUS HIS FRONT COLLIDED TO THE SIDE OF MY MOTORBIKE AND I FELL OFF MY BIKE. I CALLED THE POLICE STRAIGHTAWAY AFTER IT HAPPENED, AMBULANCE CAME DOWN FIRST THEN THE TRAFFIC POLICE.. THE AMBULANCE ASSESSED MY INJURIES AND THE TRAFFIC POLICE OFFICER TOOK DOWN ME AND THE TAXI DRIVER'S PARTICULARS AND ADVISED TO SETTLE WITH THIS MATTER OUR INSURANCE.



**SINGAPORE
POLICE FORCE**



T/20180108/2053

3 of 3

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

Report No. T/20180108/2053

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 /
TAN KIN WAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp NORHIDAWATI BINTE AHMAD
Contact No.: 65476310

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/01/2018 13:12

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3153H
Vehicle Details	
Vehicle No.:	FS1169U
Vehicle to be Exported:	No
Intended De-registration Date:	12 Jan 2018
Vehicle Make:	YAMAHA
Vehicle Model:	RXZ
Primary Colour:	Red
Manufacturing Year:	1999
Engine No.:	3BS249919
Chassis No.:	ZMC249919
Maximum Power Output:	-
Open Market Value:	\$3,376.00
Original Registration Date:	05 May 2000
First Registration Date:	05 May 2000
Transfer Count:	3
Actual ARF Paid:	\$507.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2020
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$884.00
COE Rebate Amount:	\$196.00
Total Rebate Amount:	\$196.00

The information contained herein is correct as at 12 Jan 2018

OK



**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

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PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18000622/Gd3s2	
36 ROBINSON ROAD		Date: 09-02-2018	
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHA 7337H	Veh. Inspected	FS 1169U
Policy No.		Coverage (\$)	0.00
Claim No.	SHA7337H	Excess (\$)	0.00
Assign From	TEO SWEE KEONG	Assign Date	09/01/2018
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA RXZ	c.c	133
Engine No.	HIDDEN	Year of Reg.	2000
Chassis No.	ZMC249919	Colour	BLACK
Odometer	39790 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	2.75-18	PIRELLI	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	3.00-18	PIRELLI	4 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY.			
5. General Information			
Accident Date	05/01/2018	Inspect Date / Time	11/01/2018 (03:30 PM)
Survey held at	S1 MOTORING BLK 3006 UBI ROAD 1 #01-366 SINGAPORE 408700		
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/FCI18000622/Gd3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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