

ASS. REC. BY: _____ REF: CS3/FCI18004178/T1b Special Instruction: _____

Surveyor: Taukikh ASSIGNMENT (Office)

From (Person): Aung Yin Min of FCI Date/Time: 5/3/18 @ 4.59pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: FU 629E Insured: SHC08364

at Workshop m/s Race Werk Motorsports Tel: 6273 2203

of Bk1008, Bkt Merah Lane 3 #01-26

Policy No: _____ Claim No: D18001760MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 28/2/2018

CA / REV / REP. / REV 24 HRS 'wp' Siok Sim Endorsement: _____

Date/Time: 10:40am 8/3/18 Person Contacted: Ms. Chee Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
<u>9/3/18</u>	<u>@ 11:37am Siok Sim said they will not provides us estimate</u>
	<u>Disassemble 14/3/2018</u>

Tanghan

REF: FCI

ASSIGNMENT

LE 2021 Oct.

Date 8/3/18

Vehicle No. FU629E

2001 Oct

Estimated Cost

Type Motor Cycle Bus Van Wagon Truck Other Motor

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

Truck / Trailer

To inspect Vehicle No. FU629E
at Workshop No. Racewerk Motorsports
of Blk 100P, Blk Merah Lene 3 # 01-26

Make Kawasaki KKR 2x150 148
Color Black
No. Plating 81820

Insured

Eng No.

Policy No.

C.V.O. KKR150K1A54076

Claims No.

Gen. Cond. Good Fair Poor Burnt

Sum Insured Excess

Steering In order Jammed Leaked Burnt or

Client Record

Brake In order Jammed Leaked Burnt or

Make of Van

Mod. SRim / STD RIM or

(Policy Condition)



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

Tyre Size F 70/80 R17

R 100/80 R17

BS / DUX / EKNOVA / BY / FS / LIZA / MID / OHTSU / RIR / SUM

TOYO / YOKO or

Sal. or Market Value 96500

Front Rear

DAC Accident Form: Consistent? Yes or No

R.Ba 5 -- R.Ba 5 --

GI / PR Seen: Consistent? Yes or No

L.Ba -- L.Ba --

Est. Repairs days Res: Yes or No

D.O.A. D.O. 0/3/18 @ 1230

Lift Sum % 3 Val: Yes or No

Survey held at: Racewerk

DA / REV / REP. / 24 HRS Wps

Des. of Damages Front Rear DIS NS UC Roofed or

Date Person Contacted Vehicle IN / OUT

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

Date	Time	Action / Instruction
9/5		Submit PRS report

RECEIVED 03 MAY 2018

Date Time File Pass No? : Prelim. Report : Final Report

Days Of Repair: Resurvey No. of Trip

typist
Report Form: PRS
Lift Sum (E) :

Add Fee: Site Fee \$





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/FCI18004178/T1vd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 05-03-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 836U	Veh. Inspected	FU 629E
Policy No.		Coverage (\$)	0.00
Claim No.	D18001760MFSH	Excess (\$)	0.00
Assign From	CWS (AUNG YIN MIN)	Assign Date	05/03/2018
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	28/02/2018	Inspection Date	
Survey held at	RACE WERKS MOTOR SPORTS BLK 1008 BUKIT MERAH LANE 3 #01-26 SINGAPORE 159722		
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.			

Job Sheet (/ClaimWS/Surveyor/JobSheet/235510)



PRI Documents



Close X

PRI Header Details

Claim No	D18001760MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & ISLAND L
Workshop Name	RACEWERKS MOTORSPORTS (Contact Person : MR NORMAN)	Survey Location & Contact Details	BLK 1008 BUKIT MERAH LANE 3#01-26 Mobile: 0 , Phone: 62732203 , Fax: 0 EmailId: SOOKPING@ISLANDLAW.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC0836U	TP Vehicle No	FU629E
PRI Recieved Date	02-03-2018 02:17:02 PM	Surveyor Appointed Date	07-03-2018 04:58:01 PM	Surveyor Accept Date	05-03-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	08-03-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

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

Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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MOTOR SURVEY ASSIGNMENT

Date	01-03-2018	Our Ref No. D18001760MFSH
Accident Date	28-02-2018	Claim Type. Third Party
Insured Vehicle	SHC0836U	Third Party Vehicle. FU629E
Survey Location	BLK 1008 BUKIT MERAH LANE 3#01-26	
Contact Person.	MR NORMAN	
Contact No.	62732203/ 0	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
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	RACEWERKS MOTORSPORTS	Attention. NIL
Cc : TP Solicitor	ISLAND LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	AUNGYM	

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.

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 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	05/03/2018 19:13
Date Of Accident	28/02/2018 18:30
Exact Location Of Accident	ALONG PUNGGOL RD OUTSIDE SHELL PETROL KIOSK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU629E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIZEHAN BIN ABDUL GANI
NRIC No	S9746263A
Email Address	ANTONIO97557@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90147200
Alternative Phone No	OTHERS-90147200

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRR ZX150-148CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095263643
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIZEHAN BIN ABDUL GANI
NRIC No	S9746263A
Date Of Birth	31/12/1997
Occupation	INDOOR
Date Of Driving Pass	13/10/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90147200
Fax Number	
Contact Number	OTHERS-90147200
EEmail Address	ANTONIO97557@GMAIL.COM

Address	BLK 672B EDGEFIELD PLAINS #10-549
Postcode	822672
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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180301/2021

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	SHC836T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHENG TIANG KWANG
NRIC/Passport Number	S1228348B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD RIZEHAN BIN ABDUL GANI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FU629E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

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

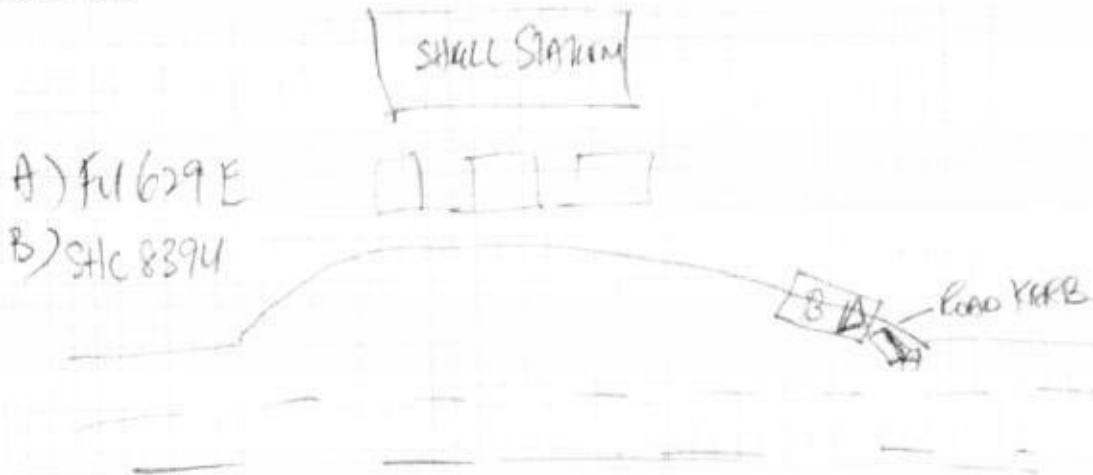

Policyholder's Signature
Date & Time: 05/03/18

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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT

DECLARATION

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

05/03/18
Policyholder's Signature
Date & Time:

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

05/03/2018
Reporting Centre Personnel's Signature
Name: *Randi Williams*
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180301/2021

1 of 3

Police Station Of Origin
Punggol N P C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No: T/20180301/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 01/03/2018 10:06	Vide Report No F/20180228/0177	Station Diary No. 26
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Informant's Particulars

Name of Informant: MUHAMMAD RIZEHAN BIN ABDUL GANI		Address: APT BLK 672B EDGEFIELD PLAINS #10-549 SINGAPORE 822672	
ID Type / ID No NRIC NO / S9746263A		Contact No Home/Office	Mobile: 90147200
Nationality SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 31/12/1997	Type of Informant: Rider
Race: Boyanese		Language: English	Institution / School Name
Occupation: SAF NSF		Driving Licence Information: Class 2B	Date of Expiry:

General Information of the Accident

Type of Accident	Injury Attended by Police	Drink Drive No	Date/Time of Accident 28/02/2018 18:30	Type of Location Bend
Location: Along Road 1 PUNGGOL ROAD				
Along Punggol Road outside of Shell Petrol kiosk exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance. Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU629E	Motorcycle	KAWASAKI	KRRZX150	Silver		0
SHCB36U	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU629E	NTUC Income Insurance Co-Operative Limited	5095263643	26/10/2017	25/10/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180301/2021

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049959

2 of 3
Report No: T/20180301/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RIZEHAN BIN ABDUL GANI	ID No	S9746263A
Related Vehicle	FU629E (Motorcycle)	Contact No	90147200
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	Cheng Tiang Kwang	ID No	S1226348B
Related Vehicle	SHC836U (Car)	Contact No	NIL
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 28/02/2018 at about 1830hrs, I was at Shell Petrol Kiosk along Punggol Road riding my motorcycle FU629E. While I was about to exit Shell petrol kiosk, there was vehicle on the main road along Punggol Road, as such I came to a stop at the exit of Shell Petrol kiosk.

While I was stopping at the exit of Shell Petrol kiosk, I suddenly felt an impact from the rear and fell to the ground. I was conscious at that time, I turned back and look and noticed that there was a Citycab Taxi bearing registration plate number SHC836U which was behind my motorcycle which had mounted a kerb and hit onto my motorcycle. The taxi uncle only came to me saying sorry but did not help me call for an ambulance or help me get up.

Traffic Police and Ambulance was also at scene. I was then conveyed by ambulance to CGH and was given 7 days of medical leave. I suffered pain on the lower back area, left side of my body. The injuries caused me to be unable to walk properly.

Sketch Plan #5



SINGAPORE
POLICE FORCE

Police Station Of Origin
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No. 1800-6049999



T/20180301/2021

3 of 3

Report No. T/20180301/2021

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

F /

Sgt 2 LIM JIN YEOW, BENNY

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

01/03/2018 10:06

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case

Authentication Stamp

NP168

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6263A
Vehicle Details	
Vehicle No.:	FU629E
Vehicle to be Exported:	No
Intended De-registration Date:	09 Mar 2018
Vehicle Make:	KAWASAKI
Vehicle Model:	KRRZX150
Primary Colour:	Silver
Manufacturing Year:	2001
Engine No.:	KR150EEA54076
Chassis No.:	KR150KA54076
Maximum Power Output:	-
Open Market Value:	\$3,600.00
Original Registration Date:	29 Oct 2001
First Registration Date:	29 Oct 2001
Transfer Count:	11
Actual ARF Paid:	\$540.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Oct 2021
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$2,119.00
COE Rebate Amount:	\$902.00
Total Rebate Amount:	\$902.00

The information contained herein is correct as at 09 Mar 2018

OK



/)

Bike model

Type

Any

Price From

Any

Price To

Any

Class

Any

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[REPORT ERROR](#) (/LISTING/LISTING/ERROR/USEDBIKE/7325/) [+ ADD TO SHORTLIST](#)

[SHARE \(WHATSAPP/SENDTEXT-HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/KAWASAKI-KAWASAKI-KRR-ZX150/7325/\)](#)

Kawasaki KRR ZX150

Listing Type	Paid Ad
Brand	Kawasaki (/listing/usedbike/brand/kawasaki/)
Model	Kawasaki KRR ZX150 (/listing/usedbike/model/kawasaki-krr-zx150/)
Engine Capacity	148cc
Classification	2B
Registration Date	12/10/2001
COE Expiry Date	11/10/2021 (3 years 5 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Sport Bikes (/listing/usedbikes/listing/?bike_type=8)

Price: ^{SGD}\$6500

Bike model
Kawasaki KRR ZX150

Type
Any

Price From
Any

Price To
Any

Class
Any

MORE SEARCH OPTIONS ▾

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VIEW ALL (/LISTING/USEDBIKES/LISTING/)

Q SEARCH ▾

Kawasaki KRR ZX150 (/listing/usedbike/kawasaki-kawasaki-krr-zx150/6442/)



(/listing/usedbike/kawasaki-kawasaki-krr-zx150/6442/)

SGD**\$5600**

Reg : 15/11/2002

Type: Sport Bikes

148cc

-

Bike just overhaul. Serviced by famous service centre @ Ubi so bike is in good condition now. Owner changing to car.

Posted on : 06/03/2018

★ PAID AD ★ DIRECT SELLER

DETAILS > (/LISTING/USEDBIKE/KAWASAKI-KAWASAKI-KRR-ZX150/6442/)

Kawasaki KRR ZX150 (/listing/usedbike/kawasaki-kawasaki-krr-zx150/5729/)



(/listing/usedbike/kawasaki-kawasaki-krr-zx150/5729/)

SGD**\$6800**



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

PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18004178/T1bs2 Date: 08-05-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 836U	Veh. Inspected	FU 629E
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18001760MFSH	Excess (\$)	0.00
Assign From	AUNG YIN MIN	Assign Date	05/03/2018
2. Vehicle Particulars & Condition			
Make & Model	KAWASAKI KRRZX150	c.c	148
Engine No.	HIDDEN	Year of Reg.	2001
Chassis No.	KR150KA54076	Colour	BLACK
Odometer	81820 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	90/80 R17	DUNLOP	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	100/80 R17	DUNLOP	5 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND O/S BODY.			
5. General Information			
Accident Date	28/02/2018	Inspect Date / Time	08/03/2018 (12:30 PM)
Survey held at	RACE WERKS MOTOR SPORTS BLK 1008 BUKIT MERAH LANE 3 #01-26 SINGAPORE 159722		
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. D) MARKET VALUE:\$6,500.00			

Report Ref No. CS3/FCI18004178/T1bs2

Inspected By



MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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