

ASS. REC. BY:

REF: es/FCI 18004301/4vd302 Special Instruction:

Surveyor:

CWS

Marquez

ASSIGNMENT (Office)

From (Person):

Serene Ler

of

Fes

Date/Time:

6/3/18 @ 11:22am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

FBL 9099U

Insured:

SH 62992

at Workshop m/s

Ban Hock Hin

Tel:

62816520

of

No-6 DeRu Lane &

Policy No.:

Claim No.:

D180016R9MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

25/02/18

CA / REV / REP. / REV 24 HRS

lwp'

Date/Time:

2:15pm @ 6/3/18

Person Contacted:

Raymond

H.O.D. Endorsement:

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction

(✓)

Estimate

FBL 9099U - X

SH 62992 - MSINC16012071/1111vbn2

D.O.A: 28/6/16

7/3/18

Email preli revised to FCI

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: FBL 90994at Workshop m/s BHM

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: 1 Consistent? : Yes or NoEst. Repairs: 3 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: FBL 90994 Yr Regn: 5, 17

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

Truck / Trailer or

Make: Yamaha YBR125 c.c. 125Colour: red A/C: Insured / Std / NI / NASp. Reading: 30395 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LBPRE 10/000058188Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: P0-90-18R: 90-90-18 MIC

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or IRC

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 25/2/18 D.O.I. 6/3/18

Survey held at _____

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

N/S, O/S, U/C

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

Date/Time Action/Instruction

29/3/18 Confirmed final fee of \$853.50 with payment.
(Red 270.50, 24th)

RECEIVED 6 APR 2018

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 31) ☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 31/3 - typistAdd Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : WSLump Sum / I.B.I. (\$) 853.50

100
50
50
60
260

Survey Department Check List (Case Handler)

Reference No. : CS | FCI | 800 4301 | Uvd3
 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	✓			
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(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	✓			
---	-------------------------	---	--	--	--

Check By: VERON | 31 | 3 | 18
 Case Handler Date

*C: Critical *N: Non-Critical



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/FCI18004301/Uvd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 06-03-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SH 6299Z	Veh. Inspected	FBL 9099U
Policy No.		Coverage (\$)	0.00
Claim No.	D18001689MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	06/03/2018
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	25/02/2018	Inspection Date	06/03/2018
Survey held at	BAN HOCK HIN CO.PTE LTD NO 6 DEFU LANE 4 SINGAPORE 539410		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Job Sheet (/ClaimWS/Surveyor/JobSheet/235423)



PRI Documents



Close



PRI Header Details

Claim No	D18001689MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & BAN HOCI
Workshop Name	BAN HOCK HIN CO. PTE LTD (Contact Person : RAYMOND)	Survey Location & Contact Details	NO. 6 DEFU LANE 4 Mobile: 0 , Phone: 62816520 , Fax: 62842969 EmailId: RAYMOND@BHH.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: EST. COR - \$1,202.68		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH6299Z	TP Vehicle No	FBL9099U
PRI Recieved Date	05-03-2018 05:45:26 PM	Surveyor Appointed Date	06-03-2018 11:21:36 AM	Surveyor Accept Date	06-03-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	06-03-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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

File Name

Action

Surveyor Job Remarks

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

Date	27-02-2018	Our Ref No. D18001689MFSH
Accident Date	25-02-2018	Claim Type. Third Party
Insured Vehicle	SH6299Z	Third Party Vehicle. FBL9099U
Survey Location	NO. 6 DEFU LANE 4	
Contact Person.	RAYMOND	
Contact No.	62816520/ 0	Fax No. 62842969
Survey Type	WITHOUT PREJUDICE: EST. COR - \$1,202.68	
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	BAN HOCK HIN CO. PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 7 March 2018 4:46 PM
To: 'Claim Workflow System'
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18001689MFSH/1, FBL 9099U
Attachments: FBL 9099U PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle FBL 9099U

Date of survey: 6/3/2018

Number of days:3 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)
Sent: Tuesday, 6 March 2018 2:09 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: SERENELER@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18001689MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Tuesday, 6 March 2018 11:22 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SERENELER@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18001689MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

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

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

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



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18001689MFSH

Our ref: CS/FCI18004301/Uvd3

DATE: 7/3/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam

INITIAL INSPECTION REPORT OF VEHICLE NO. FBL 9099U

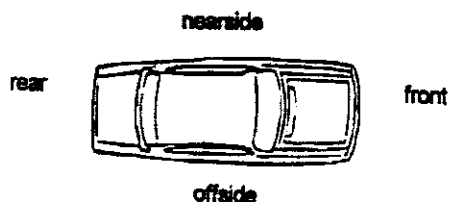
We thank for your instruction on 6/3/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on vehicle on 6/3/2018 at the premises of M/s BAN HOCK HIN CO PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$1,124.00
Revised Estimate Amount	: S\$851.90
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the n/s and o/s body.



Comments/Present Status:
Damages Consistent

Yours faithfully,

MARCUS CHUA
Licensed Appraiser

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:Company

Owner ID:0288K

Vehicle Details

Vehicle No.:FBL9099U

Vehicle to be Exported:No

Intended De-registration Date:06 Mar 2018

Vehicle Make:YAMAHA

Vehicle Model:YBR125

Primary Colour:Red

Manufacturing Year:2017

Engine No.:E3F5E043570

Chassis No.:LBPRE101000058568

Maximum Power Output:-

Open Market Value:\$1,928.00

Original Registration Date:03 May 2017

First Registration Date:03 May 2017

Transfer Count:0

Actual ARF Paid:\$290.00

Intended PARF Rebate Details

PARF Eligibility:No

PARF Eligibility Expiry Date:-

PARF Rebate Amount:\$0.00

Intended COE Rebate Details

COE Expiry Date:02 May 2027

COE Category:D - Motorcycle

COE Period(Years):10

QP Paid:\$6,712.00

COE Rebate Amount:\$6,145.00

Total Rebate Amount:\$6,145.00

The information contained herein is correct as at 06 Mar 2018

OK

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	FBL9099U
Vehicle Type:	P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	YAMAHA
Vehicle Model:	YBR125
Chassis No.:	LBPREF101000058568
Propellant:	Petrol
Engine No.:	E3F5E043570
Engine Capacity:	124 cc
Maximum Power Output:	-
Maximum Laden Weight:	320 kg
Unladen Weight:	114 kg
Year Of Manufacture:	2017
Original Registration Date:	03 May 2017
Lifespan Expiry Date:	-
COE Category:	D - Motorcycle
Quota Premium:	\$6,712.00
COE Expiry Date:	02 May 2027



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 05 Mar 2018 / 14:35:37

Receipt Date/Time : 05 Mar 2018 / 14:35:37

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180305-001343

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SH6299Z				
As at 25 Feb 2018/01:30:00				
Insurance Co: FIRST CAPITAL INS LTD				
1	Insurance Enquiry - SH6299Z			
	Enquiry Fee	7.00	0.49	7.49
	20180305143409803840			
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20180305143425532	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Vehicle Insurance Particulars Result

Vehicle No.

SH6299Z

Incident Date/Time

25 Feb 2018 / 01:30:00

Insurance Company Name

FIRST CAPITAL INS LTD

[Print](#)[OK](#)[Save as PDF](#)

CERTIFICATE OF INSURANCETHE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987 OF MALAYSIATHE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

AVFMSB0000621700

ChaNo: LBPPE101000058568

1. Index Mark and Registration Number of Vehicle FBL 9099 U
2. Name of Policyholder BAN HOCK HIN CO PTE LTD
3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 05 May 2017
4. Date of Expiry of Insurance 04 May 2018

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

ANY PERSON WHO IS UNDER THE POLICYHOLDER &/OR HIRER'S EMPLOYMENT 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

USE ONLY FOR THE POLICYHOLDER &/OR HIRER'S BUSINESS OR PROFESSION.

THE POLICY DOES NOT COVER:

1. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.
3. USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD BY ANY PERSON TO WHOM THE VEHICLE IS HIRED.

Type of Cover : Third Party

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)

RT



Approved Insurers

Examined By

b

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	02/03/2018 16:56
Date Of Accident	25/02/2018 01:30
Exact Location Of Accident	JUNCTION BOON KENG RD TURN INTO BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9099U
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN CO PTE LTD
Co Reg No	197000288K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62982250

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL

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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	AVFMSB0000621700
Cover Note Number	

Driver

Name of Driver	MUSADI BIN AHMAD
NRIC No	G8403017T
Date Of Birth	19/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90394175
Fax Number	
Contact Number	
Email Address	BEN@MCD.SG.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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 [OTHER]	BUKIT TIMAH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180225/2013. ON 25/02/2018 AT AROUND 1.30AM WHILST I WAS RIDING MY MOTORCYCLE, ONE RED COLOUR YAMAHA REGISTRATION PLATE NO. FBL9099U ON THE RIGHT LANE (MEANT FOR TURNING RIGHT ONLY) OF TWO LANES ROAD, AT THE JUNCTION OF BOON KENG ROAD TURNING RIGHT INTO BENDEMEER ROAD, SUDDENLY A BLUE COLOUR COMFORT DELFRO TAXI REGISTRATION PLATE NO. SH6299Z WHICH WAS TRAVELLING ON THE LEFT LANE (MEANT FOR GOING STRAIGHT ONLY) MADE A HASTY RIGHT U-TURN, THUS THE TAXI COLLIDED WITH MY MOTORCYCLE. THE TAXI STOPPED TO MAKE A CHECK BUT HE DID NOT RENDER ANY ASSISTANCE TO ME. THE TAXI DRIVER, A MALE CHINESE ALSO DENIED THAT HIS FAULT OF CAUSING THE ACCIDENT AND REFUSED TO EXCHANGE HIS PARTICULARS. I AM NOT SURE IF THERE IS ANY CCTV INSTALLED AT THE VICINITY. ON THE SAME DAY, I WENT TO THE TAN TOCK SENG HOSPITAL TO SEEK MEDICAL TREATMENT AND I WAS GIVEN 2 DAYS OF MC FOR MY INJURIES WHICH I SUSTAINED DURING THE ACCIDENT. THAT IS ALL.

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	SH6299Z
Vehicle Make/Model/Colour	HYUNDAI/i40 1.7/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MUSADI BIN AHMAD

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBL9099U

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

SKETCH

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 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 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.
- 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.

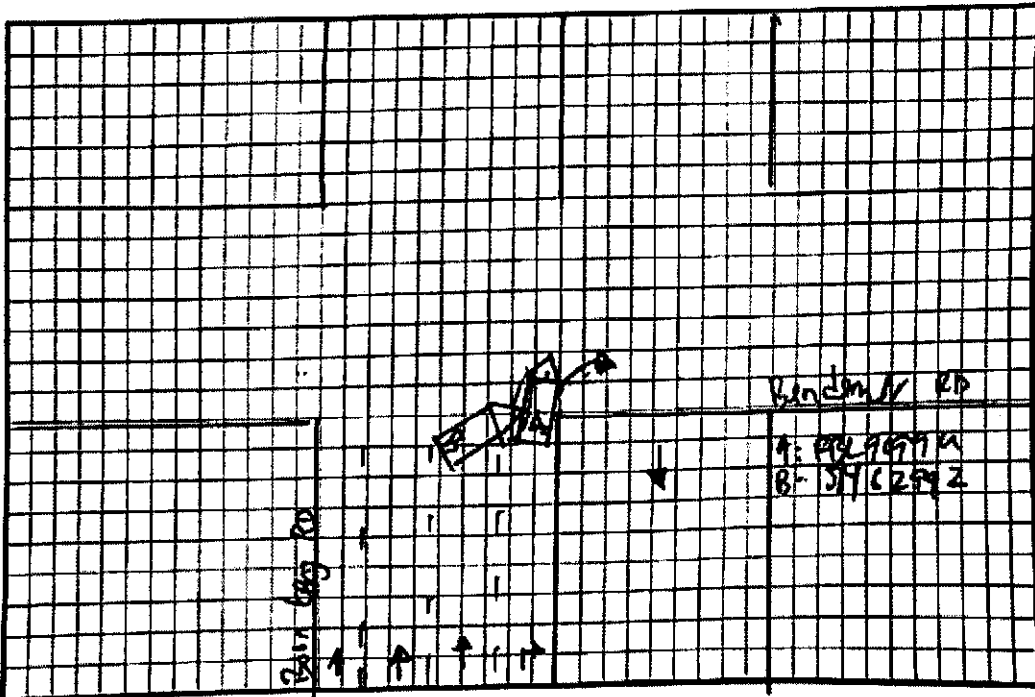
VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No. 1990-4529090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2018 07:45		Video Report No.	Crash Report No. 18
Name of Informant MUSADH BIN AHMAD		Address: 15 Jin Sakturata 8 Tmn 8-48 Carlin	
ID Type / ID No. FIN NO / GB403017T		Contact No. Home/Office	Mobile: 8038-1178
Nationality MALAYSIAN		Email:	
Sex: Male	Age: 32	Date of Birth: 15/03/1985	Type of Informant: Rider
Race: Malay	Language: English		Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: Date of Birth:	

Type of Accident:	Injury Others	Driver No.	Date/Time of Accident: 25/02/2018 01:30	Type of Road: Arterial
Location: Junction of Road 1 and Road 2: BOON KENG ROAD BENDERANG ROAD Traffic Light Junction Boon Keng Road turning into Benderang Road				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 40	
Photo Flow: East Carriage Way	Traffic Control: Traffic Light - Red		Traffic Volume: Low	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Vehicle involved in accident: 1

VEHICLE 1	Motorcycle	YAMAHA	Red	Driver	0
VEHICLE 2	Van	HINO	Blue	Driver	0

OFFICER IN CHARGE
Sgt. [Name]

Police Report


**SINGAPORE
POLICE FORCE**


1/20180225/2013

2 of 3

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4829999

Report No: 1/20180225/2013

CONTINUATION OF REPORT

Rider			
Name	MUSADI BIN AHMAD	ID No	G8403017T
Related Vehicle	FBL9099U (Motorcycle)	Contact No	90394175
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class NIL Date of Expiry NIL
Date Treatment	25/02/2018	Date Discharge	25/02/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 25/02/2018 at around 1 30am whilst I was riding my motorcycle, one red colour Yamaha registration plate no. FBL9099U on the right lane (meant for turning right only) of the two lanes road, at the junction of Boon Keng Road turning right into Bendemeer Road, suddenly a blue colour Comfort Delgro taxi registration plate no. SH6299Z which was travelling on the left lane (meant for going straight only) made a hasty right u-turn, thus the taxi collided with my motorcycle. The taxi stopped to make a check but he did not render any assistance to me. The taxi driver, a male Chinese also denied that his fault of causing the accident and refused to exchange his particulars. I am not sure if there is any CCTV installed at the vicinity.

On the same day I went to the Tan Tock Seng Hospital to seek medical treatment and I was given 2 days of MC for my injuries which I sustained during the accident. That is all.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin
Bukit Timah R.P.C.
1 Duff's Road SINGAPORE 260814
Tel No: 1800-4626666

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of the certificate with you now, please.

Signature Of Officer Handling The

E/

Or Staff Sgt. HONG KUAN CHAI

Signature Of Informant:

Not applicable

Officer In Charge (R/S):

TP/ACTY

SA/ACTY

SA/ACTY

SA/ACTY



BAN HOCK HIN
Co., Pte Ltd

Co. Reg. No: 197000288K
MOTORCYCLE ACCESSORIES | SERVICE CENTRE
MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

QUOTATION

Customer :

NO. : 32415

FIRST CAPITAL INSURANCE LTD
06 RAFFLES QUAY #21-00
SINGAPORE 048580

MOTOR CLAIMS DEPT

VEHICLE NO. : FBL9099U
MAKE/MODEL : YAM / YBR125

DATE : 26/02/2018
CLAIM NO. : 11108
POLICY NO. : AVFMSB0000621700
FROM : RAYMOND

*Not Order
LH
take plus Adhes up
P/P
32415
6/3/18*

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount	
1	BAR HANDLE P/N: 42062	REPLACE	1.00	\$70.00	70.00	<i>32</i> 2
2	COVER TANK SIDE LH (BLACK) P/N: 54458	REPLACE	1.00	\$98.00	98.00	<i>one</i> 2
3	CRASH BAR P/N: 35878	REPLACE	1.00	\$195.00	195.00	<i>bar</i> —
4	FOOT REST 1 P/N: 50005	REPLACE	1.00	\$55.00	55.00	<i>Foot</i> —
5	GUIDE AIR LH P/N: 48403	REPLACE	1.00	\$25.00	25.00	<i>11</i> X
6	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED.	<i>X</i> Supply/Install	4.00	\$35.00	140.00	<i>120</i>
7	LAMP SIGNAL REAR RH P/N: 45419	REPLACE	1.00	\$63.00	63.00	<i>11</i> X
8	LEVER BRAKE P/N: 26343	REPLACE	1.00	\$19.00	19.00	<i>scr</i> —
9	LEVER CLUTCH P/N: 52644	REPLACE	1.00	\$19.00	19.00	<i>scr</i> —
10	MIRROR LH P/N: 49947	REPLACE	1.00	\$80.00	80.00	<i>scr</i> +
11	MIRROR RH P/N: 54029	REPLACE	1.00	\$80.00	80.00	<i>cu7</i> —
12	PROTECTOR EXHAUST P/N: 50024	REPLACE	1.00	\$119.00	119.00	<i>cu7</i> —
13	PROTECTOR EXHAUST CAP P/N: 50006	REPLACE	1.00	\$56.00	56.00	<i>cu7</i> —

10%



S/N	Description	Action	Qty	Unit Price	Amount
14	RUBBER FOOTREST FRONT P/N: 26136	REPLACE	1.00	\$14.00	10.7 14.00
15	SPRAY PAINTING - Fuel Tank Side Cover RH	Spray	1.00	\$40.00	30 40.00
16	STICKER (MCDONALDS) SIDE COVER V2 P/N: 56222	REPLACE	1.00	\$16.00	16.00 SN
17	TRANSPORT CHARGES P/N: 07169 - TOW BACK BIKE FOR ACCIDENT REPAIR.		1.00	\$35.00	35.00
SUB TOTAL					\$1,124.00
GST @ 7 %					\$78.68
GRAND TOTAL					\$1,202.68

Validity: 30 days

For & on Behalf of
BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By



RAYMOND

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.

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:

P-725
652.50
853.50





BAN HOCK HIN
Co., Pte Ltd

Co.Reg.No: 19700288K

MOTORCYCLE ACCESSORIES / SERVICE CENTRE
MODIFICATIONS / SPRAY PAINTING AND BODY WORK / METAL
WORKS / LEASING & RENTALS / FLEET SALES / INSURANCE SALES

QUOTATION

Customer :

NO. : 32415

- Rev. 1

FIRST CAPITAL INSURANCE LTD
06 RAFFLES QUAY #21-00
SINGAPORE 048580

DATE : 26/02/2018
CLAIM NO. : 11108
POLICY NO. : AVFMSB0000621700

MOTOR CLAIMS DEPT

FROM : RAYMOND

VEHICLE NO. : FBL9099U
MAKE/MODEL : YAM / YBR125

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	BAR HANDLE P/N: 42062	REPLACE	1.00	\$70.00 Disc %: 10.00	63.00
2	COVER TANK SIDE LH (BLACK) P/N: 54458	REPLACE	1.00	\$98.00 Disc %: 10.00	88.20
3	CRASH BAR P/N: 35878	REPLACE	1.00	\$195.00 Disc %: 10.00	175.50
4	FOOT REST 1 P/N: 50005	REPLACE	1.00	\$55.00 Disc %: 10.00	49.50
5	LABOUR P/N: 06766 - FOR DISMANTLING AND ASSEMBLING OF PARTS QUOTED.	Supply/Install	4.00	\$30.00	120.00
6	LEVER BRAKE P/N: 26343	REPLACE	1.00	\$19.00 Disc %: 10.00	17.10
7	LEVER CLUTCH P/N: 52644	REPLACE	1.00	\$19.00 Disc %: 10.00	17.10
8	MIRROR RH P/N: 54029	REPLACE	1.00	\$80.00 Disc %: 10.00	72.00
9	PROTECTOR EXHAUST P/N: 50024	REPLACE	1.00	\$119.00 Disc %: 10.00	107.10
10	PROTECTOR EXHAUST CAP P/N: 50006	REPLACE	1.00	\$56.00 Disc %: 10.00	50.40
11	RUBBER FOOTREST FRONT P/N: 26136	REPLACE	1.00	\$14.00 Disc %: 10.00	12.60
12	SPRAY PAINTING - Fuel Tank Side Cover RH	Spray	1.00	\$30.00	30.00
13	STICKER (MCDONALDS) SIDE COVER V2 P/N: 56222	REPLACE	1.00	\$16.00	16.00



Address: No. 6, Defu Lane 4, Singapore 539410 | Telephone: +65 6281 6520 | Web: www.bhh.com.sg
Fax: (Main) +65 6281 2830, (Spare Parts) +65 6285 7530, (Insurance/Project) +65 6284 2969, (Accounts) +65 6281 6759

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
14	TRANSPORT CHARGES P/N: 07169 - TOW BACK BIKE FOR ACCIDENT REPAIR.		1.00	\$35.00	35.00

SUB TOTAL

\$853.50

GST @ 7 %

\$59.75

GRAND TOTAL

\$913.25

Validity: 30 days

For & on Behalf of

BAN HOCK HIN CO PTE LTD



RAYMOND

Acknowledge & Accepted By

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.





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/FCI18004301/Uvd3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 03-04-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 6299Z	Veh. Inspected	FBL 9099U
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18001689MFSH	Excess (\$)	0.00
Assign From	SERENE LER	Assign Date	06/03/2018

2. Vehicle Particulars & Condition

Make & Model	YAMAHA YBR125	c.c	124
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	LBPRI101000058568	Colour	RED
Odometer	30395	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	80-90-18	IRC	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	90-90-18	MICHELIN	6 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S AND O/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	25/02/2018	Inspection Date	06/03/2018
Survey held at	BAN HOCK HIN CO.PTE LTD NO 6 DEFU LANE 4 SINGAPORE 539410		

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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBL 9099U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BAR HANDLE	BENT	70.00	70.00
1	COVER TANK SIDE LH (BLACK)	CRACKED	98.00	98.00
1	CRASH BAR	BENT	195.00	195.00
1	FOOT REST 1	TORN	55.00	55.00
1	GUIDE AIR LH	NOT NECESSARY	25.00	-
1	LAMP SIGNAL REAR RH	NOT NECESSARY	63.00	-
1	LEVER BRAKE	SCRATCHED	19.00	19.00
1	LEVER CLUTCH	SCRATCHED	19.00	19.00
1	MIRROR LH	NOT NECESSARY	80.00	-
1	MIRROR RH	SCRATCHED	80.00	80.00
1	PROTECTOR EXHAUST	CUT	119.00	119.00
1	PROTECTOR EXHAUST CAP	CUT	56.00	56.00
1	RUBBER FOOTREST FRONT	TORN	14.00	14.00
	LESS 10% DISCOUNT		-	-72.50
			893.00	652.50
SPECIAL NETT ITEMS				
1	STICKER (MCDONALDS) SIDE COVER V2 (SN)	NECESSARY	16.00	16.00
			16.00	16.00
LABOUR				
	LABOUR-FOR DISMANTLING AND ASSEMBLING OF PARTS.		140.00	120.00
	SPRAY PAINTING - FUEL TANK SIDE COVER RH.		40.00	30.00
	TRANSPORT CHARGES - TOW BACK BIKE FOR ACCIDENT REPAIR.		35.00	35.00
			-	-
			-	-
			215.00	185.00
GRAND TOTAL			1,124.00	853.50

RECOMMENDED COST OF REPAIRS			853.50
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Report Ref No. CS/FCI18004301/Uvd3e2



Report Ref No. CS/FCI18004301/Uvd3e2

A handwritten signature in black ink, appearing to be 'Ch' followed by a stylized flourish.

CHUA KANG SENG

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.