

22/03/2002

ASS. REC. BY:

REF: CS3/FCI 18004874/R12403³² Special Instruction: ✓

Surveyor:

Raghu

ASSIGNMENT (Office)

From (Person):

Eileen Lee

of

FCI

Date/Time:

12/3/18 @ 4:39pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FR 1215A

Insured:

SHD 6618M

at Workshop m/s

Primero Racing

Tel:

81611427

of

1 Blk Batok Crescent #04-34

Policy No:

Claim No:

D1800713MPSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26/2/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

12:49pm @ 14/3/18

Person Contacted:

Raf

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

FR1215A-X

SHD 6618M - CS/FCI 18000659/Rfd3n2

D.O.A: 8/1/18

5/4/18

After repair

Surveyor *P. J. Jones*

REF:

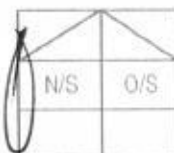
Bal. 7 mths

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **FR 1215A**
 at Workshop m/s **PRIMERO RACIN**
 of **ENTERPRISE (6000 #01-19)**
 Insured: **FLU / mp**
 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: **\$2K.**
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **FR 1215A** Yr Regn: **May / 99**
 Type: M. Car / ☒ M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: **HONDA CB 400S** C.C. **399**
 Colour: **BLUE** A/C Insured / Std / NI / NA
 Sp. Reading: **12440** T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: **NL 39100 23 71**
 Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: In order / ☒ Jammed / Leaked / Burnt or
 Brake: In order / ☒ Jammed / Leaked / Burnt or
 Modi: Nil / S Rim / ☒ STD A/Rim or

Tyre Size: F: **120/60-2R17**
 R: **160/60-2R17**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **METZELER**

Front _____ Rear _____
 R/Bal. **4** mm R/Bal. **4** mm
 L/Bal. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. **30/05/18 4:55 pm**
 Survey held at **PRIMERO RACIN**

Des. of Damages: Frt / Rear / O/S / ☒ N/S / U/C / Rooftop or
N/S & O/S REAR
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

~~Estimated repair range \$3800 - \$4,500~~

23/6/18 Submit PRS Report

[Signature]
 22/6/2018

RECEIVED 25 JUN 2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

) \$ + R\$ \$

) Photos

) Others

)

TOTAL

Report Format :

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$




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/FCI18004874/R1z4d3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 14-03-2018	
		Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHD 6618M	Veh. Inspected	FR 1215A
Policy No.		Coverage (\$)	0.00
Claim No.	D18001713MFSH	Excess (\$)	0.00
Assign From	CWS (EILEEN LEE)	Assign Date	14/03/2018
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	26/02/2018	Inspection Date	30/05/2018
Survey held at	20 BUKIT BATOK CRESCENT # 01-19		
Repairer	PRIMERO RACING		
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.			

MOTOR SURVEY ASSIGNMENT

Date	28-02-2018	Our Ref No. D18001713MFSH
Accident Date	26-02-2018	Claim Type. Third Party
Insured Vehicle	SHD6618M	Third Party Vehicle. FR1215A
Survey Location	1 Bukit Batok Crescent #04-34, WCEGA Plaza	
Contact Person.	RAJ	
Contact No.	81611427/ 81611427	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	PRIMERO RACING	Attention. NIL
Cc : TP Solicitor	KSCGP JURIS LLP	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/235448)



PRI Documents



Close



PRI Header Details

Claim No	D18001713MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & KSCGP JU
Workshop Name	PRIMERO RACING (Contact Person : RAJ)	Survey Location & Contact Details	1 Bukit Batok Crescent #04-34, WCEGA Plaza Mobile: 81611427 , Phone: 81611427 , Fax: 0 EmailId: ACCIDENT@KSCGP.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD6618M	TP Vehicle No	FR1215A
PRI Recieved Date	12-03-2018 12:09:12 PM	Surveyor Appointed Date	12-03-2018 04:38:01 PM	Surveyor Accept Date	14-03-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	14-03-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
-----------------------------	--	----------------------	------------	-------------------------	--

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

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	04/03/2018 09:24
Date Of Accident	26/02/2018 19:00
Exact Location Of Accident	DUNEARN ROAD TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR1215A
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHIM BIN AB GANI
NRIC No	S1555062G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93835783
Alternative Phone No	OFFICE-93835783

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFHV-399CC
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5049251073-06
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IRFAN BIN ABDUL RAHIM
NRIC No	S9434977Z
Date Of Birth	27/09/1994
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93835783
Fax Number	
Contact Number	OFFICE-93835783
EMail Address	NOEMAIL

Address	834 JURONG WEST STREET 81 #13-21
Postcode	S64834
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 - U-TURN
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	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT. ATTENDED BY : SUSAN

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	SHD6618M
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO PENG CHEONG
NRIC/Passport Number	S7321083F
Contact Number	96876342
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

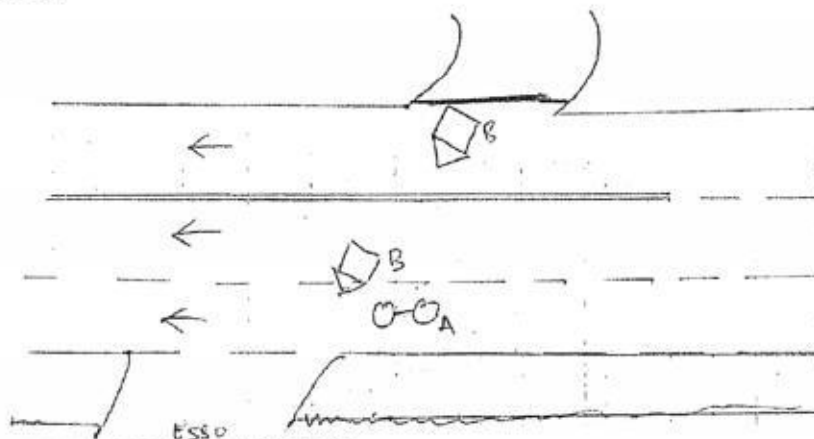
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD IRFAN BIN ABDUL RAHIM
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	FR1215A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



A: FR1215A

B: 5410 6618m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20180226/2197.

DECLARATION

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

3 MAR 2018

Polcyholder's Signature

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRC/IN No. 1

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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.

- 3 MAR 2018

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659545
 Tel: 6560 3312 Fax: 6569 0722
 Email: vacbb@singnet.com.sg

Policyholder's Signature
 Date & Time:

28/02/18

1700hrs

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

28/02/18

1700hrs

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



**SINGAPORE
POLICE FORCE**



T/20180226/2197

1 of 4

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

Report No. T/20180226/2197

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2018 20:30		Vide Report No.:		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: MUHAMMAD IRFAN BIN ABDUL RAHIM			Address: APT BLK 834 JURONG WEST STREET 81 #13-21 SINGAPORE 640834		
ID Type / ID No.: NRIC NO / S9434977Z			Contact No.: Home/Office: Mobile: 93835783		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 27/09/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 DUNEARN ROAD				
Along Dunearn Road towards City near to Esso Petrol Kiosk				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR1215A	Motorcycle				Totally Damaged	0
SHD6618M	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180226/2197

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

2 of 4

Report No. T/20180226/2197

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD IRFAN BIN ABDUL RAHIM	ID No.	S9434977Z
Related Vehicle	FR1215A (Motorcycle)	Contact No.	93835783
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Yeo Peng Cheong	ID No.	S7321083F
Related Vehicle	SHD6618M (Car)	Contact No.	96876342
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 26/02/2018 at about 1900hrs, I was riding my motorcycle (FR1251A) along Dunearn Road towards City at the lane 2. When I was riding along Dunearn Road towards City opposite King Albert Park MRT Station. I noticed there is a taxi (SHD6618M) making a U-turn from opposite side to my side.

However, after the taxi made a U-turn, the taxi straight away changed lane to my lane as he wanted to go to Esso petrol kiosk. Due to that, the taxi knocked onto my motorcycle right side and due to that I lost balance and collided to my left and fell down from my bike. I like to state that there is a double white line between lane 1 and lane 2.

After the accident, I felt pain on my left side of my body and I will go seek medical attention after I lodge the Police report.

My left side Clutch lever broken, speed meter was damaged and most of my left side of my motorcycle was badly damaged and also my right side mirror was damaged. The taxi left side mirror was damaged.

The taxi driver then alighted from his taxi and made a check on me and subsequently we exchanged particulars and left the place. No ambulance or traffic Police at scene.

I also like to state that after the accident my motorcycle unable to ride and need to call towing crew to tow away my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20180226/2197

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

4 of 4

Report No. T/20180226/2197

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:

D /

Sgt 2 WU HAIHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/02/2018 20:30

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168

5/1/20

01/03/2018



**SINGAPORE
POLICE FORCE**



T/20180226/2197

3 of 4

Report No. T/20180226/2197

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

CONTINUATION OF REPORT

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

D.O.A. 26/2/2018
Bal. = 1yr 3mths.

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 5062G

Vehicle Details

Vehicle No.: FR1215A
Vehicle to be Exported: No
Intended De-registration Date: 14 Jun 2018
Vehicle Make: HONDA
Vehicle Model: CB400S.F.H.V
Primary Colour: Blue
Manufacturing Year: 1999
Engine No.: NC23E2002382
Chassis No.: NC391002371
Maximum Power Output: -
Open Market Value: \$8,314.00
Original Registration Date: 28 May 1999
First Registration Date: 28 May 1999
Transfer Count: 7
Actual ARF Paid: \$1,248.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 27 May 2019
COE Category: D - Motorcycle
COE Period(Years): 10
PQP Paid: \$886.00
COE Rebate Amount: \$91.00
Total Rebate Amount: \$91.00

Message

Please note that the National Environment Agency (NEA) is offering an incentive for the owner of this motorcycle to deregister the motorcycle on or before 5 April 2023.

This motorcycle is currently eligible for an incentive of \$3,500 from NEA. If the COE is renewed from now till its deregistration on or before 5 April 2023, the incentive will be reduced to \$2,000. The last registered owner of this motorcycle will receive the incentive from NEA.

This motorcycle will no longer be allowed for use on Singapore's roads after 30 June 2028.

For more information, please visit <http://www.nea.gov.sg/mtcincentive> or contact NEA at 1800-2255-632.

The information contained herein is correct as at 14 Jun 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

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT

FIRST CAPITAL INSURANCE LTD

Ref: CS3/FCI18004874/R1z4d3s2

36 ROBINSON ROAD

Date: 27-06-2018

#16-01 CITY HOUSESINGAPORE 068877



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHD 6618M	Veh. Inspected	FR 1215A
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18001713MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	12/03/2018

2. Vehicle Particulars & Condition

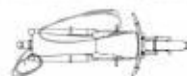
Make & Model	HONDA CB400S	c.c	399
Engine No.	HIDDEN	Year of Reg.	1999
Chassis No.	NC391002371	Colour	BLUE
Odometer	12440 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	120/60-ZR17	METZELER	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	160/60ZR17	METZELER	4 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND O/S REAR PORTION.

**5. General Information**

Accident Date	26/02/2018	Inspect Date / Time	30/05/2018 (04:55 PM)
Survey held at	1 BUKIT BATOK CRESCENT #04-34		
Repairer	PRIMERO RACING		

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:\$2,000.00

Report Ref No. CS3/FCI18004874/R1z4d3s2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, 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 by any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.