ASS. REC. BY: REF CS FCI 1860	5191/G+d3expecial hartenetion:
From (Person): Sitharu of R	NT (Office)
OD / TP WS/TP RES/OD RES/EVA/ENV/MV/CS	Bill to:
To Inspect Vehicle No: FRM DASOM	DESCRIPTION OHD TOUR A
at Workshop m/s Teo Spray Painting of Blk 6 Defy June 10, Defy	Ind. Park C # 01558
1 0110/ 110.	Claim No: 018001324 MFSH
Sum Insured: Make of Veh:	Excess:
(Client's Record)	D.O.A. 09/02/18
CA / REV / REP. / REV 24 HRS WP Date/Time: 10.37an@23 3 18 Person Contacted.	rene Vehicle (N) OUT
Date/Time Action/Instruction (V) Estimate 283- Revert via email	•
Part my Part \$ 2.855,07	(Red. 924.51; 24%)

apprente XMl. REF: Fci		7543A	
	SIGNMENT		
From: Date:	Veh No: FBM2080 A	1 Yr Regni 2l	Aug 2017
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lo	rry / Taxi / Prime Move	er//
DD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or / XM	X 300	
To inspect Vehicle No	Truck/Trailer or / XM	80300A.	292
at Workshop m/s Teo Spray painting.	Colour Grey	A/C Insured / S	
of	Sp.Reading —	T/Radio: Insured / S	td / NI / NA
insured:	Eng/No:		
Policy No.	C/No: MH3SH0	81000010	756
Claims No.	Gen. Cond: God / Fair / Poor / Burnt	4	
Sum Insured: Excess:	Steering: In Ger / Jammed / Leaked /	Burnt or	
(Client's Record)	Brake: Incher / Jammed / Leaked /		
Make of Veh:	Modi: (i) / S/Rim / STD A/Rim or		
	Tyre Size: F: [20 /	70-13	
(Policy Condition)	R: 1601	10-16	
Remark: The veh had commenced its N/S O/S	BS / DUN EXNOVA / GY / FS / LIZA	MIC / OHTSU / PIR / S	SUMI /
repair at the time of inspection.	TOYO/YOKO or		
Bal. or Market Value:	Front	Rear	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm	R/Bal.	mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm	L/Bal.	mm
711 00011			2 . 0
7	D.O.A.	D.O.I. 20-	
Est Repairs: 3 days Res.: Yes or No	Survey held at	^	5:30 pm
Est. Repairs: 3 days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	Survey held at Des. of Damages : Frt / Rear / D/S	^	5:30 pm
days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / Ou	Survey held at Des. of Damages : Frt / Rear / 6/S	NS / U/C / Roofto	5:30 pm
days Res.: Yes or No um Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / Output	Survey held at Des. of Damages : Frt / Rear / D/S	NS / U/C / Roofto	5:30 pm
days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	Survey held at	NS / U/C / Roofto	5:30 pm
Est Repairs:	Survey held at	NS / U/C / Roofto	5:30 pm
days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted:	Survey held at	NS / U/C / Roofto	5:30 pm
days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction	Survey held at	NS / U/C / Roofto	5:30 pm
Est. Repairs:	Survey held at	NS / U/C / Roofto	5:30 pm
Est. Repairs:	Survey held at	NS / U/C / Roofto	5:30 pm
Est Repairs:	Survey held at	NS / U/C / Roofto	5:30 pm
adays Res.: Yes or No Salum Sum: "" 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction RECEIVED 3 0 JUL 20	Survey held at	NS / U/C / Roofto	5:30 pm
days Res.: Yes or No 2 days Res.: Yes or No 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction RECEIVED 3 0 JUL 20 Date/Time File Pass to? : Prell. Report	Survey held at Des. of Damages : Frt / Rear / 6/S The U/C / Chassis frame / Body Days Of Repair:	NS / U/C / Roofto	5:3° pn p or ue to collision.
days Res.: Yes or No 2 days Res.: Yes or No 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / Out Date / Time Action / Instruction RECEIVED 3 0 JUL 20 Cata/Time File Pass to? Preli. Report Final Report	Survey held at	Survey Fee:	5:3° pn p or ue to collision.
days Res.: Yes or No 2 days Res.: Yes or No 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / Out Date / Time Action / Instruction RECEIVED 3 0 JUL 20 Cate/Time, File Pass to? Date/Time, File Return to? Preli. Report Final Report	Survey held at Des. of Damages: Frt / Rear / 6/S The U/C / Chassis frame / Body Days Of Repair: Resurvey No. of Trip:	NS / U/C / Roofto	5:3° pn p or ue to collision.
days Res.: Yes or No Salum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / Out Date / Time Action / Instruction RECEIVED 3 0 JUL 20 Cate/Time, File Pass to? Date/Time, File Return to? Add 5	Survey held at Des. of Damages: Frt / Rear / 6/S The U/C / Chassis frame / Body Days Of Repair: Resurvey No. of Trip:	Survey Fee:	5:30 pm p or ue to collision.
days Res.: Yes or No """ 3 Val.: Yes or No """ 24 HRS Date: Person Contacted: Date / Time Action / Instruction RECEIVED 3 0 JUL 20 Cate/Time, File Pass to? Date/Time, File Return to? Add F	Survey held at Des. of Damages: Frt / Rear / 6/S The U/C / Chassis frame / Body Days Of Repair: Resurvey No. of Trip: See: Site Insp (\$	Survey Fee: Transportation)S - RSSI	5:3 o pro pro pro pro pro pro pro pro pro p
days Res.: Yes or No "Whiche: IN/Out "Date / Time Action / Instruction RECEIVED 3 0 JUL 20 Date/Time File Pass to? Date/Time, File Return to? Preli. Report Final Report Fin	Days Of Repair: Resurvey No. of Trip: Survey held at Sear 1 of Survey No. of Trip: Site Insp (Survey No. of Survey No. of Sur	Survey Fee: Transportation)S + RSSi Photos	5:3 o proportion of the state o

		Date Received:	
Veh. No : FBM 20	€0 M . SP:	WK3P:	
C/No :			
Action/Instruction:			
1.File 2.Su	bmit Photo? YES / NO		
3.Indicate Res. Date On P	hoto Page? YES / NO	Message:	
If No, due to a) No	authorisation b) Days of repair		
others:			
inal Re-inspection or	Progress Photos	7. 14.	



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

13-02-2018

Our Ref No. D18001324MFSH

Accident Date

09-02-2018

Claim Type. Third Party

Insured Vehicle

SHB2883A

Third Party Vehicle. FBM2080M

Survey Location

BLK 6 DEFU LANE 10 DEFU INDUSTRIAL PARK C#01-558

Contact Person.

IRENE SUAN

Contact No.

62835474/0

Fax No. 62872012

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

TEO SPRAY PAINTING

Attention. NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SITHARA

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.

Denise Tay (LKKAuto)

From:

Denise Tay (LKKAuto)

Sent:

Wednesday, 28 March 2018 9:35 AM

To:

Admin-D (LKKAuto); 'Claim Workflow System'; assignments

Cc:

SITHARA@MSFIRSTCAPITAL.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D18001324MFSH/1

Attachments:

PRELI ADVISED fbm 2080m.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle FBM 2080M

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>denisetay@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Tuesday, 20 March 2018 1:24 PM

To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: SITHARA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18001324MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS.

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: <u>assignments@lkkauto.com</u> | 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, 20 March 2018 9:30 AM To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SITHARA@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18001324MFSH/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



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

Your Ref: D18001324MFSH

Date: 28/3/2018

Our Ref: CS/FCI18005191/Gtd3

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. FBM 2080M.

Please be informed that we had conducted the inspection of the abovementioned vehicle 20/3/2018 at the premises of M/s Teo Spray Painting and have the following to report: -

Workshop Estimate Amount	: S\$	3,590.58
Revised Estimate Amount	: <u>S</u> \$	1,746.60
"Check" Items Amount	: <u>S</u> \$	1,563.98
Market Value	: <u>S</u> \$	-
LTA Reimbursement Value	: <u>S</u> \$	
Nett Value	: <u>S</u> \$	

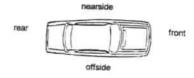
Description of Damage:

<u>The vehicle sustained damages</u>
at the o/s and n/s.

Comments/ Present Status:

Damages Consistent.

Yours faithfully Guo Qiang Automotive Assessor



-						
Job Sheet (/	ClaimWS/Surveyor/JobSheet/	236055) 🕌 PI	RI Documents	Close 🗶		
	r		PRI Header D	etails		
Claim No	D18002204MFSH	Policy No	D-18088936MFS	н	Claimant S.No & Name	1 & CHUNNI N
Workshop Name	CHUNNI MOTOR WORK PTE LTD (Contact Person : LYNN OR IRENE)	Survey Location & Contact Details	AMK AUTOPOINT Mobile: 6542511 EmailId: CHUNN	19 , Phone	: 64836016	
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUI	DICE: WE A	DMIT LIABIL	TTY QUANTUM
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH7570H		TP Vehicle No	SHC8811M
PRI Recieved Date	16-03-2018 09:23:33 PM	Surveyor Appointed Date	19-03-2018 02:3	3:26 PM	Surveyor Accept Date	20-03-2018 0
6			Survey Report	Upload		
Surveyor Inspection Date *:	1110	Surveyor Report Date	20-03-2018		Upload Survey Report *:	Choose File
			Vehicle Partic	ulars	V A	
Make	Please Select Make ▼	Model	Please Select Mo	del ▼	Year	Select Year •
Chasis No		Engine No			Mileage	
Color		Cubic Capacity				
Multiple Do	ocuments Upload					
		Upload Multiple	Documents			
File Nam	e				Action	
Surveyor Jo	ob Remarks					
Remarks					Save	



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

Policy Partic 83A 324MFSH ITHARA)	Ref: CS/FCI18009 Date: 20-03-2018 Code: FCI2 Fulars: THIRD PARTY CL/ Veh. Inspected Coverage (\$) Excess (\$)	5191/Gtd3	
Policy Partic 83A 324MFSH ITHARA)	Date: 20-03-2018 Code: FCI2 Fulars:-THIRD PARTY CLA Veh. Inspected Coverage (\$) Excess (\$)	AIM FBM 2080M	
324MFSH ITHARA)	Veh. Inspected Coverage (\$) Excess (\$)	FBM 2080M	
324MFSH ITHARA)	Veh. Inspected Coverage (\$) Excess (\$)	FBM 2080M	
ITHARA)	Coverage (\$) Excess (\$)	200000000000000000000000000000000000000	
ITHARA)	Excess (\$)	0.00	
		0.00	
Vehicle	Assign Date	20/03/2018	
	Particulars & Condition	20/03/2018	
	c.c	0	
	Year of Reg.		
	Colour		
	Steering		
	Modification		
	modification		
Co	nditions of Tyres		
		Balance	
	- Indiana	mm	
		mm	
		mm	
		mm	
Descr	ription of Damages		
	- PARK LINE		
Gen	neral Information		
8	Inspection Date	20/03/2018	
AY PAINTING			
FU LANE 10 DEFL RE 539187	J IND PARK C		
O THE REST OF	Remarks		
	WITHOUT PREJUDICE" BASIS		
_	Desci Ger 8 AY PAINTING FU LANE 10 DEFU	Conditions of Tyres Make Description of Damages General Information Inspection Date AY PAINTING FU LANE 10 DEFU IND PARK C RE 539187	

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 witholding 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

aforesald.			1000	1000
	ACCIDENT STATEMENT			
Date Of Report	28/02/2018 16:33		(p. 3	porting
Date Of Accident	09/02/2018 11:35			. 13.04
Exact Location Of Accident	KJE TOWARDS TUAS			
©ountry/State of Loss	SINGAPORE			
	ETAILS OF OWN VEHICLE		a service	AND SECTION OF THE PERSON OF T
Vehicle Registration Number	FBM2080M			
Insured/Policyholder				
Name Of Registered Owner	MIR ISZUNAIDI BIN SUKADI			308
NRIC No	S9107543A		ratio.	able
Email Address	ISZUNAIDI16@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-96364424	55	44. 4	An england
Alternative Phone No	OTHERS-96364424	-		norting
Vehicle Particulars				19 11
Manufacturer	YAMAHA			
Model	CZD300A / XMAX300-292CC			
Exact Purpose for which vehicle was being used at time of accident	all contracts of the contract			
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			1009
Insurance Company			1023	- NEWSTREET
Name of Insurance Company	EQ INSURANCE COMPANY LTD		rd i	2016/01/20
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT			-SMICH
Fleet Policy	NO			
Policy Number	DMMPHQ17-000609			
Cover Note Number				7
Driver				
Name of Driver	MIR ISZUNAIDI BIN SUKADI			
NRIC No	S9107543A			
Date Of Birth	25/02/1991			
Occupation	INDOOR			
Date Of Driving Pass	05/11/2014			
Delutes Experience	3 YEARS AND 3 MONTHS		44	State & W
Gender Center Ce	MALE			- THE
Mobile Number	(LOCAL) +65-96364424			
Fax Number				
Contact Number	OTHERS-96364424			
EMail Address	ISZUNAIDI16@GMAIL.COM			
A CONTRACTOR OF THE CONTRACTOR				Page 1 of 1

DETAILS OF INJURED PERSON 1

Name

MIR ISZUNAIDI BIN SUKADI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBM2080M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Approx Injure Injure Men Wan

Vega No.

of.

1.0 Address

BLK 319 WOODLANDS STREET 31 #12-136

SINGAPORE

Postcode

730319

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 - CHANGE/CROSS LANE

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

NO

ambulance? Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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

UNKNOWN

SHB 1883A.

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Votter - k Star :

Insurance Company Name

Nature Of Damage

Page 2 of 15

Sketch Plan #2

KETCH PLAN	KJE	> TURC
		Vehicle No
	+++++++++++++++++++++++++++++++++++++++	A PRMSbb
	+++++++++++++++++++++++++++++++++++++++	B- IAN MUL
		++++++
		Legend
		A BA
	20 1 - S S C - C - C - C - C - C - C	HILLIAN 6
	MILLITHINE	Vehicle Bike
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
140	to police repor	
1 1 1	The fact of the	
		b hr a
* 14		101
2014		
		- 1AL -
	1 1177-1177-1177-1177-1177-1177-1177-11	
CLARATION		
	roculars are true in every respect.	(
ase be advised that your i oulated timeframe from th	nsurer may have a 14 day clause whereby the e date of occurrence. Kindly check your polic	e claim against own policy must be made within the y for more details.
1000		XXV.
licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
te & Time: 8 () (10	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN NO.:

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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 date/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 insurers) 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 :
 - 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:
 - 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:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

G ARMS SketchPlac Form_V1





T/20180218/7000

1 of 3

Report No. T/20180218/7000

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2018 00:25		fade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ulars		
	Informant: UNAIDI BIN	SUKADI	Address: APT BLK 319 WOODLANDS SINGAPORE 730319	STREET 31 #12-136
	/ ID No.: D / S910754	43A	Contact No.: Home/Office: Mobile: 96364424	
National SINGAP	ity: ORE CITIZ	EN	Email: iszunaidi16@gmail.com	
Sex: Male	Age: 26	Date of Birth: 25/02/1991	Type of Informant: Rider	
Race: Javanese			Language: English	Institution / School Name:
Occupation: SHIFT PRODUCTION OPERATOR		ON OPERATOR	Driving Licence Information: Class: 2A	Date of Expiry:

General Inform	nation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2018 11:38	Type of Location: Straight Road	
Location:					
KRANJI EXP	RESSWAY				
KJE BEFORE	CHOA CHU KANG EXIT	Г			
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion: ring Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	a				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM2080M	Motorcycle	YAMAHA	Xmax 300	Grey		0

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





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

3 of 3 Report No. T/20180218/7000

1 1 3

CONTINUATION OF REPORT

S	ka	tch	Plan	

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2018 00:25
Officer In Charge Of Case:	Classification Of Case:
S. Authentication Stamp	

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC	
Owner ID:	7543A	
Valieta Details		
Vehicle No.:	FBM2080M	
Vehicle to be Exported:	No	
Intended De-registration Date:	23 Mar 2018	
Vehicle Make:	YAMAHA	
Vehicle Model:	CZD300A/XMAX300	
Primary Colour:	Grey	
Manufacturing Year:	2017	
Engine No.:	H336E0011743	
Chassis No.:	MH3SH081000010756	
Maximum Power Output:		
Open Market Value:	\$3,879.00	
Original Registration Date:	21 Aug 2017	
First Registration Date:	21 Aug 2017	
Transfer Count:	1	
Actual ARF Paid:	\$582.00	
Intended PARE Robate Dotails		OF REAL PROPERTY.
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Invendork selepelato Dotalis	20 Aug 2027	
COE Expiry Date:	20 Aug 2027	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$5,701.00	
COE Rebate Amount:	\$5,363.00	
Total Rebate Amount:	\$5,363.00	

The information contained herein is correct as at 23 Mar 2018



TEO SPRAY PAINTING

(INCORPORATED IN THE REPUBLIC OF SINGAPORE)

Reg. Address: BLOCK 6, DEFU LANE 10, DEFU INDUSTRIAL PARK C, #01-558

SINGAPORE 539187 TEL: 6283 5474 (2 LINES) FAX: 6287 2012

REG. NO. 275084 / 00X

First Capital Insurance Limited 36 Robinson Road #16-01 City House Singapore 068877 Tel: 65073848

Tel: 65073848 Fax:65073849

Dear Sir/Madam

Guo Qiang - 82880282. 67418434

Guo Giang @ Ikkauto. com 20/3/18. part by pat.

part by pat. After repair photos. 3Days 19.03.2018

RE: THIRD PARTY CLAIMS FOR FBM2080M AGAINST YOUR INSURED SHB2883A, ACCIDENT ON 09.02.2018 AT KRANJI EXPRESSWAY KJE BEFORE CHOA CHU KANG EXIT

PG 1

- 1	D 1 A				
1	DESCRIPTION	Α	MOUNT		
	1 SIDE COVER 3 / CM	\$	52.50		
	2 SEAT BAR / WT.	\$	180.00		
	3 CASE AIR CLEANER / Cut.	\$	69.00		
	4 CAP CLEANER CASE / CA	Ś	52.50		
3	5 SEAL 7 / MCC	Ś	5.25		
- 1	6 MAINSTAND / (A	Ś	120.00		
4	7 SIDE STAND /	Ś	24.00		
1	8 MIRROR LH / CA .	Ś	42.00		
2	9 BRAKE LEVER LH / W	\$	22.50		
1	O HEAD LAMP ASSY	Ś	600.00		
1	1 UNDER BRACKET ASSY	\$	525.00	120 Clocal	report)
1	2 LOWER BODY COWLING - Luxt.	\$	45.00		,
1	3 FRONT COVER /	\$	82.50		
1	4 BOARD FOOTREST /	\$	27.00		
1	5 MUFFLER PROTECTOR /	\$	57.00		
1	6 INNER TUBE COMP (\$150 X 2) X NN	Ś	300.00		
1	7 FORK SEAL 7 / L ME	Ś	11.25		
1	8 DUST SEAL RY	Ś	11.25		
1	9 FRONT BRAKE DISC X NV	Ś	97.50		1
2	O FRONT RIM & file	Ś	382.50		
	1 INT FLASHER ASSY 2 CA	\$	30.00		
		7	30.00		

PG 2

	×			
	22 STAY 1	\$	150.00	
	23 BODY FRONT UPPER UNDER / Cot .	\$	45.00	
	24 COVER BATTERY 7 CG	\$	18.00	
	25 SIDE COVER	\$	52.50	
	26 MOLE SIDE COVER \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$	27.00	
	27 FRONT COVER 2 / Cut	\$	15.00	
	28 BOX BATTERY X NIV	\$	82.50	
	29 LEG SHIELD / Cut	\$	45.00	
	30 EMBLEM 3D / MCC	\$	27.00	
	31 FRONT FENDER / Cot.	\$	30.00	
	32 STAY FENDER 3 Cut	\$	37.50	
	33 COVER FENDER & W	\$	60.00	
	34 EMBLEM /	\$	18.00	
	35 HANDLE GRIP Far / IT	\$	60.00	
	36 END GRIP	\$	7.50	
	α, (\$	3,411.75	
	Less 10%	\$	341.18	
	Sub Total	\$	3,070.58	
	Nett Item			
	1 TRANSPORT	4	60.00	11:0
	2 LABOUR CHARGES	\$	60.00	200
	3 FORK OIL (2 X \$70) & MC.	÷	320.00	100
= 1	Sub Total	3	140.00 520.00	
1	oub rotal	=	320.00	
	Total	\$	3,590.58	

THANKS **TSP**

the Departer of the following:

- To resurve, performafter spray painting
- To display Gamaged 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

1946-

Acknowledged by Repairer

Signature:

Date:

3779 58



張 噴 漆 TEO SPRAY PAINTING

(INCORPORATED IN THE REPUBLIC OF SINGAPORE)

Reg. Address: BLOCK 6, DEFU LANE 10, DEFU INDUSTRIAL PARK C, #01-558

SINGAPORE 539187 TEL: 6283 5474 (2 LINES) FAX: 6287 2012

REG. NO. 275084 / 00X

First Capital Insurance Limited 36 Robinson Road #16-01 City House Singapore 068877 Tel: 65073848 Fax:65073849

Suralkkauto. Com

08.06.2018

Dear Sir/Madam

RE:

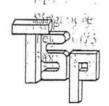
THIRD PARTY CLAIMS FOR FBM2080M AGAINST YOUR INSURED SHB2883A, ACCIDENT ON 09.02.2018 AT KRANJI EXPRESSWAY KJE BEFORE CHOA CHU KANG EXIT

Supplementary

1 REAR FOOTREST BRACK	KET LH	\$	105.00	cur -
2 FRONT WINDSCREEN CO	OVER LH	S	37.50	Mis-
3 FRONT WINDSCREEN CO	OVER RH	\$	37.50	m.5/
4 CLIP (2 X \$15)				ne -
	SUB TOTAL	\$	210.00	70
	LESS 10%	\$	21.00	
	TOTAL	\$	189.00	_

Thank you.

Teo spray Shuqi



張 噴 漆 TEO SPRAY PAINTING

(INCORPORATIED IN THE REPUBLIC OF SINGAPORE)

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REG. NO. 275084 / 00X

First Capital Insurance Limited 36 Robinson Road #16-01 City House Singapore 068877 Tel: 65073848 Fax:65073849 ano Qiang - 82880282. 67418434 Guo Qiang @ Ikkauto. com

part by pat.

part by pat.

After repair photos.

3Days 19.03.2018

101-558

Dear Sir/Madam

PG 1

RE: THIRD PARTY CLAIMS FOR FBM2080M AGAINST YOUR
INSURED SHB2883A, ACCIDENT ON 09.02.2018 AT KRANJI
EXPRESSWAY KJE BEFORE CHOA CHU KANG EXIT

DESCRIPTION AMOUNT .1 SIDE COVER 3 / CFA 52.50 2 SEATBAR / Got. 180.00 3 CASE AIR CLEANER / Cut 69.00 4 CAP CLEANER CASE 52.50 5 SEAL RINEC 5.25 6 MAINSTAND / 120.00 7 SIDE STAND 24.00 18 MIRROR LH 42.00 29 BRAKE LEVER LH 22.50 10 HEAD LAMP ASSY 600.00 11 UNDER BRACKET ASSY 525.00X 12 LOWER BODY COWLING . 45.00 13 FRONT COVER 82.50 14 BOARD FOOTREST / 27.00 15 MUFFLER PROTECTOR 57.00 16 INNER TUBE COMP (\$150 X 2) TOYK & W 300.00 17 FORK SEAL RV 11.25 18 DUST SEAL 11.25 19 FRONT BRAKE DISC 97.50 X 20 FRONT RIM 382.50 21 INT FLASHER ASSY 30.00

```
PG 2
                                                   150,00
  23 BODY FRONT UPPER UNDER
                                                    45.00
  24 COVER BATTERY
                                                    18.00
  25 SIDE COVER /26 MOLE SIDE COVER
                                                    52,50
                                                    27.00
    27 FRONT COVER 2 /
                                                    15,00
    28 BOX BATTERY = 9X
                                                    82.50
    29 LEG SHIELD
                                                    45.00
    30 EMBLEM 3D
                                                    27.00
    31 FRONT FENDER
                                                    30.00
    32 STAY FENDER
                                                    37.50
    33 COVER FENDER
                                                    60.00
34 EMBLEM /
                                                    18.00
  35 HANDLE GRIP Bar
                                                    60.00
  36 END GRIP
                                                    7.50
                                                  3,411.75
                                                   341.18
                              Less 10%
                                                  3,070.58
                              Sub Total
      Nett Item
     1 TRANSPORT
                                                    60.00 WO
                                                    320.00 200.
     2 LABOUR CHARGES
     3 FORK OIL (2 X $70)
                                                    140.00
                                                    520,00
                              Sub Total
                                                   3,590.58
                                Total
```

THANKS TSP



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 Intern	nationale Des Experts En Autom	obile
FIRST CAPITAL INSU	RANCE LTD	Ref : CS/FCI1800519	91/Gtd3e2
86 ROBINSON ROAD #16-01 CITY HOUSES	INGAPORE 068877	Date: 10-08-2018 Code: FCI2	
	Policy Particula	ars :- THIRD PARTY CLAI	M
Insured Veh.	SHB 2883A	Veh. Inspected	FBM 2080M
Policy No.		Coverage (\$)	0.00
Claim No.	D18001324MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	20/03/2018
2.	Vehicle P	articulars & Condition	
Make & Model	YAMAHA CZD300A	c.c	292
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MH3SH081000010756	Colour	GREY
Odometer	(*)	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3.	Con	ditions of Tyres	
	Size	Make	Balance
R/H Front Tyre	120/70-13	DUNLOP	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	160/70-16	DUNLOP	5 mm
L/H Rear Tyre			mm
1.	Descr	iption of Damages	
Districtive Districtive Coasta Coasta	STAINED DAMAGES AT THE	O/S AND N/S BODY.	
DAMAGES SEE D		eral Information	
5. Accident Date	09/02/2018	Inspection Date	20/03/2018
Survey held at	TEO SPRAY PAINTING	Inspection bate) — 41 × 41 × 41 × 41
Survey field at		J IND PARK C #01-558 SING	APORE 539187
5a.		Remarks	
A)DAMAGES COM B)THE INSPECTION	NSISTENT TO ACCIDENT RE ON WAS CONDUCTED ON A CE TO YOUR INSTRUCTION	PORT. "WITHOUT PREJUDICE" BAS	SIS. SED REPAIRS.
5b.	Estim	ate Days of Repair	
ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Day	rs



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. FBM 2080M

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	SIDE COVER 3	CRACKED	52.50	52.50
1	SEAT BAR	сит	180.00	180.00
1	CASE AIR CLEANER	сит	69.00	69.00
1	CAP CLEANER CASE	CUT	52.50	52.50
1	SEAL	NECESSARY	5.25	5.25
1	MAINSTAND	сит	120.00	120.00
1	SIDE STAND	CUT	24.00	24.00
1	MIRROR LH	CUT	42.00	42.00
1	BRAKE LEVER LH	сит	22.50	22.50
1	HEAD LAMP ASSY	SCRATCHED	600.00	600.00
1	LOWER BODY COWLING	сит	45.00	45.00
1	FRONT COVER	сит	82.50	82.50
1	BOARD FOOTREST	CUT	27.00	27.00
1	MUFFLER PROTECTOR	CUT	57.00	57.00
2	INNER TUBE COMP @\$150.00	NOT NECESSARY	300.00	
1	FORK SEAL	NECESSARY	11.25	11.25
1	DUST SEAL	NECESSARY	11.25	11.25
1	FRONT BRAKE DISC	NOT NECESSARY	97.50	
1	FRONT RIM	BUCKLED	382.50	382.50
1	INT FLASHER ASSY	CUT	30.00	30.00
1	STAY 1	BENT	150.00	150.00
1	BODY FRONT UPPER UNDER	CUT	45.00	45.00
1	COVER BATTERY	CUT	18.00	18.00
1	SIDE COVER	CUT	52.50	52.50
1	MOLE SIDE COVER	CUT	27.00	27.00
1	FRONT COVER 2	CUT	15.00	15.00
1	BOX BATTERY	NOT NECESSARY	82.50	
1	LEG SHIELD	CUT	45.00	45.00
1	EMBLEM 3D	NECESSARY	27.00	27.00
1	FRONT FENDER	CUT	30.00	30.00
1	STAY FENDER	CUT	37.50	37.50

Report Ref No. CS/FCI18005191/Gtd3e2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	COVER FENDER	CUT	60.00	60.00
1	EMBLEM	NECESSARY	18.00	18.00
1	HANDLE GRIP BAR	BENT	60.00	60.00
1	END GRIP	CUT	7.50	7.50
1	REAR FOOTREST BRACKET LH (ADDITIONAL)	CUT	105.00	105.00
1	FRONT WINDSCREEN COVER LH (ADDITIONAL)	MISSING	37.50	37.50
1	FRONT WINDSCREEN COVER RH (ADDITIONAL)	MISSING	37.50	37.50
2	CLIP @\$15.00 (ADDITIONAL)	NECESSARY	30.00	30.0
	LESS 10% DISCOUNT		-309.68	-261.68
			2,787.07	2,355.0
1	UNDER BRACKET ASSY (SN) (LOCAL REPAIR) LESS 10% DISCOUNT	BENT	525.00 -52.50	120.0
	ELSO 10 N BIOGGIN		472.50	120.0
	SPECIAL NETT ITEMS			
2	FORK OIL @\$70.00	NECESSARY	140.00	140.0
			140.00	140.0
	LABOUR			
	TRANSPORT.		60.00	40.0
	LABOUR CHARGES.		320.00	200.0
			380.00	240.0
	GRAND TOTAL		3,779.57	2,855.0

RECOMMENDED COST OF REPAIRS		2,855.07
-----------------------------	--	----------

Report Ref No. CS/FCI18005191/Gtd3e2

4

XING GUO QIANG

M.MATAI, AMSAE-A Automotive Assessor X.S.

ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI

Licensed Appraiser

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