

ASS. REC. BY

REF

CS/FCI18006058/Gvd3bz

Special Instruction

Surveyor

GQ

ASSIGNMENT (Office)

From (Person)

Eileen Lee

of

FCI

Date/Time 02/04/18 @ 5:46pm

Estimated Cost

Bill to

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

To Inspect Vehicle No:

FBJ G9B

Insured:

SHC1028D

at Workshop m/s

S Three Automotive

Tel:

62841575

of Blk 8, Sin Ming Ind. Est # 01-64/66

Policy No:

Claim No:

D18002601MFSTH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 29/3/18

(Client's Record)

04/04/18

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time: 9:05am 03/4/18

Person Contacted:

Michelle

Vehicle IN / ☒ OUT

Date/Time	Action/Instruction (X) Estimate
	FBJ G9B - X
	SHC1028D - CC3/EQT/7015840/Klwb3y2 D.O.A. 13/8/17
16/4/18	Email preli revised to FCI
8/8/18	@ 1148pm Informed Joey to ask her lawyer to hold back
14/8/18	@ 1150am Joey request LS \$2800/2

Surveyor

XHL

REF: FCI

97911

ASSIGNMENT

From: _____ Date: 04042018

Estimated Cost: _____

OD (TP) WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: FBJ 69B

at Workshop m/s S Three

of 8 Sim Ming Ind Est #01-64

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____



(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBJ 69B Yr Regn: 09 Oct 2007

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

Truck / Trailer or _____

Make: Yamaha TMAX 530 c.c. 530

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JYASJ145 000010260

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: 160 / 68 R15

R: 180 / 70 R15

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

TOYO / YOKO or

Front R/Bal. 6 mm

Rear R/Bal. 6 mm

L/Bal. mm

D.O.A. D.O.I. 04-04-18

Survey held at w/s 2:30pm

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

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

Date / Time Action / Instruction

20/8 Submit \$1850 without finalize. (Un-confirmed)

Email report CC: Eileen Lee @ MS FIRST CAPITAL . com. SG

RECEIVED 20 AUG 2018

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2) sole- typist

Report Format :

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

cws

1850/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Survey Fee:

Transportation:

\$ + RS: \$

Photos

Others

TOTAL

150
50
50
33
283




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/FCI18006058/Gd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 03-04-2018	
		Code : FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 1028D	Veh. Inspected	FBJ 69B
Policy No.		Coverage (\$)	0.00
Claim No.	D18002601MFSH	Excess (\$)	0.00
Assign From	CWS (EILEEN LEE)	Assign Date	03/04/2018
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	29/03/2018	Inspection Date	
Survey held at	S THREE AUTOMOTIVE & RECOVERY PTE LTD BLK 8 SIN MING IND EST #01-64/66 SINGAPORE 575643		
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.			

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Tuesday, 14 August 2018 11:55 AM
To: 'Eileen Lee'; SUR; Serene Chui Yoke Har
Cc: assignments; CWS Motor Claims; Admin-D (LKKAUTO)
Subject: RE: SUPER URGENT: REQUEST OF SURVEY REPORT-OUR
REF:D18002601MFSH;ACCIDENT INVOLVING SHC1028D AND FBJ69B ON
29-03-2018

Dear Eileen,

We are still negotiate the repair cost with repairer.

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: Eileen Lee <EileenLee@msfirstcapital.com.sg>

Sent: Tuesday, 14 August 2018 11:16 AM

To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>; SUR <sur@lkkauto.com>; Serene Chui Yoke Har
<serene@libertylaw.com.sg>

Cc: assignments <assignments@lkkauto.com>; CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>;
Admin-D (LKKAUTO) <admin-d@lkkauto.com>

Subject: RE: SUPER URGENT: REQUEST OF SURVEY REPORT-OUR REF:D18002601MFSH;ACCIDENT INVOLVING
SHC1028D AND FBJ69B ON 29-03-2018

Any progress please?

Thank You.

Regards,

Eileen Lee (Ms)

Motor Claims Dept.



Change of email address

eileenlee@msfirstcapital.com.sg

Motor Claims E-mail : motorclaims@msfirstcapital.com.sg
Website: <http://www.msfirstcapital.com.sg>

MS First Capital Insurance Ltd | 36 Robinson Rd #16-01 City House Singapore 068877 | TEL : 6507 3848 |
Fax No. : 6507 3849 | Company Regn. No. 195000106C

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

Personal Data Protection Act 2012 ("PDPA"):
Under the PDPA, there are various requirements that regulate the processing of your personal data.
Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

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If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Eileen Lee

Sent: Monday, August 13, 2018 11:40 AM

To: 'Veron Chen (LKKAuto)' <veronchen@lkkauto.com>; SUR <sur@lkkauto.com>; Serene Chui Yoke Har <serene@libertylaw.com.sg>

Cc: assignments <assignments@lkkauto.com>; CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Admin-D (LKKAuto) <admin-d@lkkauto.com>

Subject: SUPER URGENT: REQUEST OF SURVEY REPORT-OUR REF:D18002601MFSH;ACCIDENT INVOLVING SHC1028D AND FBJ69B ON 29-03-2018

Importance: High

Hi Veron,

As spoken, kindly finalize the COR urgently.

Liberty Law representing the workshop – S Shree Automotive Recovery P/L, had sent us a notice to issue writ last Friday.

Dear Serene,

Please hold hands.

LKK had advised that they are pending for your workshop's confirmation.

In future, we would appreciate if you could advise your workshop to finalize the COR before sending the demand letter.

Thank You.

Regards,
Eileen Lee (Ms)
Motor Claims Dept.



Change of email address
eileenlee@msfirstcapital.com.sg

Motor Claims E-mail : motorclaims@msfirstcapital.com.sg
Website: <http://www.msfirstcapital.com.sg>

MS First Capital Insurance Ltd | 36 Robinson Rd #16-01 City House Singapore 068877 | TEL : 6507 3848 |
Fax No. : 6507 3849 | Company Regn. No. 195000106C

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From: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Sent: Wednesday, August 8, 2018 1:51 PM
To: Eileen Lee <EileenLee@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>; CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Subject: RE: REQUEST OF SURVEY REPORT-OUR REF:D18002601MFSH;ACCIDENT INVOLVING SHC1028D AND FBJ69B ON 29-03-2018

Dear Eileen,

We are in the midst of finalise.

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: Eileen Lee <EileenLee@msfirstcapital.com.sg>
Sent: Wednesday, 8 August 2018 11:21 AM
To: SUR <sur@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>; CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Subject: RE: REQUEST OF SURVEY REPORT-OUR REF:D18002601MFSH;ACCIDENT INVOLVING SHC1028D AND FBJ69B ON 29-03-2018

Hi LKK,

Any finalization of COR?

We are in receipt of the LOD & 8 weeks due today.

TP solicitors had threatened to file writ.

Please let us have your reply urgently.

Thank You.

Regards,

Eileen Lee (Ms)

Motor Claims Dept.



Change of email address

eileenlee@msfirstcapital.com.sg

Motor Claims E-mail : motorclaims@msfirstcapital.com.sg
Website: <http://www.msfirstcapital.com.sg>

MS First Capital Insurance Ltd | 36 Robinson Rd #16-01 City House Singapore 068877 | TEL : 6507 3848 |
Fax No. : 6507 3849 | Company Regn. No. 195000106C

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If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Nivitha (LKK Auto) <admin-d@lkkauto.com>
Sent: Friday, June 29, 2018 8:03 AM
To: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; sur@lkkauto.com
Cc: Eileen Lee <EileenLee@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Subject: RE: REQUEST OF SURVEY REPORT-OUR REF:D18002601MFSH;ACCIDENT INVOLVING SHC1028D AND FBJ69B ON 29-03-2018

Dear Sir/Mdm,

Thank you for the email.

Dear Veron

FYNA Our Ref: CS/FCI18006058/Gvd3

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: Thursday, 28 June 2018 5:33 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; EILEENLEE@MSFIRSTCAPITAL.COM.SG
Subject: REQUEST OF SURVEY REPORT-OUR REF:D18002601MFSH;ACCIDENT INVOLVING SHC1028D AND FBJ69B ON 29-03-2018

Dear Sir,

We received LOD from workshop/solicitor.

Please let us have the **Survey Report including Vehicle Inspection Photos & Survey Fees Invoice** asap.

Kindly upload the survey report through CWS from document management screen by selecting option Survey report.

Thanks & Regards,

Motor Claims Department
MS First Capital Insurance Ltd
cwsmotorclaims@msfirstcapital.com.sg



AVG

This email has been checked for viruses by AVG antivirus software.
www.avg.com

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Monday, 16 April 2018 8:32 AM
To: 'Claim Workflow System'
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18002601MFSH/1, FBJ 69B
Attachments: FBJ 69B PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle FBJ 69B
Date of survey: 4/4/2018
Number of days: 2 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, 3 April 2018 9:09 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18002601MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer will arrange.

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: Monday, 2 April 2018 5:45 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; EILEENLEE@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18002601MFSH/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: D18002601MFSH
Our ref: CS/FCI18006058/Gvd3

Date: 16/4/2018

The Motor Claims Department
M/s First Capital Insurance Limited

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. FBJ 69B

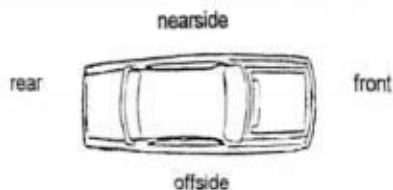
We thank you for your instruction on 2/4/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 4/4/2018 at the premises of M/s S THREE AUTOMOTIVE & RECOVERY PTE LTD and have the following to report:-

Workshop Estimate Amount	: <u>S\$7,459.70</u>
Revised Estimate Amount	: <u>S\$4,906.70</u>
"Check" Items Amount	: <u>S\$</u>
Market Value	: <u>S\$</u>
LTA Reimbursement Value	: <u>S\$</u>
Nett Value	: <u>S\$</u>

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/Present Status:
Damages Consistent

Yours faithfully,

XING GUO QIANG (HP 8288 0282)

LMATAL AMSAE-A

Automotive Assessor

Job Sheet (/ClaimWS/Surveyor/JobSheet/236554)



PRI Documents



Close



PRI Header Details

Claim No	D18002601MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & LIBERTY L
Workshop Name	S THREE AUTOMOTIVE RECOVERY PTE LTD (Contact Person : MS JOEY)	Survey Location & Contact Details	BLK 8 SIN MING INDUSTRIAL ESTATE #01-64/66 Mobile: 96620282 , Phone: 62841575 , Fax: 6487531! EmailId: SERENE@LIBERTYLAW.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC1028D	TP Vehicle No	FBJ69B
PRI Recieved Date	02-04-2018 06:28:09 PM	Surveyor Appointed Date	02-04-2018 05:45:21 PM	Surveyor Accept Date	03-04-2018 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	03-04-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

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

Multiple Documents Upload

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

Surveyor Job Remarks

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

Date	02-04-2018	Our Ref No. D18002601MFSH
Accident Date	29-03-2018	Claim Type. Third Party
Insured Vehicle	SHC1028D	Third Party Vehicle. FBJ69B
Survey Location	BLK 8 SIN MING INDUSTRIAL ESTATE #01-64/66	
Contact Person.	MS JOEY	
Contact No.	62841575/ 96620282	Fax No. 64875315
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	S THREE AUTOMOTIVE RECOVERY PTE LTD	Attention. NIL
Cc : TP Solicitor	LIBERTY LAW PRACTICE 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.

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 30/03/2018 00:33
Date Of Accident 29/03/2018 09:00
Exact Location Of Accident JUNCTION OF DRAYCOTT PARK AND STEVENS ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ69B
Insured/Policyholder
Name Of Registered Owner TAY CHRISTOPHER CHARLES
NRIC No S6929791I
Email Address CHRISTAY69@GMAIL.COM
Mobile Phone No (LOCAL) +65-96700089
Alternative Phone No OFFICE-96700089

Vehicle Particulars

Manufacturer YAMAHA
Model TMAX530
Exact Purpose for which vehicle was being used at time of accident PRIVATE
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 DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number MC/00277543/02
Cover Note Number N.A.

Driver

Name of Driver TAY CHRISTOPHER CHARLES
NRIC No S6929791I
Date Of Birth 20/09/1969
Occupation INDOOR
Date Of Driving Pass 12/11/1986
Driving Experience 31 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96700089
Fax Number
Contact Number OFFICE-96700089
EMail Address CHRISTAY69@GMAIL.COM

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

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 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) 2
 Passenger 1 NAME: : WUU SU SAN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

ON THE DATE AND TIME MENTIONED I WAS RIDING ALONG THE SAID MENTIONED ROAD AND MADE A STOP AT SAID JUNCTION AT THE STOP LINE TO CHECK FROM TRAFFIC FROM MY RIGHT (MY VEHICLE WAS STATIONARY FOR SOME TIME AS THERE WAS ONCOMING TRAFFIC) WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. THE IMPACT PUSHED MY VEHICLE FORWARD, ACROSS STOP LINE, BUT I MANAGED TO KEEP THE BIKE UPRIGHT. I HAD A PILLION WITH ME AT THE TIME OF THE ACCIDENT. NOBODY WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGE IT.

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

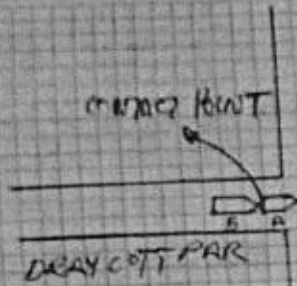
Vehicle Registration Number SHC1028D
 Vehicle Make/Model/Colour TOYOTA/PRIUS/BLU
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHIA SOON KENG
 NRIC/Passport Number S1565581Z
 Contact Number 91367395
 Address
 Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



STEVENS ROAD

A. FBJ 69B
B. SHC 1028D

28/3/18
0900hrs

x *AM*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

X *[Signature]*
Policyholder's Signature
Date & Time:

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

Reporting Officer's Signature
Name:
NRP/VPN No.:

Common Statement

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED I WAS RIDING ALONG THE SAID MENTIONED ROAD AND MADE A STOP AT SAID JUNCTION AT THE STOP LINE TO CHECK FOR TRAFFIC ON MY RIGHT. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. THE IMPACT PUSHED MY VEHICLE FORWARD, ACROSS. STOP LINE, BUT I MANAGED TO KEEP THE BIKE UPRIGHT. I HAD A PILLION WITH ME AT THE TIME OF THE ACCIDENT. NOBODY WAS INJURED.

STATEMENT WAS READ TO ME AND I ACKNOWLEDGE IT.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

29 March 2018 at 5:49 PM

Date/Time:

29 March 2018 at 5:50 PM



S THREE AUTOMOTIVE RECOVERY PTE LTD

BLK 8 SIN MIN INDUSTRIAL ESTATE #01-64/66 (S) 575643
Tel: (65) 6284 1542 / (65) 6284 1575 Fax: (65) 6487 5315
Reg. No: 201325741R

PRO FORMA INVOICE

INVOICE NO	0423
DATE	8/6/2018
VEHICLE NO	FBJ69B
MAKE/MODEL	YAMAHA TMAX530

NAME TAY CHRISTOPHER CHARLES
ADDRESS 68 TELOK BLANGAH ROAD #04-01
SINGAPORE 098865

S/NO.	DESCRIPTION	UNIT	AMOUNT
1	REPAIR COST FOR VEHICLE FBJ69B	1	\$ 3,900.00
			\$3,900.00
		7%GST	\$273.00
		TOTAL AMOUNT	\$4,173.00

JOEY KHO

S THREE AUTOMOTIVE RECOVERY PTE LTD
BLK 8 SIN MIN INDUSTRIAL ESTATE
#01-64/66 (S) 575643
Tel: 6284 1542 / 6284 1575
Fax: 6487 5315
s3recovery@gmail.com

TO
ATTN: MOTOR CLAIM DEPT. T/P VEH. NO. : _____

ESTIMATE REPORT 1st QUOTATION

JOB NO. : _____

OWNER'S PARTICULAR

NAME : CHRISTAY

CONTACT : 98272424

ADDRESS :

LICENSE NO : FBJ69B

TRANS :

CHASSIS NO :

MAKE / MODEL :

ENGINE NO :

OWNER'S INSURANCE : STUC INCOME

JOB-CODE : TP

S/A : JOEY

ACCIDENT DATE : 24-Nov-16

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC %	DISC-PRICE	SUR DISP	REV. PRICE
1 REAR EXHAUST MUFFLER ASSY AKRAPOVIC TITANIUM	1.00	2800.00	10.00	2520.00	Y	1380
2 REAR EXHAUST END COVER	1.00	320.00	10.00	288.00	Y	120
3 REAR EXHAUST PIPE BRACKET	1.00	280.00	10.00	252.00	Y	X
4 TAILLAMP UNIT SET	1.00	378.00	10.00	340.20	Y	189
5 TAILLAMP UNIT COVER SET	1.00	450.00	10.00	405.00	Y	202.5
6 LICENCE LIGHT ASSY	1.00	180.00	10.00	162.00	Y	90
7 REAR REFLECTOR ASSY	1.00	68.00	10.00	61.20	Y	34
8 REAR GUARD SUPPORT	1.00	290.00	10.00	261.00	Y	145
9 REAR GUARD SUPPORT CARRIER	1.00	268.00	10.00	241.20	Y	134
10 REAR SIGNAL LAMP SET	1.00	189.00	10.00	170.10	Y	94.5
TOTAL (PARTS) :		5223.00		4700.70		2389

10%: 2150.1

SPECIAL NETT ITEM

1 REAR NO. PLATE	1.00	18.00	10.00	18.00	Y	/
2 REAR TOP BOX	1.00	156.00	0.00	156.00	Y	X
3 REAR TOP BOX CARRIER	1.00	25.00	0.00	25.00	Y	X
4 REAR CAMERA	1.00	280.00	0.00	280.00	Y	X
TOTAL (PARTS) :		479.00		479.00		

LABOUR

1 STRAIGHTEN & PANEL ACCIDENT AREA	1.00	700.00	0.00	700.00	Y	120.
2 SPRAY PAINTING ON ACCIDENT AREAS	1.00	700.00	0.00	700.00	Y	X
3 CONDUCT FULL WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	Y	X
4 CONDUCT CHASSIS ALIGNMENT	1.00	180.00	0.00	180.00	Y	X

5	TRANSPORT BIKE TO WORKSHOP	1.00	80.00	0.00	80.00	Y	40
6	CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	X
7	BALANCE REAR WHEEL	1.00	50.00	0.00	50.00	Y	X
8	BALANCE FRONT WHEEL	1.00	50.00	0.00	50.00	Y	X
9	R&R EXHAUST PIPE SYSTEM & INSTALLATION	1.00	280.00	0.00	280.00	Y	X
TOTAL (LABOUR) :			2280.00		2280.00		
TOTAL PARTS & LABOUR			7982.00		7459.70		

EXCESS : SS _____

NO. OF DAY : 2 Days

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM

DATE OF SURVEY 24/4/18

SURVEY BY : Gmo QSP

CONTACT NO: _____

[Signature]
24/4/18

FAX NO _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

After repair photos.

2328.1
20%: 1850

- LK 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: _____

Tax Invoice

GST Reg No: 20-0106814-M
Company Registration No: 20-0106814-M

Bill-To-Party
12000001
COUNTER CASH SALES - MOTORCYCLE
SINGAPORE

Deliver / Ship To:
12000001
COUNTER CASH SALES - MOTORCYCLE
SINGAPORE

Project:

Invoice No: 111090457
Document Date: 05-04-2018
Payment Terms: CASH ON DELIVERY

Remarks:
73500E
280207011

Qty	Rate	Reference	Material/Description	Quantity	Unit Price (SGD)	Disc	Tax Code	Amount
1	1,500.00	112100023	S-Y-SERIALIZED YA TMAX - 2017	1 PC	1,500.00			1,500.00
1	150.00	112100027	P-KAT-029 CAT-TMAX 2017	1 PC	150.00			150.00

SUB TOTAL: 1,650.00
GST @ 7.00%: 115.50
TOTAL AMOUNT: 1,765.50

Tax Description	Amount	GST
(6%) Standard Rated Sales - 7%	1,650.00	115.50
(5%) Zero Rated Sales - 0%		
(0%) Out of Scope Sales		



Date/Time: 05-04-2018 11:40:54
CHART ID: 188168141159
MTRAL ID: 42001055
CH NUM: 000285
INSCRIPTION ID: 002111269

Sale

AD NUM: XXXX XXXX XXXX 0320 ICC
P DATE: ** **
AD TYPE: MASTER
PR CODE: 000273
C NUM: 0002164
J NUM: 0000000000000000
IR: 0000000000
TO: 0000000000000000
FF: UCB Master Card
D: 7500000000000000

AMOUNT: SGD 1,765.50

SIGN: _____
I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT

***** CUSTOMER'S COPY *****

This is a computer generated invoice. No signature is required.

Page 1 of 1

1. All cheques should be crossed and made payable to "Hong Leong Corporation Holdings Pte Ltd".
2. For cheque payment, no official receipt will be issued unless requested.
3. Payments made in cash must be handed to the Cashier in our office and an official receipt obtained.
4. Interest at 1.5% per month will be charged on all overdue invoices.


Donation

**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/FCI18006058/Gvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 20-08-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 1028D	Veh. Inspected	FBJ 69B	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18002601MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	02/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA TMAX530	c.c	530	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JYASJ145000010260	Colour	BLACK	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	160/60 R15	DUNLOP	6 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	180/70 R15	DUNLOP	6 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/03/2018	Inspection Date	04/04/2018	
Survey held at	S THREE AUTOMOTIVE & RECOVERY PTE LTD BLK 8 SIN MING IND EST #01-64/66 SINGAPORE 575643			
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



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. FBJ 69B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR EXHAUST MUFFLER ASSY AKRAPOVIC TITANIUM	CUT	2,800.00	1,380.00
1	REAR EXHAUST END COVER	CUT	320.00	120.00
1	REAR EXHAUST PIPE BRACKET	NOT NECESSARY	280.00	-
1	SET TAILLAMP UNIT	SCRATCHED	378.00	189.00
1	SET TAILLAMP UNIT COVER	SCRATCHED	450.00	202.50
1	LICENCE LIGHT ASSY	DISTORTED	180.00	90.00
1	REAR REFLECTOR ASSY	SCRATCHED	68.00	34.00
1	REAR GUARD SUPPORT	BENT	290.00	145.00
1	REAR GUARD SUPPORT CARRIER	BENT	268.00	134.00
1	SET REAR SIGNAL LAMP	SCRATCHED	189.00	94.50
	LESS 10% DISCOUNT		-522.30	-238.90
			4,700.70	2,150.10
SPECIAL NETT ITEMS				
1	REAR NO.PLATE (SN)	CUT	18.00	18.00
1	REAR TOP BOX (SN)	NOT NECESSARY	156.00	-
1	REAR TOP BOX CARRIER (SN)	NOT NECESSARY	25.00	-
1	REAR CAMERA (SN)	NOT NECESSARY	280.00	-
			479.00	18.00
LABOUR				
	STRAIGHTEN & PANEL ACCIDENT AREA.		700.00	120.00
	SPPRAY PAINTING ON ACCIDENT AREAS.	NOT NECESSARY	700.00	-
	CONDUCT FULL WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	CONDUCT CHASSIS ALIGNMENT.	NOT NECESSARY	180.00	-
	TRANSPORT BIKE TO WORKSHOP.		80.00	40.00
	CHECK & REPAIR WIRING SYSTEM.	NOT NECESSARY	120.00	-
	BALANCE REAR WHEEL.	NOT NECESSARY	50.00	-
	BALANCE FRONT WHEEL.	NOT NECESSARY	50.00	-
	R & R EXHAUST PIPE SYSTEM & INSTALLATION.	NOT NECESSARY	280.00	-
			2,280.00	160.00

Report Ref No. CS/FCI18006058/Gvd3e2



GRAND TOTAL		7,459.70	2,328.10
RECOMMENDED COST OF LUMP SUM REPAIRS (UN-CONFIRMED) (TO ITS PRE-ACCIDENT CONDITION)			1,850.00

Report Ref No. CS/FCI18006058/Gvd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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