

2/2002/2007

A.S. REC. BY:

REF: CO/FCU8008033/Tigbez

Special Instruction:

Surveyor:

Tushet,

ASSIGNMENT (Office)

Date/Time: 30/04/2018 5:10pm

From (Person): A/S May Chua

of TQ

Bill to:

Estimated Cost:

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

To Inspect Vehicle No:

FBC 4636A

Insured:

SHD 5720A

at Workshop m/s:

Kim Kook Motor.

Tel:

9367 6256

of

Blk 27A Jurong Port Rd # 01-19

Policy No:

Claim No:

D18003221M7SH

Sum Insured:

Excess:

D.O.A. 22/04/2018

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS'

03/05/2018

H.O.D. Endorsement:

Date/Time: 02/05/2018 9:30am

Person Contacted:

Ah Sheng

Vehicle IN/OUT

Date/Time Action/Instruction (✓) Estimate

FBC 4636A - X

SHD 5720A - X

08/5/18@ 9.55am revised to May Chua by email.

14/5/18@ 5.39pm confirmed with Ah Sheng is \$2000, 4 days.  
(Ref #3011, 60%)

Surveyor: Tan Jia

REF: F11

# ASSIGNMENT

COE 2022 March

From: \_\_\_\_\_ Date: 03/05/2018

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: FBC 4636A

at Workshop n/s Kim Kock Motor

of 77A Jooong Port Rd #01-19

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

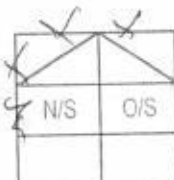
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 4 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'DS'

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No. FBC 4636A

Yr Regn: 2008 March

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

Truck / Trailer or

Make: Yamaha X-1R C.C. 135

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

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: \_\_\_\_\_

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 70/90 R17

R: 80/90 R17

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

TOYO / YOKO or Metzeler

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm

D.O.A. \_\_\_\_\_ D.O.I. 3/5/18

Survey held at Kim Kock Motor

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

RECEIVED 15 MAY 2018

Date/Time, File Pass to? ☒ : Preli. Report

11/05/18 ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\_\_\_\_\_ \$ + RS. \_\_\_\_\_ \$

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

Report Format: TP

Lump Sum / L.B.I.: (\$ 2000)

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

140

50

97

287

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	24-04-2018	<b>Our Ref No.</b> D18003221MFSH
<b>Accident Date</b>	22-04-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD6720A	<b>Third Party Vehicle.</b> FBC4636A
<b>Survey Location</b>	BLK 27A JURONG PORT ROAD #01-19	
<b>Contact Person.</b>	NA	
<b>Contact No.</b>	62650226/ 93676256	<b>Fax No.</b> 65073849
<b>Survey Type</b>	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	KIM KOCK MOTOR PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	MAY CHUA	

**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.

## Shiau Chan (LKKAuto)

---

**From:** Shiau Chan (LKKAuto)  
**Sent:** Tuesday, 8 May 2018 9:55 AM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18003221MFSH/1  
**Attachments:** CSFCI18008033T1qb.pdf

Dear May,

Enclosed herewith preliminary advice of FBC 4636A.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Admin-D (LKKAuto)  
**Sent:** Wednesday, 2 May 2018 9:31 AM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18003221MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto: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, 30 April, 2018 5:10 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [MAYCHUA@MSFIRSTCAPITAL.COM.SG](mailto:MAYCHUA@MSFIRSTCAPITAL.COM.SG)  
**Subject:** PRI: SURVEY ASSESSMENT - D18003221MFSH/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



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18003221MFSH

Date: 08 May 2018

Our Ref: CS/FCI18008033/T1qb

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

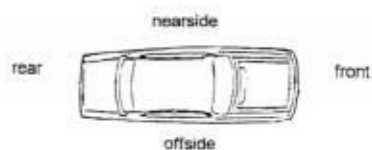
**INITIAL INSPECTION REPORT OF VEHICLE NO. FBC 4636A .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 03/05/2018 at the premises of M/s KIM KOCK MOTOR . and have the following to report:-

Workshop Estimate Amount	: S\$ 5,011.00 .
Revised Estimate Amount	: S\$ 2,561.80 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

**Description of Damage:**

The vehicle sustained damages  
at the front & n/s portion.



Yours faithfully

Taufikh  
Automotive Assessor

**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	8928G
<b>Vehicle Details</b>	
Vehicle No.:	FBC4636A
Vehicle to be Exported:	No
Intended De-registration Date:	04 May 2018
Vehicle Make:	YAMAHA
Vehicle Model:	X-1R
Primary Colour:	Blue
Manufacturing Year:	2007
Engine No.:	4S3001987
Chassis No.:	4S3001987
Maximum Power Output:	-
Open Market Value:	\$1,966.00
Original Registration Date:	20 Mar 2008
First Registration Date:	20 Mar 2008
Transfer Count:	5
Actual ARF Paid:	\$295.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Mar 2022
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$3,128.00
COE Rebate Amount:	\$2,443.00
<b>Total Rebate Amount:</b>	<b>\$2,443.00</b>
<b>Message</b>	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 04 May 2018

OK

TP - claim.

## 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.

First Capital NSLTD

### ACCIDENT STATEMENT

Date Of Report	23/04/2018 16:37
Date Of Accident	22/04/2018 20:40
Exact Location Of Accident	JURONG WEST AVE 1 / BESIDE SPC PETROL KIOSK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4636A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR RASHILAH BINTE MURAT
NRIC No	S9608928G
Email Address	RASHILAH1996@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81848201
Alternative Phone No	OFFICE-81848201

### Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-134CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/MT/17-984883-WTT
Cover Note Number	

### Driver

Name of Driver	NUR RASHILAH BINTE MURAT
NRIC No	S9608928G
Date Of Birth	09/03/1996
Occupation	INDOOR
Date Of Driving Pass	13/12/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81848201
Fax Number	
Contact Number	OFFICE-81848201
Email Address	RASHILAH1996@GMAIL.COM

金國摩托私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2593

金國摩托私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2593

TP-claim

Address BLK 536 CHOA CHU KANG STREET 51 #11-128  
 Postcode 680536  
 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 - MAJOR/MINOR RD  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident 2  
 Was any body injured in the Accident? YES  
 Was any injured conveyed to hospital by ambulance? YES  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER ATTACHED

#### 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 Witness 1

Name HIKMI  
 Phone Number 98662931  
 Email Address

#### Details of Witness 2

Name INDIAN  
 Phone Number 87182689  
 Email Address

金國摩哆私人有限公司  
 KIM KOCK MOTOR PTE LTD  
 Blk 27A, Jurong Port Road, #01-18,  
 Singapore 619101  
 Tel: 6265 0226 Fax: 6265 2538

金國摩哆私人有限公司  
 KIM KOCK MOTOR PTE LTD  
 Blk 27A, Jurong Port Road, #01-18,  
 Singapore 619101  
 Tel: 6265 0226 Fax: 6265 2538

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6720A  
 Vehicle Make/Model/Colour TAXI -BLUE COLOR  
 Details Of Properties FRONT RIGHT PORTION

TP-claim

Vehicle Category	TAXI
Name of Driver	SAPARI BIN MARSAM
NRIC/Passport Number	S1486763E
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NUR RASHILAH BINTE MURAT
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FBC4636A
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

金國摩哆私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2563

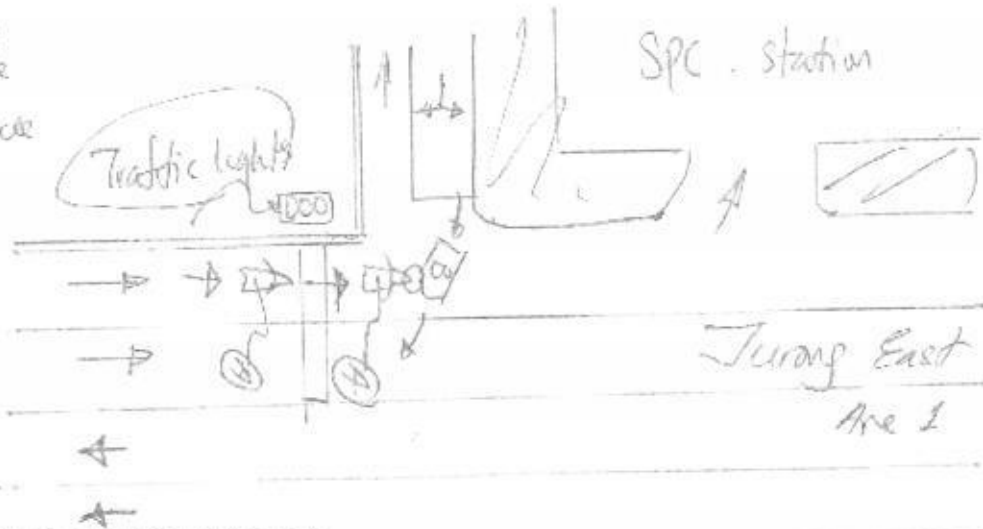
金國摩哆私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2563

TP - claim

Sketch Plan

SKETCH PLAN

- (A) My Bike
- (B) TP - vehicle TAXI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report  
T/2018 0423 /2011

金國康峰私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Fort Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2589

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time: 23/4/18 10:16

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

Reporting Centre Personnel's Signature  
Name:  
NRCT No.:

23/4/2018

金國康峰私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Fort Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2589

## Sketch Plan #2

### 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 truthful and accurate as possible. Any willful 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 to the General Insurance Association of Singapore (GIA) for archiving and two copies of this report will for a fee be made available upon application by interested parties.
7. By the payment 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 observed by my insurer) including the "Personal Information"; and disclose and transfer such Personal Information to all insurer(s) who have insured my 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 Marine 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 of the external cover of envelopes/mail packages; and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims including the "Purposes";
- (b) all insurer(s) who have insured vehicle(s) involved in the 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/are 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 located 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, recommend, investigate, 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: 23/04/18 10:15

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

Reporting Centre Personnel's Signature:  
Name:  
NRCH No.:

金國摩哆私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2538

金國摩哆私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2538

## Common Statement



**SINGAPORE  
POLICE FORCE**



T/20180423/2011

1 of 4

Police Station Of Origin:  
Jurong West N.P.C.  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20180423/2011

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2018 02:18	Video Report No D/20180422/0138	Station Diary No: 10
--	------------------------------------	-------------------------

## Informant's Particulars

Name of Informant NUR RASHILAH BINTE MURAT			Address APT BLK 536 CHOA CHU KANG STREET 51 #11-128 SINGAPORE 680536		
ID Type / ID No: NRIC NO / S9608928G			Contact No. Home/Office Mobile: 81848201		
Nationality SINGAPORE CITIZEN			Email		
Sex Female	Age 22	Date of Birth 09/03/1996	Type of Informant Rider		
Race Malay			Language English	Institution / School Name	
Occupation CLEANER			Driving Licence Information: Class 2B	Date of Expiry	

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident 22/04/2018 20:40	Type of Location Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG EAST AVENUE 1 JURONG WEST AVENUE 1 Near to SPC Lamp Post Number: 33				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance. Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4636A	Motorcycle	YAMAHA	X-1R	Blue	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4636A	MSIG INSURANCE (SINGAPORE) PTE. LTD	MSDTMT17984883	05/08/2017	19/09/2018

# Common Statement



**SINGAPORE  
POLICE FORCE**



T/20180423/2011

2 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20180423/2011

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NUR RASHILAH BINTE MURAT	ID No.	S9608928G
Related Vehicle	FBC4636A (Motorcycle)	Contact No.	81948201
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	22/04/2018	Date Discharge	23/04/2018
No. of Days granted Medical Leave	13	Degree of Injury	Serious
<b>Driver</b>			
Name	Sapan Bin Marsam	ID No.	S1486763E
Related Vehicle	NIL	Contact No.	98237121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 22 April 2018 at about 2035hrs. I was riding my vehicle along Jurong East Avenue 1 towards Jurong West Avenue 1. The traffic light was in my favour when suddenly, a taxi with unknown registration number, came out from a carpark on my left and turned right into the road I was on.

The front part of my motorcycle collided into the front-right of the taxi. Neither me or my vehicle fall but instead my left leg was stuck between the taxi and the left of my motorcycle. I alighted from my motorcycle. By then, there were a few passerby who came to assist me. The driver came out after the crowd had increased in size, apologized to me and said that he did not see me as the area was dark.

A passerby then called for police. Subsequently, the police and ambulance came to scene. I was then conveyed to Ng Teng Fong General Hospital.

The front light of my motorcycle was broken due to the impact.

02 passerby who witnessed the incident had provided me with their contact number.

Witness 1: Male (Unsure of name), Indian, Hp: 87182689  
Witness 2: Hikmi (Male, Malay), Hp: 98662931

Common Statement



SINGAPORE  
POLICE FORCE



T/20180423/2011

3 of 4

Police Station Of Origin:  
Jurong West N P C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20180423/2011

CONTINUATION OF REPORT

Common Statement



SINGAPORE  
POLICE FORCE



T/20180423/2011

4 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20180423/2011

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,  
J/  
Sgt 2 NUR SYAHIRAH BINTE MOHAMED  
SALLEH

Signature Of Interpreter  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476365

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
23/04/2018 02:18

Classification Of Case:

10/11

FBE 4636A

X1-R135

- Meter Assy — \$295 — ~~cut~~ ✓
- <sup>to wing</sup> To wing — \$35 — ✓
- To wing go to idac \$35 — ✓
- Handle BAR R/L — \$190 — x nn
- Meter COVER <sup>front</sup> FRONT \$78 — ~~cut~~ ✓
- Meter COVER REAR — \$48 — ~~cut~~ ✓
- Fork Assy — \$395 — ~~bt~~ ✓
- Front Sporing <sup>Rim</sup> — \$255 — ~~cut~~ ✓
- Brake disc Front — \$125 — x nn
- Front mudguard — \$85 — ~~cut~~ ✓
- Front Rim <sup>slight</sup> ~~slight~~ — \$38 — ~~bt~~ ✓
- <sup>Lower</sup> LOWER Brake <sup>Pung</sup> Pung — \$185 — x nn
- Brake Lever — \$28 — x nn
- Brake Pung Handle \$125 — x nn
- MIRRA R(L) — \$78 — ~~cut~~ ✓

金国摩托私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0226 Fax: 6265 2588

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:

Front Body Repair — <sup>repair</sup> \$280 <sup>150</sup>

Coolant tank Assy — \$295 ~~at~~ photo

Head light Assy — \$145 — car —

Head coving — \$130 — car —

Front Central cover \$48 — car —

R/L Side cover — \$190 — car —

(L) Front signal — \$48 — car —

Body Central cover \$130 — car —

Central Civi Box — \$78 — dis —

No. plate Front unit — \$18 — car —

ERP unit Assy — \$230 — x m

Rear Water Pipe \$980 — x m

(R) Front Foot rest — \$48 — car —

(R) Rear Foot rest — \$38 — x m

Tanfilm 97495+49 Bmbe Peck — \$78 — x m

3/5/18 1630

labuan \$280 180

Resurvey after repair  
4 days

sure the auto was

\$7084 5011

金国摩哆私人有限公司  
KIM KOCK MOTOR PTE LTD  
Blk 27A, Jurong Port Road, #01-19,  
Singapore 619101  
Tel: 6265 0228 Fax: 6265 2538




# 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/FCI18008033/T1qbe2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 17-05-2018		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHD 5720A	Veh. Inspected	FBC 4636A	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18003221MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	30/04/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	YAMAHA X-1R	c.c	135	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	4S3001987	Colour	SILVER	
Odometer	15710	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	70/90 R17	METZELER	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	80/90 R17	METZELER	5 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	22/04/2018	Inspection Date	03/05/2018	
Survey held at	KIM KOCK MOTOR PTE LTD BLK 27A JURONG PORT ROAD #01-19 SINGAPORE 619101			
<b>5a. Remarks</b>				
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBC 4636A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	METER ASSY	CRACKED	295.00	295.00
1	HANDLE BAR R/L	NOT NECESSARY	190.00	-
1	METER COVER FRONT	CUT	78.00	78.00
1	METER COVER REAR	CUT	48.00	48.00
1	FORK ASSY	BENT	395.00	395.00
1	FRONT SPORLING RIM	CUT	255.00	255.00
1	BRAKE DISC FRONT	NOT NECESSARY	125.00	-
1	FRONT MUDGUARD	CRACKED	85.00	85.00
1	FRONT RIM SHAFT	BENT	38.00	38.00
1	LOWER BRAKE PUNG	NOT NECESSARY	185.00	-
1	BRAKE LEVER	NOT NECESSARY	28.00	-
1	BRAKE PUNG HANDLE	NOT NECESSARY	125.00	-
1	MIRROR R/L	CUT	78.00	78.00
1	COOLANT TANK ASSY	DENTED	295.00	295.00
1	HEAD LIGHT ASSY	CRACKED	145.00	145.00
1	HEAD COWLING	CRACKED	130.00	130.00
1	FRONT CENTRAL COVER	CUT	48.00	48.00
1	R/L SIDE COVER	CRACKED	190.00	190.00
1	L FRONT SIGNAL	MISSING	48.00	48.00
1	BODY CENTRAL COVER	CUT	130.00	130.00
1	CENTRAL CIVI BOX	DISTORTED	78.00	78.00
1	NO PLATE FRONT	NECESSARY	18.00	18.00
1	ERP UNIT ASSY	NOT NECESSARY	230.00	-
1	REAR WATER PIPE	NOT NECESSARY	980.00	-
1	R FRONT FOOT REST	BENT	48.00	48.00
1	R FOOT REST	NOT NECESSARY	38.00	-
1	BRAKE PEDAL	NOT NECESSARY	78.00	-
	LESS 10% DISCOUNT		-	-240.20
			4,381.00	2,161.80

Report Ref No. CS/FCI18008033/T1qbe2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	TOWING.		35.00	35.00
	TOWING GO TO IDAC.		35.00	35.00
	FRONT BODY REPAIR.		280.00	150.00
	LABOUR.		280.00	180.00
			630.00	400.00
	<b>GRAND TOTAL</b>		<b>5,011.00</b>	<b>2,561.80</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,000.00</b>

Report Ref No. CS/FCI18008033/T1qbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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