

ASS. REC. BY:

REF:

C3/FCL18008375/US3bn2

Special Instruction:

Survivor

ASSIGNMENT (Office)

From (Person):

C109

Joanne Yong

of

FCL

Date/Time:

08052018 455pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBH 5485K

Insured:

SHC 2497B

at Workshop m/s

Erofia Motor

Tel:

6753 7740

of

Blk 1 Kaki Bukit Ave 6 #02-62

Policy No:

Claim No:

D17008320MESH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26062017

(Client's Record)

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

H.O.D. Endorsement:

Date/Time:

08052018

Person Contacted:

Mr. Teo

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

FBH 5485K - X

SHC 2497B - NS / INC18006333 / Nrbe2

DFA: 040418

11/05/18

@ 15.00pm. Revised to Joanne Yong via email.

(08/11/13) waf
ASS. REC. BY: Marcus

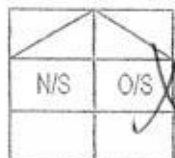
REF:

Ref

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MY
To Inspect Vehicle No: FRH/5488
at Workshop m/s Enofu
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)



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

Bal. or Market Value: 6500
IDAC Accident Report: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 4 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FRH/5488 Regn: 713
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Suzuki, GN125H c.c. 124
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 13459 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: LC6P CJG94B08/0973
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: 2.75-18
R: 110-90-16
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or metzler
Front _____ Rear _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 26/8/17 D.O.I. 8/5/18
Survey held at _____
Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
O/S Body
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction LTA 882
5pm 9th

15/5/18 1/5 \$1600 confirmed with N.R. Ten.

15/5/18 \$4,607.70 - \$1,600.00 (Reduce - 65%)

RECEIVED 15 MAY 2018

Date/Time, File Pass to?

1) 15/05/18
Typist

Date/Time, File Return to?

2) _____

☐ : Prel. Report
☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____) ☐ : RS (\$ _____)
☐ : Interview (\$ _____) ☐ : Photos (\$ _____)
☐ : Tech. Invs (\$ _____) ☐ : Others (\$ _____)
☐ : Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I: (\$ 1,600/-)

Survey Fee:	135
Transportation:	50
	50
	70
TOTAL	305



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: D17008320MFSH

Date: 11 May 2018

Our Ref: CS/FCI18008375/Us3b

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

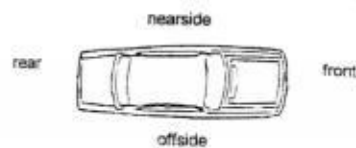
INITIAL INSPECTION REPORT OF VEHICLE NO. FBH 5485K.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 08/05/2018 at the premises of M/s Erofia Motor Trading Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ 4,351.20 .
Revised Estimate Amount	: S\$ 1,700.60 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages at the o/s body portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 4 Days

Yours faithfully,
Marcus Chua
Automotive Assessor

MOTOR SURVEY ASSIGNMENT

Date	29-08-2017	Our Ref No. D17008320MFSH
Accident Date	26-08-2017	Claim Type. Third Party
Insured Vehicle	SHC2497B	Third Party Vehicle. FBH5485K
Survey Location	1 KAKI BUKIT AVE 6 #02-62	
Contact Person.	MR TEO	
Contact No.	67527740/ 9069165	Fax No. 67528669
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	EROFIA MOTOR TRADING PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

In Marcus

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.

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

Owner ID Type:	Company
Owner ID:	0420C

Vehicle Details

Vehicle No.:	FBH5485K
Vehicle to be Exported:	No
Intended De-registration Date:	08 May 2018
Vehicle Make:	SUZUKI
Vehicle Model:	GN125H
Primary Colour:	Black
Manufacturing Year:	2011
Engine No.:	157FMI3A2T00791
Chassis No.:	LC6PCJG94B0810973
Maximum Power Output:	-
Open Market Value:	\$874.00
Original Registration Date:	17 Jul 2013
First Registration Date:	17 Jul 2013
Transfer Count:	1
Actual ARF Paid:	\$132.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	16 Jul 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,701.00
COE Rebate Amount:	\$882.00
Total Rebate Amount:	\$882.00

The information contained herein is correct as at 08 May 2018

OK

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Friday, 11 May 2018 3:00 PM
To: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM
Cc: sur@lkkauto.com; 'Catherine Chong (LKK Auto)'
Subject: RE: SURVEY ASSESSMENT - D17008320MFSH/1
Attachments: FBH 5485K - Preli Advise.pdf

Dear Joanne,

Enclosed herewith preliminary advice of FBH 5485K.

Thank you.

Best Regards,

Shirley Hiew | 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: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 9 May 2018 10:11 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; sur@lkkauto.com
Subject: RE: SURVEY ASSESSMENT - D17008320MFSH/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 | 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, 8 May, 2018 4:55 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17008320MFSH/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,



**SINGAPORE
POLICE FORCE**

Our Ref : **TP/IP/45373/2017**
Date : 11 September, 2017

Azman Bin Kassim
Apt Blk 25 Teban Gardens Road
#12-173
Singapore 600025

Dear Sir/Madam

**ACCIDENT INVOLVING VEHICLES FBH 5485 K AND SHC 2497 B ON 26 AUGUST 2017 AT
ABOUT 0019RS ALONG ESPLANADE DRIVE JUNCTION STAMFORD ROAD**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of motor taxi SHC 2497 B had committed the offence of Inconsiderate Driving under Section 65(b) of the Road Traffic Act, Chapter 276. Action has been initiated against the said driver.
3. If you have any queries, please contact the Investigation Officer Daniel Yan at telephone number 6547 6252.

Yours faithfully

Mohd Nasir Osman, Stn Insp
For Head Traffic Investigation
Traffic Police

ALP



8

(72)

19



366

PASGPAZMAN<BIN<KASSIM<<<<<<<<<<<<<<<<<<<
E6636616J1SGP7305195M2203274S7318176C<<<<<16

Tel : 6391 6366
Fax : 6293 6991
Internet : <http://www.ica.gov.sg>



ICA Building
10, Kallang Road #08-00
Singapore 208718
(Next to Lavender MRT Station)
ICA_Feedback@ica.gov.sg

Immigration & Checkpoints Authority

Your ref:

Our ref: NRO 014/91/17/577

20 Mar 2017

Mr Roy Leng
Social Worker
Nexus Family Resource Centre
AMKFSC Community Services Ltd.
990 Upper Changi Road North Level 2
Changi Prison Link Complex
Singapore 506968

Dear Sir,

APPEAL FOR WAIVER OF IC REPLACEMENT FEE MR AZMAN BIN KASSIM

We refer to your letter dated 13 Mar 2017 concerning the above matter. We note that Mr Azman Bin Kassim is no longer staying at his registered address.

2 As we require more information to process the appeal, please mail or fax the following documents relating to Mr Azman as listed in Annex A, to the officer handling the case, Mr Ezekiel Inban.

3 If we do not hear from you by 17 Apr 2017, we will treat the appeal as closed/withdrawn.

Yours faithfully,

BOEY KHING SOONG
SENIOR CUSTOMER SERVICES EXECUTIVE
(IDENTITY CARD)
CITIZEN SERVICES CENTRE
for COMMISSIONER
IMMIGRATION & CHECKPOINTS AUTHORITY





Liberty
Insurance




Liberty Insurance Pte Ltd

Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD17V00996 /VMC /R00
Form	MY100B
Date of Issue	16-JAN-2017
1.Index Mark and Registration No. of Vehicle:	FBH5485K
2.Chassis number of Vehicle:	LC6PCJG94B0810973
3.Name of Policyholder:	S. H. CYCLE PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	01-JAN-2017 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2017 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
A) Use only for the Policyholder's business or profession.	
B) Use for social, domestic and pleasure purposes by any person provided he is driving on the Policyholder's order or with their permission.	
8.The Policy does not cover:	
A) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
B) Use for racing, pace-making, reliability trials or speed-testing.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorised Signature	
For Information only:	
COVERAGE :	Third Party Fire & Theft
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims S\$1500
FINANCE COMPANY:	STANDARD CHARTERED BANK (SINGAPORE) LIMITED
PRODUCER NAME:	ANDA INSURANCE AGENCIES PTE LTD

PLFM/-07-FEB-17

S1_CI_T1_T3_OE_Template2-Ver1

07-FEB-17

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 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	28/08/2017 08:13
Date Of Accident	26/08/2017 00:30
Exact Location Of Accident	NICOLL HIGHWAY(TWDS ESPLANADE DR) X STAMFORD RD/RA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2497B
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	ANHAR BIN MAHADI
NRIC No	S1814210D
Date Of Birth	08/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	ANHAR007@GMAIL.COM

Address	BLK 220 BUKIT BATOK EAST AVENUE 3 #02-186
Postcode	650220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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
Was any body injured in the Accident?	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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20170826/2022 * TYPE OF ACCIDENT - HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	UNKNOWN(RIDER)
Approximate Age	
Injuries Sustain	RIGHT LEG BLEEDING
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

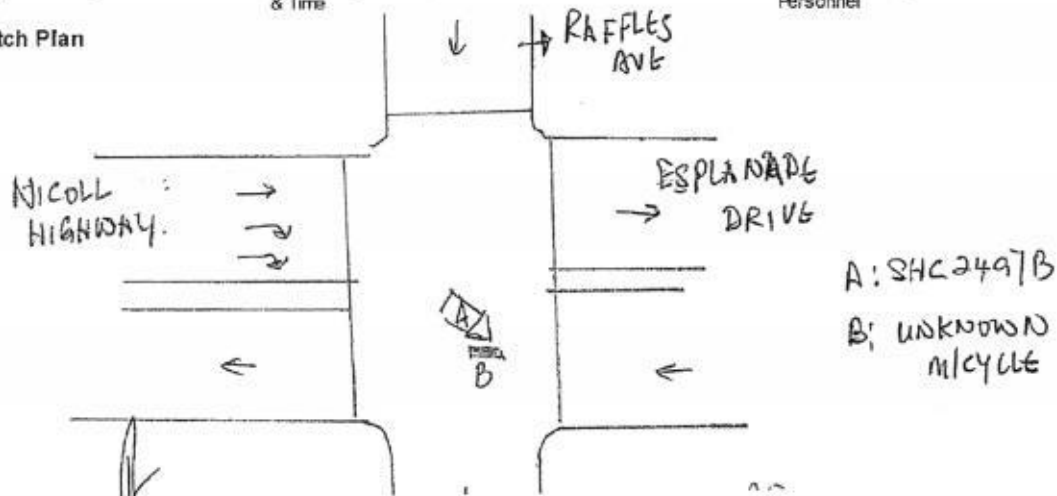
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

Refers to PI Report 7/2017 0026/2022.

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190003021R

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20170826/2022

1 of 3

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

Report No. T/20170826/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2017 01:55		Vide Report No.: A/20170826/0005		Station Diary No.:	
Informant's Particulars					
Name of Informant: ANHAR BIN MAHADI			Address: APT BLK 220 BT BATOK EAST AVE 3 #02-186 HDB-BUKIT BATOK SINGAPORE 650220		
ID Type / ID No.: NRIC NO / S1814210D			Contact No.: Home/Office: Mobile: 90075755		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 08/06/1967	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/08/2017 12:30	Type of Location: T-Junction	
Location: Along Road 1 Traveling Toward Road 2 ESPLANADE DRIVE STAMFORD ROAD			26/08/17 0030 HRS		
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
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
SHC2497B	Car					1



**SINGAPORE
POLICE FORCE**



T/20170826/2022

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

2 of 3

Report No. T/20170826/2022

CONTINUATION OF REPORT

Brief Details.

AT THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS TRAVELLING NICOLL HIGHWAY TURNING RIGHT TO STAMFORD ROAD. SUDDENLY THERE IS A MOTORBIKE IN FRONT OF ME AND I TRIED TO BRAKE IN TIME BUT UNFORTUNATELY MY VEHICLE HIT THE SIDE OF THE BIKE. THEN I CALLED THE AMBULANCE WHILE INSIDE MY TAXI. THEN, I PARKED AT THE SIDE AND ATTEND TO THE RIDER. POLICE WERE NOT AT SCENE.



**SINGAPORE
POLICE FORCE**



T/20170826/2022

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20170826/2022

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:

TP /

MUHAMMAD RAHIMI BIN ZAINI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/08/2017 01:55

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LIM JUN HUI, ADRIAN

Contact No.: 65476350

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

EROFIA MOTOR TRADING PTE LTD

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883

Tel : 67527740 Fax : 67528669

Co. Reg No. 201202259N

First

Name : S H CYCLE PTE LTD

Accident Date : 26-Aug-17

Vehicle No : FBH5485K

Vehicle Model : SUZUKI
GN125H

Estimated Repair Costs

Qty	Description List Items	Amount S(\$)
1	Handle bar	541 \$ 95.00 ✓
1	Handle grip set	2111 \$ 28.00 ✓
1	Brake lever	510 \$ 26.00 ✓
1	Clutch lever	11 \$ 26.00 X
1	Front fender	617 \$ 110.00 ✓
1	Fuel tank assy	77 \$ 370.00 ✓
1	Meter assy	17 \$ 280.00 X
1	Gear indication, meter	11 \$ 175.00 X
1	Mirror set	310 \$ 60.00 ✓
2	Head lamp stay (LH/RH)	0/511 \$ 110.00 12C
1	Head lamp assy	647 \$ 95.00 ✓
2	Front signal assy (LH/RH)	0/5310 \$ 90.00 12C
1	Fork top bridge	2 \$ 120.00 X
2	Fron fork assy	511 \$ 660.00 X
1	Steering stem	11 \$ 180.00 X
1	Steering cone with bearing	11 \$ 85.00 X
1	Rear brake pedal	617 \$ 45.00 ✓
1	Side stand	11 \$ 55.00 X
1	Exhaust assy	10/11 \$ 290.00 ✓
2	Foot rest (LH/RH)	0/511 \$ 130.00 12C
1	Main stand assy	11 \$ 78.00 X
1	rear swing arm	285 ✓
		\$ 3,108.00
		Less 10% \$ 310.80
		\$ 2,797.20

Not Affected
LH/RH
1600/2
1/3 400/1

8/5/18
Take photo After repair

1568
1412.1

EROFIA MOTOR TRADING PTE LTD

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883

Tel : 67527740 Fax : 67528669

Co. Reg No. 201202259N

Name : S H CYCLE PTE LTD

Accident Date : 26-Aug-17

Vehicle No : FBH5485K

Vehicle Model : SUZUKI
GN125H

Estimated Repair Costs

Special Nett Items

- | | |
|---|---------------------|
| 1 | Front number plate |
| 1 | Rear box with logo |
| 1 | Front wheel axle |
| 1 | ERP in-vehicle unit |
| 1 | Rear number plate |
| 1 | Rear box bracket |

SM	\$	15.00	105.00
CR	\$	450.00	LR100
11	\$	28.00	X
11	\$	156.00	X
11	\$	15.00	X
11	\$	180.00	X
	\$	844.00	

S/No. Labour

- | | |
|---|---------------------------------|
| 1 | To provide towing service |
| 2 | To straighten and align chassis |
| 3 | To provide labour |

\$	60.00	35
\$	350.00	200
\$	300.00	250
\$	710.00	

Grand Total

\$ 4,351.20

4607.20

Dollars: Four Thousand Three Hundred Fifty-One and Cents: Twenty only

EROFIA MOTOR TRADING PTE LTD

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:

EROFIA MOTOR TRADING PTE LTD

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Accident Date : 26-Aug-17

Vehicle No : FBH5485K

Vehicle Model : SUZUKI
GN125H

Supplementary Item

<u>Qty</u>	<u>Description</u> <u>List Items</u>		<u>Amount S(\$)</u>
1	Rear swing arm	400	
		<i>sup low</i>	\$ 285.00
			\$ 285.00
		Less 10%	\$ 28.50
	Grand Total		\$ 256.50

Dollars: Two Hundred Fifty-Six and Cents: Fifty only



EROFIA MOTOR TRADING PTE LTD




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/FCI18008375/Us3bn2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 17-05-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 2497B	Veh. Inspected	FBH 5485K	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17008320MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	08/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	SUZUKI GN125H	c.c	124	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	LC6PCJG94B0810973	Colour	BLACK	
Odometer	13459	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	2.75-18	METZELER	6 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	110-90-16	METZELER	6 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	26/08/2017	Inspection Date	08/05/2018	
Survey held at	EROFIA MOTOR TRADING PTE LTD 1 KAKI BUKIT AVENUE 6 #02-62 SINGAPORE 417883			
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:			4 Working Days	



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBH 5485K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	HANDLE BAR	BENT	95.00	95.00
1	HANDLE GRIP SET	TORN	28.00	28.00
1	BRAKE LEVER	BROKEN	26.00	26.00
1	CLUTCH LEVER	NOT NECESSARY	26.00	-
1	FRONT FENDER	CUT	110.00	110.00
1	FUEL TANK ASSY	DENTED	370.00	370.00
1	METER ASSY	NOT NECESSARY	280.00	-
1	GEAR INDICATION,METER	NOT NECESSARY	175.00	-
1	MIRROR SET	BROKEN	60.00	60.00
2	HEAD LAMP STAY (LH/RH)	O/S BENT	110.00	55.00
1	HEAD LAMP ASSY	CUT	95.00	95.00
2	FRONT SIGNAL ASSY (LH/RH)	O/S BROKEN	90.00	45.00
1	FORK TOP BRIDGE	TO REPAIR SEE LABOUR	120.00	-
2	FRONT FORK ASSY	SERVICEABLE	660.00	-
1	STEERING STEM	NOT NECESSARY	180.00	-
1	STEERING CONE WITH BEARING	NOT NECESSARY	85.00	-
1	REAR BRAKE PEDAL	CUT	45.00	45.00
1	SIDE STAND	TO REPAIR SEE LABOUR	55.00	-
1	EXHAUST ASSY	DENTED / BENT	290.00	290.00
2	FOOT REST (LH/RH)	O/S TORN	130.00	65.00
1	MAIN STAND ASSY	TO REPAIR SEE LABOUR	78.00	-
1	REAR SWING ARM (ADDITIONAL)	BENT / TWISTED	285.00	285.00
	LESS 10% DISCOUNT		-339.30	-156.90
			3,053.70	1,412.10
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE (SN)	BENT	15.00	10.00
1	REAR BOX WITH LOGO (LOCAL REPAIR)(SN)	CRACKED	450.00	100.00
1	FRONT WHEEL AXLE (SN)	NOT NECESSARY	28.00	-

Report Ref No. CS/FCI18008375/Us3bn2

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Page No.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	ERP IN-VEHICLE UNIT (SN)	NOT NECESSARY	156.00	-
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	15.00	-
1	REAR BOX BRACKET (SN)	TO REPAIR SEE LABOUR	180.00	-
			844.00	110.00
	LABOUR			
	TO PROVIDE TOWING SERVICE.		60.00	35.00
	TO STRAIGHTEN AND ALIGN CHASSIS.		350.00	200.00
	TO PROVIDE LABOUR, INCLUSIVE OF THE REPAIR OF FORK TOP BRIDGE, SIDE STAND, MAIN STAND ASSY AND REAR BOX BRACKET.		300.00	250.00
			710.00	485.00
	GRAND TOTAL		4,607.70	2,007.10
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,600.00

Report Ref No. CS/FCI18008375/Us3bn2

CHUA KANG SENG

Licensed Appraiser

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