

ASS. REC. BY:

REF:

PS/FCI18009059/Ds#03et Special Instruction:

Surveyor:

Bryan

ASSIGNMENT (Office)

From (Person):

WS

Sithara

of

FCI

Date/Time:

18/05/2018 @ 9:54am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FX 6593T

Insured:

SHC 7492G

at Workshop m/s

Alfred Auto

Tel:

9145 4773

of BLK 5035, AMK Ave 3 # 01-351

Policy No:

Claim No:

D18003836 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10/05/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time:

10:17am @ 18/5/18

Person Contacted:

Alfred

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	FX 6593T-X
	SHC 7492G-X
19/07/18	@ 15:26 pm revised RA to Sithara via email.

REF:

ASSIGNMENT

ASSIGNMENT

COE Jan 2024

FX 6593T

Yr Begin 2004 Feb

From: Date:
 Estimated Cost:
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Veh No:
 Type: M/Car / M/Truck / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

To inspect Vehicle No

Make Honda Sonic 125M 125

at Workshop m/s

Colour Yellow A/C Insured / Std / NI / NA

of

Sp. Reading 14870 T/Barlin: Insured / Std / NI / NA

Insured

Eng/No: FS125ME0013425

Policy No

C/No: FS125M0013425

Claims No

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured

Excess

Steering Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

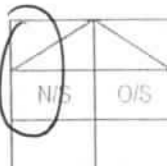
Make of Veh:

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

(Policy Condition)

Tyre Size: F: 80/90 21

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



R: 70/90 21

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Bal. or Market Value:

Front Duro Rear Pirelli

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal: S mm R/Bal: S mm

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

L/Bal: mm L/Bal: mm

Est. Repairs: 4 days Res: Yes or No

D.O.A. 10/05/2018 D.O.I. 18/05/2018

Lump Sum: 20 % 3 Val: Yes or No

Survey held at Alfred Ando AMK

CA / REV / REP. / 24 HRS

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

Date

Person Contacted:

Vehicle: IN / OUT

N/S Body

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

Date / Time Action / Instruction

First Cap SHC 6593T

MV 5K

LTA 1K

NL 4K.

bike balance 5.5 years.
 Similar bike with abt 1 year selling
 at 1.9k.

22/06/18 Jimmy HS R/S 3,000/- with 4 days of rev.

(\$ 2,576.00 Red - 46%)

RECEIVED 19 JUL 2018

Date/Time File Page No?

19/07/18

1)

Type



Preli. Report



Final Report

Date/Time File Return No?

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee

Transportation

30.00

30.00

30.00

30.00

30.00

30.00

Add Fee:



Site Insp: (\$)



Interview: (\$)



Tech. Insp: (\$)



Work End: (\$)

Report Format:

Lump Sum / LB: (\$ 3,000.00 HS)

300

MOTOR SURVEY ASSIGNMENT

Date	14-05-2018	Our Ref No. D18003836MFSH
Accident Date	10-05-2018	Claim Type. Third Party
Insured Vehicle	SHC7492G	Third Party Vehicle. FX6593T
Survey Location	BLK 5035 ANG MO KIO AVE 3 #01-351 INDUSTRIAL PARK 2	
Contact Person.	NA	
Contact No.	64834586/ 91454773	Fax No. 64834882
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	ALFRED AUTO SERVICES & SUPPLIES	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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/240448)



PRI Documents



Close



PRI Header Details

Claim No	D18003836MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & ALFRED A
Workshop Name	ALFRED AUTO SERVICES & SUPPLIES (Contact Person : NA)	Survey Location & Contact Details	BLK 5035 ANG MO KIO AVE 3 #01-351 INDUSTRIAL PARK Mobile: 91454773 , Phone: 64834586 , Fax: 6483488; EmailId: ALFREDAUTO@HOTMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7492G	TP Vehicle No	FX6593T
PRI Recieved Date	17-05-2018 02:53:51 PM	Surveyor Appointed Date	18-05-2018 09:53:12 AM	Surveyor Accept Date	18-05-2018 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	18-05-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
-----------------------------	----------------------	----------------------	------------	-------------------------	--

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

File Name

Action

Surveyor Job Remarks

Remarks




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/FCI18009059/Dsd3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 18-05-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7492G	Veh. Inspected	FX 6593T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18003836MFSH	Excess (\$)	0.00	
Assign From	CWS (SITHARA)	Assign Date	18/05/2018	
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	10/05/2018	Inspection Date	18/05/2018	
Survey held at	ALFRED AUTO SERVICES & SUPPLIES BLK 5035 ANG MO KIO 3 #01-355 ANG MO KIO INDUSTRIAL PARK 2 SINGAPORE 569538			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Thursday, 19 July 2018 3:26 PM
To: SITHARA@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'
Cc: 'LKK Assignments'; 'SUR'
Subject: RE: SURVEY ASSESSMENT - D18003836MFSH/1
Attachments: FX 6593T - Preli Advise.pdf

Dear Sithara,

Enclosed herewith preliminary advice of FX 6593T.

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: Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Friday, 18 May, 2018 9:53 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SITHARA@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18003836MFSH/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: D18003836MFSH

Date: 19 July 2018

Our Ref: CS/FCI18009059/Dsd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

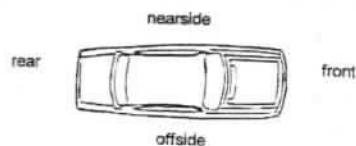
INITIAL INSPECTION REPORT OF VEHICLE NO. FX 6593T .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 18/05/2018 at the premises of M/s Alfred Auto Services & Supplies and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,576.00</u> .
Revised Estimate Amount (Lump Sum)	: S\$ <u>3,000.00</u> .
"Check" Items Amount	: S\$ _____ .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

Description of Damage:

The vehicle sustained damages
at the n/s body.



Comments/ Present Status:

Damages Consistent.

Repair days: 4 Days

Yours faithfully,

Bryan Ang

Automotive Assessor

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	16/05/2018 09:45
Date Of Accident	10/05/2018 15:00
Exact Location Of Accident	ANG MO KIO AVE 4 OPEN CARPARK OF BLK 629
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX6593T
Insured/Policyholder	
Name Of Registered Owner	QUAH HOCK WAH
NRIC No	S1748849Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91454773
Alternative Phone No	OTHERS-91454773

Vehicle Particulars

Manufacturer	HONDA
Model	SONIC 125-125CC (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5015422540-11
Cover Note Number	

Driver

Name of Driver	QUAH HOCK WAH
NRIC No	S1748849Z
Date Of Birth	16/06/1966
Occupation	INDOOR
Date Of Driving Pass	26/11/1984
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91454773
Fax Number	
Contact Number	OTHERS-91454773
Email Address	NOEMAIL

Address	BLK 989B JURONG WEST ST 93 #15-703 SINGAPORE
Postcode	642989
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED. VEHICLE B - SHC6593T

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 INJURED PERSON 1

Name	QUAH HOCK WAH
Approximate Age	
Injuries Sustain	REFER ATTACHED
Injured person in which vehicle?	FX6593T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	


SKETCH PLAN

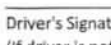
IMPORTANT NOTICE


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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

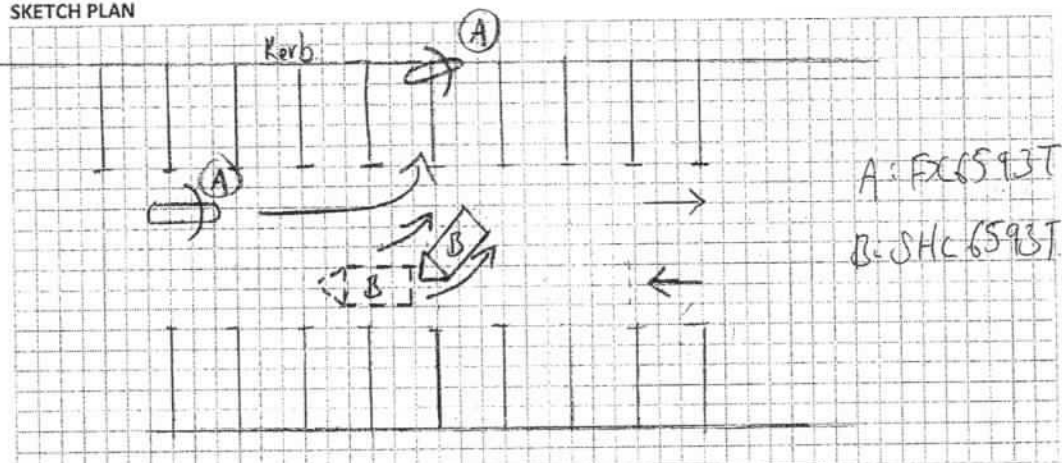
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reder Police Report.

DECLARATION

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

Policyholder's Signature

Date & Time:

GLARNet SketchPlanForm v2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 15/5/18

To The Motor Claims Manager

M/s First Capital Insurance Limited.
36 Robinson Rd #16-01 City House

Singapore 068877

Dear Sirs,

ACCIDENT ON 10/05/2018 15:00 INVOLVING VEHICLES NOS:
FX6593T. AND SAC 7492 E
ALONG / AT

I/We, Quah Hock Wah of NRIC NO.: 81748849/2
am/are the registered owner of motorcar no: FX6593T. I/We, hereby
authorised you to release all compensation monies pertaining to the above-mentioned accident,
directly to my repairer, M/s Alfred Auto Services & Supplies.

I/We, hereby authorise the said repairer, M/s Alfred Auto Services & Supplies to collect all
compensation monies due to me from you or any other party, regarding the said accident.

Thank you.

Quah
Signature

Owner: Quah Hock Wah

mf
Signature

Witness by: _____

NRIC No: 81748849/2

Date: 15/5/18



**SINGAPORE
POLICE FORCE**



T/20180511/2119

1 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180511/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2018 18:19	Vide Report No.:	Station Diary No.: 89
--	------------------	--------------------------

Informant's Particulars

Name of Informant: QUAH HOCK WAH			Address: APT BLK 989B JURONG WEST STREET 93 #15-703 SINGAPORE 642989	
ID Type / ID No.: NRIC NO / S1748849Z			Contact No.:	Mobile: 91454773
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 51	Date of Birth: 16/06/1966	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: CAR MECHANIC			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2018 15:00	Type of Location: CARPARK
Location: Along Road 1 ANG MO KIO AVENUE 4 OPEN CARPARK OF BLK 629 AMK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: SELF SKID TO AVOID COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX6593T	Motorcycle	HONDA	SONIC 125 M	Yellow	Slightly Damaged	0
SHC7492G	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FX6593T	NTUC Income Insurance Co-Operative Limited	5015422540-11	04/08/2017	03/08/2018



**SINGAPORE
POLICE FORCE**



T/20180511/2119

2 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180511/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	QUAH HOCK WAH	ID No.	S1748849Z
Related Vehicle	FX6593T (Motorcycle)	Contact No.	91454773
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	LEE PENG YAM BERNARD	ID No.	NIL
Related Vehicle	SHC7492G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 10/05/2018 at about 1505hrs, I am riding my motorcycle FX6593T in Blk 629 Ang Mo Kio Ave 4 open carpark heading to towards the exit gantry. As I was riding along the parking lot, suddenly there was one Citycab taxi bearing SHC7492G drive at my opposite direction as it was a two way road. However, the taxi stopped and reverse to one parking lot without signaling. I immediately swerved left to the empty parking lot to avoid collision to the taxi, as such, my motorcycle mount to the curb of the parking lot and fell on the to ground and fall on to me, crushing my leg. Passerby saw the accident and came to assist me. The taxi driver, Lee Peng Yam Bernard came out of his taxi and just told me to claim under his insurance and asked me why did I not swerved to the other direction. I wish to state that I did not swerve to the other direction as there were also vehicle driving the opposite direction and would collide with the other vehicle.

I wanted to call for police and ambulance but he told me it is not necessary and refused to give me his contact number and just told me to take down his insurance card and vehicle plate number, and left. During that point of time, my leg was badly injured and bleeding and it was the driver of the tow truck who tow my motorcycle drove me to Mount Alvernia to seek medical treatment. I was given 5 days MC and was informed that there were hip fracture after taking x-ray. I wish to state that this is the first time such accident happened to me.



**SINGAPORE
POLICE FORCE**



T/20180511/2119

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 4

Report No. T/20180511/2119

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180511/2119

4 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180511/2119

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: F / Sgt 2 NICHOLAS LIM JIE KE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2018 18:19
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	



ALFRED AUTO

Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E
Email: alfredauto@hotmail.com

Tyre &
Sports Rim



Reference No: 150518

Date: 15.05.2018

Quah Hock Wah

Blk. 989 Jurong West St. 93, #15-703

Singapore 642989.

Estimated Repair Cost for Reg. No: FX 6593 T

REPLACEMENT OF DAMAGED PANELS / PARTS

1 Pc. Front Head Lamp Fairing <i>Scratched</i>	220.00	✓
1 Pc. Front Head Lamp Fairing Glass <i>scratched</i>	108.00	✓
1 Pc. Front LH Signal <i>broken</i>	105.00	✓
1 Set. Front Absorber RH/LH <i>bt</i>	980.00	✓
1 Pc. Front Handle LH <i>bt</i>	120.00	✓
2 Pcs. Front Handle Rubber Pad @ 80.00 <i>SLC</i>	160.00	X
1 Pc. Front Clutch Handle LH <i>broken</i>	115.00	✓
2 Pcs. Front Side Fairing @ 280.00 <i>crack</i>	560.00	✓
1 Pc. Front Lower Fairing <i>crack</i>	245.00	✓
1 Pc. Front Leg Rest <i>bt</i>	190.00	✓
2 Pcs. Centre Side Fairing @ 295.00 <i>crack</i>	590.00	✓
1 Pc. Tool Box & Bracket <i>bt</i>	350.00	✓
1 Pc. Front Sport Rim <i>new</i>	330.00	X
1 Pc. Front LH Side Mirror <i>dislodged</i>	95.00	✓
1 Pc. Front Fender <i>new</i>	240.00	X
1 Pc. Front Number Plate <i>bt</i>	28.00	✓

3706.00

10% 3335.40

Total (Panels / Parts): 4,436.00 (SGD)

LABOR CHARGES

To check wiring.	80.00	30/-
To adjust front absorber fork and alignment.	100.00	60/-
To remove & refit sport rim.	80.00	30/- <i>NH</i>



ALFRED AUTO

Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538
Tel: 6483 4586 Fax: 6483 4982 Reg. No. 391089/00-E
Email: alfredauto@hotmail.com

Tyre &
Sports Rim



To re-straightening, repair & renew all accident
Affected area.

480.00 ~~300/-~~

To respray painting on all accident damage affected
Area.

400.00 ~~250/-~~ 640/-

Total (Labor Charges): **1,140.00 (SGD)**

TOTAL COST SUMMARY

PANELS / PARTS
LABOR CHARGES

4,436.00
1,140.00

Grand Total: **5,576.00 (SGD)**

Towing Fee 2 time

120.00 ~~80/-~~

18/05/2018 @ 1700hr

Not Andrew

2/sun 4 days

4055.40

R/s 3000/-

2kk And

5696



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/FCI18009059/Dsd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 30-07-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7492G	Veh. Inspected	FX 6593T	
Policy No.	D-18088937MFSH	Coverage (\$)	0.00	
Claim No.	D18003836MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	18/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA SONIC 125 M	c.c	125	
Engine No.	HIDDEN	Year of Reg.	2004	
Chassis No.	FS125M0013425	Colour	YELLOW	
Odometer	14870	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	80/90 R17	DURO	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	70/90 R17	PIRELLI	5 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/05/2018	Inspection Date	18/05/2018	
Survey held at	ALFRED AUTO SERVICES & SUPPLIES BLK 5035 ANG MO KIO 3 #01-355 ANG MO KIO INDUSTRIAL PARK 2 SINGAPORE 569538			
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		



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. FX 6593T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT HEAD LAMP FAIRING	SCRATCHED	220.00	220.00
1	FRONT HEAD LAMP FAIRING GLASS	SHATTERED	108.00	108.00
1	FRONT LH SIGNAL	BROKEN	105.00	105.00
1	SET FRONT ABSORBER RH / LH	BENT	980.00	980.00
1	FRONT HANDLE LH	BENT	120.00	120.00
2	FRONT HANDLE RUBBER PAD @\$80.00	SERVICEABLE	160.00	-
1	FRONT CLUTCH HANDLE LH	BROKEN	115.00	115.00
2	FRONT SIDE FAIRING @\$280.00	CRACKED	560.00	560.00
1	FRONT LOWER FAIRING	CRACKED	245.00	245.00
1	FRONT LEG REST	BENT	190.00	190.00
2	CENTRE SIDE FAIRING @\$295.00	CRACKED	590.00	590.00
1	TOOL BOX & BRACKET	BENT	350.00	350.00
1	FRONT SPORT RIM	TO REPAIR SEE LABOUR	330.00	-
1	FRONT LH SIDE MIRROR	DISLODGE	95.00	95.00
1	FRONT FENDER	TO REPAIR SEE LABOUR	240.00	-
1	FRONT NUMBER PLATE	BENT	28.00	28.00
	LESS 10% DISCOUNT		-	-370.60
			4,436.00	3,335.40
	<u>LABOUR</u>			
	TO CHECK WIRING.		80.00	30.00
	TO ADJUST FRONT ABSORBER FORK AND ALIGNMENT.		100.00	60.00
	TO REMOVE & REFIT SPORT RIM.	NOT NECESSARY	80.00	-
	TO RE-STRAIGHTENING, REPAIR & RENEW ALL ACCIDENT AFFECTED AREA. INCLUSIVE OF THE REPAIR OF FRONT SPORT RIM AND FRONT FENDER.		480.00	300.00
	TO RESPRAY PAINTING ON ALL ACCIDENT DAMAGE AFFECTED AREA.		400.00	250.00
	TOWING FEE.		120.00	80.00
			1,260.00	720.00
	GRAND TOTAL		5,696.00	4,055.40

Report Ref No. CS/FCI18009059/Dsd3e2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,000.00
---	--	--	----------

Report Ref No. CS/FCI18009059/Dsd3e2

MARKET VALUE: \$5,000.00(EST)-LTA REIMBURSEMENT VALUE: \$1,000.00=NETT VALUE: \$4,000.00

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.