

ASS. REC. BY:

REF:

CS/FCI18009961/Agd302

Special Instruction:

Survivor

AWS

ASSIGNMENT (Office)

From (Person):

Lurene juw

of

FCI

Date/Time:

31/5/18 @ 11:30am

Estimated Cost:

Bill to:

OD TP WS / TP RES / OD RES / EVA / INV / MV7 CS

To Inspect Vehicle No:

FBM 9162P

Insured:

8HC 7900X

at Workshop m/s

96 Motorsports

Tel:

90711096

of

62764 Kalki Bkt Ave G

Policy No:

Claim No:

D18004257MPSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

25/5/2018

CA / REV / REP. / REV 24 HRS 1up

4/6/18

H.O.D. Endorsement:

Date/Time:

3:25pm @ 31/5/18

Person Contacted:

Alwyn

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

FBM 9162P - NA/MSG18009576/24

DOA: 25/5/18

8HC 7900X - NA/MSG18009576/24

DOA: 25/5/18

05/6/18 @ 2.14pm Informed Lurene, we are pending estimate from insurer.
 U, to 4000, 4 days. Cred to 8354.50, 68%

ASSIGNMENT

From: Date: 04/06/2018

Estimated Cost:

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

To Inspect Vehicle No: FBM 9162 P
at Workshop n/s 96 Motorsports
of 62 & 64 Teluk Bukit Ave 6

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.

N/S	O/S

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 up)

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: FBM 9162 P Yr Regn: 2018 May.

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

Truck / Trailer or

Make: Yamaha MT-03 C.C 321

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

Sp.Reading: 1366 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MH3RH12500003189.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 110/70 R17.

R: 140/70 R17.

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

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. mm L/Bal. mm

D.O.A. D.O.I. 04/06/18.

Survey held at 96 Motorsports.

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

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

Date / Time	Action / Instruction
	TP 1st Cap.

RECEIVED 2-8 SEP 2019

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

1) 28/9 turner ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format : TP

Lump Sum / I.B.L. (\$) 4000

120+30
50
50+50
100
450

MOTOR SURVEY ASSIGNMENT

Date	28-05-2018	Our Ref No. D18004257MFSH
Accident Date	25-05-2018	Claim Type. Third Party
Insured Vehicle	SHC7900X	Third Party Vehicle. FBM9162P
Survey Location	62 & 64 Kaki Bukit Avenue 6 ARK@KB Singapore 417893	
Contact Person.	ALWYN SOH	
Contact No.	0/ 90711096	Fax No. 0
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	96 MOTORSPORTS PTE LTD	Attention. NIL
Cc : TP Solicitor	ISLAND LAW LLC	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

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: Friday, 28 September 2018 1:10 PM
To: 'Claim Workflow System'; assignments
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18004257MFSH/1
Attachments: CSFCI18009961Aqd3.pdf

Dear Lurene,

Enclosed herewith preliminary advice of FBM 9162P.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Shiau Chan (LKKAUTO)
Sent: Tuesday, 5 June 2018 2:14 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18004257MFSH/1

Dear Lurene,

Please be informed that we have inspected the motorbike FBM 9162P on 04/06/2018.

We are pending for estimate from repairer.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Friday, 1 June 2018 3:12 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18004257MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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)



Auto
Consultants
Pte Ltd

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

Your Ref: D18004257MFSH

Date: 28 September 2018

Our Ref: CS/FCI18009961/Aqd3

The Motor Claims Department
First Capital Insurance Ltd

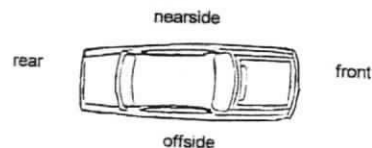
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. FBM 9162P

Please be informed that we had conducted the inspection of the abovementioned vehicle on 04/06/2018 at the premises of M/s 96 MOTORSPORTS, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>12,354.50</u>
Revised Estimate Amount	: S\$ <u>4,000.00 (Lump Sum)</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:
The vehicle sustained damages
at the o/s & n/s body.



Yours faithfully

ADRIAN LING WAI PING
B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI
Licensed Appraiser

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Tuesday, 5 June 2018 2:14 PM
To: 'Claim Workflow System'; assignments
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18004257MFSH/1

Dear Lurene,

Please be informed that we have inspected the motorbike FBM 9162P on 04/06/2018.

We are pending for estimate from repairer.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Friday, 1 June 2018 3:12 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18004257MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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, 31 May 2018 11:29 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18004257MFSH/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

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	25/05/2018 17:52
Date Of Accident	25/05/2018 11:50
Exact Location Of Accident	MOULMEIN RD AFTER JUNC MANDALAY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9162P
Insured/Policyholder	
Name Of Registered Owner	LEE WAN LI, SHEREEN
NRIC No	S8522914A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97588103
Alternative Phone No	OFFICE-97588103

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-992267-WTT
Cover Note Number	

Driver

Name of Driver	LEE WAN LI, SHEREEN (LI WANLI)
NRIC No	S8522914A
Date Of Birth	30/07/1985
Occupation	INDOOR
Date Of Driving Pass	24/04/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97588103
Fax Number	
Contact Number	OFFICE-97588103
Email Address	NOEMAIL

Address	BLK 778 YISHUN AVENUE 2 #12-1549
Postcode	760778
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180525/7016.

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	SHC7900X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

DETAILS OF INJURED PERSON 1

Name	LEE WAN LI, SHEREEN (LI WANLI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBM9162P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

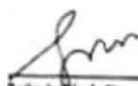
IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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.

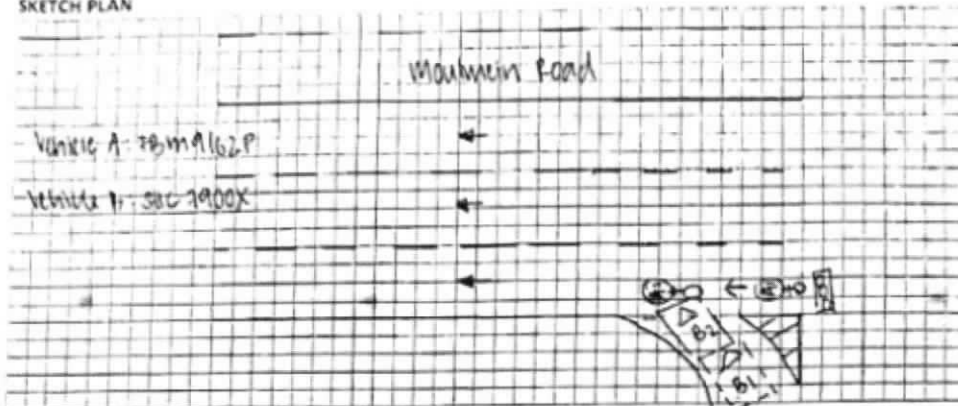

Policyholder's Signature
Date & Time: 25 May '18


Driver's Signature
(if driver is not the policyholder)
Date & Time: 25 May '18


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

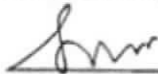


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

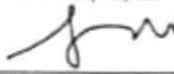
On the stated date & time, I, vehicle A, 78M9162P, was travelling straight in my lane along the stated venue. Suddenly, vehicle B, SAC 2900X, turned out before stopping before the give-way line and hit onto my vehicle's rear left portion. The great impact caused me & my vehicle to fall onto the right.

DECLARATION


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



Policyholder's Signature
Date & Time: 25 May '18



Driver's Signature
(if driver is not the policyholder)
Date & Time: 25 May '18



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SHR11AC 3000A/01/001/01/10

2

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20180525/7016

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

1 of 3

Report No. T/20180525/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2018 16:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE WAN LI, SHEREEN			Address: APT BLK 778 YISHUN AVENUE 2 #12-1549 SINGAPORE 760778		
ID Type / ID No.: NRIC NO / S8522914A			Contact No.: Home/Office: Mobile: 97588103		
Nationality: SINGAPORE CITIZEN			Email: shereenleewl@gmail.com		
Sex: Female	Age: 32	Date of Birth: 30/07/1985	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2018 11:50	Type of Location: T-Junction
Location: MOULMEIN ROAD ALONG MOULMEIN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9162P	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Grey	Slightly Damaged	1
SHC7900X	Car				Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9162P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60800470	10/05/2018	09/05/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180525/7016

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

2 of 3
Report No. T/20180525/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE WAN LI, SHEREEN	ID No.	S8522914A
Related Vehicle	FBM9162P (Motorcycle)	Contact No	97588103
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2018	Date Discharge	25/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details

ON 25/05/2018 AT ABOUT 11:50AM, I WAS TRAVELLING ALONG MOULMEIN ROAD. I WAS GOING STRAIGHT WHEN SUDDENLY, VEHICLE NUMBER, SHC7900X, CAME OUT FROM THE MINOR ROAD & HIT ONTO MY VEHICLE'S REAR LEFT PORTION. THE GREAT IMPACT CAUSED MY VEHICLE & I TO FALL ON MY RIGHT. I WISH TO STATE THAT VEHICLE NUMBER, SHC7900X, DID NOT STOP & CHECK BEFORE THE GIVE-WAY LINE.

I THEN SUFFERED ABRASIONS & BRUISES. THUS, I WENT TO SEEK MEDICAL ATTENTION AT INTEMEDICAL 24 HR CLINIC & WAS GIVEN 4 DAYS MEDICAL LEAVE.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20180525/7016

3 of 3

Report No: T/20180525/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KASMAWATI BTE SAMIAN
Contact No: 65476179

Authentication Stamp
NP158

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
25/05/2018 16:33

Classification Of Case:

TP 1st Cap Xiao Chan

MH3RH12500000311

96 motorsports PTE LTD

62 & 64 Kaki Bukit Ave 6, (S) 417893, Ark@KB

Tel: 6702 6996

Fax: 6384 6996

Email: admin@96motorsports.com

Vehicle number: FBM9162PVehicle Made & Model: YAMAHA

Qty	List Items	Amount \$
1	Handle bar Bent.	150.00 ✓
2	Handle bar balancers @ 45 Cut RH	90.00 30
2	Handle grips @ 85 New	170.00 x
1	Headlamp New	450.00 x
1	Headlamp cowling Cut	220.00 180
1	Headlamp top cover New	195.00 x
1	Brake level Cut	85.00 50
1	Brake pedal Bent	130.00 85
1	Brake disc New	320.00 x
1	Brake master pump Cut	195.00 ✓
1	Brake master pump hose New	110.00 x
1	Fuel tank cover - RH - Top New	190.00 x
1	Fuel tank cover - RH - Lower New	165.00 ✓
2	Front fork assys - L/R @ 780 Bent	1,560.00 1250
1	Front fork under bracket Bent	230.00 ✓
1	Front fender Repair	160.00 x
2	Front footrests - L/R @ 110 RH Bent	220.00 75
2	Front footrest brackets - L/R @ 130 New	260.00 x
2	Front signal lamps - L/R @ 115 RH cracked	230.00 65
1	Front lower cowling - CTR Cut	195.00 ✓
1	Front wheel sport rim { New	365.00 x
1	Front wheel sport rim shaft	85.00 x
2	Mirrors - L/R @ 180 RH Cut	360.00 120
1	Radiator assy New	455.00 x
1	Radiator cowling Cut	180.00 120
1	Radiator fan assy New	360.00 x
1	Steering stem Dmgd	320.00 250
1	Rear swing arm Bent.	655.00 550
1	Rear chain cover New	135.00 x
1	Rear wheel sport rim { New	455.00 x
1	Rear wheel sport rim shaft	105.00 x
1	Rear tailboard New	240.00 x

Vehicle number: FBM9162P

Vehicle Made & Model: YAMAHA

2	Rear side boards - L/R @ 135	RH cut	270.00	135
1	Rear wheel guard	new	145.00	+
2	Rear signal lamps @ 115	new	230.00	+
1	Rear exhaust muffler	cut	1,300.00	865
2	Rear footrests - L/R @ 110	new	220.00	+
Sub-total			11,205.00	
Less 10%			1,120.50	
Total List			10,084.50	

Special Nett Items

1 set	Body sticker	new	280.00	120
1	Front tyre	new	350.00	+
1 set	Front wheel bearing	new	80.00	+
1 set	Front steering cone/bearing	new	190.00	105
1 set	Rear wheel bearing	new	80.00	+
Total Special Nett			980.00	

Labour Charges

Transportation	60.00	40
To check front wiring	50.00	30
To reinstall & realign front fork	280.00	120
To respray painting & etc	400.00	250
Panel beating, cut, weld, remove & replacing above parts	500.00	250
Total Labour		1,290.00

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:

ESTIMATE PARTS & LABOUR GRAND TOTAL \$

12,354.50

total: 500550
L/S: AK.
OH Pump




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/FCI18009961/Aqd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 24-10-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7900X	Veh. Inspected	FBM 9162P	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18004257MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	31/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA MT-03	c.c	321	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	MH3RH125000003189	Colour	GREY	
Odometer	366	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	110/70 R17	MICHELIN	6 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	140/70 R17	MICHELIN	6 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	25/05/2018	Inspection Date	04/06/2018	
Survey held at	96 MOTORSPORTS PTE LTD 62/64 KAKI BUKIT AVENUE 6 SINGAPORE 417893 ARK @ KB			
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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBM 9162P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	HANDLE BAR	BENT	150.00	150.00
2	HANDLE BAR BALANCERS @\$45.00	O/S CUT	90.00	30.00
2	HANDLE GRIPS @\$85.00	NOT NECESSARY	170.00	-
1	HEADLAMP	NOT NECESSARY	450.00	-
1	HEADLAMP COWLING	CUT	220.00	180.00
1	HEADLAMP TOP COVER	NOT NECESSARY	195.00	-
1	BRAKE LEVEL	CUT	85.00	50.00
1	BRAKE PEDAL	BENT	130.00	85.00
1	BRAKE DISC	NOT NECESSARY	320.00	-
1	BRAKE MASTER PUMP	CUT	195.00	195.00
1	BRAKE MASTER PUMP HOSE	NOT NECESSARY	110.00	-
1	FUEL TANK COVER - RH - TOP	NOT NECESSARY	190.00	-
1	FUEL TANK COVER - RH - LOWER	NOT NECESSARY	165.00	-
2	FRONT FORK ASSY - L/R @\$780.00	BENT	1,560.00	1,250.00
1	FRONT FORK UNDER BRACKET	BENT	230.00	230.00
1	FRONT FENDER	TO REPAIR SEE LABOUR	160.00	-
2	FRONT FOOTRESTS - L/R @\$110.00	O/S BENT	220.00	75.00
2	FRONT FOOTREST BRACKETS - L/R @\$130.00	NOT NECESSARY	260.00	-
2	FRONT SIGNAL LAMPS - L/R @\$115.00	O/S CRACKED	230.00	65.00
1	FRONT LOWER COWLING - CTR	CUT	195.00	195.00
1	FRONT WHEEL SPORT RIM	NOT NECESSARY	365.00	-
1	FRONT WHEEL SPORT RIM SHAFT	NOT NECESSARY	85.00	-
2	MIRRORS - L/R @\$180.00	O/S CUT	360.00	120.00
1	RADIATOR ASSY	NOT NECESSARY	455.00	-
1	RADIATOR COWLING	CUT	180.00	120.00
1	RADIATOR FAN ASSY	NOT NECESSARY	360.00	-
1	STEERING STEM	DAMAGED	320.00	250.00
1	REAR SWING ARM	BENT	655.00	550.00
1	REAR CHAIN COVER	NOT NECESSARY	135.00	-
1	REAR WHEEL SPORT RIM	NOT NECESSARY	455.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR WHEEL SPORT RIM SHAFT	NOT NECESSARY	105.00	-
1	REAR TAILBOARD	NOT NECESSARY	240.00	-
2	REAR SIDE BOARDS - L/R @\$135.00	O/S CUT	270.00	135.00
1	REAR WHEEL GUARD	NOT NECESSARY	145.00	-
2	REAR SIGNAL LAMPS @\$115.00	NOT NECESSARY	230.00	-
1	REAR EXHAUST MUFFLER	CUT	1,300.00	865.00
2	REAR FOOTRESTS - L/R @\$110.00	NOT NECESSARY	220.00	-
	LESS 10% DISCOUNT		-1,120.50	-454.50
			10,084.50	4,090.50
	<u>SPECIAL NETT ITEMS</u>			
1	SET BODY STICKER (SN)	NECESSARY	280.00	120.00
1	FRONT TYRE (SN)	NOT NECESSARY	350.00	-
1	SET FRONT WHEEL BEARING (SN)	NOT NECESSARY	80.00	-
1	SET FRONT STEERING CONE/BEARING (SN)	NECESSARY	190.00	105.00
1	SET REAR WHEEL BEARING (SN)	NOT NECESSARY	80.00	-
			980.00	225.00
	<u>LABOUR</u>			
	TRANSPORTATION.		60.00	40.00
	TO CHECK FRONT WIRING.		50.00	30.00
	TO REINSTALL & REALIGN FRONT FORK.		280.00	120.00
	TO RESPRAY PAINTING & ETC.		400.00	250.00
	PANEL BEATING, CUT, WELD, REMOVE & REPLACING ABOVE PARTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER.		500.00	250.00
			1,290.00	690.00
	GRAND TOTAL		12,354.50	5,005.50
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,000.00

Report Ref No. CS/FCI18009961/Aqd3e2

ADRIAN LING WAI PING

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

Licensed Appraiser

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