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	(WS LUMAR	Jaw of			Data	France 05062018 9-246
Estimated Cos				Gill to:	_	
To Inspect Ve	TP RES / OD I		L 95045		Insured:	SHC 7668S
at Workshop r	n/s	mes	Auto		Tel:	6296 9939
of		No. 1100		Rd	-	
Policy No:			J	Claim No:	018004	389 MFS H
Sum Insured:				Excess:		
Make of Veh:					D.O	A 28082018
	REP. / REV 2 05061018 1025		O(	ob2018 Stephuni	0	O.D. Endorsement:
Date/Time.		on ( x )	Estimate			
Date/Time	Action/Instructi	On ( A )	F-22 (1111) (1211)			
	Action/Instructi	1	Campite			
	FB1 95045	3 - X		3 /RIzlid3		000 : 170518
	FBL 95049	3 - X	FC(1 8V/927	3 /Rizud3		0a : 170518



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

01-06-2018

Our Ref No. D18004389MFSH

Accident Date

28-05-2018

Claim Type. Third Party

Insured Vehicle

SHC7668S

Third Party Vehicle. FBL9504S

Survey Location

1100 SERANGOON ROAD

Contact Person.

STEPHANIE 62969939/0 15062018 @ 1025am Stephanie vehin

Survey Type

Contact No.

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

MCS AUTO

Attention. NIL

Cc: TP Solicitor

CATHERINE LIM 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.

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 witholding 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.
- 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

AND THE PROPERTY OF THE PROPERTY OF	ACCIDENT STATEMENT
Date Of Report	31/05/2018 11:58
Date Of Accident	28/05/2018 11:00
Exact Location Of Accident	ORCHARD RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL9504S
Insured/Policyholder	
Name Of Registered Owner	SOWAILI BIN SA'AD
NRIC No	S1754935I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97549170
Alternative Phone No	OTHERS-97549170
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
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/17-365842
Cover Note Number	24/05/2018-23/05/2019
Driver	
Name of Driver	SOWAILI BIN SA'AD
NRIC No	S1754935I
Date Of Birth	19/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97549170
Fax Number	

OTHERS-97549170

NOEMAIL

## **DETAILS OF INJURED PERSON 1**

Name

SOWAILI BIN SA'AD

Approximate Age

Injuries Sustain

CHEST PAIN

Injured person in which vehicle?

FBL9504S

Were seat belts worn?

NO

52

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN		0.1.	L D. O.
		7/	te Potice Report =
8	_veh A		
	— vehB		veha: FBL 95045 veh8: PHC 76665
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
		_/	
		/	
	~X /	/	
	o Ko hop.		
<b>&gt;&gt;</b>	her		
www.			
DECLARATION I/We declare the foregoing partic	culars are true in every respect.		
July	- Just		
Policyholder's Signature Date & Time: GIARMC SketchPlanForm_V3	Oriver's Signature (If driver is not the policy Date & Time:	holder)	Reporting Centre Perskylnel's Signature Name: NRIC/FIN No.:

### Sketch Plan #4 Pg. 1





T/20180530/2020

2 of 3

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

Report No. T/20180530/2020

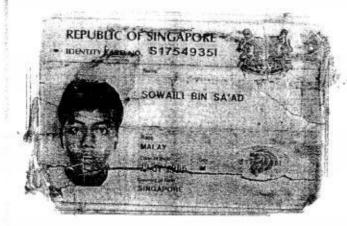
CONTINUATION OF REPORT

Details of Perso	n Involved		14			
Any Pedestrian I	nvolved: No					Water Street Company
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Rider						
Name	SOWAILI BIN SAAD			ID No		S1754935I
Related Vehicle	FBL9504S (Motorcycle)			Contact No.		97549170
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Dat			harge	NIL	
No. of Days granted Medical Leave 12		Degree of				

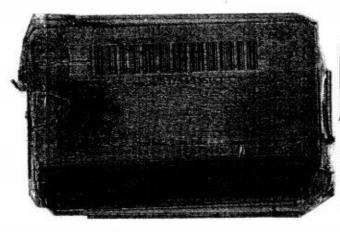
#### Brief Details.

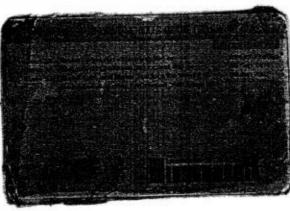
ON 28/5/18 AT ABOUT 1100HRS, WHILE RIDING ALONG ORCHARD ROAD COMING NEAR TO A TRAFFIC LIGHT AHEAD, I FELT AN IMPACT ON MY REAR AND WERE FLOWN OFF FROM MY BIKE. WHILE I WAS ON THE GROUND, A CAUCASIAN MAN CAME TO ME AND CALLED FOR THE AMBULANCE. SOON AFTER, A FIREFIGHTER VEHICLE AND A PLAIN CLOTH DOCTER CAME TO AID ME. SOON AFTER THE AMBULANCE ARRIVED AND CONVEYED ME TO THE HOSPITAL.

## Individual Statement Pg. 1









# > Back to OneMotoring

## **Enquire Transfer Fee**

Vehicle Details Vehicle No. :	FBL9504S
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1:	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	YAMAHA
Vehicle Model :	SNIPER T150
Chassis No.:	MH3UG0740H0043315
Propellant:	Petrol
Engine No.:	G3E6E0250467
Engine Capacity :	150 cc
Maximum Power Output :	
Maximum Laden Weight :	266 kg
Unladen Weight:	116 kg
Year Of Manufacture :	2017
Original Registration Date :	24 May 2017
Lifespan Expiry Date :	-
COE Category :	D - Motorcycle
Quota Premium :	\$6,301.00
COE Expiry Date :	23 May 2027
Road Tax Expiry Date :	23 May 2019
Inspection Due Date :	23 May 2020
Intended Transfer Date :	07 Jun 2018
CO2 Emission :	-
CO Emission :	_
HC Emission :	<u></u>
NOx Emission :	
PM Emission :	•
ate renewal fee(s) will Payable for fee(s) paya	be imposed if road tax / lay up has expired. Please use Enquire Road Tax

owner when its ownership is being transferred.

## > Back to OneMotoring

inquire PARF/COE Rebate for Registered Vehicle	D.O. A. 28/5/2018		
Vehicle Owner Particulars			
Owner ID Type:	Singapore NRIC Bal = 9 VVC		
Owner ID: Vehicle Details	49351		
Vehicle No.:	FBL9504S		
Vehicle to be Exported:	No		
Intended De-registration Date:	22 Jun 2018		
Vehicle Make:	YAMAHA		
Vehicle Model:	SNIPER T150		
Primary Colour:	White		
Manufacturing Year:	2017		
Engine No.:	G3E6E0250467		
Chassis No.:	MH3UG0740H0043315		
Maximum Power Output:	•		
Open Market Value:	\$1,978.00		
Original Registration Date:	24 May 2017		
First Registration Date:	24 May 2017		
Transfer Count:	1		
Actual ARF Paid: Intended PARF Rebate Details	\$297.00		
PARF Eligibility:	No		
PARF Eligibility Expiry Date:			
PARF Rebate Amount: Intended COE Rebate Details	\$0.00		
COE Expiry Date:	23 May 2027		
COE Category:	D - Motorcycle		
COE Period(Years):	10		
QP Paid:	\$6,301.00		
COE Rebate Amount:	\$5,620.00		
Total Rebate Amount:	\$5,620.00		

The information contained herein is correct as at 22 Jun 2018

ОК



### 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 1

#### PRE-REPAIR INSPECTION REPORT CS3/FCI18010204/Gz4bs2 Ref. FIRST CAPITAL INSURANCE LTD Date: 27-06-2018 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877 Code: FCI2 Policy Particulars :- (THIRD PARTY CLAIM) 1. FBL 9504S SHC 7668S Veh. Inspected Insured Veh. 0.00 Coverage (\$) Policy No. 0.00 D18004389MFSH Excess (\$) Claim No. 05/06/2018 LURENE JAW Assign Date Assign From Vehicle Particulars & Condition 2. 150 YAMAHA SNIPER T150 Make & Model C.C HIDDEN Year of Reg. 2017 Engine No. WHITE MH3UG0740H0043315 Colour Chassis No. IN ORDER Steering Odometer NIL IN ORDER Modification Brakes GOOD General **Conditions of Tyres** Make Balance Size DUNLOP 5 mm R/H Front Tyre 70/90-17 mm L/H Front Tyre 5 mm DUNLOP 120/70-17 R/H Rear Tyre mm L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION AND O/S BODY. 5. General Information Inspect Date / Time 06/06/2018 ( 06:00 PM ) 28/05/2018 **Accident Date** Survey held at MCS AUTO NO. 1100 SERANGOON ROAD SINGAPORE 328195 Remarks 5a. A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) MARKET VALUE:\$9,300.00

Report Ref No. CS3/FCI18010204/Gz4bs2

Inspected By

of

XING GUO QIANG

M.MATAI, AMSAE-A
Automotive Assessor

Tu

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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