

ASS. REC. BY:

REF

CS/FCI 18011707/GH302

Special Instruction:

Surveyor

WS

G12

ASSIGNMENT (Office)

From (Person):

Karen Tan

of

FCI

Date/Time:

27/6/18 @ 10:30am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FW 3771X

Insured:

SHA 6956C

at Workshop m/s:

Pun Euro Bikes

Tel:

62994929

of

21 Moonstone Lane # 01-01

Policy No:

Claim No:

D18004808 MPSTH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

16/06/2018

28/06/2018

CA / REV / REP. / REV 24 HRS

'DS)

H.O.D. Endorsement:

Date/Time:

10:36am @ 27/6/18

Person Contacted:

Kin Wah

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	FW 3771X - NA/INC18011021/24	DOA: 16/06/2018
	SHA 6956C - NA/INC18011021/24	DOA: 16/06/2018
	Part by Part \$3494.90 CRed: (30% 30%) market value	

Signature

XRL.

REF: FCI

ASSIGNMENT

FW 3771X

From: Date: 28062018

Estimated Cost:

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

To Inspect Vehicle No: FW 3771X  
at Workshop m/s Pan Euro Bike  
of 21 moonstone lane #01-01

Insured:

Policy No.

Claims No.

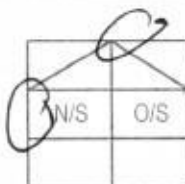
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: ~~FW 3771X~~ Yr Regn: 297 JUNE

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

Truck / Trailer or

Make: Yamaha XMAX 300 292

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

Sp.Reading: 6653 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MH3SH081 0000 10728

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: 120/70-15

R: 140/70-14

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

TOYO / YOKO or

Front

Rear

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

L/Bal. mm L/Bal. mm

D.O.A. D.O.I. 28-06-18

Survey held at w/s 5:30pm

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

and.

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

Date / Time Action / Instruction

29/6/18 Submit PRS Report.

RECEIVED 28 SEP 2018

Date/Time, File Pass to?

☐ : Preli. Report

1) 28/9 Typst

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

) S + RS \$

) Photos

) Others

TOTAL

130

50

50

75

305

Report Format : TP

Lump Sum / (B): (\$ 3494.90)

**MOTOR SURVEY ASSIGNMENT****Date** 18-06-2018 **Our Ref No.** D18004808MFSH**Accident Date** 16-06-2018 **Claim Type.** Third Party**Insured Vehicle** SHA6956C **Third Party Vehicle.** FW3771X**Survey Location** 21 MOONSTONE LANE #01-01 POH LENG BUILDING**Contact Person.** KIN WAH**Contact No.** 62994929/ 97317133 **Fax No.** 62994430**Survey Type** DIRECT SETTLEMENT:**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** PAN EURO BIKES PTE LTD **Attention.** NIL**Cc : TP Solicitor** NA **TP Solicitor Fax No.** NA**Officer Incharge** KARENT**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.



# 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/FCI18011707/Gtd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 27-06-2018	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHA 6956C	Veh. Inspected	FW 3771X
Policy No.		Coverage (\$)	0.00
Claim No.	D18004808MFSH	Excess (\$)	0.00
Assign From	CWS (KAREN TAN)	Assign Date	27/06/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	16/06/2018	Inspection Date	
Survey held at	PAN EURO BIKES PTE LTD 21 MOONSTONE LANE #01-01 POH LENG BUILDING SINGAPORE 328462.		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

## 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	18/06/2018 19:06
Date Of Accident	16/06/2018 09:30
Exact Location Of Accident	JUNC MOUNTBATTEN RD & AMBER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW3771X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW BOON YONG ANDREW
NRIC No	S8714950A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81808970
Alternative Phone No	OFFICE-81808970

### Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092266982
Cover Note Number	

### Driver

Name of Driver	CHEW BOON YONG ANDREW
NRIC No	S8714950A
Date Of Birth	20/05/1987
Occupation	INDOOR
Date Of Driving Pass	05/07/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81808970
Fax Number	
Contact Number	OFFICE-81808970
Email Address	NOEMAIL

Address	BLK 705 BEDOK NORTH ROAD #04-3442
Postcode	470705
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 - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180616/2114.

#### 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	SHA6956C
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)  
Passenger 1

4  
NAME: :  
GENDER: :

Passenger 2

NAME: :  
GENDER: :

Passenger 3

NAME: :  
GENDER: :

#### DETAILS OF INJURED PERSON 1

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

CHEW BOON YONG ANDREW  
LEFT KNEE & LEFT ELBOW  
FW3771X  
YES

#### DETAILS OF INJURED PERSON 2

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

THEH HUI KIANG (ZHONG HUIJUAN)  
LEFT FOOT & RIGHT ARM  
FW3771X  
YES

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

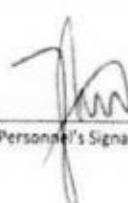
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

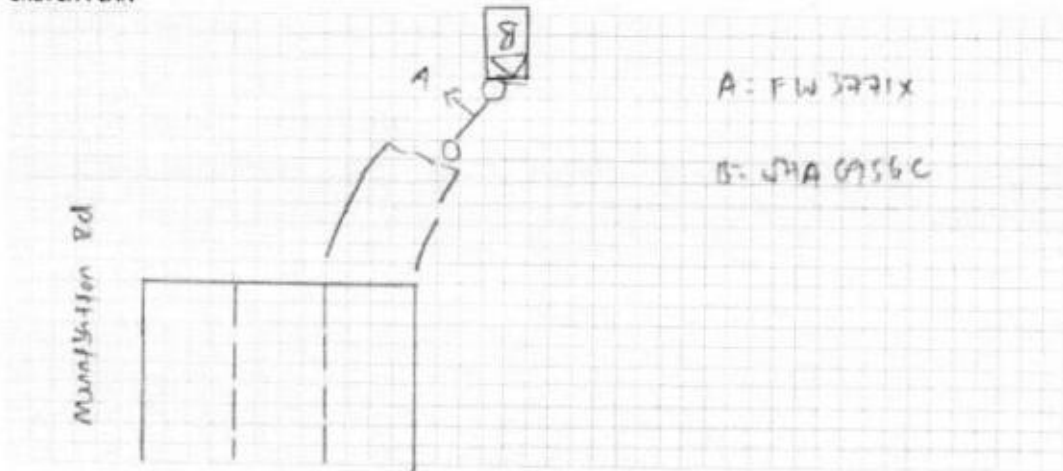
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## Accident Sketch Plan

### SKETCH PLAN



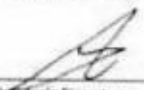
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180616/2114.

[The remaining lines of the form are crossed out with a diagonal line.]

### DECLARATION

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

  
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.:

police Report



**SINGAPORE  
POLICE FORCE**



T/20180616/2114

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20180616/2114

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/06/2018 19:36		Vide Report No.: G/20180616/0090		Station Diary No.: 37
<b>Informant's Particulars</b>				
Name of Informant: CHEW BOON YONG ANDREW		Address: APT BLK 705 BEDOK NORTH ROAD #04-3442 SINGAPORE 470705		
ID Type / ID No.: NRIC NO / S8714950A		Contact No.: Home/Office: Mobile: 81808970		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 20/05/1987	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: LOGISTICS OPERATION MANAGER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2018 09:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 MOUNTBATTEN ROAD AMBER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW3771X	Motorcycle	YAMAHA	CZD300A / XMAX300	Grey	Seriously Damaged	1
SHA6956C	Car				No Damage	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW3771X	NTUC Income Insurance Co-Operative Limited	5092266982	28/06/2017	27/06/2018

police Report



**SINGAPORE  
POLICE FORCE**



T/20180616/2114

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180616/2114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEW BOON YONG ANDREW	ID No.	S8714950A
Related Vehicle	FW3771X (Motorcycle)	Contact No.	81808970
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/06/2018	Date Discharge	16/06/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious

**Brief Details.**

On 16/06/2018 at about 0930hrs, I was travelling in my motorvehicle registration plate number FW3771X together with my girlfriend whom is the pillion of my motorvehicle. We were travelling from Queenstown towards Katong I12, nearing the junction of Mountbatten road towards Amber Rd at the traffic junction. While I was at the junction awaiting for the full green arrow sign to show, I then stopped and check for the incoming traffic before moving off. After checking and confirmed that there was no incoming traffic, I then started to execute the right turn and that was when the taxi with registration plate number SHA6956C had beat the red light and came forward towards me. We both collided and due to the impact, I had fell towards my left and it resulted in mine left knee and left elbow to have abrasion. My pillion suffered left foot and right arm injured. The damage done to the motorvehicle was, left side scratches, whole steering fork was bend, the wheel was slanted in misalignment and the motorvehicle was no longer in a condition fit for riding. After the collision, both parties then alighted and check on each other wellbeing. We then called for ambulance and traffic police. My pillion and I were conveyed to Changi General Hospital. I am lodging this police report for insurance claims purposes.

police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999



T/20180616/2114

3 of 3

Report No. T/20180616/2114

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:

D /  
Sgt 1 GABRIEL CHAN WEE KEEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/06/2018 19:36

Classification Of Case:

# Medical Cert



ORIGINAL

## MEDICAL CERTIFICATE

EMD2018115783

Name THEH HUI XIANG (ZHENG HUIJUAN)		NRIC No. S7917022D	
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>16-Jun-2018</u> to <u>18-Jun-2018</u>			
Type of medical leave granted:			
<input type="checkbox"/> Hospitalization Leave		<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____		<input type="checkbox"/> Maternity Leave. Delivered on: _____	
Discharged on: _____		<input type="checkbox"/> Sterilization Leave. Operated on: _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments: The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 16-Jun-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  NARAIN PURUSHOTORMAN, 61552C	

# Medical Cert



ORIGINAL

## MEDICAL CERTIFICATE

EMD2018115835

Name <b>CHEW BOON YONG</b>		NRIC No. <b>S8714900A</b>	
This is to certify that the above-named is unfit for duty for a period of <u>14</u> days from <u>16-Jun-2018</u> to <u>29-Jun-2018</u>			
Type of medical leave granted:			
<input checked="" type="checkbox"/> Hospitalization Leave		<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____		Maternity Leave: _____	
Discharged on: _____		Sterilization Leave: _____	
		Delivered on: _____	
		Operated on: _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments: _____			
The above-named patient attended my clinic at _____ and left at _____ No medical leave is necessary.			
Hospital/Clinic		Ward No.	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.
Emergency Medicine		CGH Accident & Emergency	 JOSHUA SIM ZHI RUI, 63938I
Changi General Hospital		Date 16-Jun-2018	

[➤ Back to OneMotoring](#)

### Enquire Transfer Fee

Vehicle Details	
Vehicle No.:	FW3771X
Vehicle Type:	P01 - Passenger Scooter
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	YAMAHA
Vehicle Model:	CZD300A / XMAX300
Chassis No.:	MH35H081000010728
Propellant:	Petrol
Engine No.:	H336E0011540
Engine Capacity:	292 cc
Maximum Power Output:	-
Maximum Laden Weight:	340 kg
Unladen Weight:	179 kg
Year Of Manufacture:	2017
Original Registration Date:	28 Jun 2017
Lifespan Expiry Date:	-
COE Category:	D - Motorcycle
Quota Premium:	\$6,101.00
COE Expiry Date:	27 Jun 2027
Road Tax Expiry Date:	27 Dec 2018
Inspection Due Date:	27 Jun 2020
Intended Transfer Date:	02 Jul 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Transfer Fee :	25.00	-	25.00
<b>Total Amount Payable :</b>			<b>25.00</b>

You may print this page for reference.

OK

Print

# PAN EURO BIKES PTE LTD

21 Moonstone Lane #01-01 Poh Leng Building Singapore 328462  
Tel: 62994929 Fax: 62994430 Email: paneurobikes@singnet.com.sg

Biz/GST Reg: 200916151R

PAGE 1

DATE: .06.2018

TO: MOTOR CLAIMS DEPARTMENT  
FIRST CAPITAL INSURANCE LTD

## ESTIMATED COST OF REPAIRS TO YAMAHA X-MAX 300

ENGINE NO : CHASSIS NO :  
VEHICLE NO : FW377IX ACCIDENT ON : 16.06.2018  
INSURED : CHEW BOON YONG ANDREW

1 PC	LH MIRROR	✓	\$	48.00
1 PC	LH BRAKE LEVER	✓	\$	18.00
1 PC	TOPMOST PANEL, FRONT SHROUD, MATT	✓	\$	60.00
1 PC	HEADLIGHT TOP COVER, MATT BLACK	✓	\$	85.00
1 PC	LH FRONT FORK ASSY	✓	\$	485.00
1 PC	RH FRONT FORK ASSY	✓	\$	485.00
1 PC	STEERING STEM	✓	\$	393.00
1 PC	STEERING TOP BRIDGE	✓	\$	289.00
1 PC	FRONT MUDGUARD, MATT BLACK	✓	\$	75.00
1 PC	SHROUD, LH FORK LEG, MATT GREY	✓	\$	42.00
1 PC	SHROUD, RH FORK LEG, MATT GREY	✓	\$	42.00
1 PC	FRONT WHEEL RIM, BLACK	✓	\$	350.00
1 PC	FRONT WHEEL AXLE	✓	\$	28.00
1 PC	NUT, FRONT WHEEL AXLE	✓	\$	3.00
1 PC	FRONT BRAKE DISC	✓	\$	180.00
1 PC	LH SIGNAL SHROUD, MATT BLACK	✓	\$	66.00
1 PC	LH FOOTREST BOARD, WRINKLED MATT	✓	\$	48.00
1 PC	MAIN STAND	✓	\$	125.00
1 PC	LH PILLION FOOTREST, ALU	✓	\$	18.00
1 PC	LH PILLION GRAB BAR, MATT GREY	✓	\$	196.00
1 PC	AIRBOX COVER, WRINKLED MATT	✓	\$	55.00
	TOTAL		\$	3,091.00

LESS 10%

\$ 309.10

SUB TOTAL

\$ 2,781.90

### NETT ITEMS:

1 SET	STEERING CON UPPER/LOWER w BEARINGS	✓	\$	68.00
2 PCS	"ABS" DECALS, SHROUD, FORK LEG	✓	\$6 x 2	\$ 12.00
1 SET	FRONT WHEEL BEARINGS/DUST SEALS	✓	\$	40.00
1 SET	BIGFOOT, SIDE STAND, DMV DIMOTIV	✓	\$	48.00
	TOWING	✓	\$35 x 2	\$ 70.00
	LABOUR CHARGE	✓	\$	450.00
				320

### REMARKS:

Kindly send a surveyor down for a 3rd Party Claim against your insured SHA 6956C.

Thank You.

Kin Wah: 9731-7133

TOTAL

\$ 3,469.90

ADD 7% GST

\$ 242.89

GRAND TOTAL

\$ 3,712.79

3624.90

4 Days.  
part by part  
After repair photos.  
Cano Qial - 82880282.  
28/6/18

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:



# PAN EURO BIKES PTE LTD

21 Moonstone Lane #01-01 Poh Leng Building Singapore 328462  
Tel: 62994929 Fax: 62994430 Email: paneurobikes@singnet.com.sg

Biz/GST Reg: 200916151R

PAGE 1

TO: MOTOR CLAIMS DEPARTMENT  
FIRST CAPITAL INSURANCE LTD

DATE: 10.06.2018

## ESTIMATED COST OF REPAIRS TO YAMAHA X-MAX 300

ENGINE NO : CHASSIS NO :  
VEHICLE NO : FW 3771X ACCIDENT ON : 16.06.2018  
INSURED : CHEW BOON YONG ANDREW

1 PC	LH MIRROR	\$	48.00
1 PC	LH BRAKE LEVER	\$	18.00
1 PC	TOPMOST PANEL, FRONT SHROUD, MATT	\$	60.00
1 PC	HEADLIGHT TOP COVER, MATT BLACK	\$	85.00
1 PC	LH FRONT FORK ASSY	\$	485.00
1 PC	RH FRONT FORK ASSY	\$	485.00
1 PC	STEERING STEM	\$	393.00
1 PC	STEERING TOP BRIDGE	\$	289.00
1 PC	FRONT MUDGUARD, MATT BLACK	\$	75.00
1 PC	SHROUD, LH FORK LEG, MATT GREY	\$	42.00
1 PC	SHROUD, RH FORK LEG, MATT GREY	\$	42.00
1 PC	FRONT WHEEL RIM, BLACK	\$	350.00
1 PC	FRONT WHEEL AXLE	\$	28.00
1 PC	NUT, FRONT WHEEL AXLE	\$	3.00
1 PC	FRONT BRAKE DISC	\$	180.00
1 PC	LH SIGNAL SHROUD, MATT BLACK	\$	66.00
1 PC	LH FOOTREST BOARD, WRINKLED MATT	\$	48.00
1 PC	MAIN STAND	\$	125.00
1 PC	LH PILLION FOOTREST, ALU	\$	18.00
1 PC	LH PILLION GRAB BAR, MATT GREY	\$	196.00
1 PC	AIRBOX COVER, WRINKLED MATT	\$	55.00
1 PC	HANDLEBAR / BT	\$	125.00
1 PC	NO. PLATE LIGHT, REAR / M's	\$	35.00
TOTAL		\$	3,251.00

LESS 10% \$ 325.10

SUB TOTAL \$ 2,925.90

### NETT ITEMS:

1 SET	STEERING CON UPPER/LOWER w BEARINGS	\$	68.00
2 PCS	"ABS" DECALS, SHROUD, FORK LEG	\$6 x 2	\$ 12.00
1 SET	FRONT WHEEL BEARINGS/DUST SEALS	\$	40.00
1 SET	BIGFOOT, SIDE STAND, DMV DIMOTIV	\$	48.00
1 PC	LH HANDLE GRIP / MC	\$	11.00
	TOWING	\$35 x 2	\$ 70.00
	LABOUR CHARGE	\$	320.00

REMARKS: TOTAL \$ 3,494.90

For a 3rd Party Claim against your insured  
SHA 6956C.

ADD 7% GST \$ 244.64

GRAND TOTAL \$ 3,739.54

Thank You.

Kin Wah: 9731-7133

Confirmed \$3494.9




## 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/FCI18011707/Gtd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 23-10-2018		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHA 6956C	Veh. Inspected	FW 3771X	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18004808MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	27/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	YAMAHA XMAX300	c.c	292	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	MH3SH081000010728	Colour	GREY	
Odometer	6653	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	120/70-15	DUNLOP	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	140/70-14	DUNLOP	5 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	16/06/2018	Inspection Date	28/06/2018	
Survey held at	PAN EURO BIKES PTE LTD 21 MOONSTONE LANE #01-01 POH LENG BUILDING SINGAPORE 328462.			
<b>5a. Remarks</b>				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FW 3771X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	LH MIRROR	CUT	48.00	48.00
1	LH BRAKE LEVER	CUT	18.00	18.00
1	TOPMOST PANEL, FRONT SHROUD, MATT	CUT	60.00	60.00
1	HEADLIGHT TOP COVER, MATT BLACK	SCRATCHED	85.00	85.00
1	LH FRONT FORK ASSY	BENT	485.00	485.00
1	RH FRONT FORK ASSY	BENT	485.00	485.00
1	STEERING STEM	BENT	393.00	393.00
1	STEERING TOP BRIDGE	BENT	289.00	289.00
1	FRONT MUDGUARD, MATT BLACK	CUT	75.00	75.00
1	SHROUD, LH FORK LEG, MATT GREY	BROKEN	42.00	42.00
1	SHROUD, RH FORK LEG, MATT GREY	BROKEN	42.00	42.00
1	FRONT WHEEL RIM, BLACK	BENT	350.00	350.00
1	FRONT WHEEL AXLE	BENT	28.00	28.00
1	NUT, FRONT WHEEL AXLE	BENT	3.00	3.00
1	FRONT BRAKE DISC	BENT	180.00	180.00
1	LH SIGNAL SHROUD, MATT BLACK	CUT	66.00	66.00
1	LH FOOTREST BOARD, WRINKLED MATT	CUT	48.00	48.00
1	MAIN STAND	CUT	125.00	125.00
1	LH PILLION FOOTREST, ALU	CUT	18.00	18.00
1	LH PILLION GRAB BAR, MATT GREY	CUT	196.00	196.00
1	AIRBOX COVER, WRINKLED MATT	SCRATCHED	55.00	55.00
1	HANDLEBAR (ADDITIONAL)	BENT	125.00	125.00
1	NO. PLATE LIGHT, REAR (ADDITIONAL)	MISSING	35.00	35.00
	LESS 10% DISCOUNT		-325.10	-325.10
			2,925.90	2,925.90
<b>SPECIAL NETT ITEMS</b>				
1	SET STEERING CON UPPER / LOWER W BEARINGS (SN)	NECESSARY	68.00	68.00
2	"ABS" DECALS, SHROUD, FORK LEG @\$6.00 (SN)	NECESSARY	12.00	12.00
1	SET FRONT WHEEL BEARINGS/DUST SEALS (SN)	NECESSARY	40.00	40.00
1	SET NIGFOOT, SIDE STAND, DMV DIMOTIV (SN)	CUT	48.00	48.00

Report Ref No. CS/FCI18011707/Gtd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	LH HANDLE GRIP (SN) (ADDITIONAL)  <b>LABOUR</b>  TOWING.  LABOUR CHARGE.	NECESSARY	11.00	11.00
			179.00	179.00
			70.00	70.00
			450.00	320.00
			520.00	390.00
GRAND TOTAL			3,624.90	3,494.90
RECOMMENDED COST OF REPAIRS				3,494.90

Report Ref No. CS/FCI18011707/Gtd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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