

22/03/2002

ASE. REP. BY:

REF: CS/FCL18013549 / Ggbez

Special Instruction:

Advisor

ASSIGNMENT (Office)From (Person): Wes Eileen Lee of FCL Date/Time: 26072018 2:12pm

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBF 3822U Insured: SHC 8898Mat Workshop m/s Southern motor Tel: 6273 0369of Bik 1006 Bukit merah Lane 3 #01-10Policy No: _____ Claim No: D18004950MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 21062018
(Client's Record)

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

26072018

H.O.D. Endorsement: _____

Date/Time: 26072018 3:57pm Person Contacted: Ah Huat Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate	
	FBF 3822U - NBA / AAT18012885 / Y	DA: 21062018
	SHC 8898M - NS / ZNC1000115 / FH	DA: 29012010
30/7/18 @ 2:12pm	revised to Eileen Lee by email.	
7/8/18 @ 3:56pm	confirmed with our lim L 9 82200, 4 days by email.	
	Cred to 1316.70, 37%	

130
50
$50+50$
76
356

MOTOR SURVEY ASSIGNMENT

Date	22-06-2018	Our Ref No. D18004950MFSH
Accident Date	21-06-2018	Claim Type. Third Party
Insured Vehicle	SHC8898M	Third Party Vehicle. FBF3822U
Survey Location	BLK 1006 #01-10 BUKIT MERAH LANE 2	
Contact Person.	NA	
Contact No.	65073848/ 0	Fax No. 65073849
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	SOUTHERN MOTOR	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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: Admin-D (LKKAUTO)
Sent: Monday, 15 October 2018 7:43 AM
To: 'CWS Motor Claims'; SUR
Cc: 'Eileen Lee'; assignments
Subject: RE: REMINDER - 2: REQUEST OF SURVEY REPORT-OUR
REF:D18004950MFSH;ACCIDENT INVOLVING SHC8898M AND FBF3822U ON
21-06-2018

Dear Sir/Mdm,

Thank you for the email.

Dear Shiau Chan,

Kindly assist

FYNA Our Ref : CS/FCI18013549/Gqb

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: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Sunday, 14 October 2018 8:31 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: REMINDER - 2: REQUEST OF SURVEY REPORT-OUR REF:D18004950MFSH;ACCIDENT INVOLVING SHC8898M
AND FBF3822U ON 21-06-2018

Dear Sir,

We received LOD from workshop/solicitor.

Please let us have the **Survey Report including Vehicle Inspection Photos & Survey Fees Invoice** asap.

Kindly upload the survey report through CWS from document management screen by selecting option Survey report.

Thanks & Regards,
Motor Claims Department
MS First Capital Insurance Ltd
cwsmotorclaims@msfirstcapital.com.sg



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Shiau Chan (LKKAUTO)

From: Southern Motor <soumotor@hotmail.com>
Sent: Tuesday, 21 August 2018 3:56 PM
To: Shiau Chan (LKKAUTO)
Subject: Re: FINALISE OF VEHICLE FBF 3822U (DOA: 21/06/2018)

Miss Shiau Chan,

We accept your offer for \$2200.00 and 4 days repair.

Thank you.

From: Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Sent: Tuesday, August 21, 2018 2:55 PM
To: soumotor@hotmail.com
Cc: SUR
Subject: FINALISE OF VEHICLE FBF 3822U (DOA: 21/06/2018)

Dear Mr Lim,

WITHOUT PREJUDICE

Offer Lump Sum \$2,200.00 and 4 repair days.

Kindly confirm.

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)

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 30 July 2018 2:12 PM
To: 'Claim Workflow System'; assignments
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18004950MFSH/1
Attachments: CSFCI18013549Gqb.pdf

Dear Eileen,

Enclosed herewith preliminary advice of FBF 3822U.

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: Wednesday, 25 July 2018 3:58 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18004950MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 25 July, 2018 2:22 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; EILEENLEE@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18004950MFSH/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



Auto
Consultants
Pte Ltd

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

Your Ref: D18004950MFSH
Our Ref: CS/FCI18013549/Gqb

Date: 30 July 2018

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

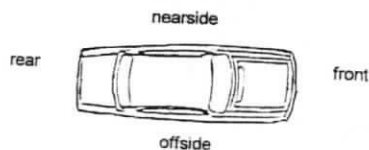
INITIAL INSPECTION REPORT OF VEHICLE NO. FBF 3822U

Please be informed that we had conducted the inspection of the abovementioned vehicle on 27/07/2018 at the premises of M/s SOUTHERN MOTOR, and have the following to report:-

Workshop Estimate Amount	: S\$ 3,516.70 .
Revised Estimate Amount	: S\$ 2,779.60 .
"Check" Items Amount	: S\$ 531.00 .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages at the front portion, o/s & n/s body.



Yours faithfully

Guo Qiang
Automotive Assessor

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2945A
Vehicle Details	
Vehicle No.:	FBF3822U
Vehicle to be Exported:	No
Intended De-registration Date:	30 Jul 2018
Vehicle Make:	YAMAHA
Vehicle Model:	T135
Primary Colour:	White
Manufacturing Year:	2006
Engine No.:	5YP203915
Chassis No.:	5YP203915
Maximum Power Output:	-
Open Market Value:	\$1,824.00
Original Registration Date:	15 Sep 2006
First Registration Date:	15 Sep 2006
Transfer Count:	9
Actual ARF Paid:	\$274.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Sep 2021
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$3,124.00
COE Rebate Amount:	\$1,952.00
Total Rebate Amount:	\$1,952.00
Message	
<p>Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.</p>	

The information contained herein is correct as at 30 Jul 2018

OK

REPORT ERROR (/LISTING/LISTING/ERROR/USEDBIKE/9659/)

+ ADD TO SHORTLIST

Like 0

Share

SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/YAMAHA-YAMAHA-T135-SPARK/965

Yamaha T135 Spark

Listing Type	Paid Ad
Brand	Yamaha (/listing/usedbike/brand/yamaha/)
Model	Yamaha T135 Spark (/listing/usedbike/model/yamaha-t135-spark/)
Engine Capacity	135cc
Classification	2B
Registration Date	17/04/2006
COE Expiry Date	31/03/2021 (2 years 5 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Cubs (/listing/usedbikes/listing/?bike_type=3)

Price: ^{SGD}\$3150

DETAILS

New paintwork. Nice good condition. Lucky number included. View to appreciate.



SIMILAR BIKES

VIEW ALL (/LISTING/USEDBIKES/LISTING/)



Yamaha T135 Spark



Yamaha T135 Spark

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	05/07/2018 17:33
Date Of Accident	21/06/2018 02:00
Exact Location Of Accident	ALONG YUAN CHING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3822U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN ABDUL RASHID
NRIC No	S9802945A
Email Address	FARHAN-29@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94502170
Alternative Phone No	OTHERS-94502170

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR00231

Driver

Name of Driver	MUHAMMAD FARHAN BIN ABDUL RASHID
NRIC No	S9802945A
Date Of Birth	29/01/1998
Occupation	INDOOR
Date Of Driving Pass	23/10/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94502170
Fax Number	
Contact Number	OTHERS-94502170
Email Address	FARHAN-29@HOTMAIL.COM

Address	BLK 172 GANGSA ROAD #20-14
Postcode	670172
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180622/2128

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	SHC8898M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	First Capital Insurance Ltd
NRIC/Passport Number	36 Robinson Rd #16-01
Contact Number	City House
Address	Singapore 068877
Postcode	Tel 65073848
Insurance Company Name	Fax 65073849
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FARHAN BIN ABDUL RASHID
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF3822U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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: 05/07/18 17:21 hrs

Driver's Signature

(If driver is not the policyholder)

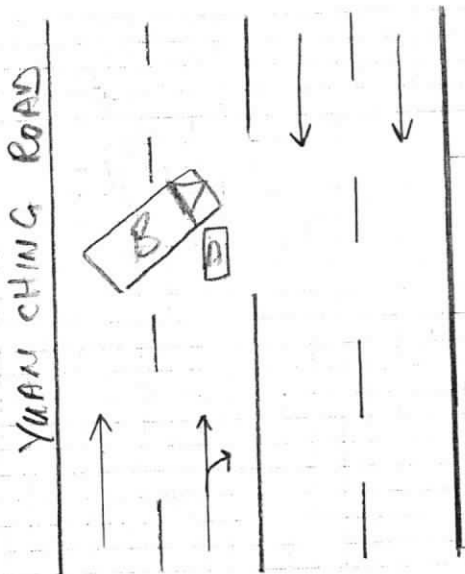
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A) FBP 3822U
B) SHC 8898M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS Refuse to police report
1/20/80622/2/28 & 1/20/80709/2/24

DECLARATION

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

Policyholder's Signature

Date & Time: 05/07/18 1733hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 22:55	Vide Report No.: T/20180622/2128	Station Diary No.: 188
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Informant's Particulars				
Name of Informant: MUHAMMAD FARHAN BIN ABDUL RASHID			Address: APT BLK 172 GANGSA ROAD #20-14 SINGAPORE 670172	
ID Type / ID No.: NRIC NO / S9802945A			Contact No.: Home/Office: Mobile: 94502170	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 20	Date of Birth: 29/01/1998	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name: NGEE ANN POLY
Occupation: STUDENT			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/06/2018 02:00	Type of Location: Straight Road
Location: Along Road 1 YUAN CHING ROAD ALONG YUAN CHING ROAD NEAR LAKESIDE TOWERS				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3822U	Motorcycle	YAMAHA	T135	White	Seriously Damaged	0
SHC8898M	Car				Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3822U	GREAT AMERICAN INSURANCE COMPANY	MT2018TR00231	03/02/2018	14/03/2019



Police Station Of Origin:
BuKit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARHAN BIN ABDUL RASHID	ID No.	S9802945A
Related Vehicle	FBF3822U (Motorcycle)	Contact No.	94502170
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/06/2018	Date Discharge	21/06/2018
No. of Days granted Medical Leave	16	Degree of Injury	NIL

Brief Details.

On 21/06/2018 at about 0200hrs, I was riding along Yuan Ching Road heading toward Yung Sheng Rd to meet my friend. I was riding at 50km/hr on the right side of the 2 lane road. In front of me on the left lane was a blue Comfort Delgro taxi. As I approached closer to the taxi, the taxi suddenly turn towards the right, wanting to turn to the lakeside towers condominium, and eventually his ride front bumper hit me. It was a huge impact as I flew off my bike about 5 meters towards the front. I was still conscious however suffered abrasions on my face, left and right side of my thigh and abrasions on my fingers of my left hand. I then remained flat on the ground. There was passerby who managed to assist me to contact my mother and friend. The next moment, I found out that there was an ambulance and traffic police at scene. I was then conveyed to Ng Teng Fong Hospital and the doctor gave me a total of 16 days of hospital leave.

I wish to state that there was a camera along the opposite road of yuan ching road on lamp post 66. Traffic police IO Raziz was at scene. I also wish to state that driver did not signal when he wanted to turn right.



**SINGAPORE
POLICE FORCE**



T/20180709/2204

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20180709/2204

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:
J /
CHEN SHIXIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No: 65476200

SN 117

Signature :

Authentication Stamp

NP168 Singapore Police Force

Signature Of Informant:

Date/Time:
09/07/2018 22:55

Classification Of Case:



南方摩哆 SOUTHERN MOTOR

Block 1006, Bukit Merah Lane 2, #01-10
Singapore 159762 Tel:62730369 Fax:62746614

Repair & Dealing in New & Second-hand Motor-cycles, Scooters & Insurance Agent

Date: 24th July 2018

Motor Claims Department

First Capital Insurance Ltd

36 Robinson Rd #16-01 City House

Singapore 068877

Dear Sirs

Re: Cost of repair to Yamaha Spore 135 - 787382211

1 pc of	Front fork	X NN	235.00 X
"	Steering cone stand	- NEC	290.00
"	Front rim	X NN	180.00 X
"	Front brake disc	X NN	85.00 X
"	Handle bar	- BT	65.00
"	Handle stand	- BT	58.00
"	Brake lever	- BT	15.00
"	Front fairing	- CFA	250.00
"	Side box	- CFA	110.00
"	Front mudguard	- CFA	45.00
"	Front signal	- CFA	50.00
"	Centre fairing	- CFA	110.00
"	Footrest	- BT	48.00
"	Brake pedal	- BT	15.00
"	Gear lever	- BT	35.00
"	Yoshimura exhaust pipe	- Cut	980.00
"	Rear footrest bracket	- BT	48.00
"	Radiator	- BT	215.00
"	Clutch cover	X NN	900.00 X
"	Seat bar	- CFA	35.00
"	Key switch	- DM	80.00
"	Kick in stand	X NN	29.00
"	Rear footrest	- BR	25.00
Total			2093.00
Less 10%			209.30
Nett			2783.70

Transport
Jack body
Engine oil
Basket
Steering cone
Labour

20.00 /
150.00 200
20.00 /
180.00 /
85.00 /
250.00 220
3,516.70

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before repair.
- To display damaged parts during repair.
- Estimates 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:

Tel 65073848
Fax 65073849




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/FCI18013549/Gqbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 24-10-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 8898M	Veh. Inspected	FBF 3822U	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18004950MFSH	Excess (\$)	0.00	
Assign From	EILEEN LEE	Assign Date	25/07/2018	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA TB5	c.c	135	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	5YP203915	Colour	BLACK	
Odometer	35957	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	80/90-17	MAXXIS	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	90/90-17	MAXXIS	5 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S, N/S BODY AND FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/06/2018	Inspection Date	27/07/2018	
Survey held at	SOUTHERN MOTOR BLOCK 1006 BUKIT MERAH LANE 2 #01-10 SINGAPORE 159762			
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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBF 3822U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FORK	NOT NECESSARY	235.00	-
1	STEERING CONE STAND	NECESSARY	290.00	290.00
1	FRONT RIM	NOT NECESSARY	180.00	-
1	FRONT BRAKE DISC	NOT NECESSARY	85.00	-
1	HANDLE BAR	BENT	65.00	65.00
1	HANDLE STAND	BENT	58.00	58.00
1	BRAKE LEVER	CUT	15.00	15.00
1	FRONT FAIRING	CRACKED	250.00	250.00
1	SIDE BOX	CRACKED	110.00	110.00
1	FRONT MUDGUARD	CUT	45.00	45.00
1	FRONT SIGNAL	CRACKED	50.00	50.00
1	CENTRE FAIRING	CRACKED	110.00	110.00
1	FOOTREST	BENT	48.00	48.00
1	BRAKE PEDAL	BENT	15.00	15.00
1	GEAR LEVER	BENT	35.00	35.00
1	YOSHIMURA EXHAUST PIPE	CUT	980.00	980.00
1	REAR FOOTREST BRACKET	BENT	48.00	48.00
1	RADIATOR	BENT	215.00	215.00
1	CLUTCH COVER	NOT NECESSARY	90.00	-
1	SEAT BAR	CUT	35.00	35.00
1	KET SWITCH	DAMAGED	80.00	80.00
1	MAIN STAND	NOT NECESSARY	29.00	-
1	REAR FOOTREST	BROKEN	25.00	25.00
	LESS 10% DISCOUNT		-309.30	-247.40
			2,783.70	2,226.60
<u>SPECIAL NETT ITEMS</u>				
1	ENGINE OIL (SN)	NECESSARY	20.00	20.00
1	GASKET (SN)	NECESSARY	18.00	18.00
1	STEERING CONE (SN)	NECESSARY	65.00	65.00
			103.00	103.00

Report Ref No. CS/FCI18013549/Gqbe2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TRANSPORT.		30.00	30.00
	JACK BODY.		250.00	200.00
	LABOUR.		350.00	220.00
			630.00	450.00
GRAND TOTAL			3,516.70	2,779.60

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,200.00
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Report Ref No. CS/FCI18013549/Gqbe2

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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