

william

25/03/2002

ASS. REC. BY:

REF: CS/FCI18013642/Gsd3et

Special Instruction:

Surveyor:

Guo Dong  
Sithara

ASSIGNMENT (Office)

From (Person):

of

Fer

Date/Time:

26/7/18 @ 11:14am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBM 4855

Insured:

SHB 4803T

at Workshop m/s

HKL Jim team

Tel:

9242 3895

of

Bik 1008, Bkt Muluh Lane 3 #01-24

Policy No:

Claim No:

D18005649MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21/07/2018

27/07/18 @ 12:30pm - 5:30pm

CA / REV / REP. / REV 24 HRS

(S)

H.O.D. Endorsement:

Date/Time:

11:30am @ 26/7/18

Person Contacted:

James

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

FBM 4855 - NBA/GAI18013443/Y

DOA: 21/7/18

SHB 4803T - NBA/GAI18013443/Y

DOA: 21/7/18

30/07/18

@ 15:32 p.m. revised RA to Sithara via email.

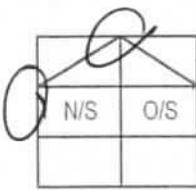
18/09/18

Confirmed p/p \$ 2,795.27 @ 3 days with XGW  
(B 4,319.73 Red - 61%)

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD /  TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s HKL Lim Team  
 of \_\_\_\_\_  
 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 Rport: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Veh No: FBM4855 S Yr Regn: 28 Jun 2017  
 Type: M.Car /  M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Honda NC750XA c.c 745  
 Colour: Red A/C: Insured / Std / NI / NA  
 Sp. Reading: 16071 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: IH2RC90A4GK 004957  
 Gen. Cond:  Good / Fair / Poor / Burnt  
 Steering:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake:  In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi:  Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 120/70ZR17  
 R: 160/60ZR17  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  

<u>Front</u>		<u>Rear</u>
R/Bal. <u>5</u> mm		R/Bal. <u>5</u> mm
L/Bal. _____ mm		L/Bal. _____ mm
D.O.A. _____		D.O.I. <u>27-07-18</u>

Survey held at w/s (130pm)  
 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
RECEIVED 19 SEP 2018	

Date/Time, File Pass to? 19/09/18  
 1) Typist  : Preli. Report  : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_

Days Of Repair: 3  
 Resurvey No. of Trip: 1

Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I: (\$ 2,795.27 P/P )

Add Fee:  Site Insp (\$ \_\_\_\_\_ )  
 Interview (\$ \_\_\_\_\_ )  
 Tech. Invs (\$ \_\_\_\_\_ )  
 Weekend (\$ \_\_\_\_\_ )

Survey Fee: 150  
 Transportation: 50  
50  
47  
 Others \_\_\_\_\_  
 TOTAL 297

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	25-07-2018	<b>Our Ref No.</b> D18005649MFSH
<b>Accident Date</b>	24-07-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHB4803T	<b>Third Party Vehicle.</b> FBM485S
<b>Survey Location</b>	BLK 1008 #01-24 Bukit Merah Lane 3	
<b>Contact Person.</b>	JAMES LIM ( KEONG )	
<b>Contact No.</b>	62756656/ 92423895	<b>Fax No.</b> 62729291
<b>Survey Type</b>	DIRECT SETTLEMENT:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	HKL LIM TEAM MOTORSPORT	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	SITHARA	

**IMPORTANT NOTE**

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/242692)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D18005649MFSH	<b>Policy No</b>	D-18088937MFSH	<b>Claimant S.No &amp; Name</b>	1 & HKL LIM 1
<b>Workshop Name</b>	HKL LIM TEAM MOTORSPORT (Contact Person : JAMES LIM ( KEONG ))	<b>Survey Location &amp; Contact Details</b>	BLK 1008 #01-24 Bukit Merah Lane 3 <b>Mobile:</b> 92423895 , <b>Phone:</b> 62756656 , <b>Fax:</b> 6272929: <b>EmailId:</b> HKLLIMTEAM@GMAIL.COM		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	DIRECT SETTLEMENT:		
<b>Insured Name</b>	CITYCAB PTE LTD	<b>Insured Vehicle No</b>	SHB4803T	<b>TP Vehicle No</b>	FBM485S
<b>PRI Recieved Date</b>	25-07-2018 03:59:26 PM	<b>Surveyor Appointed Date</b>	26-07-2018 11:14:01 AM	<b>Surveyor Accept Date</b>	26-07-2018 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	26-07-2018	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

<b>Make</b>	<input type="text" value="Please Select Make"/>	<b>Model</b>	<input type="text" value="Please Select Model"/>	<b>Year</b>	<input type="text" value="Select Year"/>
<b>Chasis No</b>	<input type="text"/>	<b>Engine No</b>	<input type="text"/>	<b>Mileage</b>	<input type="text"/>
<b>Color</b>	<input type="text"/>	<b>Cubic Capacity</b>	<input type="text"/>		

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI18013642/Gsd3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 26-07-2018



Code : FCI2

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 4803T	Veh. Inspected	FBM 485S
Policy No.		Coverage (\$)	0.00
Claim No.	D18005649MFSH	Excess (\$)	0.00
Assign From	CWS (SITHARA)	Assign Date	26/07/2018

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	24/07/2018	Inspection Date	27/07/2018
Survey held at	HKL LIM TEAM MOTORSPORT BLK 1008 #01-24 BUKIT MERAH LANE 3 SINGAPORE 159722.		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

## &gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1463G
Vehicle Details	
Vehicle No.:	FBM485S
Vehicle to be Exported:	No
Intended De-registration Date:	30 Jul 2018
Vehicle Make:	HONDA
Vehicle Model:	NC750XA (LED)
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	RC88E5007116
Chassis No.:	JH2RC90A4GK004957
Maximum Power Output:	-
Open Market Value:	\$7,858.00
Original Registration Date:	28 Jun 2017
First Registration Date:	28 Jun 2017
Transfer Count:	1
Actual ARF Paid:	\$2,179.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jun 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,001.00
COE Rebate Amount:	\$5,347.00
<b>Total Rebate Amount:</b>	<b>\$5,347.00</b>

The information contained herein is correct as at 30 Jul 2018

OK

## Shirley Hiew (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Wednesday, 19 September 2018 10:10 AM  
**To:** 'HKL Lim Team Motorsport'  
**Cc:** sur@lkkauto.com  
**Subject:** RE: FBM485S Finalize

Dear James,

Final invoice and all supporting documents sent over to First Capital Ins Ltd.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

**From:** HKL Lim Team Motorsport [mailto:hkllimteam@gmail.com]

**Sent:** Wednesday, 19 September 2018 10:03 AM

**To:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>

**Subject:** Re: FBM485S Finalize

Okay agree

On Wed, Sep 19, 2018 at 9:55 AM Shirley Hiew (LKK Auto) <[ShirleyHiew@lkkauto.com](mailto:ShirleyHiew@lkkauto.com)> wrote:

Dear James,

Please confirm final fig \$2,795.27 (part by part) @ 3 days of repairs before GST.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

## Shirley Hiew (LKK Auto)

---

**From:** HKL Lim Team Motorsport <hkllimteam@gmail.com>  
**Sent:** Wednesday, 19 September 2018 10:03 AM  
**To:** Shirley Hiew (LKK Auto)  
**Subject:** Re: FBM485S Finalize  
**Attachments:** image002.jpg

Okay agree

On Wed, Sep 19, 2018 at 9:55 AM Shirley Hiew (LKK Auto) <[ShirleyHiew@lkkauto.com](mailto:ShirleyHiew@lkkauto.com)> wrote:

Dear James,

Please confirm final fig \$2,795.27 (part by part) @ 3 days of repairs before GST.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

**From:** HKL Lim Team Motorsport [mailto:[hkllimteam@gmail.com](mailto:hkllimteam@gmail.com)]  
**Sent:** Tuesday, 18 September 2018 4:31 PM  
**To:** [sur@lkkauto.com](mailto:sur@lkkauto.com)  
**Subject:** Re: FBM485S Finalize

Hi Shirley,

any updates ?

On Wed, Sep 12, 2018 at 10:25 AM HKL Lim Team Motorsport <[hkllimteam@gmail.com](mailto:hkllimteam@gmail.com)> wrote:

Hi Shirley

Please ask Surveyor Gua Qiang finalize

--

Thank You.

Best Regards

**James Lim ( Keong )**

Tel:+65 9242 3895



BLK 1008 #01-24 Bukit Merah Lane 3, Singapore 159722

Tel:+65 6275-6656, 6275-6566 Fax: 6272-9291

--

Thank You.

Best Regards

**James Lim ( Keong )**

Tel:+65 9242 3895



BLK 1008 #01-24 Bukit Merah Lane 3, Singapore 159722

Tel:+65 6275-6656, 6275-6566 Fax: 6272-9291

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Thank You.

Best Regards

**James Lim ( Keong )**

Tel:+65 9242 3895



BLK 1008 #01-24 Bukit Merah Lane 3, Singapore 159722

Tel:+65 6275-6656, 6275-6566 Fax: 6272-9291

## Shirley Hiew (LKK Auto)

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**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Monday, 30 July 2018 3:32 PM  
**To:** SITHARA@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'  
**Cc:** ASSIGNMENTS@LKKAUTO.COM; 'SUR'; 'Nivitha (LKK Auto)'  
**Subject:** RE: SURVEY ASSESSMENT - D18005649MFSH/1  
**Attachments:** FBM 485S - Preli Advise.pdf

Dear Sithara,

Enclosed herewith preliminary advice of FBM 485S.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315

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

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**From:** Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]  
**Sent:** Thursday, 26 July 2018 12:45 PM  
**To:** 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM  
**Cc:** SITHARA@MSFIRSTCAPITAL.COM.SG; 'SUR' <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D18005649MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer arrange on 27/07/2018.

BEST REGARDS,

G.Nivitha | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto: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, 26 July 2018 11:14 AM  
**To:** ASSIGNMENTS@LKKAUTO.COM  
**Cc:** CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; SITHARA@MSFIRSTCAPITAL.COM.SG  
**Subject:** PRI: SURVEY ASSESSMENT - D18005649MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,  
Admin Team  
Claim Workflow System  
Motor Claims Department  
MS First Capital Insurance Limited  
Tel : 6507 3848  
Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18005649MFSH

Date: 30 July 2018

Our Ref: CS/FCII8013642/Gsd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

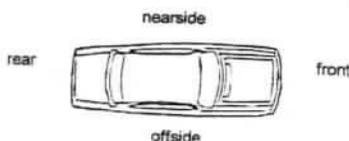
**INITIAL INSPECTION REPORT OF VEHICLE NO. FBM 485S .**

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

Workshop Estimate Amount	: <u>S\$ 6,485.00</u> .
Revised Estimate Amount	: <u>S\$ 3,450.00</u> .
"Check" Items Amount	: <u>S\$</u> .
Market Value	: <u>S\$</u> .
LTA Reimbursement Value	: <u>S\$</u> .
Nett Value	: <u>S\$</u> .

**Description of Damage:**

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



**Comments/ Present Status:**

Damages Consistent.  
Repair days: 3 Days

Yours faithfully,  
Xing Guo Qiang  
Automotive Assessor

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	24/07/2018 17:27
Date Of Accident	24/07/2018 08:40
Exact Location Of Accident	T-JUNCTION OF THIRD HOSPITAL DRIVE/COLLEGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM485S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD TAUFIQ BIN ZULKEFLI
NRIC No	S8921463G
Email Address	M.TAUFIQ.ZULKEFLI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91077055
Alternative Phone No	OTHERS-91077055

### Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA-745CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR01247

### Driver

Name of Driver	MUHAMMAD TAUFIQ BIN ZULKEFLI
NRIC No	S8921463G
Date Of Birth	22/06/1989
Occupation	INDOOR
Date Of Driving Pass	27/04/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91077055
Fax Number	
Contact Number	OTHERS-91077055
EMail Address	M.TAUFIQ.ZULKEFLI@GMAIL.COM

Address	BLK 812B CHOA CHU KANG AVENUE 7 #06-643
Postcode	682812
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?	NO
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4803T
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CLARENCE BAY CHIN LENG
NRIC/Passport Number	S7806565F
Contact Number	90215711
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

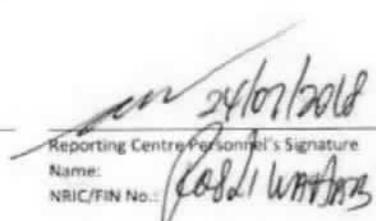
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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: 24/7/18

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *RODRI WARRING*  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I was going straight and I stop at a T-junction.  
 - Taxi came from the minor road to turn right.  
 - Taxi came into my lane and hit me.

DECLARATION

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

Policyholder's Signature

Date & Time: 24/7/16

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/07/2016  
 Radzi W. Abdullah

FBM485S

1 FRONT FORK ASSY LH / RH	<i>120 (cut) BT (local repair) X</i>	\$2,400.00	<i>OX</i>
2 FRONT FORK UNDER BRACKET		\$380.00	<i>X</i>
3 STEERING CONE BEARING	<i>mc</i>	\$150.00	<i>/</i>
4 FRONT FENDER	<i>cut</i>	\$250.00	<i>/</i>
5 FRONT WHEEL RIM	<i>cut</i>	\$950.00	<i>/</i>
6 FRONT WHEEL SHALF	<i>X NV</i>	\$95.00	<i>X</i>
7 FRONT BRAKE DISC	<i>cut</i>	\$380.00	<i>/</i>
8 SIDE MIRROR	<i>44 cut</i>	<i>96.8</i> \$120.00	<i>/</i>
9 GEAR PEDAL + SHOES	<i>BT</i>	<i>125.5</i> \$150.00	<i>/</i>
10 FRONT FOOT REST LH	<i>BT</i>	<i>58</i> \$95.00	<i>/</i>
11 TOP BOX GIVI 58L	<i>cut</i>	<i>550</i> \$900.00	<i>/</i>
12 TOP BOX BRACKET	<i>X NV</i>	\$280.00	<i>X</i>
13 HANDLE GUARD	<i>cut</i>	<i>145</i> \$290.00	<i>/</i>
14 NEWSPAPER BOX	<i>cut</i>	\$45.00	<i>/</i>

TOTAL labour charge - \$550 150 \$6,485.00 *715*

3 Days. Front wheel Rim sticker - \$80 50 (SN) *mc*  
part by part. *2750.3*

After repair photos.

Eno Qian - 8288 0282

27/7/18.



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:





## 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/FCI18013642/Gsd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 17-10-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 4803T	Veh. Inspected	FBM 485S
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18005649MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	26/07/2018
2. Vehicle Particulars & Condition			
Make & Model	HONDA NC750XA	c.c	745
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JH2RC90A4GK004957	Colour	RED
Odometer	16071	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	120/70Z R17	BRIDGESTONE	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	160/60Z R17	BRIDGESTONE	5 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	24/07/2018	Inspection Date	27/07/2018
Survey held at	HKL LIM TEAM MOTORSPORT BLK 1008 #01-24 BUKIT MERAH LANE 3 SINGAPORE 159722.		
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:		<b>3 Working Days</b>	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBM 485S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	STEERING CONE BEARING	NECESSARY	150.00	150.00
1	FRONT FENDER	CUT	250.00	250.00
1	FRONT WHEEL RIM	CUT	950.00	950.00
1	FRONT WHEEL SHALF	NOT NECESSARY	95.00	-
1	FRONT BRAKE DISC	CUT	380.00	380.00
1	SIDE MIRROR LH	CUT	120.00	96.80
1	GEAR PEDAL + SHOES	BENT	150.00	125.50
1	FRONT FOOT REST LH	BENT	95.00	58.00
1	TOP BOX GIVI 58L	CUT	900.00	550.00
1	TOP BOX BRACKET	NOT NECESSARY	280.00	-
1	HANDLE GUARD	CUT	290.00	145.00
1	NEWSPAPER BOX	CUT	45.00	45.00
	LESS 10% DISCOUNT		-	-275.03
			3,705.00	2,475.27
<b>SPECIAL NETT ITEMS</b>				
1	FRONT FORK ASSY LH / RH (SN) (LOCAL REPAIR) }	BENT	2,400.00	120.00
1	FRONT FORK UNDER BRACKET (SN) (LOCAL REPAIR) }		380.00	-
1	FRT WHEEL RIM STICKER (SN)	NECESSARY	80.00	50.00
			2,860.00	170.00
<b>LABOUR</b>				
	LABOUR CHARGES.		550.00	150.00
			550.00	150.00
<b>GRAND TOTAL</b>			<b>7,115.00</b>	<b>2,795.27</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>2,795.27</b>

Report Ref No. CS/FCI18013642/Gsd3e2

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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