ASS. REC. BY	N/A2			Ngo302pecial In	struction:	SC
From (Person Estimated Cos	A	ASSIGN	MENT (Office		Time: 26/7/	180 12.3fp
OD (TP)WS	STTP RES / OD RES / F	VA/INV/MV	Bill to:			
To Inspect Ve	n/3 Sin	Buon M		Insured: Tel:	Sto 7	379B
of No:		ding 10,	Admiralt	y st. #01	1-10/11	
Sum Insured:_ Make of Veh:			Excess:			
(Client's Record)	REP. / REV 24 HRS	Cups		27/07	10/07/	9018
Date/Time: 1	03pm@26/7/18	erson Contacted	Coinc	H.O.	D. Endorsement:	
Date/Time	Action/Instruction (- JSV 8232 -) Estimat				
01/8/18@ 2,	SHC7379B-	uvene by		3/GVbd1	Do A : 111	8/15
× 1						

REF:



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

36 R	OBINSON ROAD	RANCE LTD	Ref : CS/FCI1801365	0/Nqd3	
	01 CITY HOUSES	INGAPORE 068877	Date: 26-07-2018 Code: FCI2		
1.		Policy Particula	rs :- THIRD PARTY CLAIM	1	
	Insured Veh.	SHC 7379B	Veh. Inspected	JSV 8232	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	D18005663MFSH	Excess (\$)	0.00	
	Assign From	CWS (LURENE JAW)	Assign Date	26/07/2018	
2.		Vehicle Par	rticulars & Condition		
	Make & Model		c.c	0	
	Engine No.	HIDDEN	Year of Reg.		
	Chassis No.		Colour		
	Odometer	-	Steering		
	Brakes		Modification		
	General				
3.		Cond	litions 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	
1.		Descrip	tion of Damages		
5.	Enterior Formation	Gene	ral Information		
	Accident Date	10/07/2018	Inspection Date	27/07/2018	
	Survey held at	SIN BOON MOTOR CO		*	
		10, ADMIRALTY STREET #01 SINGAPORE 757695	-10/11 NORTHLINK BUILDIN	G .	
ā.			Remarks		



Claims & Hotor 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

25-07-2018

Our Ref No. D18005663MFSH

Accident Date

10-07-2018

Claim Type. Third Party

Insured Vehicle

SHC7379B

Third Party Vehicle. JSV8232

Survey Location

NORTH LINK BUILDING 10 ADMIRALTY STREET #01-10/11

Contact Person.

JENNY

Contact No.

62578404/0

Fax No. 67583716

Survey Type

WITHOUT PREJUDICE: LIABILITY UNCLEAR:

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

SIN BOON MOTOR CO

Attention. NIL

Cc: TP Solicitor

NA

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.

Job Sheet (/0	ClaimWS/Surveyor/JobSheet/	(242698) PF	RI Documents 🚇 Close 🗶]	
			PRI Header Details	e PM	
Claim No	D18005663MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & SIN BOO
Workshop Name	SIN BOON MOTOR CO (Contact Person : JENNY)	Survey Location & Contact Details	NORTH LINK BUILDING 10 / Mobile: 0 , Phone: 625784 EmailId: SBMOTOR@SING	04 , Fax: 67	
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: LIAB	ILITY UNCLE	AR:
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7379B	TP Vehicle No	JSV8232
PRI Recieved Date	25-07-2018 05:53:41 PM	Surveyor Appointed Date	26-07-2018 12:36:34 PM	Surveyor Accept Date	26-07-2018 0
			Survey Report Upload		1
Surveyor Inspection Date *:	will file.	Surveyor Report Date	26-07-2018	Upload Survey Report *:	Choose File
			Vehicle Particulars		
Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year
Chasis No		Engine No		Mileage	
Color		Cubic Capacity			
Multiple Do	ocuments Upload				
		Upload Multiple	Documents		
File Nam	ne			Action	
Surveyor J	ob Remarks				
Remarks				Save	

Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Wednesday, 1 August 2018 2:34 PM

To:

'Claim Workflow System'; assignments

Cc:

LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D18005663MFSH/1

Attachments:

CSFCI18013650Nqd3.pdf

Dear Lurene,

Enclosed herewith preliminary advice of JSV 8232.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Thursday, 26 July 2018 1:06 PM

To: 'Claim Workflow System' < cwsmotorclaims@msfirstcapital.com.sg>; assignments < assignments@lkkauto.com>

Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18005663MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Thursday, 26 July 2018 12:37 PM **To:** ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18005663MFSH/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



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

Your Ref: D18005663MFSH

Date: 01 August 2018

Our Ref: CS/FCI18013650/Nqd3

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. __JSV 8232 .

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

Workshop Estimate Amount	: <u>S</u> \$	2,159.70	
Revised Estimate Amount	: <u>S</u> \$	1,131.60	
"Check" Items Amount	: <u>S</u> \$	229.50	
Market Value	: <u>S</u> \$	-	
LTA Reimbursement Value	: <u>S</u> \$	-	
Nett Value	: S\$	j = 0	

Description of Damage: The vehicle sustained damages at the n/s portion.

nearside

front

offside

Yours faithfully

Naz

Automotive Assessor





T/20180714/2033

1 of 3 Report No. T/20180714/2033

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2018 10:04			Vide Report No.:	Station Diary No.: 64
Informant'	s Particul	ars		
Name of In LEE HOE I			Address:	
ID Type / II FIN NO / G			Contact No.: Home/Office:	Mobile: 90833249
Nationality: MALAYSIA			Email:	
Sex: Male	Age: 47	Date of Birth: 23/11/1970	Type of Informant: Rider	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Accident					
Type of Accident:	Injury Conveyed By Ambu	lance	Drink Drive: No	Date/Time of Accident: 11/07/2018 09:2	25	Type of Location: Traffic Junction
Location: Along Road 1 CHOA CHU I						
Weather: Clear		Road Dry	Surface:		Roa	ad Speed Limit:
- 111		raffic Control: raffic Light - Working		Traffic Volume: Light		
Type of Collis Between Mov	sion: ring Vehicles - Head To S	Side				one conveyed by oulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JSV8232	Motorcycle				Seriously Damaged	0
SHC7379B	Car				Seriously Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180714/2033

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

Rider						
Name	LEE HOE PENG			ID No.		G2142688T
Related Vehicle	JSV8232 (Motorcycle)		Conta	ct No.	90833249
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	11/07/2018		Date Discl	harge	11/07	7/2018
No. of Days grant	ted Medical Leave	03	Degree of	Injury	Sligh	t
Name	CHIA KIAN SENG			ID No		S1318722C
Related Vehicle	SHC7379B (Car)			Conta	ct No.	90019969
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 11/07/2018 at about 0925hrs, I was riding my motorcycle bearing JSV8232 along Choa Chu Kang Dr. All of a sudden, a Taxi bearing SHC7379B came from the other side of the traffic junction and knock onto the side of my motorcycle. I flew about 2 meter from my bike before landing on the road. I wish to state that at the point of time, the other side of the traffic light was red.

The taxi driver came out to make a check. At the point of time, the ambulance was already at scene as they happened to pass by the location where the incident happened. I was conscious however I could not stand up as my leg was in pain. Traffic Police came 10 minutes after the accident and interviewed me. The side of my bike was seriously damaged as the left side was fully dent in and cracked.

I was conveyed to NTFH to have a X-Ray scan on my left leg to check if any of the bone is broken. I was discharged on the same day as doctor informed me that I am okay. I was given 3 days MC by the doctor.

This is the first time such incident happened to me.





Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3 Report No. T/20180714/2033

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 / Sgt 1 TOH CHAI TEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2018 10:04
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG	Classification Of Case:
Contact No.: 65476178 SN 130	
Auther Caron Samp NP168 Signature:	

Singapore Police Force



SIJIL PEMILIKAN KENDERAAN

JABATAN PENGANGKUTAN JALAN

DN15S06W

No. Pendaftaran

: JSV8232

No. 10

: 701123075013

Nama Remunya Berdaftar

: LEE HOE PENG

Alamat

: NO 19 JLN PERMAS 3/8 BDR BARU PERMAS JAYA

81750 MASAI JOHOR

No. Chasis/No. Enjin

: PMKKF2170JB100732 / KF20E-8100725

Buatan/Nama Model

: HONDA / WW150J

Keupayaan Enjin

: 149

Bahan Bakar

: PETROL

Status Asal

: PEMASANGAN TEMPATAN

Kelas Kegunaan

: MOTOSIKAL

Jenis Badan/Tahun Dibuat : MOTOSIKAL / 2017

Tarikh Pendaftaran

: 18/06/2018

B. D. M/B. G. K/BTM

Syarat Pendaftaran 1

Syarat Pendaftaran 2

Syarat Pendaftaran 3

LESEN KENDERAAN MOTOR

MOTOSIKAL N. SIRI AM 108727 JSV8232

027878 18062018

JSV8232 RM2.00

0101011 MEERA 17062019

149 SP AA 2201000

yBsbv60

INS1 INS2

VEL02006



Zurich General Insurance Malaysia Berhad (1249516-V)

11th Floor, Menara Zurich, No. 12, Jalan Dewan Bahasa, 50460 Kuala Lumpur, Malaysia Tel: 03-2146 8000 Fax: 03-2144 1622 Call Center: 1-300-888-622

CONFIRMATION OF PURCHASE OF INSURANCE

E-C/Note No

: D14869-18000987

Issue Date & Time

18 JUN 2018 12:29:53pm

Period of Cover

Make of Vehicle

From - To -

Vehicle Registration No.

HONDA WW150J

Engine No.

: KF20E-8100725

Chassis No.

PMKKF2170JB100732

Capacity

149.00 CC

Year of Make

2017

Insured Name

: LEE HOE PENG

Address

: NO 19 JLN PERMAS 3/8 BDR BARU PERMAS JAYA,81750,MASAI,JOHOR DARUL TAKZIM

NRIC/Business Reg No.

: 701123-07-5013

Type of Cover

: V-CO MOTOR COMPREHENSIVE

Use of Vehicle

: MOTORCYCLE - Z-RIDER

HP Owner

: AEON CREDIT SERVICE (M) BHD

Sum Insured (RM)

: 11,000.00

Transaction Type

: New

Act Premium	(RM)	62.91	Payable Premium	(RM)	432.34
			Stamp Duty	(RM)	10.00
GST		0.00 %	GST	(RM)	0.00
			Extra Coverage	(RM)	6.00
Tuition Load %		0 %	Tuition Load Amt	(RM)	0.00
			Basic Net	(RM)	416.34
NCD %		0.000000 %	NCD Amt	(RM)	0.00
All Rider (Y/N)		Υ	All Rider Amt	(RM)	138.78
Sum Insured	(RM)	11,000.00	Premium	(RM)	277.56

Extra Benefits	Extra Sumin (RM)	Extra Premium (RM)
ALL RIDERS	0.00	0.00
PA BASIC	4,000.00	6.00

Named Drivers ALL RIDERS

Agent

: D14869-000 CHM MOTOR AGENCY

Tel No

: 016-2287618

THIS IS A COMPUTER GENERATED FORM, SIGNATURE IS NOT REQUIRED.

SIN BOON MOTOR CO

10, ADMIRALTY STREET, #01-10, NORTHLINK BUILDING,

SINGAPORE 757695.

TEL: 62578404, FAX 67556214

JSV8232 - ESTIMATED REPAIR BILL MODEL : HONDA WW150J YEAR OF MANUFACTURE: 2017	, 818	25-Jul-2018
1 1 Pc LH Mirror 2 1 Pc Handlebar 3 1 Pc LH Brake Lever 4 1 Pc LH Balancer 5 1 Pc LH Front Fairing 6 1 Pc LH Lower Spoiler 8 1 Pc LH Lower Spoiler 8 1 Pc LH Lower Spoiler Bracket 9 1 Pc Head Lamp Assy 10 1 Pc Head Lamp Stay 11 1 Pc Side Stand 12 1 Pc Main Stand 13 1 Pc Dash Box Cover 14 1 Pc LH Auto Cover Casing 15 1 Pc Front Fender 16 10 Pcs Lock Bolt 17 1 Pc Inner Cowling Panel	@ \$2.80 1859 Less 10%	\$45.00 Start \$75.00 Boxe \$28.00 Boxe \$28.00 Boxe \$185.00 Cack \$15.00 Cack \$95.00 Cack \$45.00 BT \$685.00 \$135.00 \$135.00 \$145.00 Dut \$90.00 \$145.00 Dut \$90.00 \$28.00 missing \$90.00 S1,933.00 \$1,933.00 \$1,933.00 \$1,739.70 (13.1)
Adjustment Fork Alignment Towing Charge Labour Charges LECAULO Community hence notify the Repairer of the following: To resume before are subject to confirmation Third party survey is one Without Prejudice' basis This liegal multipation with a lowed Supplementary its many must be resurveyed and supplementary must be resurveyed and	Sub total GST Total NAZ LKK 27/718 PIP GBI 4 DAY SERSE SPRAY PHOTO	\$80.00 pic \$40.00 \$300.00 \$250 \$2,159.70 2043.1 \$151.18 \$2,310.88



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 Intern	nationale Des Experts En Auton	nobile	
FIRST CAPITAL INSURANCE LTD Ref : CS/FCI18013650/Nqd3e2				
36 ROBINSON ROAD #16-01 CITY HOUSES	INGAPORE 068877	Date: 17-09-2018 Code: FCI2		
1.	Policy Particul	ars :- THIRD PARTY CLAI	M	
Insured Veh.	SHC 7379B	Veh. Inspected	JSV 8232	
Policy No.	D-18088937MFSH	Coverage (\$)	0.00	
Claim No.	D18005663MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	26/07/2018	
2.	Vehicle P	articulars & Condition		
Make & Model	HONDA WW150J	c.c	149	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	PMKKF2170JB100732	Colour	BLACK	
Odometer	1575	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3.	Con	ditions of Tyres		
	Size	Make	Balance	
R/H Front Tyre	90/90 R14	IRC	6 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	100/90 R14	IRC	6 mm	
L/H Rear Tyre			mm	
4.		iption of Damages		
THE VEHICLE SU	STAINED DAMAGES AT THE	N/S BODY.		
DAMAGES SEE D	ETAILS.			
5.	Gen	eral Information		
Accident Date	11/07/2018	Inspection Date	27/07/2018	
Survey held at	SIN BOON MOTOR CO			
	10, ADMIRALTY STREET #01-10/11 NORTHLINK BUILDING . SINGAPORE 757695			
5a.		Remarks		
B)THE INSPECTION	ISISTENT TO ACCIDENT RE ON WAS CONDUCTED ON A' CE TO YOUR INSTRUCTION:	WITHOUT PREJUDICE" BAS		
5b.		ate Days of Repair		
ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 Working Day	S	



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. JSV 8232

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	LH REFLECTOR BRACKET	BENT	15.00	15.00
1	LH REFLECTOR	BENT	18.00	18.00
1	LH MIRROR	SCRATCHED	45.00	45.00
1	HANDLEBAR	BENT	75.00	75.00
1	LH BRAKE LEVER	BROKEN	28.00	28.00
1	LH BALANCER	SCRATCHED	28.00	28.00
1	LH FRONT FAIRING	CRACKED	185.00	185.00
1	LH FLOOR BOARD	CRACKED	115.00	115.00
1	LH LOWER SPOILER	CRACKED	95.00	95.00
1	LH LOWER SPOILER BRACKET	BENT	45.00	45.00
1	HEAD LAMP ASSY	CRACKED	685.00	685.00
1	HEAD LAMP STAY	BENT	135.00	135.00
1	SIDE STAND	TO REPAIR SEE LABOUR	29.00	-
1	MAIN STAND	TO REPAIR SEE LABOUR	45.00	-
1	DASH BOX COVER	MISSING	70.00	70.00
1	LH AUTO COVER CASING	DENTED	145.00	145.00
1	FRONT FENDER	CRACKED	90.00	90.00
10	LOCK BOLT @\$2.80	MISSING	28.00	28.00
1	INNER COWLING PANEL	BENT	90.00	90.00
	LESS 10% DISCOUNT		-196.60	-189.20
			1,769.40	1,702.80
	SPECIAL NETT ITEMS			
1	ADJUSTMENT FORK ALIGNMENT (SN)	NECESSARY	80.00	80.00
			80.00	80.00
	LABOUR			
	TOWING CHARGE.		40.00	40.00
	LABOUR CHARGES. INCLUSIVE OF THE REPAIR OF SIDE STAND AND MAIN STAND.		300.00	250.00
			340.00	290.00

Report Ref No. CS/FCI18013650/Nqd3e2



Page No.:2 of 2

GRAND TOTAL	2,189.40	2,072.80
RECOMMENDED COST OF REPAIRS		2 072 80

Report Ref No. CS/FCI18013650/Nqd3e2

M

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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