22/03/2003

ASS. REC. BY: | REF: CS/FCT1801 3984/UHd3 52 | Special Instruction:

Surveyor: Marcus

ASSIGNMENT (Office)

From (Person): CWS May chua of: FCT Date/Time: 1/8/18 @ 3.10 pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBE 8581L. Insured: SHC 1450S

at Workshop m/s: Choong Kok Agency Tel: 6748 5455

of: No. 79 Kaki Bkt Ave 1 Shunli Ind. park

Policy No: Claim No: D1800 5712 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 25/07/2018

(Client's Record) 2/8/2018 @ Morning

CA / REV / REP. / REV 24 HRS (up) H.O.D. Endorsement:

Date/Time: 3.08pm @ 1/8/18 Person Contacted: Eddie Vehicle (IN) / OUT

Date/Time	Action/Instruction (✓) Estimate
	FBE 8581L - CC1/ASM1/8013733/K1ea3 DOA: 25/7/2018
	SHC 1450S - CC1/ASM1/8013733/K1ea3 DOA: 25/7/2018
3/8	Revert via preli advise

REF: FCL

ASSIGNMENT

From: Date: 02082018

Estimated Cost:

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

To Inspect Vehicle No: FBE 8581L

at Workshop m/s: Choong Kok

of No. 79 Kaki Bukit Ave 1 Shunli Ind Park

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: Eddie

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 1800

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / Wpi

Date: Person Contacted: Vehicle: IN / OUT

Veh No: FBE 8581L Yr Regn: 11.08

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

Make: Daelim B-BONE C.C: 125

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

Sp.Reading: 5-881F T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMYSA8BL59C000031

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: 130/60-13

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIRELLI / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	25/7/18	D.O.I.	2/8/18

Survey held at

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

O/S Body.

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

Date / Time	Action / Instruction
	L 14 130
13/12/18	4/5 $800 Summit (Req: 402, 33%) vehicle hasn't send in for repair *Indicate in report*

RECEIVED 17 DEC 2018

Date/Time File Pass to? 17/12 Typist

1)

Date/Time File Return to?

2)

Report Format : TP

Lump Sum / I.B.I: ($ 300)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: -

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech. Insp ($) ☐ Weekend ($)

Survey Fee:	100
Transportation:	50
S + PS:	
Photos:	55
Others:	-
TOTAL:	205

Job Sheet (/ClaimWS/Surveyor/JobSheet/242757) PRI Documents Close

PRI Header Details

Claim No	D18005712MFSH	**Policy No**	D-18088936MFSH	**Claimant S.No & Name**	1 & CHOONG
Workshop Name	CHOONG KOK AGENCY PTE LTD (Contact Person : AGNES LEE)	**Survey Location & Contact Details**	NO. 79 KAKI BUKIT AVE 1 SHUNLI INDUSTRIAL PARK **Mobile:** 0 , **Phone:** 6748 5455 , **Fax:** 6748 3433 **EmailId:** SALES@CKA.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	**Insured Vehicle No**	SHC1450S	**TP Vehicle No**	FBE8581L
PRI Recieved Date	30-07-2018 01:06:33 PM	**Surveyor Appointed Date**	01-08-2018 02:37:43 PM	**Surveyor Accept Date**	01-08-2018 0

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	01-08-2018	**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 Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Remarks		Save

MS FirstCapital

MS First Capital Insurance Limited Co.Reg.No. 199000106C GST Reg No. M2-0001676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547

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

MOTOR SURVEY ASSIGNMENT

Date	27-07-2018	**Our Ref No.**	D18005712MFSH
Accident Date	25-07-2018	**Claim Type.**	Third Party
Insured Vehicle	SHC1450S	**Third Party Vehicle.**	FBE8581L
Survey Location	NO. 79 KAKI BUKIT AVE 1 SHUNLI INDUSTRIAL PARK		
Contact Person.	AGNES LEE		
Contact No.	6748 5455/ 0	**Fax No.**	6748 3433
Survey Type	WITHOUT PREJUDICE:		
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD		
Contact Person	NA	**Fax No.**	68416315
Contact Number.	NA		

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	CHOONG KOK AGENCY PTE LTD	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	MAY CHUA		

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.

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Friday, 3 August 2018 5:22 PM
To: Admin-D (LKKAuto); 'Claim Workflow System'; assignments
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18005712MFSH/1
Attachments: PRELI ADVISED FBE 8581L.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **FBE 8581L**

Best Regards,

Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Wednesday, 1 August 2018 3:16 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18005712MFSH/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: Wednesday, 1 August 2018 2:38 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; MAYCHUA@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18005712MFSH/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

LKK Auto Consultants Pte Ltd

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

Your Ref: D18005552MFSH

Date: 3/8/2018

Our Ref: CS/FCI18013425/Utd3

The Motor Claims Department
First Capital Insurance Ltd

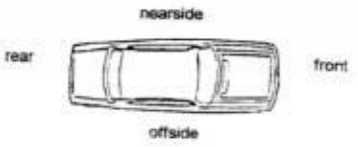
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. FBE 8581L

Please be informed that we had conducted the inspection of the abovementioned vehicle 2/8/2018 at the premises of M/s Choong Kok Agency and have the following to report: -

Workshop Estimate Amount	: S$ 1,286.14
Revised Estimate Amount	: S$ 890.80
"Check" Items Amount	: S$ 108.00
LTA Reimbursement Value	: S$
Nett Value	: S$

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



Comments/ Present Status:
Damages Consistent.

Yours faithfully
Marcus
Automotive Assessor

(H) 9618 6894

MPA218096815 / Progressive Automotive Pte Ltd - HQ
ENTRY DATE & TIME: 26/07/2018 17:23
SUBMITTED BY: Ng Pei Wen

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 witholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
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	26/07/2018 17:23
Date Of Accident	25/07/2018 12:15
Exact Location Of Accident	ORCHARD LINK JUNCTION AFTER ERP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8581L
Insured/Policyholder	
Name Of Registered Owner	MICHELLE JACINDA TANG SOK KIT
NRIC No	S1410627H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96186894
Alternative Phone No	OTHERS-92718163
Vehicle Particulars	
Manufacturer	DAELIM
Model	T-BONE
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1776304
Cover Note Number	
Driver	
Name of Driver	FIONA PHOEBE KU MUN YOKE
NRIC No	S9434961C
Date Of Birth	01/09/1994
Occupation	INDOOR
Date Of Driving Pass	18/05/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92718163
Fax Number	
Contact Number	
EMail Address	FIONAKUMUNYOKE@YAHOO.COM.SG

Address	BLK 407 BEDOK NORTH AVENUE 3 #24-181 SINGAPORE
Postcode	460407
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE**: 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SHC1450S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TENG HOCK IAN
NRIC/Passport Number	S0881488J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	FIONA PHOEBE MUN YOKE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBE8581L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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 claim including the settlement of the claim and any necessary investigations relating to the claim;

   (ii) investigating the accident and/or my claim;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my policy (including the mailing of correspondence, statements, invoices 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 all obligations in administering, processing, handling and/or dealing with my claim (collectively, the "Purposes");

   (b) all insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms may be 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 purposes of fraud detection, investigation and/or prevention and to prevent and reduce claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers, industry and any other third parties that assist in evaluating, investigating, preventing or managing fraud, the police, law enforcement and government agencies as reasonably required for the purposes stated; or

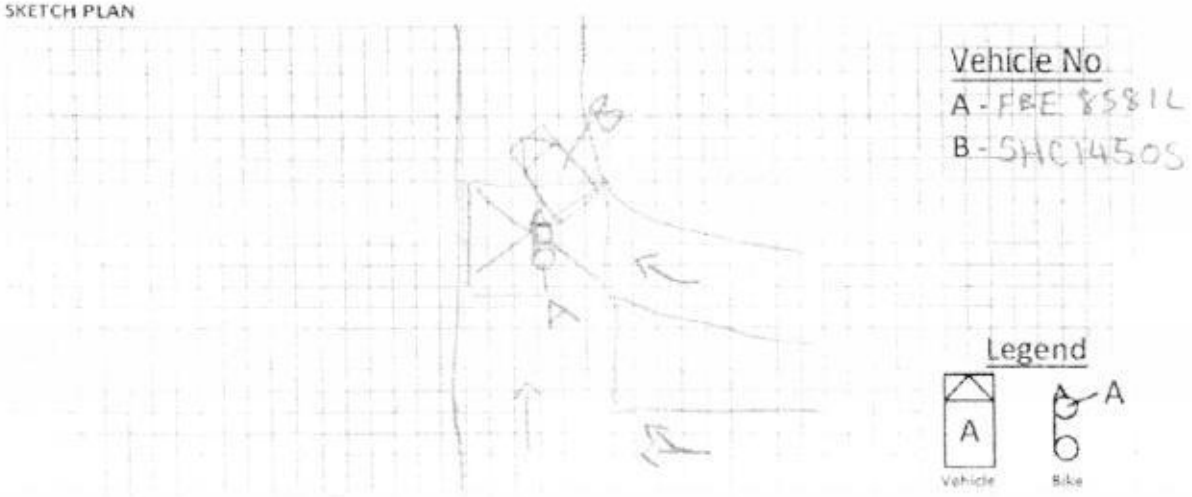
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time

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

Reporting Officer / Personnel's Signature
Name:
NRIC / F/N:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day cooling off period, the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.

Common Statement

ACCIDENT STATEMENT (Part 1) *Reporting Centre: Progressive Automotive Pte Ltd*

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1. Date of accident: 25/7/18 Time: 1115
2. Exact location of accident: Orchard Link Junction After ERP
3. Injuries even if slight: No [ ] Yes [ ]
4. Material damage — To vehicles other than vehicles A and B: No [X] Yes [ ]; To objects other than vehicles: No [X] Yes [ ]
5. Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) — Vehicle Video Camera Available: No [X] Yes [ ]

VEHICLE A	12 CIRCUMSTANCES	VEHICLE B
Registration No. (VEHICLE A): FBE 8881L	Put a cross (X) in each of the relevant boxes applicable to your vehicle	Registration No. (VEHICLE B): SHC 1450S
6 Insured / policyholder (see insurance cert.) Name (capital letters): Michelle Jacinda Tang Sh[illegible] Kit		6 Insured / policyholder (see insurance cert.) Name (capital letters):
Address:		Address:
NRIC / Passport no.: S[illegible]		NRIC / Passport no.:
Tel no. (from 9am till 5pm) HP: 9618[illegible]6894		Tel no. (from 9am till 5pm) HP:
7 Vehicle Make, type: Daelim T Bone		7 Vehicle Make, type:
8 Insurance company: AVA [illegible] Policy no.: P1776404		8 Insurance company: Policy no. (if available):
9 Driver Name (capital letters): Phong Phoebe [illegible] NRIC / Passport no.: S9[illegible] Class of licence: HP: 9[illegible]718123 Gender: Male [ ] Female [ ]	State TOTAL number of boxes marked with a cross	9 Driver (See driving licence) (If different from insured & address) Name (capital letters): Tang Heck [illegible] NRIC / Passport no.: S[illegible] Class of licence: HP: Gender: Male [ ] Female [ ]
10 Indicate the point of initial impact with an arrow	13 Sketch of accident when impact occurred	10 Indicate the point of initial impact with an arrow
11 Visible damage to vehicle A	**REFER TO ATTACHED**	11 Visible damage to vehicle B
14 My remarks	15 Signatures of drivers — A: [signature] B:	14 My remarks

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any) _____

To be completed and submitted within 24 hours to your insurer or Islac or appointed workshop (Use a separate sheet of paper where necessary)

Insured

1. Occupation (if more than one, state all) _____ Email: _____
2. Vehicle registration no. _____ cc _____ If commercial vehicle, state permissible carrying capacity _____
3. Is driver the owner? Yes [ ] No [ ] If no, state relationship of driver with owner _____ State the vehicle number and name of insurer of driver's own vehicle (where applicable) _____

Of which vehicle are you the owner?

☑ A

☐ B

4. Exact purpose for which vehicle was being used at time of accident ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private hire ☐ Others - please specify _____
5. Is the vehicle still in use? Yes [ ] No [ ] If no, state where it is at present _____ Tel no. _____
6. Are you claiming under your own insurance policy for repair to your vehicle? Yes [ ] No [ ]
   If no, state action to be taken ☐ Third Party ☐ Reporting Only ☐ Third Party (Own Workshop)

Driver or person in charge of vehicle at the time of accident (including Insured)

7. Date of birth	Occupation		Date of license pass	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
1/1/84	Indoor	Outdoor	18/5/2016	Yes	No	Yes	No

8. Give details of any pre-existing impairment of sight or hearing and of any other disability _____

9. Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Offence	Penalty

Injured persons

10. Name(s), address(es) and telephone no(s)	Injuries sustained	If vehicle occupant, state in which vehicle	Were they being taken to hospital?		Was injured conveyed to hospital by ambulance?	
Private Hospital Pte Ltd	Liver [illegible]		Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

Damage to property & vehicles (other than vehicles A and B)

11. Name(s) and address(es) of owner(s)	Vehicle registration no. & details of property	Nature of damage	Insurer's name and address (if known)

Police action

12. Was the accident reported to the Police? Yes [ ] No [ ]
    If yes, please state which Police station _____
13. Was notice of intended prosecution given? Yes [ ] No [ ]
    If yes, against whom? _____

Accident details

14. Weather conditions: Clear [ ] Raining [ ] Others [ ]
15. Road surface: Wet [ ] Dry [ ] Others [ ]
16. Speed of vehicles: A _____ km/hr B _____ km/hr
17. What warnings were given by driver or other party? _____
18. Were street lights illuminated? Yes [ ] No [ ]
19. What lights were displayed on your vehicle/the other vehicle(s)? _____
20. If your vehicle is commercial, state weight of load carried at time of accident _____
21. State how accident happened, width of roads, speed limits, points of impact _____
22. State number of Passengers (including Driver) _____

Declaration

I/we declare the foregoing particulars are true in every respect

Policyholder's signature _____ Date _____

Driver's signature (if driver is not the policyholder) _____ Date _____

SINGAPORE POLICE FORCE

T/20180725/7014

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

Report No T/20180725/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No	Station Diary No
25/07/2018 23:29		

Informant's Particulars

Name of Informant FIONA PHOEBE KU MUN YOKE			Address APT BLK 407 BEDOK NORTH AVENUE 3 #24-181 SINGAPORE 460407	
ID Type / ID No NRIC NO / S9434961C			Contact No Home/Office	Mobile 92718163
Nationality SINGAPORE CITIZEN			Email fionakumunyoke@yahoo.com.sg	
Sex Female	Age 23	Date of Birth 01/09/1994	Type of Informant Rider	
Race Chinese			Language English	Institution / School Name
Occupation Student			Driving Licence Information Class 2B	Date of Expiry

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 25/07/2018 12:15	Type of Location Orchard Link junction after ERP in yellow box

Location

ORCHARD LINK

Weather Cloudy	Road Surface Dry	Road Speed Limit
Traffic Flow One Way	Traffic Control	Traffic Volume Moderate
Type of Collision Between Moving Vehicles Side Swipe - Same Direction		Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBE8581L	Motorcycle	DAELIM	T-Bone	Red	Slightly Damaged	0
SHC1450S	Comfort Delgro Taxi	TOYOTA	Toyota hybrid	Blue		1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20180725/7014

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

Report No: T/20180725/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBE8581L	AXA INSURANCE SINGAPORE PTE LTD	VMO/P1776304	02/10/2017	01/10/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FIONA PHOEBE KU MUN YOKE	ID No	S9434961C
Related Vehicle	FBE8581L (Motorcycle)	Contact No	92718163
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	25/07/2018	Date Discharge	25/07/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TENG HOCK LAM	ID No	S0881488J
Related Vehicle	SHC1450S (Comfort Delgro Taxi)	Contact No	91703382
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

I was riding along Devonshire Road at about 12.15pm and turn right onto Orchard link when the light was green, a taxi came out of Grange Road (split road from Grange Road, along Scape) and abruptly cross into my lane at the cross junction within the yellow box.

I applied emergency brake and was in shock seeing the taxi cutting into my lane, the back of the taxi swayed onto my bike and I lost balance and fell. I was in sharp pain on my right shoulder, right hip, right knee and right wrist. With little strength, I struggled and tried to lift my motor bike. A few steps later, I had no strength and put it down the bike again.

Some parts of the bike had fallen out. The taxi finally stopped a distance away and the taxi driver walked towards me.
There seem to be another accident nearby, and some policemen came over to assist me, they took photos on-site, and took down both our contacts, and help me start my bike.

I also exchanged contacts with the driver and visited Polyclinic which referred me to A&E at Chang

SINGAPORE POLICE FORCE

T/20180725/7014

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

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

Signature Of Officer Recording The Report
Not applicable

Signature Of Informant
The identity of the person making this report has been authenticated by SingPass. No signature is required

Signature Of Interpreter
Not applicable

Date/Time
25/07/2018 23:29

Officer In Charge Of Case
TP / TPHQ /
SITIMARSITA BINTE BOHARI
Contact No 65476219

Classification Of Case

Authentication Stamp
NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0627H
Vehicle Details	
Vehicle No.:	FBE8581L
Vehicle to be Exported:	No
Intended De-registration Date:	02 Aug 2018
Vehicle Make:	DAELIM
Vehicle Model:	B-BONE AUTO
Primary Colour:	White
Secondary Colour:	Red
Manufacturing Year:	2008
Engine No.:	SN125E1002685
Chassis No.:	KMYSA8BLS9C000031
Maximum Power Output:	-
Open Market Value:	$2,720.00
Original Registration Date:	03 Nov 2008
First Registration Date:	03 Nov 2008
Transfer Count:	4
Actual ARF Paid:	$408.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Nov 2018
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$1,310.00
COE Rebate Amount:	$130.00
Total Rebate Amount:	**$130.00**

The information contained herein is correct as at 02 Aug 2018

OK

Fax 65073847P

中国私人有限公司
CHOONG KOK AGENCY PTE LTD

Co Reg No.: 198502667H
www.cka.com.sg
admin@cka.com.sg

MAIN SHOWROOM: No. 79, Kaki Bukit Ave 1
Shunli Industrial Park, Singapore 417952
Tel: 6748 5455 Fax: 6748 3433

JURONG AREA: Blk 343, Jurong East
Street 31 #01-63, Singapore 600343
Tel: 6566 6180 Fax: 6566 6606

BUKIT BATOK: 50 Bukit Batok St 23
Midview Building #01-20, Singapore 659578
Tel: 6861 3005 Fax: 6861 3008

WOODLANDS AREA:
No. 280 Woodlands Industrial Park E5
#01-27 Harvest @ Woodlands
Singapore 757322
Tel: 6334 3855
Fax: 6334 6155

27/07/2018

First Capital Insurance Ltd
6 Raffles Quay
#21-00
Singapore 048580

Motor Claim Department

Estimate Bill for motorcycle Daelim B-bone 125 FBE 8581L 3RD party claim against SHC1450S Involved an accident on 25/07/18

1.	1pc	Holder RH Pillion Step	$ 48.00
2.	1pc	Bar Assy RH Pillion Step	$ 38.00
3	1pc	Mirror RH	$ 38.00
4	1pc	Muffler Sub Assy	$ 380.00
5	1pc	Handle Comp Steering	$ 120.00
6	1pc	Set RH Main Step Bar	$ 48.00
7	1pc	Fender FR (Red)	$ 60.00
8	1pc	R Brake Lever	$ 28.00
9	1pc	Lower R side cover (Red)	$ 68.00
10	1pc	Front ~~Muffler~~ ~~Bracket~~ exc muffler	$ 75.00
			$ 903.00
		Less 10%	$ 90.30
			$ 812.70
		Box	$ 140.00
		Workmanship	$ 250.00
			$1202.00
		Gst	$ 84.14
			$1286.14

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- [illegible] inspection
- [illegible] part survey [illegible] prejudice" basis
- legal n[illegible]tion(s) [illegible]wed
- [illegible]m(s) must be resurveyed **and** is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

CHOONG KOK AGENCY PTE LTD

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

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI18013984/Utd3s2

Date : 19-12-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHC 1450S	**Veh. Inspected**	FBE 8581L
	Policy No.	D-18088936MFSH	**Coverage ($)**	0.00
	Claim No.	D18005712MFSH	**Excess ($)**	0.00
	Assign From	MAY CHUA	**Assign Date**	01/08/2018

2. Vehicle Particulars & Condition

	Make & Model	DAELIM B-BONE	**c.c**	125
	Engine No.	HIDDEN	**Year of Reg.**	2008
	Chassis No.	KMYSA8BLS9C000031	**Colour**	RED
	Odometer	58815	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	130/60-13	PIRELLI	6 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	130/60-13	PIRELLI	6 mm
	L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	25/07/2018	**Inspection Date**	02/08/2018
	Survey held at	CHOONG KOK AGENCY PTE LTD 79 KAKI BUKIT AVE 1 SHUNLI IND PARK SINGAPORE 417952		

5a. Remarks

A)THE VEHICLE HAS NOT SEND IN FOR REPAIR.
B)DAMAGES CONSISTENT TO ACCIDENT REPORT.
C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **3 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBE 8581L

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	HOLDER RH PILLION STEP	CRACKED	48.00	48.00
1	BAR ASSY RH PILLION STEP	BROKEN	38.00	38.00
1	MIRROR RH	BROKEN	38.00	38.00
1	MUFFLER SUB ASSY	DENTED	380.00	380.00
1	HANDLE COMP STEERING	BENT	120.00	120.00
1	SET RH MAIN STEP BAR	BENT	48.00	48.00
1	FENDER FR (RED)	CRACKED	60.00	60.00
1	R BRAKE LEVER	SERVICEABLE	28.00	-
1	LOWER R SIDE COVER (RED)	TO REPAIR SEE LABOUR	68.00	-
1	FRONT MUFFLER	NOT NECESSARY	75.00	-
	LESS 10% DISCOUNT		-90.30	-73.20
			812.70	658.80
	SPECIAL NETT ITEMS			
1	BOX (SN)	CRACKED	140.00	140.00
			140.00	140.00
	LABOUR			
	WORKMANSHIP INCLUSIVE OF THE REPAIR OF LOWER R SIDE COVER (RED).		250.00	200.00
			250.00	200.00
	GRAND TOTAL		**1,202.70**	**998.80**

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (REPAIR COST NOT CONCLUDE)			**800.00**

Report Ref No. CS/FCI18013984/Utd3s2

CHUA KANG SENG

Licensed Appraiser