2200/2000

ASS. REC. BY: | REF: CS3/FCI180154 54/R124b3 | Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): AWS Keren Tan of FCI Date/Time: 24/8/18 @ 2:10pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBJ 2711S Insured: SHD 3566Z

at Workshop m/s: Speedy Motor Tel: 64815567

of: Blk 10, AMK Ind. Park 2A #05-21

Policy No: Claim No: D18UD6301MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 20/8/2018

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time: 2.15pm @ 21/8/18 Person Contacted: Ms. Tan Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	FBJ 2711S - X
	SHD 3566Z - CS/FCI1806345S/RqyJk3 DoA: 18/2/15
27/8/18	Dismantled. Merlion valve.
29/8/18	After Repair

(08/11/13)

Surveyor: Ram

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBJ ~~4864~~ 2711S

at Workshop m/s SPEEDY MOTOR

of Autopoint #05-21

Insured: FCL

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.**

N/S	O/S

Bal. or Market Value: Nil.

IDAC Accident Rport: _____ Consistent? : **Yes** or **No**

GIA / PR Seen: _____ Consistent? : **Yes** or **No**

Est. Repairs: _____ days Res.: **Yes** or **No**

Lum Sum: _____ % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: FBJ 2711S Yr Regn: Feb / 14

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

Make: Honda NC750X c.c 745

Colour WHITE A/C: **Insured / Std / NI / NA**

Sp.Reading 34499 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: JH2RC75A8EK000165

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or _____

Brake: **Inorder / Jammed / Leaked / Burnt** or _____

Modi : **Nil / S/Rim / STD A/Rim** or _____

Tyre Size: F: 120/70ZR17

R: 160/70ZR17

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	24/08/18 3.44

Survey held at SPEEDY MOTOR

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair: _____

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : PPR

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

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	

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

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS3/FCI18015454/R1z4d3

Date : 24-08-2018

Code : FCI2

1.	Policy Particulars :- (THIRD PARTY CLAIM)			
	Insured Veh.	SHD 3566Z	Veh. Inspected	FBJ 2711S
	Policy No.		Coverage ($)	0.00
	Claim No.	D18006301MFSH	Excess ($)	0.00
	Assign From	CWS (KAREN TAN)	Assign Date	24/08/2018

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

5.	General Information			
	Accident Date	20/08/2018	Inspection Date	24/08/2018
	Survey held at	SPEEDY MOTOR CYCLE SERVICE CENTRE BLK 10 ANG MO KIO IND.PARK 2A #05-21 SINGAPORE 568047		

5a.	Remarks
	A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

MS FirstCapital

MS First Capital Insurance Limited Co.Reg. No. 195000106C 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	23-08-2018	**Our Ref No.**	D18006301MFSH
Accident Date	20-08-2018	**Claim Type.**	Third Party
Insured Vehicle	SHD3566Z	**Third Party Vehicle.**	FBJ2711S
Survey Location	BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #05-21		
Contact Person.	MR LIM SAM HEE		
Contact No.	64815567/ 93886867	**Fax No.**	64825567
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	SPEEDY MOTOR CYCLE SERVICE CENTRE	**Attention.**	NIL
Cc : TP Solicitor	JUSEQUITY LAW CORPORATION	**TP Solicitor Fax No.**	NA
Officer Incharge	KARENT		

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

MNII18108095 / NTUC Income Insurance Co-operative Ltd - HQ
ENTRY DATE & TIME: 21/08/2018 09:39
SUBMITTED BY: Chen Jun Liang

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	21/08/2018 09:39
Date Of Accident	20/08/2018 21:40
Exact Location Of Accident	CHANGI NORTH RISE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ2711S
Insured/Policyholder	
Name Of Registered Owner	SALEHUDIN BIN SULAIMAN
NRIC No	S7804627I
Email Address	LEHU8288@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91698447
Alternative Phone No	OTHERS-91698447
Vehicle Particulars	
Manufacturer	HONDA
Model	NC750S-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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5067163441-03
Cover Note Number	21/08/2017 - 20/08/2018
Driver	
Name of Driver	SALEHUDIN BIN SULAIMAN
NRIC No	S7804627I
Date Of Birth	14/02/1978
Occupation	INDOOR
Date Of Driving Pass	18/01/2000
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91698447
Fax Number	
Contact Number	OTHERS-91698447
EMail Address	LEHU8288@GMAIL.COM

Address	BLK 471A UPPER SERANGOON CRESCENT #02-380
Postcode	531471
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	CLEAR
Road Surface	DRY

Other Information

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

1

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	SHD3566Z
Vehicle Make/Model/Colour	TAXI
Details Of Properties	RIGHT PORTION
Vehicle Category	TAXI
Name of Driver	ONG THIAN KWEE
NRIC/Passport Number	S1291182C
Contact Number	BLK 137 MARSILING ROAD #05-2014
Address	730137
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	SALEHUDIN BIN SULAIMAN
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	FBJ2711S
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 471A UPPER SERANGOON CRESCENT #02-380
Postcode	531471

Sketch Plan Pg. 1

NTUC Income Motor Service Centre | Vehicle No: FBJ2711S | Report Date: 8/21/2018 | Start Time: 9:50 AM

Report No: MT | D.O.A: 20/8/18 | Make / Model: H/NC750 | Reporting Type: TP | End Time:

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 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.

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 w ith 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 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 reasonable required for the purposes stated, or

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

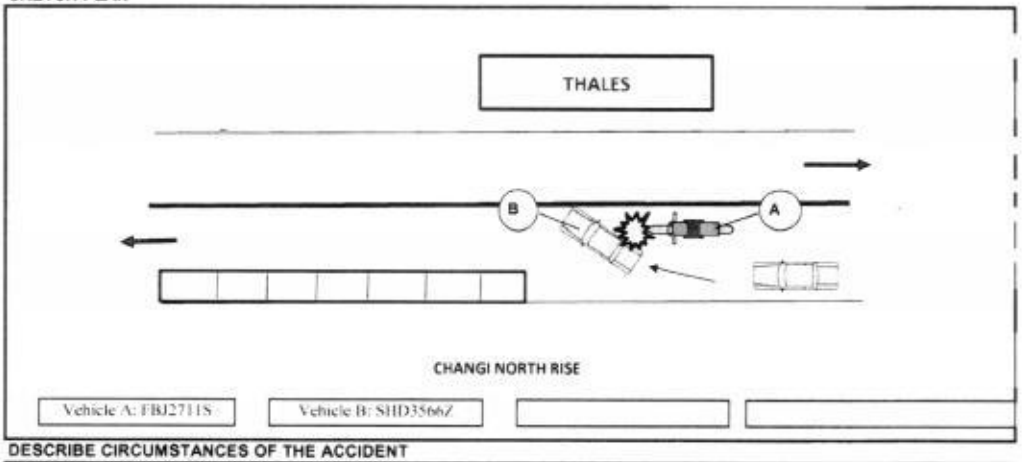
8/21/2018 9:49
Policyholder's Signature
Date & Time:

8/21/2018 9:49
Driver's Signature (If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/Fin No: S9907651

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED POLICE REPORT

DECLARATION

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

8/21/2018 9:49
Policyholder's Signature
Date & Time:

8/21/2018 9:49
Driver's Signature (If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Chee JunLiang
NRIC/FIN No: S990765

SINGAPORE POLICE FORCE

T/20180821/2024

Report No. T/20180821/2024

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
21/08/2018 11:00		

Informant's Particulars

Name of Informant: SALEHUDIN BIN SULAIMAN			Address: APT BLK 471A UPPER SERANGOON CRESCENT #02-380 HOUGANG PARKVIEW SINGAPORE 531471	
ID Type / ID No.: NRIC NO / S7804627I			Contact No.: Home/Office: Mobile: 91698447	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 14/02/1978	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/08/2018 21:40	Type of Location: Straight Road
Location: CHANGI NORTH RISE CHANGI NORTH RISE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBJ2711S	Motorcycle	HONDA	NC750X	White		0
SHD3566Z	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20180821/2024

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

Report No. T/20180821/2024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2711S	NTUC Income Insurance Co-Operative Limited	5067163441-04	21/08/2018	20/08/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SALEHUDIN BIN SULAIMAN	ID No.	S7804627I
Related Vehicle	FBJ2711S (Motorcycle)	Contact No.	91698447
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	20/08/2018	Date Discharge	20/08/2018
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS AT THE SAID LOCATION, AT TWO WAY SINGLE WHITE LINE ROAD. WHILE I WAS RIDING, THERE IS A TAXI VEHICLE (SHD3566Z) INFRONT OF ME, KEEPING TO HIS LEFT AND WAS DRIVING SLOWLY. SO I RIDE SLOWLY AND WHEN I WAS ABOUT TO OVERTAKE HIM, SUDDENLY THIS TAXI VEHICLE MAKE A SUDDEN U-TURN DID NOT EVEN INDICATE ANY RIGHT SIGNAL., THAT'S WHERE I COLLIDED ONTO THE RIGHT SIDE OF THE TAXI VEHICLE. THAT'S ALL.

SINGAPORE POLICE FORCE

T/20180821/2024

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

Report No. T/20180821/2024

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:
TP /
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/08/2018 11:00

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

Signature:

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	FBJ2711S
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	HONDA
Vehicle Model :	NC750X
Chassis No. :	JH2RC72A8EK000165
Propellant :	Petrol
Engine No. :	RC70E5002480
Engine Capacity :	745 cc
Maximum Power Output :	-
Maximum Laden Weight :	426 kg
Unladen Weight :	217 kg
Year Of Manufacture :	2013
Original Registration Date :	21 Feb 2014
Lifespan Expiry Date :	-
COE Category :	D - Motorcycle
Quota Premium :	$3,501.00
COE Expiry Date :	20 Feb 2024
Road Tax Expiry Date :	20 Aug 2019
Inspection Due Date :	20 Aug 2019
Intended Transfer Date :	17 Oct 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

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

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

Amount Payable

	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK Print

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4627I
Vehicle Details	
Vehicle No.:	FBJ2711S
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Oct 2018
Vehicle Make:	HONDA
Vehicle Model:	NC750X
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	RC70E5002480
Chassis No.:	JH2RC72A8EK000165
Maximum Power Output:	-
Open Market Value:	$6,085.00
Original Registration Date:	21 Feb 2014
First Registration Date:	21 Feb 2014
Transfer Count:	2
Actual ARF Paid:	$913.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 Feb 2024
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$3,501.00
COE Rebate Amount:	$1,870.00
Total Rebate Amount:	**$1,870.00**

The information contained herein is correct as at 17 Oct 2018

OK

Dep 2K. 2200 per yrs

5.6 yrs.

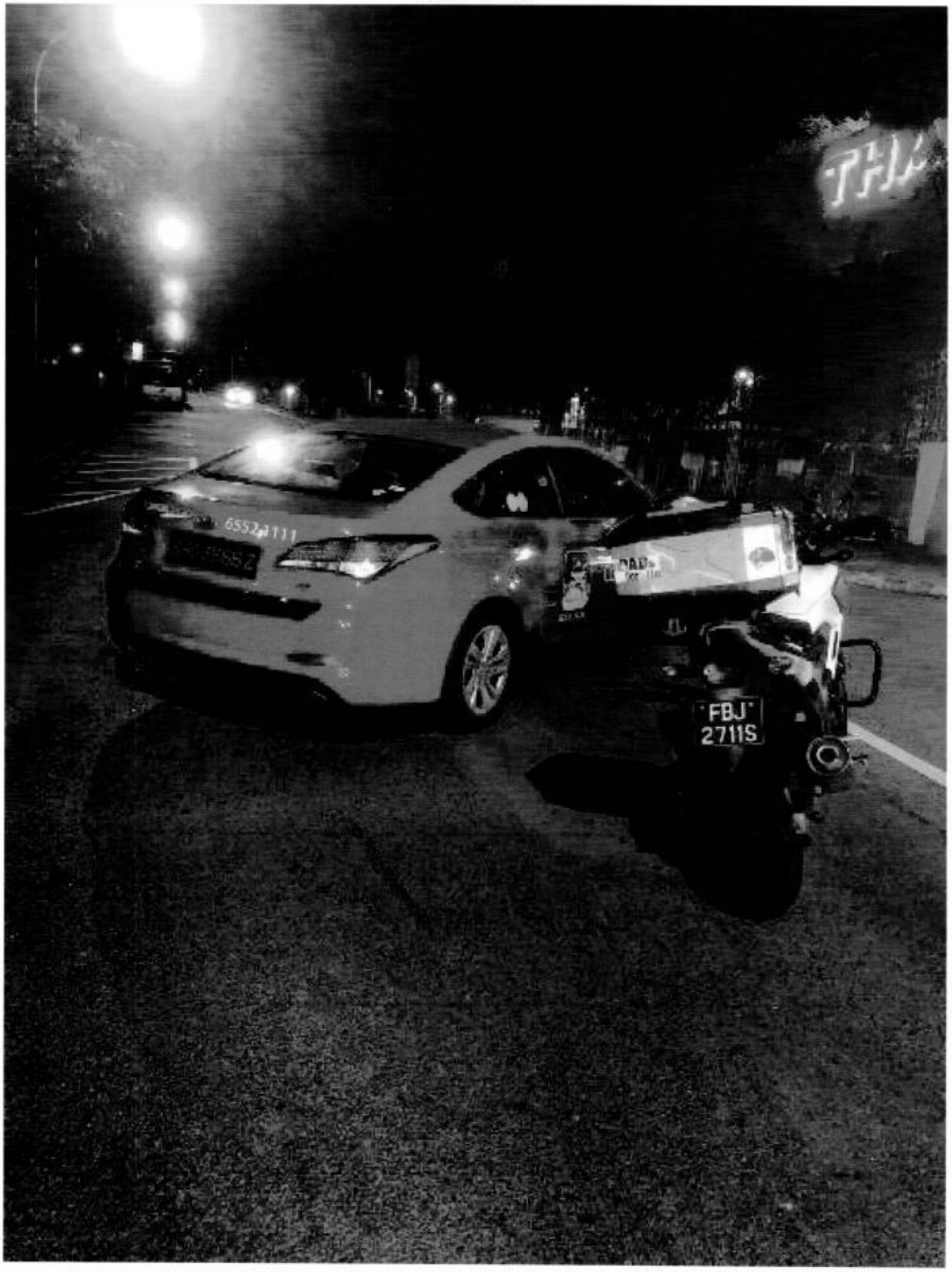
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



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

PRE-REPAIR INSPECTION REPORT

FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref: CS3/FCI18015454/R1z4d3s2
Date: 24-10-2018
Code: FCI2

1.	Policy Particulars :- (THIRD PARTY CLAIM)			
	Insured Veh.	SHD 3566Z	Veh. Inspected	FBJ 2711S
	Policy No.		Coverage ($)	0.00
	Claim No.	D18006301MFSH	Excess ($)	0.00
	Assign From	KAREN TAN	Assign Date	24/08/2018

2.	Vehicle Particulars & Condition			
	Make & Model	HONDA NC750X	c.c	745
	Engine No.	HIDDEN	Year of Reg.	2014
	Chassis No.	JH2RC72A8EK000165	Colour	WHITE
	Odometer	34499 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		

3.	Conditions of Tyres			
		Size	Make	Balance
	R/H Front Tyre	120/70ZR17	BRIDGESTONE	4 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	160/70ZR17	BRIDGESTONE	4 mm
	L/H Rear Tyre			mm

4.	Description of Damages
	THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.

5.	General Information			
	Accident Date	20/08/2018	Inspect Date / Time	24/08/2018 (03:44 PM)
	Survey held at	SPEEDY MOTOR CYCLE SERVICE CENTRE BLK 10 ANG MO KIO IND.PARK 2A #05-21 SINGAPORE 568047		

5a.	Remarks
	A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) MARKET VALUE:$12,000.00

Report Ref No. CS3/FCI18015454/R1z4d3s2

Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser