

2/03/2002

ASS. REC. BY:

REF:

CS3 / FCI 18015668 / G2403

Special Instructions:

Surveyor:

CWS

Gus Oroney

ASSIGNMENT (Office)

From (Person):

Joanne Yong

of

FCI

Date/Time:

28/8/18 @ 2.30pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBJ 8484H

Insured:

SHC 8767H

at Workshop m/s

Tri Kristal Aerospace

Tel:

98615303

of

1 Kaki Bukit Ave 6 #02-35

Policy No:

Claim No:

D18006067MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

09/08/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

3.18pm @ 28/8/18

Person Contacted:

Wilson

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

FBJ 8484H-X

SHC 8767H-CS3/AXA 12004100/H1ec Sq.2 DoA: 25/2/12





# 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 : CS3/FCI18015668/Gz4d3

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 28-08-2018



Code : FCI2

## 1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHC 8767H	Veh. Inspected	FBJ 8484H
Policy No.		Coverage (\$)	0.00
Claim No.	D18006067MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	28/08/2018

## 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

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## 5. General Information

Accident Date	09/08/2018	Inspection Date	28/08/2018
Survey held at	TRIKRISTAL AEROSPACE- 1 KAKI BUKIT AVE 6# 02-35		
Repairer	-		

## 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.
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**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	13-08-2018	<b>Our Ref No.</b> D18006067MFSH
<b>Accident Date</b>	09-08-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC8767H	<b>Third Party Vehicle.</b> FBJ8484H
<b>Survey Location</b>	MACPHERSON SHELL STATION 259 MACPHERSON ROAD	
<b>Contact Person.</b>	WILSON	
<b>Contact No.</b>	98615303/ 98615303	<b>Fax No.</b> 65098726
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<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>	TRIKRISTAL AEROSPACE PTE. LTD.	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	APAC LAW CORPORATION	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	JOANNEY	

**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.

**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	17/08/2018 13:56
Date Of Accident	09/08/2018 21:45
Exact Location Of Accident	TAMPINES EXPRESSWAY SLE 10.4KM
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	FBJ8484H
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**Insured/Policyholder**

Name Of Registered Owner	MUSTAFA BIN SHAFIE
NRIC No	S0071889J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98506523
Alternative Phone No	OFFICE-88888888

**Vehicle Particulars**

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5068825977-03
Cover Note Number	

**Driver**

Name of Driver	NUR HALIM RUSYDI BIN ABDUL RASHID
NRIC No	S9711972D
Date Of Birth	08/07/1997
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98506523
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

NUR HALIM RUSYDI BIN ABDUL RASHID

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBJ8484H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &  
Time

Sketch Plan

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

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**

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



T/20180814/2064

1 of 3

Report No. T/20180814/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/08/2018 13:14		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: NUR HALIM RUSYDI BIN ABDUL RASHID		Address: APT BLK 144 TAMPINES ST 12 #02-384 SINGAPORE 521144	
ID Type / ID No.: NRIC NO / S9711972D		Contact No.: Home/Office: Mobile: 98506523	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 08/07/1997	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/08/2018 21:45	Type of Location:
Location: Along Road 1 TAMPINES EXPRESSWAY				
SLE 10.4KM				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8484H	Motorcycle	YAMAHA	JUPITER MX (HC)	Blue		0
SHC8767H	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0





**SINGAPORE  
POLICE FORCE**

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



T/20180814/2064

3 of 3

Report No. T/20180814/2064

**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 /  
LEE KWANG HONG KENDRICK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
14/08/2018 13:14

Classification Of Case:



**LKK Auto Consultants Pte Ltd**  
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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

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PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18015668/Gz4d3s2 Date: 30-08-2018 Code: FCI2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SHC 8767H	Veh. Inspected	FBJ 8484H
Policy No.		Coverage (\$)	0.00
Claim No.	D18006067MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	28/08/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	YAMAHA JUPITER MX	c.c	134
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	MH350C002CK482961	Colour	BLUE
Odometer	82282 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	70/90R17	MAXXIS	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	80/90-17	MAXXIS	4 mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND N/S BODY.			
<b>5. General Information</b>			
Accident Date	09/08/2018	Inspect Date / Time	28/08/2018 ( 04:20 PM )
Survey held at	TRIKRISTAL AEROSPACE- 1 KAKI BUKIT AVE 6# 02-35		
Repairer	-		
<b>5a. Remarks</b>			
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.\$55,000.00			

Report Ref No. CS3/FCI18015668/Gz4d3s2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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