

ASS. REC. BY:

REF: CS3/FCI18015877/G24d3<sup>52</sup>

Special Instruction: ✓

Surveyor

CWS

ASSIGNMENT (Office)

From (Person):

May chuen

of

FCI

Date/Time: 2:47pm @ 30/8/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBM 2481P

Insured:

SH 8440T

at Workshop m/s

Onig Motor

Tel:

9388 1791

of

464 Macpherson Rd

Policy No:

Claim No:

D1800 64 61 MFSTH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/8/18

31/8/18

Morning

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

3:31pm @ 30/8/18

Person Contacted:

Mr. Ong

Vehicle

IN OUT

Date/Time

Action/Instruction (X) Estimate

FBM 2481P - X

SH8440T - CC3/AIG14012003/H1sy3u2

DOA: 23/6/14

3/9/18

Dismissed.

ASS. REC. BY: *PRs*

REF: *FCI*

*23978 /*

### ASSIGNMENT

From: \_\_\_\_\_ Date: *31/08/18*  
Estimated Cost: \_\_\_\_\_  
OD / ☒ TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: *FBM 2481 P*  
at Workshop m/s: *Ong Motor*  
of: *464 Macpherson Motor*  
Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Claims No: \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record) *Morning*  
Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: *\$10k*  
IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS *lup*

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: *FBM2481P* Yr Regn: *29 Aug 2017*  
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or *TFX150*  
Make: *Yamaha* XABRE C.C. *150*  
Colour: *Blue* A/C: Insured / Std / NI / NA  
Sp. Reading: *29498* T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: *MH/3RG3710 HK 024918*  
Gen. Cond: ☒ Good / Fair / Poor / Burnt  
Steering: ☒ In order / Jammed / Leaked / Burnt or  
Brake: ☒ In order / Jammed / Leaked / Burnt or  
Modi: ☒ M / S/Rim / STD A/Rim or  
Tyre Size: F: *110/70-17*  
R: *130/70-17*  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front		Rear
R/Bal. <i>5</i> mm		R/Bal. <i>5</i> mm
L/Bal. <i>5</i> mm		L/Bal. <i>5</i> mm
D.O.A. _____		D.O.I. <i>31-08-18</i>
Survey held at <i>w/s</i>		<i>5:30pm</i>
Des. of Damages: <i>000</i> <input checked="" type="radio"/> Frt / <input checked="" type="radio"/> Rear / <input checked="" type="radio"/> O/S / N/S / U/C / Rooftop or		

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

Date / Time	Action / Instruction
<i>4/9/18</i>	<i>submit PR Report</i>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) \_\_\_\_\_ )

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_ )

☐ : Interview (\$ \_\_\_\_\_ )

☐ : Tech. Invs (\$ \_\_\_\_\_ )

☐ : Weekend (\$ \_\_\_\_\_ )



# 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/FCI18015877/Gz4d3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 31-08-2018		
		Code : FCI2		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SH 8440T	Veh. Inspected	FBM 2481P	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006461MFSH	Excess (\$)	0.00	
Assign From	CWS (MAY CHUA)	Assign Date	31/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	23/08/2018	Inspection Date	31/08/2018	
Survey held at	ONG MOTOR TRADING NO. 464 MACPHERSON ROAD SINGAPORE 368182			
<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.				

**MOTOR SURVEY ASSIGNMENT**

Date	29-08-2018	Our Ref No. D18006461MFSH
Accident Date	23-08-2018	Claim Type. Third Party
Insured Vehicle	SH8440T	Third Party Vehicle. FBM2481P
Survey Location	464 MACPHERSON ROAD	
Contact Person.	MR ONG	
Contact No.	93881791/ 93881791	Fax No. 0
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	ONG MOTOR	Attention. NIL
Cc : TP Solicitor	CENTRO-LEGAL LAW CORPORATION	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.

## 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	25/08/2018 14:56
Date Of Accident	23/08/2018 00:25
Exact Location Of Accident	ALONG UPP SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2481P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YONG KIM
NRIC No	S9022397F
Email Address	LYK_100690@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84042216
Alternative Phone No	OFFICE-84042216

### Vehicle Particulars

Manufacturer	YAMAHA
Model	XABRE-150CC TFX150
Exact Purpose for which vehicle was being used at time of accident	PLEASURE
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	MOMVM000001787-00-000

### Driver

Name of Driver	LIM YONG KIM
NRIC No	S9022397F
Date Of Birth	10/06/1990
Occupation	INDOOR
Date Of Driving Pass	23/01/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84042216
Fax Number	
Contact Number	OFFICE-84042216
EEmail Address	LYK_100690@HOTMAIL.COM

Address	BLK 241 YISHUN RING ROAD #08-1110
Postcode	760241
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 TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	SH8440T (TAXI)
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?	NO
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER SKETCH PLAN

#### 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 INJURED PERSON 1

Name	LIM YONG KIM
Approximate Age	28
Injuries Sustain	LIMBS N BACK
Injured person in which vehicle?	FBM2481P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 241 YISHUN RING ROAD #08-1110
Postcode	760241

**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:

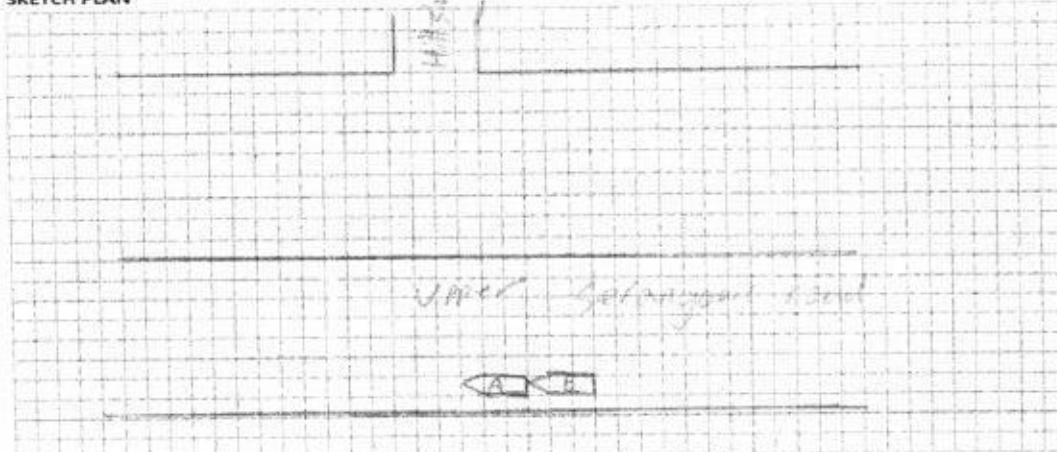
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

### **Brief Details.**

On 23/08/2018 at about 0025hrs, I was traveling (FBM2481P) along Upper Serangoon Road at the traffic junction opposite Hillside Drive. I was stationary before the yellow box at the traffic light waiting for the traffic to turn green. Suddenly, I felt an impact on the rear and I fell on my left side. The driver alighted and moved my motorcycle to the side and help me up. At the point of time, I do not require any immediately medical attention. No police or ambulance was activated.


On 23/08/2018 at about 1000hrs, I felt pain at back and right side of my neck, left upper back shoulder, left elbow and right wrist. As such, I went to see doctor at Family Medicare Clinic & surgery and got 2 days MC from 23/08/2018 to 24/08/2018.

On 24/08/2018, I went Changi General Hospital to see a doctor and got 3 days MC from 24/08/2018 to 26/08/2018.

I am lodging this report for record and insurance claim purpose.


### **DECLARATION**

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

  
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.:

GNPBC Situation Form 1.92

LYK\_100690@hotmail.com



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2397F
Vehicle Details	
Vehicle No.:	FBM2481P
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Sep 2018
Vehicle Make:	YAMAHA
Vehicle Model:	XABRE TFX150
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	G3G8E0032057
Chassis No.:	MH3RG3710HK024918
Maximum Power Output:	-
Open Market Value:	\$2,649.00
Original Registration Date:	29 Aug 2017
First Registration Date:	29 Aug 2017
Transfer Count:	1
Actual ARF Paid:	\$398.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Aug 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,512.00
COE Rebate Amount:	\$3,155.00
<b>Total Rebate Amount:</b>	<b>\$3,155.00</b>

The information contained herein is correct as at 03 Sep 2018

OK



**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: 199607196R GST Reg. No. 19-9607196-R

Page No.: 1 of 1

<b>PRE-REPAIR INSPECTION REPORT</b>			
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18015877/Gz4d3s2	
36 ROBINSON ROAD		Date: 05-09-2018	
#16-01 CITY HOUSES SINGAPORE 068877		Code: FCI2	
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>			
Insured Veh.	SH 8440T	Veh. Inspected	FBM 2481P
Policy No.		Coverage (\$)	0.00
Claim No.	D18006461MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	30/08/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	YAMAHA XABRE	c.c	150
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MH3RG3710HK024918	Colour	BLUE
Odometer	29498 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	110/70-17	BRIDGESTONE	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	130/70-17	BRIDGESTONE	5 mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION AND O/S BODY.			
<b>5. General Information</b>			
Accident Date	23/08/2018	Inspect Date / Time	31/08/2018 ( 05:30 PM )
Survey held at	ONG MOTOR TRADING NO. 464 MACPHERSON ROAD SINGAPORE 368182		
<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: \$10,000.00			

Report Ref No. CS3/FCI18015877/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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