Arveyor :	CA	, cere	CLI 8716039 /GF		
CWS rom (Person):	8ithere	of	FCL	Date/Time:	31/8/185 1960
stimated Cost:			Bill to:		
D (TP) WS	TP RES / OD RES / 1	EVA/INV/	MY7CS	Insurad: SI	1C7843C
o Inspect Veh	ricle No:	+S C	and mentar	Tel: 966	76280
Workshop m	It and I have	Diag Wh	1:02 A 01-10	0	
(	12 9004) Tavi	PINES 8	MV7CS 5000P eel Motor +93#01-10	018006	496MFSH
olicy No:			Excess:		
Sum Insured;_				DOA	31107/16
Make of Veh: Client's Record				15.050-	51107
	DED I DECLARITOR	cup)			ndorsement:
Date/Time;	1:35pm@)31/8/18	Person Cor	ntacted. Mr.Mik	Vehicle (I)	l))our
Date/Time	Action/Instruction (				
	TS 6000P - X				DO: 12/42/11
	SHC 7843C - CS	S /F(7181	13067 /DGd3		DIA: 17072018
	10 1040		V		



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 Int	ernationale Des Experts En Autor	nobile		
FIR	ST CAPITAL INSU	JRANCE LTD	Ref : CS3/FCI18016	6039/Gz4d3		
	ROBINSON ROAD 3-01 CITY HOUSES	SINGAPORE 068877	Date: 03-09-2018 Code: FCI2			
1.	STATE OF STREET	Policy Particu	lars :- (THIRD PARTY CLA	IM)		
	Insured Veh.	SHC 7843C	Veh. Inspected	FS 6000P		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	D18006496MFSH	Excess (\$)	0.00		
	Assign From	CWS (SITHARA)	Assign Date	31/08/2018		
2.		Vehicle	Particulars & Condition			
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer	Ø.	Steering			
	Brakes		Modification			
	General					
3.		Co	onditions 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		
١.		Desc	cription of Damages			
j.	Lawrence and the second	C				
-	Accident Date	31/07/2018	eneral Information	24/09/2042		
	Survey held at	DIRT WHEEL MOTOR TR	Inspection Date	31/08/2018		
	,, at	BLK 9004 #01-100 TAMPINES ST 93 SINGAPORE 528838				
ia.			Remarks			
	THE REPAIR ES	ON WAS CONDUCTED ON A STIMATE WAS NOT PRESE VAS TOLD TO PREPARE TH EASE FIND DAMAGED VEH	A "WITHOUT PREJUDICE" BAS NTED AT THE TIME OF INSPE E ESTIMATE. HICLE PHOTOGRAPHS.	SIS. CTION.		



MS First Capital Insurance Limited CaReg. No. 195000106C GST Reg. No. M2-00016/6-9 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

30-08-2018

Our Ref No. D18006496MFSH

**Accident Date** 

31-07-2018

Claim Type. Third Party

Insured Vehicle

SHC7843C

Third Party Vehicle. FS6000P

Survey Location

Blk 9004 Tampines Street 93 #01-100

Contact Person.

MR MIKE

Contact No.

67833063/96676280

Fax No. 67836463

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

DIRT WHEEL MOTOR

Attention, NIL

Cc : TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SITHARA

TRADING

## 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 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

#### **ACCIDENT STATEMENT**

Date Of Report

31/07/2018 16:00

Date Of Accident

31/07/2018 11:50

Exact Location Of Accident

JUNC OF CAIRHILL CIRCLE & CAIRHILL ROAD

Country/State of Loss

SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

ES6000P

Insured/Policyholder

Name Of Registered Owner

CHOW KOK CHAK

NRIC No

S1170210D

Email Address

CHAKTATTOO@GMAIL.COM

Mobile Phone No

(LOCAL) +65-97701688

Alternative Phone No

OTHERS-97701688

Vehicle Particulars

Manufacturer

KTM

Model

200 DUKE

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

REPORTING ONLY

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

5061632447-04

Cover Note Number

Driver

Name of Driver

CHOW KOK CHAK

NRIC No

S1170210D

Date Of Birth Occupation

25/01/1956 INDOOR

Date Of Driving Pass

22/11/1985

Driving Experience

32 YEARS AND 8 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97701688

Fax Number

Contact Number

OTHERS-97701688

**EMail Address** 

CHAKTATTOO@GMAIL.COM

Page 1 of 17

Address

BLK 291A #07-282 COMPASSVALE STREET

Postcode

541291

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

DRIZZLING

Road Surface

WET

#### Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

1000

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

Type Of Accident: HEAD TO SIDE. THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION, AS I WANTED TO MAKE A RIGHT TURN. I CHECK FOR ANY ONCOMING VEHICLE. SO WHEN IT IS CLEAR AND SAFE FOR ME TO TURN. IN THE MIDST OF TURNING, THUS THE SAID VEHICLE SHC7843C UNABLE TO REACT ON TIME AND THUS THE COLLISION TOOK PLACE.

#### 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

SHC7843C

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

MUHAMMAD ZULKARNAIN BIN ABDULLAH

NRIC/Passport Number

S68255271

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1 NAME:

GENDER:

Passenger 2 NAME: :

GENDER: :

#### 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
- 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.
- 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.
- 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.
- 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)

1 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 :
  - 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:
  - 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.

3 1 JUL 2018

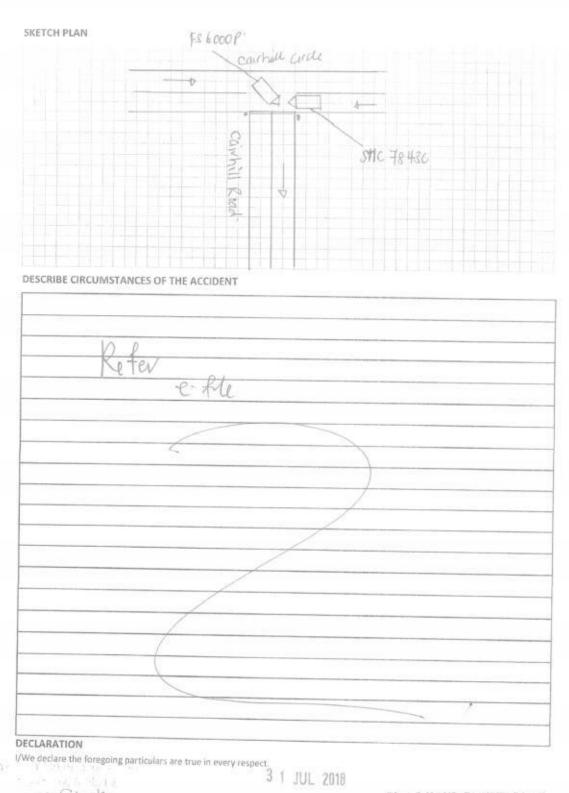
Policyholder's Signature Date & Time:

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

Reporting Cerk & Kakin Bukin Ame 4 Name: Singapore 415933 NRIC/Puh 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

#### Sketch Plan #2 Pg. 1



Poficyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)

Reporting Conservation of the Person of the

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Singapore NRIC	
Owner ID:	0210D	
Vehicle Details	02100	
Vehicle No.:	FS6000P	
Vehicle to be Exported:	No	
Intended Deregistration Date:	03 Sep 2018	
Vehicle Make:	K.T.M.	
Vehicle Model:	200 DUKE	
Primary Colour:	White	
Secondary Colour:	Black	
Manufacturing Year:	2012	
Engine No.:	0290619811	
Chassis No.:	VBKJUC40XDC000112	
Maximum Power Output:		
Open Market Value:	\$3,995.00	
Original Registration Date:	05 Sep 2013	
First Registration Date:	05 Sep 2013	
Transfer Count:	0	
Actual ARF Paid:	\$600.00	
ntended PARF Rebate Details		
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
ntended COE Rebate Details	· · · · · · · · · · · · · · · · · · ·	
COE Expiry Date:	04 Sep 2023	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$1,660.00	
COE Rebate Amount:  Total Rebate Amount:	\$830.00	

The information contained herein is correct as at 03 Sep 2018

OK

# **Dirt Wheel Motor Trading**

Blk 9004 Tampines ST 93 # 01-100 Singapore 528838

Tel (65) 67833063 Fax (65) 67881202

	ı
SPORTMÓTORCYCLES	

Name:	CHAIS CHOW
Contact:	97DIFCS

FS 6000P

KtM Model: 2013 Dulew 2010 ABS

Frame no: VBK JUC HOYDC 000112

No:	Parts Number	Description	Qty	\$\$\$	States / Remark
1	902 02001 000	Handle Par 1981	-	\$ 145	
2	90101039 100	Handle Bar Cupport Kit.	-07	# 93	3/ lays.
3	901 02039 000	Girip (E) / ax	73	#12	- 11
4	901 02001 000	orip & tube (R) / Cu	t	# 15	part my prot
5	90/02 031 100	clutch lever set , and		944	111
6	901 12 041 000	Mirror (R) / Cut		#32	After repair
7	901 13 002 000	Brake lever 1 st.		#35	into L.c
8	90101032100		BT	9462	ph-tos.
9	901 01 080 044	cone Bearing / AC		\$ 37	G 0100
10	901 08 030 000 De	the state of the s	aut.	452	Eus Quang.
11	90/ 03 034 000	Footrest Bracket Front (1)	BT	#56	82880282
12	901 34 031 233	Grear shifter / BR		958	. ,
13	90 (03040033	Footrest Front 0/ a	A.	9 31	31/8/18.
14	90/ 03048 000	Footrest Bracket Row (6)	18T	4449	7.1.100
15	90/03 050 033	Foetrest Rear (1) -a		184	2/73
16	901 08 041 000 47	Side Cover Top 0 /0		\$61	1 016-
17	906 08 999 200	Decal set / Cut		4184	19/0 1 1955.7
18	901 08 049 000/20	Tounk Cover/White	1	# 154	22002
19	901 08 050 000 47	Trunk cover/Matt Black (I)	- 5at	4122	2295.7
20	90104 060 110	Chain Cover out		9 41	_
21	901 13 650 133	Brake pedal at		# 47	3
22	901 03 041 033	Foutrest Front @ 18	SIR	#31	( March
23	901 03 851 033	Footrest Reart (P) - B		43/	
24	901 03 05 2000	Entrust Note + 1		# 4	18.
25	90103 057 000	Footrest plate I / W	4	4 A	Sali
26	902 10 008 600	Rear Axle Nut / Cut		8 F.	, , ,
27	901 04 042 000/47	Side lover top B/ Got		961	
28		Rear Ruck at		# 150	
29		Towns -> Idac -> DW (	Jumy	94 80	/
30		x Laborer	rivey)		260
1000	LIZIZ Andre Onne de la	han/Double		#320	260

LKK Auto Consultants hence with \_ Cut the Repairer of the following:

- . To resurvey before/after spray painting
- . To display damaged part(s) during resurvey
- · Parts prices are subject to confirmation
- . Third party survey is on a "Without Prejudice" basis
- . No illegal modification(s) is allowed
- . Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

de 120.

2573



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

FIRS	T CAPITAL INSU	RANCE LTD	Ref : CS/FCI1801603	39/Gtd3s2
	OBINSON ROAD 01 CITY HOUSES	NGAPORE 068877	Date: 04-10-2018 Code: FCI2	
1.		Policy Particula	ars :- THIRD PARTY CLAI	M
	Insured Veh.	SHC 7843C	Veh. Inspected	FS 6000P
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18006496MFSH	Excess (\$)	0.00
	Assign From	SITHARA	Assign Date	31/08/2018
2.		Vehicle Pa	articulars & Condition	
	Make & Model	K.T.M. 200 DUKE	c.c	200
	Engine No.	HIDDEN	Year of Reg.	2013
	Chassis No.	VBKJUC40XDC000112	Colour	WHITE
	Odometer	52834	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	110/70R17	METZELER	5 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	150/60R17	METZELER	5 mm
	L/H Rear Tyre			mm '
4.		Descr	iption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	O/S AND N/S BODY.	
	DAMAGES SEE D	ETAILS.		
5.	Selection of the select		neral Information	
	Accident Date	31/07/2018	Inspection Date	31/08/2018
	Survey held at	DIRT WHEEL MOTOR TRA	DING	
		BLK 9004 #01-100 TAMPINES ST 93 SINGAPORE 528838		
5a.			Remarks	Magnific asserted
	B)THE INSPECTI	NSISTENT TO ACCIDENT RE ON WAS CONDUCTED ON A' CE TO YOUR INSTRUCTION	"WITHOUT PREJUDICE" BAS	SIS. SED REPAIRS.
_	Estimate Days of Repair			



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. FS 6000P

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			10000
1	HANDLE BAR	BENT	145.00	145.00
1	HANDLE BAR SUPPORT KIT	BENT	93.00	93.00
1	GRIP (L)	CUT	12.00	12.00
	GRIP & TUBE (R)	CUT	15.00	15.00
	SET CLUTCH LEVER	CUT	48.00	48.00
1	MIRROR (R)	сит	32.00	32.00
	BRAKE LEVER	CUT	35.00	35.00
1	TRIPLE CLAMP / BOTTOM	BENT	462.00	462.00
1	CONE BEARING	NECESSARY	37.00	37.00
1	HEADLIGHT MASK / WHITE (R)	CUT	52.00	52.00
1	FOOTREST BRACKET / FRONT (L)	BENT	56.00	56.00
	GEAR SHIFTER	BROKEN	58.00	58.00
	FOOTREST FRONT (L)	CUT	31.00	31.00
	FOOTREST BRACKET / REAR (L)	BENT	49.00	49.00
	FOOTREST REAR (L)	сит	31.00	31.00
1	SIDE COVER TOP (L)	сит	61.00	61.00
1	SET DECAL	СИТ	184.00	184.00
1	TANK COVER / WHITE	CUT	154.00	154.00
1	TANK COVER / MATT BLACK	сит	122.00	122.00
1	CHAIN COVER	сит	41.00	41.00
1	BRAKE PEDAL	СИТ	47.00	47.00
1	FOOTREST FRONT (R)	BROKEN	31.00	31.00
	FOOTREST REAR (R)	BENT	31.00	31.0
1	FOOTREST PLATE I	сит	4.00	4.0
1	FOOTREST PLATE II	сит	4.00	4.0
1	REAR AXLE NUT	сит	7.00	7.0
1	SIDE COVER TOP (R)	сит	61.00	61.0
	REAR RACK	BENT	150.00	150.0
1	BOX	СИТ	120.00	120.0

Report Ref No. CS/FCI18016039/Gtd3s2



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.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	LESS 10% DISCOUNT		-	-217.30
	STOCK AND		2,173.00	1,955.70
	LABOUR			
	TOWING TO IDAC TO DW (2 WAY).		80.00	80.00
	LABOUR.		320.00	260.00
			400.00	340.00
	GRAND TOTAL		2,573.00	2,295.70

RECOMMENDED COST OF REPAIRS	2,295.70
-----------------------------	----------

Report Ref No. CS/FCI18016039/Gtd3s2

XING GUO QIANG

M.MATAI, AMSAE-A

**Automotive Assessor** 

XX.

ADRIAN LING WAI PING

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

Licensed Appraiser

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No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.