

22/03/2002

ASS. REC. BY:

REF:

CS/FCL 8016078/RHber

Special Instruction:

Surveyor

ASSIGNMENT (Office)From (Person): WS Serena Ler

of

FCL

Date/Time:

03092018 453pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBL 8910J

Insured:

SHA 3139P

at Workshop m/s

Komoro Mutua

Tel:

6475 0123

of

253 Alexandra Rd #01-04

Policy No:

Claim No:

D18006516 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

29082018

(Client's Record)

CA / REV / REP. / REV 24 HRS

WPT DS04092018

H.O.D. Endorsement:

Date/Time:

03092018 442pm

Person Contacted:

Jason

Vehicle

IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

FBL 8910J - xSHA 3139P - 003 / M613012187 / mistaqDA: 03072018Part by Part \$1750.07 (Red: 186.23, 99%)

(08/11/15) wof
ASS. REC. BY: *Ram*

REF: FCI

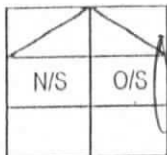
4246

ASSIGNMENT

From: _____ Date: **4/9/18**
Estimated Cost: _____
On ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: **FBL 8910J**
at Workshop m/s: **Komoco Motor**
of: **253 Alexandra Rd**
Insured: _____
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.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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 *lup*

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **FBL 8910J** Yr Regn: **2016 / Jan**
Type: M.Car / ☒ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: **HARLEY DAVIDSON SOFTAIL** c.c. **1801**
Colour: **Black** A/C: Insured / Std / NI / NA
Sp. Reading: **013636** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **540 1359C 1B012187**

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

Steering: ☒ Order / Jammed / Leaked / Burnt or

Brake: ☒ Order / Jammed / Leaked / Burnt or

Modi: NII / S/Rim / ☒ STD A/Rim or

Tyre Size: F: **90R16**

R: **~**

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

Front		Rear	
R/Bal. 5	mm	R/Bal. 5	mm
L/Bal.	mm	L/Bal.	mm
D.O.A. 29/08/18		D.O.I. 04/09/18	

Survey held at **HARLEY DAVIDSON**

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

RECEIVED 18 OCT 2018

Date/Time, File Pass to?

1) **10/10 Typist**

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) **1750**

Days Of Repair: **2**

Resurvey No. of Trip: **-**

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

100

50

32

182

MOTOR SURVEY ASSIGNMENT

Date	31-08-2018	Our Ref No. D18006516MFSH
Accident Date	29-08-2018	Claim Type. Third Party
Insured Vehicle	SHA3139P	Third Party Vehicle. FBL8910J
Survey Location	253 ALEXANDRA ROAD #01-04	
Contact Person.	TERRY MORTIMER	
Contact No.	64750123/ 0	Fax No. 64797061
Survey Type	DIRECT SETTLEMENT: EST. COR - \$1,936.30	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

03/09/2018 @ 4:42pm
Jason veh in
04/09/2018

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	KOMOCO MOTORS PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

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	30/08/2018 15:28
Date Of Accident	29/08/2018 18:30
Exact Location Of Accident	SPOTTISWOODE PARK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8910J
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Insured/Policyholder

Name Of Registered Owner	HEUSSLER SASCHA PIERRE
NRIC No	G7434946W
Email Address	SASCHA.P.HEUSSLER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90171205
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	SOFTAIL SLIM S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2017-00000087-01
Cover Note Number	

Driver

Name of Driver	HEUSSLER SASCHA PIERRE
NRIC No	G7434946W
Date Of Birth	25/11/1977
Occupation	INDOOR
Date Of Driving Pass	13/04/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90171205
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	SASCHA.P.HEUSSLER@GMAIL.COM

Address	16 SPOTTISWOOD PRK ROAD, #18-04 SPOTTISWOODE SUITES
Postcode	088661
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3139P
Vehicle Make/Model/Colour	BLUE COMFORT CAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO TIONG HOCK
NRIC/Passport Number	S1431933F
Contact Number	84245237
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN**IMPORTANT NOTICE**

VEHICLE NO: **FBL 8910J**
 ACCIDENT DATE: **29/8/18**

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.

NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time: **30/8/18**

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT

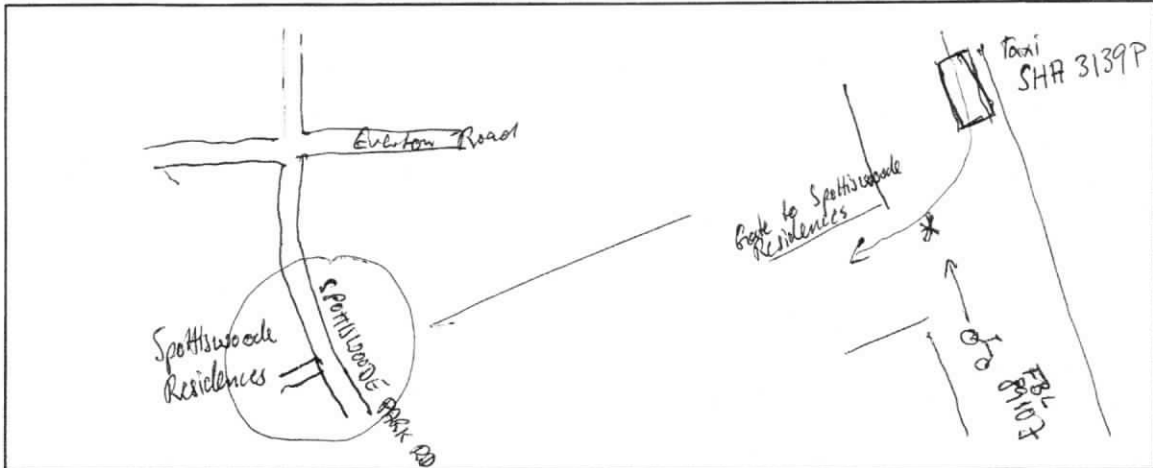
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

FBL 89107
29/8/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 29/8/18 on Spottiswoode park road. I, Sacha Pierre Hensley, drove home towards Spottiswoode Suites (16, Spottiswoode Park Road, 088661 SG) when a taxi driver (Mr YEO TIONG HOCK, S1431933F) drove right into way without blinking trying to drop off a passenger at Spottiswoode Residences. He was driving his Taxi SHA 3139P coming from the direction of Everton Road and turned right into my lane without sign nor giving me sufficient time to break. I was driving a black Harley Davidson (FBL 89107) and hit the taxi on its right side in front of the passenger door. (after the front wheel).

Location: Spottiswoode Park Road

Time: 29/8/18, 18:30

Parties Involved: Taxi Driver, Mr. YEO TIONG HOCK, S1431933F
Motorbike Driver, Mr. Sacha Pierre Hensley, S7434946W

OWN DAMAGE ()

3RD PARTY CLAIM ()

REPORTING ONLY ()

OWN WORKSHOP ()

DECLARATION

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

Policyholder's Signature

Date & Time: 30/8/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sascha Pierre Heussler
16, Spottiswoode Park Road,
18-04, Spottiswoode Suites,
088661 SG

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 7434946 W**
Name: **HEUSSLER SASCHA PIERRE**

Birth Date: 25 Nov 1977
Issue Date: 15 Jan 2015
Valid Till: 19 Feb 2020

002386526B

SG

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
NATIONAL UNIVERSITY OF SINGAPORE

Name: **HEUSSLER SASCHA PIERRE**
Occupation: **RESEARCH FELLOW**

FIN: **G7434946W** Date of Application: **18-04-2016**
Date of Issue: **04-05-2016**
Date of Expiry: **12-09-2021**



L6770584

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B: Motorcycles <= 200 CC
Class 2A: Motorcycles between 201 CC and 400 CC
Class 2: Motorcycles > 400 CC

EFFECTIVE DATE:
16 Feb 2005
14 Jan 2014
13 Apr 2017

G7434946W

S / No. 9000267677

NP 428A



VISIT PASS
Immigration Regulations

Name:
HEUSSLER SASCHA PIERRE



Date of Birth: 25-11-1977 Sex: M Nationality: GERMAN
FIN: G7434946W Date of Issue: 04-05-2016 Date of Expiry: 12-09-2021

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





KOMOCO Motorcycles Pte Ltd
253, Alexandra Road, # 01-04. Singapore 159936
Tel: (65) 6475-0123 Fax: (65) 64728900

REPAIR ASSESSMENT

OWNER'S NAME : SASCHA PIERRE HEUSSLER

INSURANCE :

BIKE NO / MODEL: FBL8910J

DATE :

30.08.2018

VIN NO: 5HD1JS9C1GB012187

S/N	PART NO.	DESCRIPTION	QTY	AMOUNT
1	58900107DH	FRONT FENDER, VIVID BLACK	1	\$ 1,269.00
2	51402-08A	FLOORBOARD, LOWER	1	\$ 103.90
3	65400277	HEAT SHIELD, MUFFLER	1	\$ 177.00
4	43428-09	FRONT AXLE NUT COVER	1	\$ 89.50
5	92614-10	MIRROR RIGHT HAND	1	\$ 82.90
6				
7				
8				
9	LABOUR	TO REPLACE AND MAKE GOOD		\$ 214.00
10			TOTAL	\$ 1,936.30
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

581-
582-
583-
584-
585-

200

RASUL
Hp 90010068
2 days

P/P

04/09/18 @ 1145

Resurvey new parts

email: rasul@lkkauto.com

LKK Auto Consultants hence notify 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:

Date:

KOMOCO Motorcycles Pte Ltd
253, Alexandra Road, # 01-04. Singapore 159936
Tel: (65) 6475-0123 Fax: (65) 64728900

FINAL BILL

OWNER'S NAME : SASCHA PIERRE HEUSSLER

INSURANCE : FIRST CAPITAL

BIKE NO / MODEL: FBL8910J

DATE : 26.09.2018

VIN NO: 5HD1JS9C1GB012187

[illegible]




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 : CS/FCI18016078/R1tbe2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 24-10-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHA 3139P	Veh. Inspected	FBL 8910J	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006516MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	03/09/2018	
2. Vehicle Particulars & Condition				
Make & Model	HARLEY DAVIDSON SOFTAIL	c.c	1801	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	5HD1JS9C1GB012187	Colour	BLACK	
Odometer	13636	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	90 R16	DUNLOP	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	90 R16	DUNLOP	5 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	29/08/2018	Inspection Date	04/09/2018	
Survey held at	KOMOCO MOTORCYCLES PTE LTD 253 ALEXANDRA ROAD #01-04 SINGAPORE 159936			
5a. Remarks				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBL 8910J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT FENDER, VIVID BLACK	BENT	1,269.00	1,269.00
1	FLOORBOARD, LOWER	SCRATCHED	103.90	103.90
1	HEAT SHIELD, MUFFLER	SCRATCHED	177.00	177.00
1	FRONT AXLE NUT COVER	SCRATCHED	89.50	89.50
1	MIRROR RIGHT HAND	SCRATCHED	82.90	82.90
	LESS 10% DISCOUNT		-	-172.23
			1,722.30	1,550.07
	<u>LABOUR</u>			
	TO REPLACE AND MAKE GOOD.		214.00	200.00
			214.00	200.00
	GRAND TOTAL		1,936.30	1,750.07
RECOMMENDED COST OF REPAIRS				1,750.07

Report Ref No. CS/FCI18016078/R1tbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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