22/03/2002

ASS. REC. BY: | REF: CS3 | FCI | 8017834 / Ncd3 | Special Instruction:

Surveyor: Naz

ASSIGNMENT (Office)

From (Person): CWS Lorene yew of FCI Date/Time: 1/10/18 @ 7:26pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FW 2809D Insured: SHC 0869A

at Workshop m/s Eng Soon Painting Tel: 67606271

of Blk 4, Yew Tee Ind. Est 393-J Woodlands Rd

Policy No: Claim No: D18007149MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 27/09/2018

CA / REV / REP. / REV 24 HRS Cwp H.O.D. Endorsement:

Date/Time: 10.33am @ 2/10/18 Person Contacted: Mr. Teoh Vehicle IN / OUT

Date/Time	Action/Instruction (x) Estimate
	FW 2809D - X
	SHC 869A - CS3 / AXA / 2014740 / Hl / ec3fl DOA: 26/7/12
	Dismantle: 10/10/2018.

Company: NAZ | REF: FCI

ASSIGNMENT

From: | Date: 2/10/18

Estimated Cost:

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

To Inspect Vehicle No: FW 2809D

at Workshop m/s: Eng Soon Painting

of: BIK 4, Yew Tee Ind. Est 393-J

Insured:

Policy No:

Claims No.:

Sum Insured: | Excess:

(Client's Record)

Make of Veh: Mr. Teoh @ 67606271

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 6/L. inclu 3500

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 (cups)

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: FW 2809D | Yr Regn: 19 FEB 2003

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

Make: KAWASAKI KRR 2x150 c.c 148

Colour: BLUE | A/C: Insured / Std / NI / NA

Sp.Reading: 21,332 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KR150K - A55573

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: 90/80 R17

R: 100/80 R17

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. 27/9/18 | D.O.I. 2/10/18 4.44pm

Survey held at: LIAN HUP HENG MOTOR

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

N/S

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

Date / Time	Action / Instruction
	FCI L/S

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee:

Transportation: $ + RS $

Add Fee: ☐ : Site Insp ($) Photos

☐ : Interview ($) Others

☐ : Tech. Invs ($)

☐ : Weekend ($)

TOTAL

Report Format: PRS

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

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	01-10-2018	**Our Ref No.**	D18007149MFSH
Accident Date	27-09-2018	**Claim Type.**	Third Party
Insured Vehicle	SHC0869A	**Third Party Vehicle.**	FW2809D
Survey Location	BLK 4 YEW TEE IND EST 393-J WOODLANDS ROAD		
Contact Person.	JUNE		
Contact No.	67606271/ 0	**Fax No.**	65073849
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	ENG SOON PAINTING SERVICES	**Attention.**	NIL
Cc : TP Solicitor	BONNIE KWOK LLC	**TP Solicitor Fax No.**	NA
Officer Incharge	LURENE		

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	28/09/2018 10:05
Date Of Accident	27/09/2018 09:30
Exact Location Of Accident	NEAR JUNCTION OF CHOA CHU KANG ST 51 & CCK NORTH 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FW2809D
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED SYADZWAN BIN HASHIM
NRIC No	S9418298J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90085727
Alternative Phone No	OTHERS-90085727
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KRR-ZX150
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	018MTMCCIOC2232
Cover Note Number	
Driver	
Name of Driver	MOHAMED ASHIQ ILAHI S/O ABDUL AZIZ
NRIC No	S9720007F
Date Of Birth	11/06/1997
Occupation	INDOOR
Date Of Driving Pass	15/03/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91792784
Fax Number	
Contact Number	
EMail Address	ASHIQILAHI60@GMAIL.COM

Address	BLK 516 CHOA CHU KANG ST 51 #14-66
Postcode	680516
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	
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	CHOA CHU KANG NPC
Police Station Address	**ROAD**: 20 CHOA CHU KANG ST 52 #01-02 , **POSTCODE:** 689286 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20180928/2006. (NOTE:VEHICLE NOT IN FOR PHOTO TAKING ALREADY SENT TO WORKSHOP)

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	SHC869A
Vehicle Make/Model/Colour	TAXI (YELLOW)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	THEN THIAM SHIN
NRIC/Passport Number	S0152194B
Contact Number	90281766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED ASHIQ ILAHI S/O ABDUL AZIZ
Approximate Age	
Injuries Sustain	2 DAY MC
Injured person in which vehicle?	FW2809D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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 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:

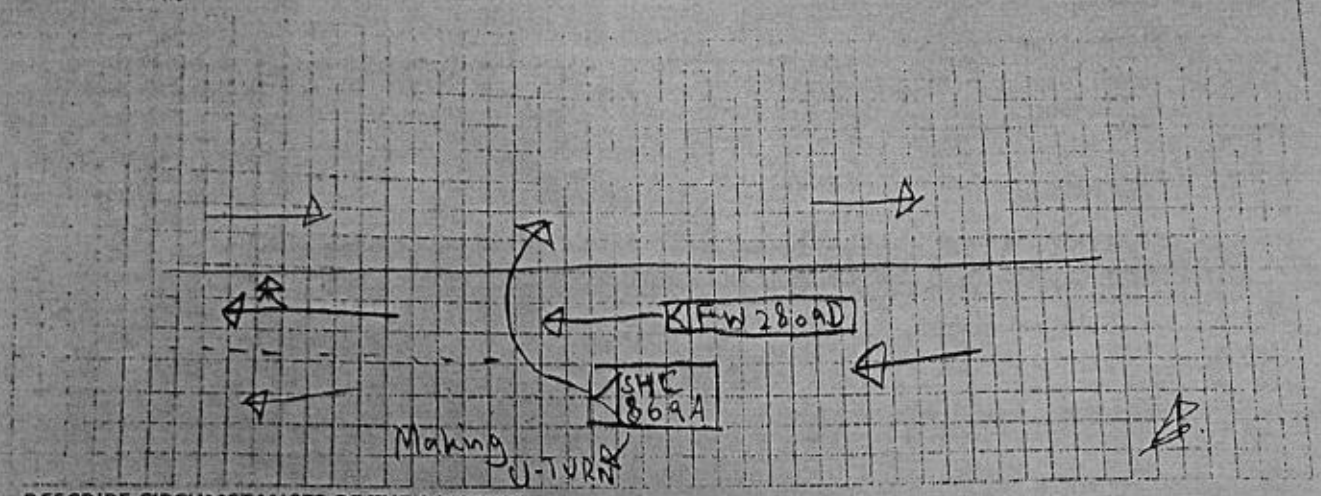
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 28/09/18 1000	Reporting Centre Personnel's Signature Name: NRIC/FIN No:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report

Important:		
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
	✓	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

28/9/18 1000
Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

SINGAPORE POLICE FORCE

T/20180928/2006

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180928/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/09/2018 02:01	J/20180927/0079	15

Informant's Particulars

Name of Informant: MOHAMED ASHIQ ILAHI S/O ABDUL AZIZ			Address: APT BLK 516 CHOA CHU KANG STREET 51 #14-66 SINGAPORE 680516	
ID Type / ID No.: NRIC NO / S9720007F			Contact No.: Home/Office:	Mobile: 91792784
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 21	Date of Birth: 11/06/1997	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CHOA CHU KANG STREET 51 CHOA CHU KANG STREET 52 Near to the junction of Choa Chu Kang Street 51 x Choa Chu Kang North 5, in front of Chinese Temple				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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	Colour	Condition	No. of Passengers
FW2809D	Motorcycle	KAWASAKI	KRR-ZX150	Blue	Seriously Damaged	0
SHC869A	Taxi					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20180928/2006

Report No. T/20180928/2006

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No. 1800-7659999

CONTINUATION OF REPORT

Rider:					
Name	MOHAMED ASHIQ ILAHI S/O ABDUL AZIZ			ID No.	S9720007F
Related Vehicle	FW2809D (Motorcycle)			Contact No.	91792784
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/09/2018		Date Discharge	27/09/2018	
No. of Days granted Medical Leave	02		Degree of Injury	Slight	

Driver:					
Name	THEN THIAM SHIN			ID No.	S0152194B
Related Vehicle	SHC869A (Taxi)			Contact No.	90281766
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 27/09/2018 at about 9.30am, I was riding my motorcycle, registration plate number FW2809D, along Choa Chu Kang Street 51 after exiting from Blk 516 Choa Chu Kang Street 51 cluster. Near to the junction of Choa Chu Kang Street 51 and Choa Chu Kang North 5, I spotted a yellow taxi stopped by the side of the road without any signals or hazard light. As the taxi stopped at the most left side of the lane, I rode on the right side of the lane. Suddenly the taxi turned right and collided onto my motorcycle. I could not recall if the driver did signal before he made the U-turn. I was at the driver side door when he made the turn.The driver claimed that he wanted to make a right turn into Limbang Shopping Centre and he was on the left side of the lane. However he then confessed to me that he had received a taxi booking and wanted to make a U-turn instead. I saw the driver called the customer to inform that he was involved with an accident and unable to pick him up.

I called my cousin who was working at Limbang Shopping Centre to assist me. Subsequently ambulance came and pushed me into the ambulance. When traffic police came, I briefly told them the incident and was conveyed to Ng Teng Fong General Hospital hurriedly. My cousin then assisted me to take photo of the accident and the particulars of the driver. I was given two days of MC from Thursday to Friday. After the accident, I been feeling sever pain on my left side of my body and leg.

SINGAPORE POLICE FORCE

T/20180928/2006

Report No. T/20180928/2006

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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: J / Sgt 3 CHAI KAU JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2018 02:01
Officer In Charge Of Case: TP / GIT / Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:

Authentication Stamp

NP160

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8298J
Vehicle Details	
Vehicle No.:	FW2809D
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Oct 2018
Vehicle Make:	KAWASAKI
Vehicle Model:	KRR-ZX150
Primary Colour:	Green
Manufacturing Year:	2002
Engine No.:	KR150EEA55573
Chassis No.:	KR150KA55573
Maximum Power Output:	-
Open Market Value:	$3,550.00
Original Registration Date:	19 Feb 2003
First Registration Date:	19 Feb 2003
Transfer Count:	11
Actual ARF Paid:	$533.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 Feb 2023 ←
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	$1,780.00
COE Rebate Amount:	$807.00
Total Rebate Amount:	**$807.00**

Message

Please note that the National Environment Agency (NEA) is offering an incentive for the owner of this motorcycle to deregister the motorcycle on or before 5 April 2023.

This motorcycle is currently eligible for an incentive of $3,500 from NEA. If the COE is renewed from now till its deregistration on or before 5 April 2023, the incentive will be reduced to $2,000. The last registered owner of this motorcycle will receive the incentive from NEA.

This motorcycle will no longer be allowed for use on Singapore's roads after 30 June 2028.

For more information, please visit http://www.nea.gov.sg/mtcincentive or contact NEA at 1800-2255-632.

The information contained herein is correct as at 16 Oct 2018

OK

Yes thanks.

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/FCI18017834/Ncd3s2
Date: 24-10-2018
Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

	Insured Veh.	SHC 869A	Veh. Inspected	FW 2809D
	Policy No.		Coverage ($)	0.00
	Claim No.	D18007149MFSH	Excess ($)	0.00
	Assign From	LURENE JAW	Assign Date	01/10/2018

2. Vehicle Particulars & Condition

	Make & Model	KAWASAKI KRR-ZX150	c.c	148
	Engine No.	HIDDEN	Year of Reg.	2003
	Chassis No.	KR150KA55573	Colour	BLUE
	Odometer	21332 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre	90/80 R17	MICHELIN	5 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	100/80 R17	MICHELIN	5 mm
	L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.

5. General Information

	Accident Date	27/09/2018	Inspect Date / Time	02/10/2018 (04:41 PM)
	Survey held at	ENG SOON PAINTING SVC BLK 4 YEW TEE IND EST 393 - J WOODLANDS ROAD SINGAPORE 677969		

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:$6,000.00

Report Ref No. CS3/FCI18017834/Ncd3s2

Inspected By

MUHAMMAD NAZRIL BIN ABDULLAH
Automotive Assessor

K.K.LAU CPT(RET)
BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE
REGD Auto Consultant-SAE, Licensed Appraiser