

ASS. REC. BY:

REF: CS3/FCI 18018 576/Gcd3

Special Instruction:

Surveyor:

Lim Chiang
Lurme jaw

ASSIGNMENT (Office)

From (Person):

of FCI

Date/Time: 12/10/18 @ 2:39pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBK 8890M

Insured:

8HB3676A

at Workshop m/s

Advance Republic

Tel:

6384 4888 / 9450 9220

of

No. 68 Keiki Bkt Ave 6 #04-06

Policy No:

Claim No:

D18007325MFSH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 04/10/2018

After 10:30am @ 15/10/18

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS (up)

Date/Time:

3:08pm @ 12/10/18

Person Contacted:

Henny

Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
12/10/18	Repairer agreed survey on 15/10/18 (Henny)
	FBK 8890 M-X
	8HB3676A - NSI INCI 5006226/H1qbk 3
	Dismantle: 17/10/2018

D.O.A. 10/4/15

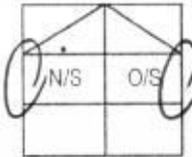
ASSIGNMENT

From: _____ Date: 15/10/18
 Estimated Cost: _____
 OD: TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: FBK 8890M
 at Workshop m/s: Advance Republic
 of: No. 68 kaki Bkt Ave 6 #04-06
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record) After 10:30am
 Make of Veh: _____

Veh No: FBK 8890M Yr Regn: Mar / 16
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Yamaha MT-09 Tracer c.c. 847
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 46658 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JYAR N29K 000000681
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In Good / Jammed / Leaked / Burnt or _____
 Brake: In Good / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 120/70ZR17
 R: 180/55ZR17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: \$ 20K
 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 1up
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Front 5 mm Rear 5 mm
 R/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 15-10-18
 Survey held at W/S 12:45pm
 Des. of Damages: Frt / Rear / O/S / W/S / UIC / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.



Date / Time	Action / Instruction
<u>19/10</u>	<u>Submit PRS report.</u>

RECEIVED 19 OCT 2018

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____

Days Of Repair: _____
 Resurvey No. of Trip: 1

Report Format: PRS
 Lump Sum / I.B.I.: (\$ _____)

Add Fee: Site Insp (\$ _____)
 Interview (\$ _____)
 Tech. Invs (\$ _____)
 Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photos _____
 Others _____
 TOTAL _____

MOTOR SURVEY ASSIGNMENT

Date	08-10-2018	Our Ref No. D18007325MFSH
Accident Date	04-10-2018	Claim Type. Third Party
Insured Vehicle	SHB3676A	Third Party Vehicle. FBK8890M
Survey Location	No. 68 Kaki Bukit Avenue 6 #04-06	
Contact Person.	JIMMY	
Contact No.	63844888/ 94509220	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	ADVANCE REPUBLIC PTE. LTD	Attention. NIL
Cc : TP Solicitor	TEO KENG SIANG LLC	TP Solicitor Fax No. 63335676
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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/244873)



PRI Documents



Close X

PRI Header Details

Claim No	D18007325MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & TEO KENC
Workshop Name	ADVANCE REPUBLIC PTE. LTD (Contact Person : JIMMY)	Survey Location & Contact Details	No. 68 Kaki Bukit Avenue 6 #04-06 Mobile: 94509220 , Phone: 63844888 , Fax: 0 EmailId: KELLY.CHENG@KSTEOPTR.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB3676A	TP Vehicle No	FBK8890M
PRI Recieved Date	11-10-2018 12:07:49 PM	Surveyor Appointed Date	12-10-2018 02:38:19 PM	Surveyor Accept Date	16-10-2018 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	16-10-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
------------------------------------	----------------------	-----------------------------	------------	--------------------------------	--------------------------------------------

Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
----------------	----------------------	-------------------------------------

Rec'd on 11/10/18 @ 9.15 am

D18/7325/cap/13

张景祥大律師樓
(律師兼公证及宣誓官)

TEO KENG SIANG LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098. Tel: 6333 4222 Fax: 6333 5676/5688
ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg

(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKS/A818-ACC-40991.18/kc
Your Ref : SHB 3676 A
Date : 9th October 2018

Secretary in charge: Kelly

Tel: 6333 4222 (ext 72)

Fax: 6333 5676 / 5688

Email: Kelly.cheng@ksteoptr.com

BY PDX #8002 & FAX: 6507 3849

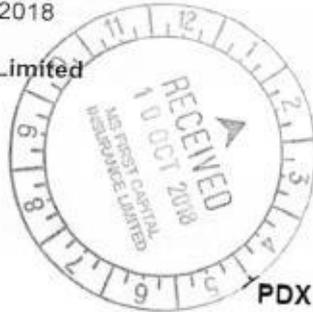
MS First Capital Insurance Limited

36 Robinson Road

#16-01 City House

Singapore 068877

Attn: Motor Claims Dept /



CITYCAB PTE LTD

383 Sin Ming Drive

Gas Building

Singapore 575717

BY POST

PDX Intercompany Exchange Pte Ltd



010808866198

FROM TEO KENG SIANG LLC

PDX Box No. 8902

Dear Sirs

NOTIFICATION OF ACCIDENT

RE: ACCIDENT INVOLVING FBK 8890 M / SHB 3676 A ON 4th OCTOBER 2018 ALONG TAMPINES EXPRESSWAY

We act for MUHAMMAD SHUUFIAN BIN MUHAMAD in the accident above.

We are instructed by the abovenamed Claimant to notify you of a road traffic accident on 4th OCTOBER 2018 at about 21:10PM along TAMPINES EXPRESSWAY involving our client's motor vehicle FBK 8890 M and motor vehicle SHB 3676 A driven by you or your authorized driver at the material time. A copy of the GIA/Traffic Police Report is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before we proceed to repair the damage vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, we shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle FBK 8890 M is now at the following workshop: -

ADVANCE REPUBLIC MOTOR PTE LTD

68 Kaki Bukit Avenue 6

#04-06, Ark@KB

Singapore 417896

Person I/C : Jimmy
Contact : 6384 4888 / 9450 9220

Yours faithfully,

M/S TEO KENG SIANG LLC

cc. Clients (By Fax: 6384 4488)

Teo Keng Siang
LL.M(Singapore),
LL.B (Hons) (Singapore)

Wong Yong Sheng, Kenneth
LL.B (Hons) University of Bristol

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 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. 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	08/10/2018 12:14
Date Of Accident	04/10/2018 21:10
Exact Location Of Accident	TAMPINES EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8890M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHUUFIAN BIN MUHAMAD
NRIC No	S8721740Z
Email Address	AHLISHUUFI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92376554
Alternative Phone No	OTHERS-92376554

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-09 ABS TRACER
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	THIRD PARTY
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	5078408899-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHUUFIAN BIN MUHAMAD
NRIC No	S8721740Z
Date Of Birth	20/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92376554
Fax Number	
Contact Number	OTHERS-92376554
Email Address	AHLISHUUFI@HOTMAIL.COM

Address	BLK 316C #10-160 YISHUN AVENUE 9 YISHUN GREENWALK
Postcode	763316
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20181008/2032

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	SHB3676A
Vehicle Make/Model/Colour	HYUNDAI I40 1.7L CRDI AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN CHUN HUI
NRIC/Passport Number	S8206244J
Contact Number	93833933
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SHUUFIAN BIN MUHAMAD
Approximate Age	31
Injuries Sustain	
Injured person in which vehicle?	FBK8890M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 316C #10-160 YISHUN AVENUE 9 YISHUN GREENWALK
Postcode	763316

SKETCH PLAN

IMPORTANT NOTICE

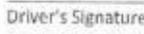
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

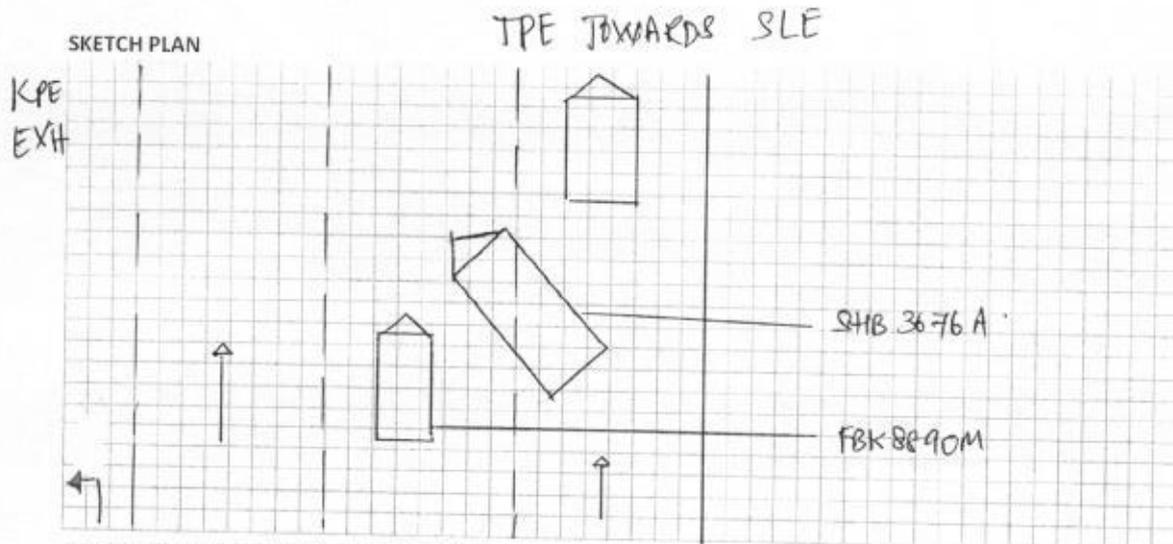


Driver's Signature
(If driver is not the policyholder)
Date & Time:

08 OCT 2018

IDAC KAKI BUKIT (VAC)
Reporting Centre
23 Kaki Bukit Ave 4
Singapore 415933
Name:
NRIC/TEL: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer e-file

(A large, loopy scribble is drawn across the remaining lines of the section.)

-ahlishuulfi@hotmail.com

DECLARATION

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

3A
 Policyholder's Signature
 Date & Time: 08 OCT 2018

08 OCT 2018

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Name: Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vockb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181008/2032

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

1 of 3
Report No. T/20181008/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2018 11:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SHUUFIAN BIN MUHAMAD			Address: 316C YISHUN AVENUE 9 #10-160 YISHUN GREENWALK SINGAPORE 763316		
ID Type / ID No.: NRIC NO / S8721740Z			Contact No.:		Mobile: 92376554
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 20/07/1987	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: FIRE FIGHTER			Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/10/2018 21:10	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY ALONG TPE TOWARDS SLE AFTER KPE EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8890M	Motorcycle	YAMAHA	MT-09 ABS TRACER	Blue		0
SHB3676A	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow		0

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181008/2032

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

2 of 3

Report No. T/20181008/2032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8890M	NTUC Income Insurance Co-Operative Limited	5078408899-02	16/03/2018	15/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	MUHAMMAD SHUUFIAN BIN MUHAMAD	ID No.	S8721740Z	
Related Vehicle	FBK8890M (Motorcycle)	Contact No.	92376554	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL	
Date Treatment	04/10/2018	Date Discharge	05/10/2018	
No. of Days granted Medical Leave	07	Degree of Injury	NIL	
Driver				
Name	TAN CHUN HUI	ID No.	S8206244J	
Related Vehicle	SHB3676A (Car)	Contact No.	93833933	
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 THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS RIDING ALONG THE SAID LOCATION. I WAS AT THE 2ND LANE. THERE WAS A VEHICLE IN FRONT OF ME SUDDENLY SWERVED TO THE RIGHT LANE MAKING THE TAXI VEHICLE OF (SHB3676A) ON THE FIRST LANE TO SLOWED DOWN AND SWERVE INTO MY LANE. THAT'S WHEN THE TAXI VEHICLE OF (SHB3676A) COLLIDED ON TO MY RIGHT SIDE OF MY VEHICLE. THE TAXI DRIVER DID NOT STOP WHEN MAKING CONTACT WITH MY VEHICLE, SO I HAVE TO CHASE HIM DOWN TO ASK HIM TO STOP. THAT'S ALL.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20181008/2032

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

3 of 3

Report No. T/20181008/2032

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 / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/10/2018 11:41
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature:

Accident Sketch Plan Pg. 1



ORIGINAL

MEDICAL CERTIFICATE

Reg No : 201220357K

EMD201820980

Name MUHAMMAD SHUUFIAN BIN MUHAMAD		NRIC No. S8721740Z
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>04-Oct-2018</u> to <u>10-Oct-2018</u> inclusive.		
Type of medical leave granted : <input checked="" type="checkbox"/> Hospitalization Leave <input type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave, Delivered on : _____ <input type="checkbox"/> Sterilization Leave, Operated on : _____		
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Not valid without official hospital stamp	Ward No. SKH Emergency Department	Signature, Name (In BLOCK LETTERS) and Designation/MCR No. PIYARATNE HATHURUSINGHAGE S B , 61830F
	Date 05-Oct-2018	

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1740Z
Vehicle Details	
Vehicle No.:	FBK8890M
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Oct 2018
Vehicle Make:	YAMAHA
Vehicle Model:	MT-09 ABS TRACER
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	N701E049059
Chassis No.:	JYARN29K000000681
Maximum Power Output:	-
Open Market Value:	\$10,356.00
Original Registration Date:	16 Mar 2016
First Registration Date:	16 Mar 2016
Transfer Count:	1
Actual ARF Paid:	\$1,554.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Mar 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,353.00
COE Rebate Amount:	\$4,703.00
Total Rebate Amount:	\$4,703.00

The information contained herein is correct as at 18 Oct 2018

OK

[REPORT ERROR > \(/LISTING/LISTING/ERROR/USEDBIKE/8621/\)](#)[+ ADD TO SHORTLIST](#)[Like 0](#)[Share](#)[SHARE \(WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/YAMAHA-YAMAHA-MT-09-TRACER/8](#)

Yamaha MT-09 Tracer

Listing Type	Paid Ad
Brand	Yamaha (/listing/usedbike/brand/yamaha/)
Model	Yamaha MT-09 Tracer (/listing/usedbike/model/yamaha-mt-09-tracer/)
Engine Capacity	847cc
Classification	2
Registration Date	29/03/2016
COE Expiry Date	28/03/2026 (7 years 5 months left)
Mileage	18600km
No. of owners	2
Type of Vehicle	Sport Tourers (/listing/usedbikes/listing/?bike_type=2)

Price: ^{SGD}\$22800

DETAILS

Original factory paint work Race blue with Matt silver. Engine in great working condition with no rattle sound. Absolutely stunning. Great touring bike. Well taken care of. See to believe. Trade in and loan available. Call us for more info.

Accessories

Akrapovic Full system exhaust with LTA approve cert and original exhaust will be given to new owner. 2 x Yamaha side panniers. Puig high touring windshield. Givi crash bar, SW Motech side stand enlarger, Fog light, Top box rack.

Yamaha MT-09 (/listing/usedbike/yamaha-yamaha-mt-09/9241/)



(/listing/usedbike/yamaha-yamaha-mt-09/9241/)

SGD\$16500

Reg : 23/09/2014

Type: Street Bikes

847cc

80413km

Well maintain. Trade in/Loan of vehicle available. Interested buyers are welcome to neg. Come visit Albert Motor Supply.

Posted on : 23/09/2018

★ PAID AD ★ DEALER AD

■ COMPARE DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-MT-09/9241/)

Yamaha MT-09 (/listing/usedbike/yamaha-yamaha-mt-09/9927/)



(/listing/usedbike/yamaha-yamaha-mt-09/9927/)

SGD\$19800

Reg : 21/01/2016

Type: Street Bikes

847cc

24000km

Accident free. First Owner. Using Metzeler RoadTec 01.

Posted on : 14/10/2018

★ DIRECT SELLER

■ COMPARE DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-MT-09/9927/)

Yamaha MT-09 Tracer (/listing/usedbike/yamaha-yamaha-fj-09/9918/)



(/listing/usedbike/yamaha-yamaha-fj-09/9918/)

SGD\$21000

Reg : 17/08/2015

Type: Sport Tourers

847cc

34000km

New road tax till 2019. Never been to Malaysia before, no touring done. Daily commute. Last Maintenance as of 10/10/18; Spark plugs, EO and oil filter, Brake pads front and back, Sprocket ...

Posted on : 13/10/2018

★ DIRECT SELLER

■ COMPARE DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-FJ-09/9918/)

Yamaha MT-09 Tracer (/listing/usedbike/yamaha-yamaha-mt-09-tracer/9878/)



(/listing/usedbike/yamaha-yamaha-mt-09-tracer/9878/)

SGD\$32000

Reg : 07/05/2016

Type: Sport Tourers

847cc

27000km

Low mileage. Low commute, Mainly for work. Went for touring to KL only once. Bike is well maintained and serviced. Parked at MSCP or bike cover under open carparks. New: Gold Chain, Footpegs (...)

Posted on : 11/10/2018

★ DIRECT SELLER

■ COMPARE DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-MT-09-TRACER/9878/)

① X

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 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. 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	05/10/2018 11:07
Date Of Accident	04/10/2018 21:00
Exact Location Of Accident	TPE TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3676A
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	REPORTING ONLY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAN CHUN HUI (CHEN JUNHUI)
NRIC No	S8206244J
Date Of Birth	17/02/1982
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93833933
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 510 SERANGOON NORTH AVE 4 #07-342
Postcode	550510
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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 [OTHER]	PUNGGOL N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20181004/2196

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	FBK8890M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD SHUUFIAN BIN MUHAMAD
NRIC/Passport Number	S8721740Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SHUUFIAN BIN MUHAMAD
------	-------------------------------

Approximate Age

Injuries Sustain

PAIN ON RIGHT LEG

Injured person in which vehicle?

FBK8890M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

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.

CITYCAB PTE LTD
CO. REG.-NO. 199502839G

Policyholder's Signature
Date & Time:



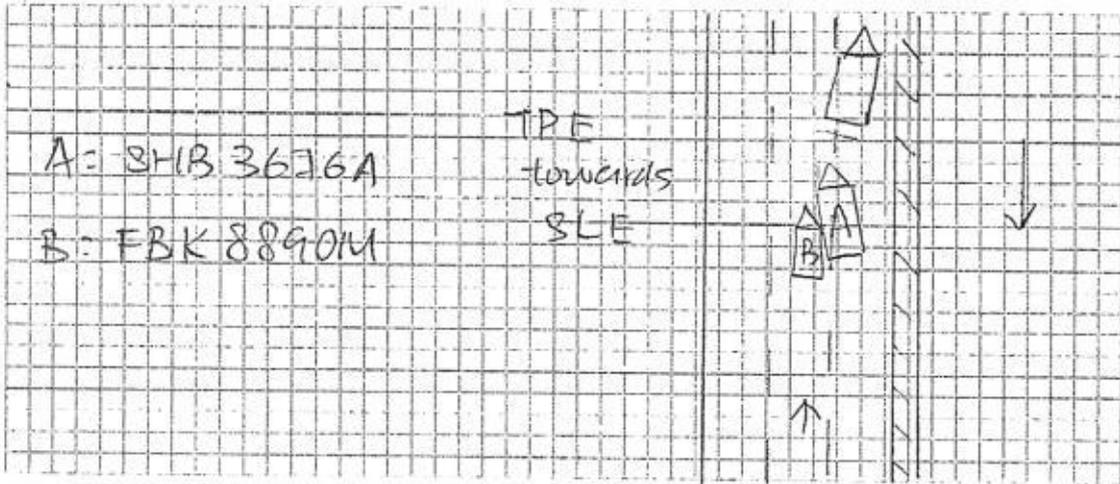
Driver's signature
(If driver is not the policyholder)
Date & Time: 5/10/18 10.35 am



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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report.
T/ 20187004/2196

DECLARATION

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

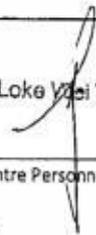
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

General SketchPlanForm_V3


Driver's Signature
(If driver is not the policyholder)

Date & Time: 5/10/18 10.40 AM


Loke Yee Yieng

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



**SINGAPORE
POLICE FORCE**



T/20181004/2196

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20181004/2196

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2018 23:21	Vide Report No.: G/20181004/0211	Station Diary No.: 91
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: TAN CHUN HUI		Address: APT BLK 509 SERANGOON NORTH AVENUE 4 #06-362 SINGAPORE 550509	
ID Type / ID No.: NRIC NO / S8206244J		Contact No.: Home/Office: Mobile: 93833933	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 17/02/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		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: 04/10/2018 21:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY SELETAR EXPRESSWAY Near 6.5km				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBK8890M	Motorcycle					0
SHB3676A	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20181004/2196

2 of 3

Report No. T/20181004/2196

CONTINUATION OF REPORT

Rider			
Name	MMuhammad Shuufian Bin Muhamad	ID No.	S87217402
Related Vehicle	FBK8890M (Motorcycle)	Contact No.	92376554
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
Driver			
Name	TAN CHUN HUI	ID No.	S8206244J
Related Vehicle	SHB3676A (Car)	Contact No.	93833933
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 04/10/2018 at about 2100hrs, I was driving along TPE towards SLE near the 6.5km mark when I met with an accident.

I was driving along the first lane from the divider when suddenly a car swerved into my lane in front of me and applied his brakes. To avoid the collision I had to swerve to my left but by doing so I had knocked onto a motorcycle, he did not fall and had stabilized himself. I then stopped my vehicle and got out to check on him. He informed that he felt pain on his right leg and wants to call for the ambulance which he did. We then exchange particulars and then he was conveyed to SengKang General Hospital.

The traffic police that attended to me told me to make a traffic accident report thus I am making this report.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20181004/2196

3 of 3

Report No. T/20181004/2196

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: F / Sgt 2 LEE TAT HENG -
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365 SIC 085

Signature Of Informant:
Date/Time: 04/10/2018 23:21
Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force



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

PRE-REPAIR INSPECTION REPORT			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18018576/Gcd3s2 Date: 24-10-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHB 3676A	Veh. Inspected	FBK 8890M
Policy No.	D18088937MFSH	Coverage (\$)	0.00
Claim No.	D18007325MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	12/10/2018
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA MT-09 TRACER	c.c	847
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JYARN29K000000681	Colour	BLACK
Odometer	46658 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	120/70ZR17	MICHELIN	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	180/55ZR17	MICHELIN	5 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY.			
5. General Information			
Accident Date	04/10/2018	Inspect Date / Time	15/10/2018 (12:45 PM)
Survey held at	ADVANCE REPUBLIC PTE LTD BLK 68 KAKI BUKIT AVE 6 #04-06 SINGAPORE 417896		
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:\$20,000.00			

Report Ref No. CS3/FCI18018576/Gcd3s2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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