

ASS. REC. BY:

REF:

CS3/FC118018577/Gcd3⁸²

Special Instruction:

Surveyor

Guo Qiang

ASSIGNMENT (Office)

From (Person):

CWS

Lurene jaw

of

FCI

Date/Time:

12/10/18 @ 2:40pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBL 963J

Insured:

8HC 7777K

at Workshop m/s

Trikrystal Aerospace

Tel:

9861 5303

of

11 Kaki Bkt Ave 6 # 02-35

Policy No:

Claim No:

D18007402MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

05/10/2018

15/10/18 @ Morning

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

up

Date/Time:

257pm 12/10/18

Person Contacted:

Wilson

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
12/10/18	Repairer agreed survey on 15/10/18
	FBL 963J - X
	8HC 7777K - CC4/ASM/18000855/K146352
	Dismantle: 16/10/2018

DOA: 12/1/2018

MOTOR SURVEY ASSIGNMENT

Date	11-10-2018	Our Ref No. D18007402MFSH
Accident Date	05-10-2018	Claim Type. Third Party
Insured Vehicle	SHC7777K	Third Party Vehicle. FBL963J
Survey Location	1 KAKI BULKIT AVENUE 6 #02-35, AUTO BAY	
Contact Person.	WILSON	
Contact No.	98615303/ 98615303	Fax No. 65098726
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	TRIKRISTAL AEROSPACE PTE. LTD.	Attention. NIL
Cc : TP Solicitor	CENTRO-LEGAL LAW CORPORATION	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 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	09/10/2018 12:19
Date Of Accident	05/10/2018 20:05
Exact Location Of Accident	SENTOSA GATEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL963J
Insured/Policyholder	
Name Of Registered Owner	NURAKIDAH BINTE MOHD SHAFIEE
NRIC No	S9226541B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94797210
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150-149CC

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5091500681-01
Cover Note Number	

Driver

Name of Driver	NURAKIDAH BINTE MOHD SHAFIEE
NRIC No	S9226541B
Date Of Birth	03/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	16/05/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94797210
Fax Number	
Contact Number	OFFICE-88888888
Email Address	NOEMAIL

Address	BLK 104A CANBERRA STREET #02-491
Postcode	751104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	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?	NO
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	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER POLICE REPORT T/2018006/2114

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	SHC7777K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NURAKIDAH BINTE MOHD SHAFIEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL963J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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)**

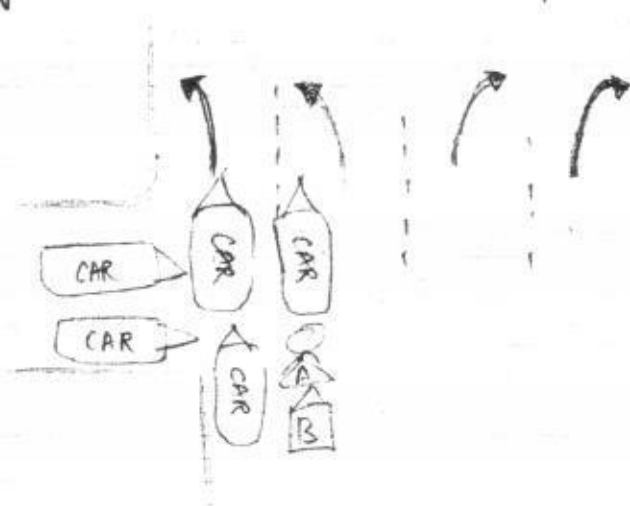
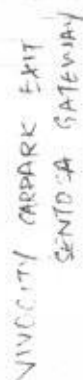
I understand, acknowledge, agree and consent that:

- (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:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer police report T/2018 1006/3114.

DECLARATION

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

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

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



**SINGAPORE
POLICE FORCE**



T/20181006/2114

1 of 3

Report No. T/20181006/2114

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2018 15:51		Vide Report No.:	Station Diary No.: 17
Informant's Particulars			
Name of Informant: NURAKIDAH BINTE MOHD SHAFIEE		Address: APT BLK 104A CANBERRA STREET #02-491 SINGAPORE 751104	
ID Type / ID No.: NRIC NO / S9226541B		Contact No.: Home/Office: Mobile: 94797216	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 26	Date of Birth: 03/08/1992	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Delivery Rider		Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2018 20:05	Type of Location: Straight Road
Location: Along Road 1 SENTOSA GATEWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBL963J	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	0
SHC7777K	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL963J	NTUC Income Insurance Co-Operative Limited	5091500681-01	02/06/2018	01/06/2019



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/20181006/2114

2 of 3

Report No. T/20181006/2114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	NURAKIDAH BINTE MOHD SHAFIEE	ID No.	S9226541B
Related Vehicle	FBL963J (Motorcycle)	Contact No.	94797216
Hospital/Clinic	NORTHEAST (BUKIT BATOK) 24 HR FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	06/10/2018	Date Discharge	06/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MUHAMMAD ARSLAN	ID No.	S2661754E
Related Vehicle	SHC7777K (Car)	Contact No.	98378140
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 5/10/18, around 2004hrs, I was stationary along Sentosa Gateway on my vehicle, V1) FBL963J. Subsequently, there was another vehicle, V2) SHC7777K, that collided on the right portion of V1 while it was stationary. I suffered from a sprained left ankle and pain in my backbone, left hip and elbow was also in pain. I then went to seek treatment and received 3 days MC. I am lodging this report for my insurance claims.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/20181006/2114

3 of 3

Report No. T/20181006/2114

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 /
Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /

SIANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP 168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:
06/10/2018 15:51

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6541B
Vehicle Details	
Vehicle No.:	FBL963J
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Oct 2018
Vehicle Make:	YAMAHA
Vehicle Model:	FZN150
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	G3E3E0001269
Chassis No.:	ME1RG1619F2001283
Maximum Power Output:	-
Open Market Value:	\$2,379.00
Original Registration Date:	02 Jun 2016
First Registration Date:	02 Jun 2016
Transfer Count:	1
Actual ARF Paid:	\$357.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Jun 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,302.00
COE Rebate Amount:	\$4,806.00
Total Rebate Amount:	\$4,806.00

The information contained herein is correct as at 16 Oct 2018

OK



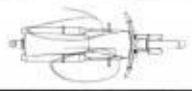
LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT				
FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18018577/Gcd3s2		
36 ROBINSON ROAD		Date: 23-10-2018		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHC 7777K	Veh. Inspected	FBL 963J	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18007402MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	12/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA FZN150	c.c	149	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	ME1RG1619F2001283	Colour	RED	
Odometer	53288 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	110/70-17	PIRELLI	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	140/70-17	PIRELLI	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	05/10/2018	Inspect Date / Time	15/10/2018 (12:30 PM)	
Survey held at	TRIKRISTAL AEROSPACE- 1 KAKI BUKIT AVE 6#02-35			
Repairer	-			
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:\$9,800.00				

Report Ref No. CS3/FCI18018577/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 contract or tort, is accepted to any third party who may rely 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.