

ASS. REC. BY:

REF: CS/FCI18018841/Tlad3ex Special Instruction:

Surveyor:

CWS

Tanjah

ASSIGNMENT (Office)

From (Person):

Karen Tan

of

FCI

Date/Time: 16/10/2018 @ 5.22pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBH 9477H

Insured:

SH 8126B

at Workshop m/s:

HKL Jim Team

Tel:

6275 6566

of

Blk 1008, Blk Merah Lane 3 #01-24

Policy No:

Claim No:

D18007508MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/10/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

9.41am @ 17/10/18

Person Contacted:

paul

Vehicle: IN OUT

Date/Time

Action/Instruction

Estimate

FBH 9477H - NBA/INC18018686/Y

DOA: 12/10/2018

SH 8126B - NBA/INC18018686/Y

DOA: 12/10/2018

19/10/18

Email preli revised to FCI

Signature

Taufik

REF:

FCI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 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.

N/S	O/S

Bal. or Market Value: \$1000
 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

Date: _____ Person Contacted: _____
 Vehicle: IN / OUT
 James

Veh No: FRH 9477H Yr Regn: 2009 March
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Yamaha X-1R C.C. 135
 Colour: Black A/C Insured / Std / NI / NA
 Sp. Reading: 72870 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 453203219
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / Rim / STD A/Rim or
 Tyre Size: F: 80/90 R17
 R: 90/80 R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front R/Bal. 5 mm Rear R/Bal. 5 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 18/10/18
 Survey held at MKL Lim
 Des. of Damages: Fr / Rear / D/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Taufik, pls check repair limit.
29/3	Taufik said repairer inform the vehicle has not send in for repair.
27/3	Submit preli report. (Preli sig \$2,223.30; check name: \$1,426.50).
	RECEIVED 29 MAR 2019
	22/10.

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

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

Days Of Repair: 6
 Resurvey No. of Trip: -
 Survey Fee: _____
 Transportation: _____
 Add Fee: Site Insp (\$) _____
 Interview (\$) _____
 Tech. Invs (\$) _____
 Weekend (\$) _____
 S + RS _____
 Photos _____
 Others _____

140
90
53
TOTAL 243

Job Sheet (/ClaimWS/Surveyor/JobSheet/245096)



PRI Documents



Close



PRI Header Details

Claim No	D18007508MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & HLK LIM T
Workshop Name	HKL LIM TEAM MOTORSPORT (Contact Person : JAMES LIM (KEONG))	Survey Location & Contact Details	BLK 1008 #01-24 Bukit Merah Lane 3 Mobile: 62756566 , Phone: 62756656 , Fax: 6272929: EmailId: HKLLIMTEAM@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH8126B	TP Vehicle No	FBH9477H
PRI Recieved Date	16-10-2018 05:34:45 PM	Surveyor Appointed Date	16-10-2018 05:21:15 PM	Surveyor Accept Date	17-10-2018 1

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	17-10-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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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

File Name

Action

Surveyor Job Remarks

Remarks

MOTOR SURVEY ASSIGNMENT

Date	16-10-2018	Our Ref No. D18007508MFSH
Accident Date	12-10-2018	Claim Type. Third Party
Insured Vehicle	SH8126B	Third Party Vehicle. FBH9477H
Survey Location	BLK 1008 #01-24 Bukit Merah Lane 3	
Contact Person.	JAMES LIM (KEONG)	
Contact No.	62756656/ 62756566	Fax No. 62729291
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	HKL LIM TEAM MOTORSPORT	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 19 October 2018 4:17 PM
To: 'CWS Motor Claims'
Cc: 'Karen Tan'; SUR
Subject: RE: SURVEY ASSESSMENT - D18007508MFSH/1, FBH 9477H
Attachments: FBH 9477H PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle FBH 9477H
Date of survey: 18/10/2018
Number of days : 6 days

Best Regards,

Veron Chen | Case Handler on behalf of Jannice

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Wednesday, 17 October 2018 9:47 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Karen Tan' <karentan@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18007508MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Tuesday, 16 October 2018 5:21 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Karen Tan <karentan@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18007508MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



This email has been checked for viruses by AVG antivirus software.
www.avg.com



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18007508MFSH

Our ref: CS/FCI18018841/T1rd3

Date: 19/10/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

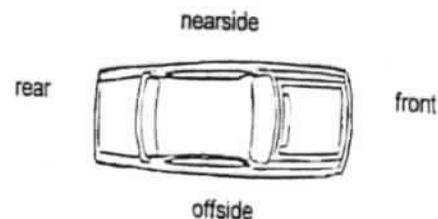
INITIAL INSPECTION REPORT OF VEHICLE NO FBH 9477H

We thank you for your instruction on 18/10/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 18/10/2018 at the premises of M/s HKL LIM TEAM MOTORSPORT and have the following to report:-

Workshop Estimate Amount	: S\$5,002.00
Revised Estimate Amount	: S\$2,223.30
"Check" Items Amount	: S\$1,426.50
Total	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:
The vehicle sustained damages at the front portion and o/s body



Comments/Present Status:

Damages Consistent

Yours faithfully,

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automobile Assessor

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9452Z
Vehicle Details	
Vehicle No.:	FBH9477H
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Nov 2018
Vehicle Make:	YAMAHA
Vehicle Model:	X-1R
Primary Colour:	Blue
Manufacturing Year:	2008
Engine No.:	4S3203219
Chassis No.:	4S3203219
Maximum Power Output:	-
Open Market Value:	\$1,820.00
Original Registration Date:	11 Mar 2009
First Registration Date:	11 Mar 2009
Transfer Count:	8
Actual ARF Paid:	\$273.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Mar 2019
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$900.00
COE Rebate Amount:	\$39.00
Total Rebate Amount:	\$39.00

The information contained herein is correct as at 15 Nov 2018

OK

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	15/10/2018 17:12
Date Of Accident	12/10/2018 22:00
Exact Location Of Accident	ENTRANCE OF AUSTRALIAN EMBASSY ,NAPIER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBH9477H
Insured/Policyholder	
Name Of Registered Owner	CHAN CHONG MING (CHEN ZHONGMING)
NRIC No	S8619452Z
Email Address	CHONGMING.CHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84881000
Alternative Phone No	OFFICE-84881000
Vehicle Particulars	
Manufacturer	YAMAHA
Model	X-1R-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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
Fleet Policy	NO
Policy Number	5091609223-01
Cover Note Number	
Driver	
Name of Driver	CHAN CHONG MING (CHEN ZHONGMING)
NRIC No	S8619452Z
Date Of Birth	22/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84881000
Fax Number	
Contact Number	OFFICE-84881000
EMail Address	CHONGMING.CHAN@GMAIL.COM

Address	BLK 22 GHIM MOH LINK #36-208
Postcode	2710252
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 - CHANGE/CROSS LANE
Weather Conditions	SLIGHT DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181013/2065 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SH8126H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG CHOON LAN
NRIC/Passport Number	S1621825A
Contact Number	93820601
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHAN CHONG MING (CHEN ZHONGMING)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH9477H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

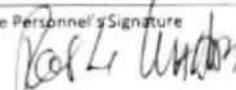
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

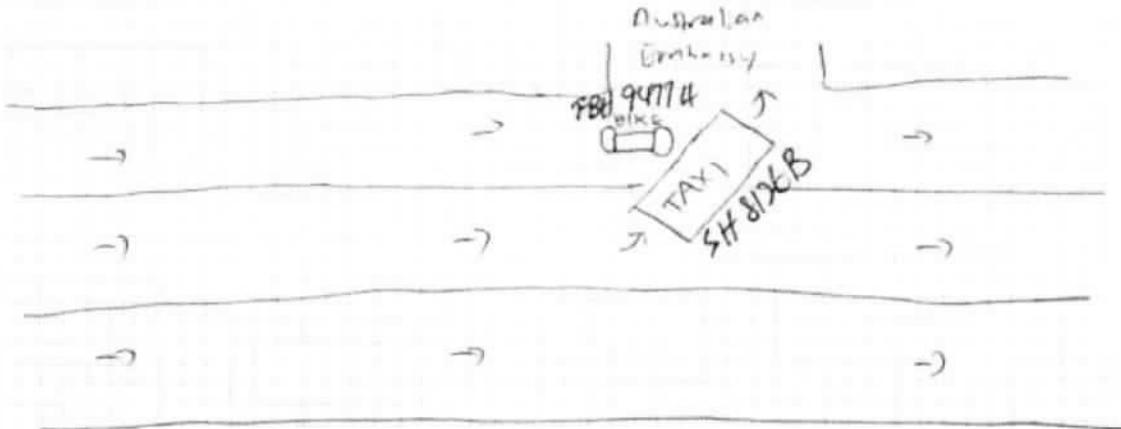

Policyholder's Signature
Date & Time: 15/10/2018
1430 hrs

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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along Nuyter Road at the foremost left lane, and as I was near the Australian Embassy, a blue Comfort taxi which was in the middle lane, suddenly made a left turn into the Embassy. I had no time to react as it happened too fast, and I subsequently crashed into the taxi's left rear, near the passenger window. I was thrown off my motorcycle and flung forwards. As a result, I had abrasions and bruises on my body. There were 2 or 3 Caucasian passengers inside the taxi, and they came down to assist me, and at that point, they had no visible injuries on them. An ambulance and 2 TP officers arrived at the scene.

DECLARATION

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

Policyholder's Signature
 Date & Time: 15/10/2013
 14:30hrs

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

Reporting Centre Personnel's Signature
 Name: 15/10/2013
 NRIC/FIN No.: [Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181013/2065

1 of 3

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20181013/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 12:39	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: CHAN CHONG MING		Address: APT BLK 22 GHIM MOH LINK #36-208 SINGAPORE 271022	
ID Type / ID No.: NRIC NO / S8619452Z		Contact No.:	Mobile: 84881000
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 22/07/1986	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Insurance Agent		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2018 22:00	Type of Location: Straight Road
Location: Along Road 1 NAPIER ROAD Along Napier Road just outside Australian Embassy				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBH9477H	Motorcycle	YAMAHA	X-1R	Black	Seriously Damaged	0
SH8126B	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9477H	NTUC Income Insurance Co-Operative Limited	5091609223-01	25/04/2018	24/04/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181013/2065

2 of 3

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20181013/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAN CHONG MING	ID No.	S8619452Z
Related Vehicle	FBH9477H (Motorcycle)	Contact No.	84881000
Hospital/Clinic	Northeast Medical Group	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Other Person Involved			
Name	Unknown	ID No.	NIL
Related Vehicle	SH8126B (Car)	Contact No.	93820601
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 12/10/2018 in between 2200hrs and 2230hrs, I was riding along Napier road at the foremost left last lane. As I was near the Australian Embassy, a Blue colour Comfort Taxi which was in the middle lane, suddenly took a left turn, to turn into the Australian Embassy. I had no time to react as it happened too fast and I subsequently hit onto the Taxi's left side near to the passenger door. Due to the accident, I had abrasions and bruises on my body. My bike had damages amounting to about S\$2000/-. There were 2 to 3 Caucasian passengers inside the Taxi and at that point of time there were no visible injuries on them. Ambulance and Traffic Police were at scene. The Taxi driver informed me that she wants to have a private settlement however she had not answered my call till now.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181013/2065

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

3 of 3

Report No. T/20181013/2065

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:

D /
Sr Staff Sgt VIGNESWARAN MEENATCHI
SUNDARAM SHANMUGANATHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/10/2018 12:39

Officer In Charge Of Case:

TP / GIT /
Insp MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

Classification Of Case:

Authentication Stamp
NP158



HKL LIM TEAM MOTORSPORT

Blk 1008 #01-24, Bukit Merah Lane 3, Singapore 159722 Tel: 6275 6656, 6275 6566, 62727292 Fax: 6272 9291
Email: support@hklimmotorsport.com.sg Website: www.hklimmotorsport.com.sg

FBH9477H

- 1 METER ASSY
- 2 METER ASSY PANEL
- 3 FRONT FORK ASSY LH / RH
- 4 FRONT FORK UNDER BRACKET
- 5 STEERING CONE BEARING
- 6 BODY FRAME ALIGNMENT
- 7 FRONT FENDER
- 8 FRONT FENDER STICKER
- 9 FRONT WHEEL RIM
- 10 FRONT WHEEL SHALF
- 11 FRONT WHEEL BEARING 2PCS
- 12 FRONT BRAKE DISC
- 13 HEAD COWLING
- 14 HEAD COWLING STICKER
- 15 IU UNIT
- 16 HANDLE BAR RH
- 17 HANDLE BAR BRACKET
- 18 HANDLE BAR BALANCER
- 19 FRONT NO PLATE
- 20 BRAKE LEVER
- 21 SIDE MIRROR LH / RH
- 22 HEADLIGHT
- 23 BRAKE PEDAL
- 24 FRONT FOOT REST BAR
- 25 FRONT FOOT REST RH
- 26 EXHAUST PIPE LEOVINCE
- 27 EXHAUST INSPECTION
- 28 SIDE FAIRING RH
- 29 SIDE FAIRING STICKER
- 30 TAILBOARD RH
- 31 TAILBOARD STICKER
- 32 TOP BOX
- 33 TOP BOX BRACKET
- 34 BASKET
- 35 TOWING *
- 36 LABOUR *

- \$280.00 ?
- \$35.00? shifted
- \$300.00 RTA 150 SN
- \$180.00 ~~cut~~ n n
- \$80.00 ?
- \$380.00 200 photo?
- \$55.00 cut-
- \$80.00 cut-
- \$180.00 ?
- \$35.00 ?
- \$40.00 ?
- \$120.00 ?
- \$120.00 and-
- \$80.00 cut-
- \$180.00 x n n
- \$120.00 ?
- \$80.00 ?
- \$20.00 and-
- \$12.00 cut-
- \$25.00 cut-
- \$60.00 cut-
- \$180.00 cut-
- \$55.00 dol
- \$60.00 cut?
- \$45.00 cut-
- \$800.00 dol
- \$90.00 ?
- \$85.00 do's
- \$80.00 cut-
- \$85.00 ?
- \$80.00 cut-
- \$160.00 cut-
- \$80.00 x 1 n
- \$40.00 x n n
- \$50.00 -
- \$650.00 280.

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:

Tanpin 97495749
- WP'
(8/10/18 @ 1145
Resurvey after repair
sur @ lkkauto.com
6 days. kuyssum.
* (check repair limit

TOTAL

\$5,002.00

[Signature]
22/10/18



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			
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18018841/T1cd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 11-04-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SH 8126B	Veh. Inspected	FBH 9477H
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18007508MFSH	Excess (\$)	0.00
Assign From	KAREN TAN	Assign Date	16/10/2018
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA X-1R	c.c	135
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	4S3203219	Colour	BLACK
Odometer	72870	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	80/90 R17	MICHELIN	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	90/80 R17	MICHELIN	5 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/10/2018	Inspection Date	18/10/2018
Survey held at	HKL LIM TEAM MOTORSPORT BLK 1008 #01-24 BUKIT MERAH LANE 3 SINGAPORE 159722.		
5a. Remarks			
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBH 9477H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	METER ASSY	* CHECK	280.00	-
1	METER ASSY PANEL	* CHECK	35.00	-
1	FRONT FORK UNDER BRACKET	NOT NECESSARY	180.00	-
1	STEERING CONE BEARING	* CHECK	80.00	-
1	FRONT FENDER	CUT	55.00	55.00
1	FRONT FENDER STICKER	CUT	80.00	80.00
1	FRONT WHEEL RIM	* CHECK	180.00	-
1	FRONT WHEEL SHALF	* CHECK	35.00	-
2	FRONT WHEEL BEARING	* CHECK	40.00	-
1	FRONT BRAKE DISC	* CHECK	120.00	-
1	HEAD COWLING	CUT	120.00	120.00
1	HEAD COWLING STICKER	CUT	80.00	80.00
1	IU UNIT	NOT NECESSARY	180.00	-
1	HANDLE BAR RH	* CHECK	120.00	-
1	HANDLE BAR BRACKET	* CHECK	80.00	-
1	HANDLE BAR BALANCER	CUT	20.00	20.00
1	FRONT NO PLATE	CUT	12.00	12.00
1	BRAKE LEVER	CUT	25.00	25.00
2	SIDE MIRROR LH / RH	CUT	60.00	60.00
1	HEADLIGHT	CUT	180.00	180.00
1	BRAKE PEDAL	DENTED	55.00	55.00
1	FRONT FOOT REST BAR	* CHECK	60.00	-
1	FRONT FOOT REST RH	CUT	45.00	45.00
1	EXHAUST PIPE LEOVINCE	DENTED	800.00	800.00
1	EXHAUST INSPECTION	* CHECK	90.00	-
1	SIDE FAIRING RH	DISTORTED	85.00	85.00
1	SIDE FAIRING STICKER	CUT	80.00	80.00
1	TAILBOARD RH	* CHECK	85.00	-
1	TAILBOARD STICKER	CUT	80.00	80.00
1	TOP BOX	CUT	160.00	160.00
1	TOP BOX BRACKET	NOT NECESSARY	80.00	-

Report Ref No. CS/FCI18018841/T1cd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BASKET	NOT NECESSARY	40.00	-
	LESS 10% DISCOUNT		-	-193.70
			3,622.00	1,743.30
	<u>SPECIAL NETT ITEMS</u>			
2	FRONT FORK ASSY LH / RH (SN)	SHIFTED	300.00	150.00
			300.00	150.00
	<u>LABOUR</u>			
	BODY FRAME ALIGNMENT.	* CHECK	380.00	-
	TOWING.		50.00	50.00
	LABOUR.		650.00	280.00
			1,080.00	330.00
GRAND TOTAL			5,002.00	2,223.30
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$1,464.50NETT)				2,223.30

Report Ref No. CS/FCI18018841/T1cd3e2

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automotive Assessor

ADRIAN LING WAI PING
B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI
Licensed Appraiser

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