

ASS. REC. BY:

REF:

CS/FCI/8019/24/ R/r CS

Special Instruction:

Surveyor:

CWS

ASSIGNMENT (Office)

From (Person):

Serene fer

of

FCI

Date/Time:

2010/10/20 11:54am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBD 6377D

Insured:

SH 8249E

at Workshop m/s

Southern Motor

Tel:

62730369

of

Blk 1006 # 01-10 Blk merch Lane 2

Policy No:

Claim No:

D18007323 MPSTH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

05/10/2018

23/10/2018

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS 'DS'

Date/Time: 9:55am 22/10/18

Person Contacted:

Ah huat

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

FBD 6377D - NBA/INC18018223/Y

DOA: 5/10/2018

SH 8249E - NBA/INC18018233/Y

DOA: 5/10/2018

24/10/18

Revert LA via email.

photo

Surveyor

Rasul

REF:

47002

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBD 63770at Workshop m/s Southern Motorof 1006, BUKIT MERAH L22 #01-10Insured: FCI

Policy No. _____

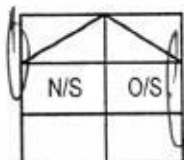
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBD 63770 Yr Regn: 2009 / MY

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

Truck / Trailer or

Make: YAMAHA 7135 C.C. 135Colour: Amst Red A/C: Insured / Std / NI / NASp. Reading: 06986 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 5YP 301160

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / 3/Rim / STD A/Rim orTyre Size: F: 80/90-17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or WINKSFront 3 mm Rear 3 mmR/Bal. 3 mm L/Bal. 3 mmL/Bal. 3 mm L/Bal. 3 mmD.O.A. 05/10/18 D.O.I. 23/10/18Survey held at Southern Motor

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

N/S FR 8 O/S FR

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

Date / Time	Action / Instruction
	email: <u>soumotor@hotmail.com</u>
	Confirm L/s \$500 @ 2 days with Mr Lim
	Red: \$184.00, 21%.
	RECEIVED 30 OCT 2010

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2) _____

☐

Preli. Report

☒

Final Report

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum / L.B.I: (\$ 560)

40

56

26

166

MOTOR SURVEY ASSIGNMENT

Date	08-10-2018	Our Ref No. D18007323MFSH
Accident Date	05-10-2018	Claim Type. Third Party
Insured Vehicle	SH8249E	Third Party Vehicle. FBD6377D
Survey Location	BLK 1006 #01-10 BUKIT MERAH LANE 2	
Contact Person.	NA	
Contact No.	62730369/ 0	Fax No. 62746614
Survey Type	DIRECT SETTLEMENT: EST. COR - \$857.70	
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	SOUTHERN MOTOR	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18007323MFSH

Date: 24 October 2018

Our Ref: CS/FCI180/R1rb

The Motor Claims Department
First Capital Insurance Ltd

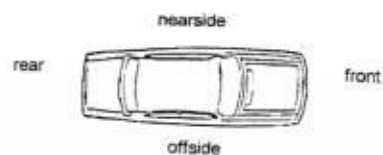
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. FBD 6377D .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 23/10/2018 at the premises of M/s SOUTHERN MOTOR PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>857.70</u> .
Revised Estimate Amount	: S\$ <u>673.70</u> .
"Check" Items Amount	: S\$ <u> </u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

Description of Damage:
The vehicle sustained damages
at the n/s front & o/s front..



Yours faithfully

RASUL
Automotive Assessor

Transfer Of Vehicle Ownership (Acknowledgement)**Vehicle Details**

Vehicle No.:	FBD6377D		
Vehicle Type:	P00 - Passenger Motorcycle/Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Make:	YAMAHA	Vehicle Model:	T135
Chassis No.:	5YP301160	Engine No.:	5YP301160
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	135 cc	Power Rating:	-
Unladen Weight:	101 kg	Maximum Laden Weight:-	
Primary Colour:	Red	Secondary Colour:	White
IU Label No.:	713642090	Maximum Power Output:	-
First Registration Date:	26 May 2009	Original Registration Date:	26 May 2009
Manufacturing Year:	2009	Open Market Value:	\$1,746.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfer:	1	Actual ARF Paid:	\$262.00

Owner Particulars

Owner Name: SOUTHERN MOTOR

Owner ID Type: Business

Owner ID: 23414700L

Registered Address
Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House
No.: 1006

Registered Street Name: BUKIT MERAH LANE 2

Registered Unit No.: # 01 - 10

Registered Building
Name: ALEXANDRA VILLAGE IND'L EST

Registered Postal Code: 159762

COE No./Expiry Date: 2009060106000166D / 25 May 2019

COE Bid Category: D - Motorcycle

QP Paid: \$902.00

Transaction Details

Business Transaction
Ref. No.: 20180925170339020172

Business Transaction
Date: 25 Sep 2018

Business Transaction
Time: 17:03:39

Message

Vehicle has been successfully transferred to SOUTHERN MOTOR (23414700L).

Please note that \$25.00 will be deducted from your GIRO account.

OK Save as PDF

Southern Motor

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 19:08
Date Of Accident	05/10/2018 23:10
Exact Location Of Accident	ALONG MOHAMED SULTAN ROAD NEAR NANSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD6377D
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	GOH.GUAN.LIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91798172
Alternative Phone No	OFFICE-91798172

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5100726122
Cover Note Number	

Driver

Name of Driver	GOH GUAN LIN
NRIC No	S9871711J
Date Of Birth	31/05/1998
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91798172
Fax Number	
Contact Number	OTHERS-91798172
EMail Address	GOH.GUAN.LIN@HOTMAIL.COM

Address BLK 30 BALAM ROAD
#02-34
Postcode 370030
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
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? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (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 SH8249E
Vehicle Make/Model/Colour TOYOTA PRIUS
Details Of Properties
Vehicle Category TAXI
Name of Driver CHENG CHIN SIAN RONNIE
NRIC/Passport Number S6833140D
Contact Number 98356070
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

First Capital Insurance Ltd
36 Robinson Rd #16-01
City House
Singapore 068877
Tel 65073848
Fax 65073849

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.



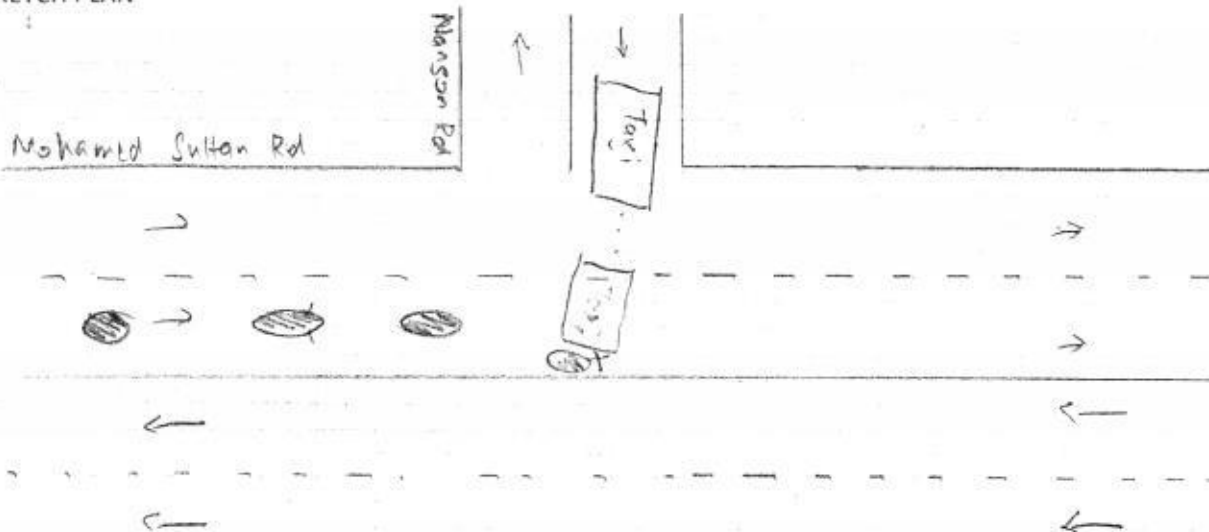
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Taxi SH 8249 E FBD 6399 D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going along ^{the main road} 1st lane along Mohamed Sultan Road towards Seibas ^{side road} St on a speed of about 40 km/h. A taxi came out from Manson Road with the intentions to turn right into Mohamed Sultan Road, he did not see me coming and ~~hit~~ ^{hit} my ^{left} side of the motorbike, causing me to fall ~~off~~ and ~~my~~ motorcycle to land on the right.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *as/10/2013*
NRIC/FIN No.: *Rashid Ibrahim*

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	4700L
Vehicle Details	
Vehicle No.:	FBD6377D
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2018
Vehicle Make:	YAMAHA
Vehicle Model:	T135
Primary Colour:	Red
Secondary Colour:	White
Manufacturing Year:	2009
Engine No.:	5YP301160
Chassis No.:	5YP301160
Maximum Power Output:	-
Open Market Value:	\$1,746.00
Original Registration Date:	26 May 2009
First Registration Date:	26 May 2009
Transfer Count:	1
Actual ARF Paid:	\$262.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 May 2019
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$902.00
COE Rebate Amount:	\$52.00
Total Rebate Amount:	\$52.00

The information contained herein is correct as at 26 Oct 2018

OK



南方摩哆
SOUTHERN MOTOR

Block 1006, Bukit Merah Lane 2, #01-10
Singapore 159762 Tel: 62730369 Fax: 62746614

Repair & Dealing in New & Second-hand Motor-cycles, Scooters & Insurance Agent

Date: 18th October 2018

Motor Claims Department
First Capital Insurance Ltd
36 Robinson Rd #16-01
City House
Singapore 068877

Dear Sirs

Re: Cost of repair to Yamaha Spark 115 - T80 63770

1 pc of Body cover		210.00	90/-
" Brake lever		25.00	90/-
" Handle bar	593	65.00	X 30/-
" Mirror		25.00	90/-
" Front mudguard	162	25.00	90/-
" Handle bracket	533.70	45.00	X 30/-
(F) Rear footrest LH		65.00	90/-
" Rear box		190.00	90/-
		703.00	
		70.30	
		632.70	

Less 10%

533.70

140.00
673.70

20%

538.96

5.00

2 days

Yours faithfully,
SOUTHERN MOTOR

Nett

Alignment fork

Labour

140 2100 40
1100 100
21270

Payable

49 200 100 68

2 days

45

23/10/18 @ 1000

23/10/18

Pay after
repair

Tel 65073848

Fax 65073849

Mail - soumotor@hotmail.com

FBD 6377D

Janice Lee (LKKAuto) <JaniceLee@lkkauto.com>

Mon 10/29/2018 10:54 AM

To: soumotor@hotmail.com <soumotor@hotmail.com>;

Cc: Rasul (LKKAuto) <Rasul@lkkauto.com>;

Dear Huat,

Kindly confirm L/S \$500 @2 DAYS

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Dear Miss Jannice Lee,
We confirm acceptance of your offer for 4s \$500 @ 2 days
Thank you.

Fax: 62564315

dat 28.10.18



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				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18019124/R1rd3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 05-11-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 8249E	Veh. Inspected	FBD 6377D	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18007323MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	20/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA T135	c.c	135	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	5YP301160	Colour	RED	
Odometer	06986	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	80/90-17	WINGS	3 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	80/90-17	WINGS	3 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S AND O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/10/2018	Inspection Date	23/10/2018	
Survey held at	SOUTHERN MOTOR BLOCK 1006 BUKIT MERAH LANE 2 #01-10 SINGAPORE 159762			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBD 6377D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BODY COVER	SCRATCHED	250.00	250.00
1	BRAKE LEVER	SCRATCHED	25.00	25.00
1	HANDLE BAR	SERVICEABLE	65.00	-
1	MIRROR	SCRATCHED	28.00	28.00
1	FRONT MUDGUARD	SCRATCHED	35.00	35.00
1	HANDLE BRACKET	SERVICEABLE	45.00	-
1	FOOTREST LH	CUT	65.00	65.00
1	REAR BOX	SCRATCHED	190.00	190.00
	LESS 10% DISCOUNT		-70.30	-59.30
			632.70	533.70
	LABOUR			
	ALIGNMENT FORK.		75.00	40.00
	LABOUR.		150.00	100.00
			225.00	140.00
	GRAND TOTAL		857.70	673.70
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			500.00

Report Ref No. CS/FCI18019124/R1rd3s2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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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 relying on this Report, in whole or in part, does so at his or her own risk.