

ASS. REC. BY:

REF:

CS3/FCI18019762/Gcd3<sup>SP</sup>

Special Instruction:

Surveyor:

Gilo Oranga

ASSIGNMENT (Office)

From (Person):

Lurenyuw

of

FCI

Date/Time: 30/10/18 @ 2:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBJ 5283R

Insured:

SHB 4656B

at Workshop m/s

Pnikisten Aerospace

Tel:

98615303

of

1 kaki Bukit Ane # 02-35 Autobay

Policy No:

Claim No:

D18007714MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

22/10/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time:

3:09pm @ 30/10/18

Person Contacted:

Wilson

Vehicle

IN/OUT

Date/Time	Action/Instruction (X) Estimate
	FBJ 5283R-X
	SHB 4656B-CS/FCI16004187/Kth3c2 DUA: 02/03/2016
	Dismantle: 31/10/2018
	After repair: 9/11/2018

Surinder

PRS  
Kad.

REF:

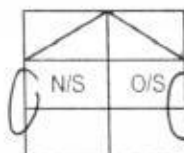
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# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Trikristal Aerospace  
 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.



Bal. or Market Value: \$11K  
 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: BJ5283R Yr Regn: Aug / 13  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda CB400X C.C. 399  
 Colour: white A/C: Insured / Std / NI / NA  
 Sp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
 C/No: NCH71001823

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In Order / Jammed / Leaked / Burnt or

Brake: In Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 20/70 ZR17  
 R: 160/60 ZR17

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

TOYO / YOKO or METZEL ER

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. \_\_\_\_\_ D.O.I. 30-10-18

Survey held at w/s 5:30pm

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

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

) S+RS \$

) Photos

) Others

)

Report Format: PRE

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

TOTAL

**MOTOR SURVEY ASSIGNMENT**

Date	24-10-2018	Our Ref No. D18007714MFSH
Accident Date	22-10-2018	Claim Type. Third Party
Insured Vehicle	SHB4656B	Third Party Vehicle. FBJ5283R
Survey Location	1 KAKI BUKIT AVENUE 6 #02-35,AUTOBAY	
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	25/10/2018 12:15
Date Of Accident	22/10/2018 19:00
Exact Location Of Accident	ALONG JURONG WEST ST 41 TWDS JURONG WEST ST 51 AFT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5283R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUMALI BIN MAJURI
NRIC No	S9104911B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84811261
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC

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	5070597399-03
Cover Note Number	

### Driver

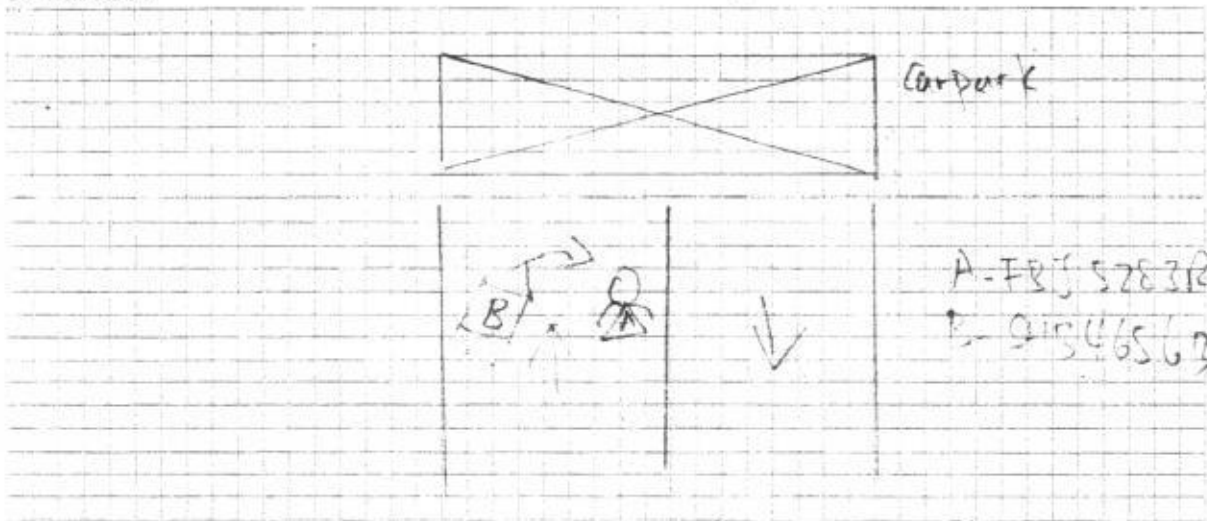
Name of Driver	MOHAMMAD FARHAN BIN MD ZAKARIA
NRIC No	S9146839E
Date Of Birth	27/12/1991
Occupation	INDOOR
Date Of Driving Pass	24/11/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84811261
Fax Number	
Contact Number	
Email Address	NOEMAIL

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FARHAN BIN MOHD ZAKARIA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBJ5283R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

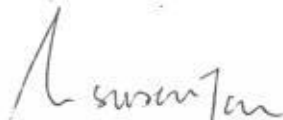
Please refer police report.

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:  
 NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20181024/2066

2 of 3

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

Report No. T/20181024/2066

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD FARHAN BIN MOH ZAKARIA	ID No.	S9146839E
Related Vehicle	FBJ5283R (Motorcycle)	Contact No.	84811261
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	22/10/2018	Date Discharge	22/10/2018
No. of Days granted Medical Leave	08	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,

I WAS RIDING ALONG THE SAID LOCATION. THERE WAS 2 WAY LANE, I WAS AT THE LEFT LANE. THERE WAS A TAXI VEHICLE AT THE SIDE OF THE ROAD WITH HAZARD LIGHT ON. WHEN I WAS HALFWAY THROUGH THE TAXI VEHICLE. THE TAXI VEHICLE SUDDENLY TURN TO THE RIGHT AND COLLIDED ONTO MY LEFT SIDE OF MY MOTORCYCLE CAUSING ME TO FELL OFF INTO MY RIGHT. THAT'S ALL.

[> Back to OneMotoring](#)

## Enquire Transfer Fee

Vehicle Details			
Vehicle No.:	FBJ5283R		
Vehicle Type:	P00 - Passenger Motorcycle/Autocycle/Moped		
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme:	Normal		
Vehicle Make:	HONDA		
Vehicle Model:	CB400X		
Chassis No.:	NC471001823		
Propellant:	Petrol		
Engine No.:	NC47E1001839		
Engine Capacity:	399 cc		
Maximum Power Output:	-		
Maximum Laden Weight:	300 kg		
Unladen Weight:	190 kg		
Year Of Manufacture:	2013		
Original Registration Date:	16 Aug 2013		
Lifespan Expiry Date:	-		
COE Category:	D - Motorcycle		
Quota Premium:	\$1,792.00		
COE Expiry Date:	15 Aug 2023		
Road Tax Expiry Date:	15 Feb 2019		
Inspection Due Date:	15 Aug 2019		
Intended Transfer Date:	07 Nov 2018		
CO2 Emission:	-		
CO Emission:	-		
HC Emission:	-		
NOx Emission:	-		
PM Emission:	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	4911B
<b>Vehicle Details</b>	
Vehicle No.:	FBJ5283R
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	CB400X
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	NC47E1001839
Chassis No.:	NC471001823
Maximum Power Output:	-
Open Market Value:	\$7,521.00
Original Registration Date:	16 Aug 2013
First Registration Date:	16 Aug 2013
Transfer Count:	2
Actual ARF Paid:	\$1,129.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	15 Aug 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,792.00
COE Rebate Amount:	\$855.00
<b>Total Rebate Amount:</b>	<b>\$855.00</b>

The information contained herein is correct as at 07 Nov 2018

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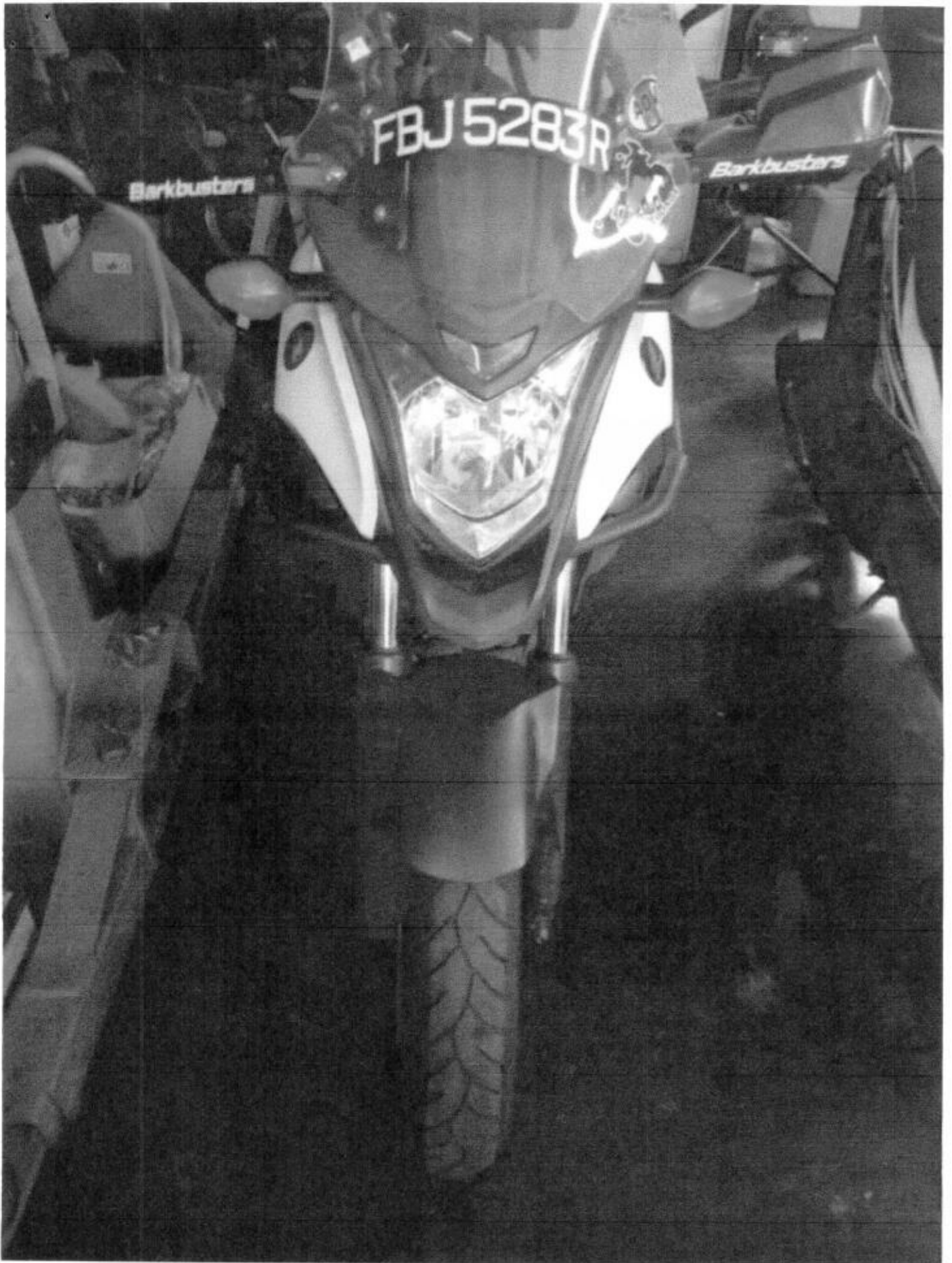
Accident Photo



Accident Photo



Accident Photo



**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

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PRE-REPAIR INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI18019762/Gcd3s2		
36 ROBINSON ROAD		Date: 22-11-2018		
#16-01 CITY HOUSESINGAPORE 068877				
Code: FCI2				
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	SHB 4656B	Veh. Inspected	FBJ 5283R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18007714MFSH	Excess (\$)	0.00	
Assign From	LURENE	Assign Date	30/10/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA CB400X	c.c	399	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	NC471001823	Colour	WHITE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	120/70ZR 17	METZELER	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	160/60ZR17	METZELER	5 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY.				
<b>5. General Information</b>				
Accident Date	22/10/2018	Inspect Date / Time	30/10/2018 ( 05:30 PM )	
Survey held at	TRIKRISTAL AEROSPACE-1 KAKI BUKIT AVE 6 #02-35			
Repairer	-			
<b>5a. Remarks</b>				
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 \$11,000.00				

Report Ref No. CS3/FCI18019762/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

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