

ASS. REC. BY:

REF:

CS/FCI18021781/ Rlg d302

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

CWS

Eileen Lee

of

FCI

Date/Time:

10:33am @ 4/12/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBJ 5822K

Insured:

SHB 3288L

at Workshop m/s

Southern Motor

Tel:

6273 0369

of

Blk 1006, Bkt Merah Lane 2 #01-10

Policy No:

Claim No:

D18068524 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/11/2018

CA / REV / REP. / REV 24 HRS

up

5/12/2018

H.O.D. Endorsement:

Date/Time:

11:09am @ 4/12/18

Person Contacted:

Mr. Lim

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

FBJ 5822K - NBA / GAT 18021256 / Y

JUA: 23/11/18

SHB 3288L - NBA / GAT 18021256 / Y

JUA: 23/11/18

06/12/18 @ 4:03pm revised to Eileen Lee by email.

27/12/18 @ 4:37pm checked with Mr Lim (CWS), they have not repair the motorbike due to liability unclear (informed by Insurance).

28/2/18 Submit Prel. report.

MOTOR SURVEY ASSIGNMENT

Date	30-11-2018	Our Ref No. D18008524MFSH
Accident Date	23-11-2018	Claim Type. Third Party
Insured Vehicle	SHB3288L	Third Party Vehicle. FBJ5822K
Survey Location	BLK 1006 #01-10 BUKIT MERAH LANE 2	
Contact Person.	NA	
Contact No.	62730369/ 0	Fax No. 62746614
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
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	EILEEN LEE	

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.

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 6 December 2018 4:03 PM
To: 'CWS Motor Claims'; assignments
Cc: 'Eileen Lee'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008524MFSH/1
Attachments: CSFCI18021781R1qd3.pdf

Dear Eileen,

Enclosed herewith preliminary advice of FBJ 5822K.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Tuesday, 4 December 2018 11:15 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Eileen Lee' <EileenLee@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008524MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer arrange on 05/12/2018.

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, 4 December 2018 10:33 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008524MFSH/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,



Auto
Consultants
Pte Ltd

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

Your Ref: D18008524MFSH

Date: 06 December 2018

Our Ref: CS/FCI18021781/R1qd3

The Motor Claims Department
First Capital Insurance Ltd

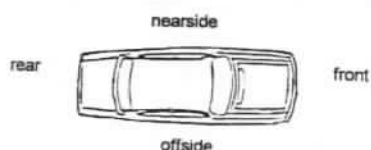
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. FBJ 5822K .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 05/12/2018 at the premises of M/s SOUTHERN MOTOR . and have the following to report:-

Workshop Estimate Amount	: S\$ <u>517.50</u> .
Revised Estimate Amount	: S\$ <u>344.00</u> .
"Check" Items Amount	: S\$ <u>58.50</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 o/s & n/s body.



Yours faithfully

Rasul
Automotive Assessor

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 aforsaid.

ACCIDENT STATEMENT	
Date Of Report	23/11/2018 18:13
Date Of Accident	23/11/2018 07:30
Exact Location Of Accident	KIM TIAN ROAD TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ5822K
Insured/Policyholder	
Name Of Registered Owner	CHIN SIEW KWONG
NRIC No	S1527095J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83935744
Alternative Phone No	OTHERS-83935744
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR01422
Driver	
Name of Driver	CHIN SIEW KWONG
NRIC No	S1527095J
Date Of Birth	07/11/1962
Occupation	INDOOR
Date Of Driving Pass	02/08/1984
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83935744
Fax Number	
Contact Number	OTHERS-83935744
Email Address	NOEMAIL

Address	BLK 121A KIM TIAN PLACE #19-68
Postcode	161121
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181123/2071

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	SHB3288L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN GUANG CAI
NRIC/Passport Number	
Contact Number	96786345
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIN SIEW KWONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBJ5822K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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:

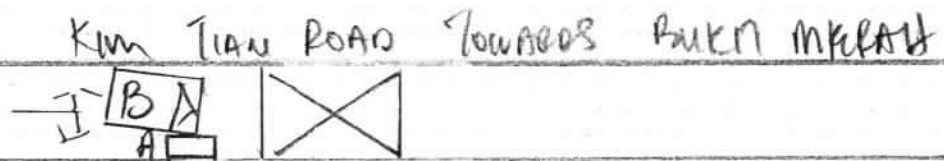
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: *Roshan*
NRIC/FIN No.:

SKETCH PLAN



FD



- Kim Tian Road

A) FBJ 5822K

B) SHB 3288C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref. to Police Report
1/2018/1123/2071

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.:

23/11/2018
Ref. to Police Report



SINGAPORE POLICE FORCE



T/20181123/2071

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3

Report No. T/20181123/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2018 13:33		Vide Report No.:		Station Diary No.: 20
Informant's Particulars				
Name of Informant: CHIN SIEW KWONG		Address: APT BLK 121A KIM TIAN PLACE #19-68 SINGAPORE 161121		
ID Type / ID No.: NRIC NO / S1527095J		Contact No.: Home/Office: Mobile: 83935744		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 07/11/1962	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ALLUMINIUM FITTER		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2018 07:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 KIM TIAN ROAD (TOWARDS JLN BUKIT MERAH)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ5822K	Motorcycle	YAMAHA	JUPITER MX (HC)	Blue	Slightly Damaged	0
SHB3288L	TAXI					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ5822K	GREAT AMERICAN INSURANCE COMPANY	MT2018TR01422	21/07/2018	20/07/2019



**SINGAPORE
POLICE FORCE**



T/20181123/2071

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20181123/2071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIN SIEW KWONG	ID No.	S1527095J
Related Vehicle	FBJ5822K.(Motorcycle)	Contact No.	83935744
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/11/2018	Date Discharge	23/11/2018
No. of Days granted Medical Leave	10	Degree of Injury	Slight
Driver			
Name	TAN GUANG CAI	ID No.	NIL
Related Vehicle	SHB3288L (TAXI)	Contact No.	96786345
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 23/11/2018 at around 0730hrs, while I was riding my Motorcycle reg: FBJ5822K (YAMAHA / Blue) along Kim Tian Rd towards Jalan Bukit Merah, I noticed the Taxi reg: SHB3288L slowed down and kept left to the side kerb. I then moved on the right side so as to overtake and that was when the said Taxi suddenly turned right at the junction towards Jln Membina and hit onto the left side of my Motorcycle. I sustained some abrasions on my right knee and toes due to the fall on the right.

I was sent to the Singapore General Hospital by the said Taxi driver and was treated as Outpatient with a 10days medical leave (23/11/2018 - 02/12/2018). That's all.



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: 30th November 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 Jupiter MX-134 - 78J5P2212

1 pc of Handle bar ?	28	65.00
" Handle bracket X on		50.00
" Brake lever su		20.00
" Mirror su		45.00
" Front footrest PA		55.00
" Rear box su		140.00
		375.00
		37.50
		337.50

Less 10%

Nett

Transport

Labour

30.00

15000 80

28 57.50

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:

Yours faithfully,
SOUTHERN MOTOR

Rashid

Hp 90010068

2 days

45

05/12/18 @ 1225

Resy after repair

Tel 65073848


Fax 65073849

**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/FCI18021781/R1qd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 04-03-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 3288L		Veh. Inspected	FBJ 5822K
Policy No.			Coverage (\$)	0.00
Claim No.	D18008524MFSH		Excess (\$)	0.00
Assign From	EILEEN LEE		Assign Date	04/12/2018
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA JUPITER MX		c.c	134
Engine No.	HIDDEN		Year of Reg.	2014
Chassis No.	MH350C004DK659250		Colour	MULTI COLOUR
Odometer	42603		Steering	IN ORDER
Brakes	IN ORDER		Modification	SPORTS RIM
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	70-90/17	DUNLOP	3 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	90/80-17	DUNLOP	3 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/11/2018		Inspection Date	05/12/2018
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. FBJ 5822K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	HANDLE BAR	* CHECK	65.00	-
1	HANDLE BRACKET	NOT NECESSARY	50.00	-
1	BRAKE LEVER	SCRATCHED	20.00	20.00
1	MIRROR	SCRATCHED	45.00	45.00
1	FRONT FOOTREST	BENT	55.00	55.00
1	REAR BOX	SCRATCHED	140.00	140.00
	LESS 10% DISCOUNT		-37.50	-26.00
			337.50	234.00
	LABOUR			
	TRANSPORT.		30.00	30.00
	LABOUR.		150.00	80.00
			180.00	110.00
GRAND TOTAL			517.50	344.00

RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$58.50 NETT)			344.00
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Report Ref No. CS/FCI18021781/R1qd3e2

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.