

ASS. REC. BY:

REF:

es/FCI19000361/Gtd301

Special Instruction:

Surveyor:

Gino Diery

ASSIGNMENT (Office)

From (Person):

Suzanne Fer

of

Ref

Date/Time: 12.57pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FR 9291B

Insured:

SHC 7989R

at Workshop m/s

Aten Motoring

Tel:

G7431351

of

Blk 3006 Ubi Rd 1 #01-368

Policy No:

Claim No:

D19000188MFst

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 12/12/2018

CA / REV / REP. / REV 24 HRS (DS)

H.O.D. Endorsement:

Date/Time:

12.54pm 7/1/19

Person Contacted:

Anna

Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	FR 9291B - X
	SHC 7989R - X:
	Revised email preli advise.

Surveyor

REF:

Fci

82573

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

ATAN Motormp

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

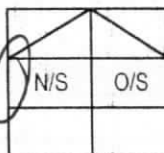
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 1 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: 189291BYr Regn: 1

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

Truck / Trailer or _____

Make: Yamaha RXZ

c.c

Colour: purple

A/C: Insured / Std / NI / NA

Sp. Reading: 82689

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 70/90-17R: 4(H) R: 4

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

TOYO / YOKO or

IHC (near)

Front

Rear

R/Bal. 4 mmR/Bal. 4 mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. _____

D.O.I. 07-01-19Survey held at w/sDes. of Damages: Frt / Rear / O/S / NIS / U/C / Rooftop or

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

Date / Time

Action / Instruction

07/11/13 Went to \$711.5 with lum.

(Red: 173.50, 19%)

16/11/2019

RECEIVED 22 JAN 2013

Date/Time, File Pass to?



: Preli. Report



: Final Report

1) 21 Typist
Date/Time, File Return to?

2) _____

Days Of Repair: 1

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Survey Fee: 90Transportation: 50

\$ + RS. \$

Photos 21

Others _____

TOTAL

161Report Format: TPLump Sum / I.B.: (\$ 711.50)

MOTOR SURVEY ASSIGNMENT

Date	04-01-2019	Our Ref No. D19000188MFSH
Accident Date	12-12-2018	Claim Type. Third Party
Insured Vehicle	SHC7989R	Third Party Vehicle. FR9291B
Survey Location	BLK 3006 UBI ROAD 1 #01-368/370	
Contact Person.	ANNA SIM	
Contact No.	67431351/ 0	Fax No. 67432719
Survey Type	DIRECT SETTLEMENT: EST. COR - \$946.95	
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	ATAN MOTORING SUPPLY PTE LTD	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: D19000188MFSH

Date: 08/01/2018

Our Ref: CS/FCI19000361/Gtd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

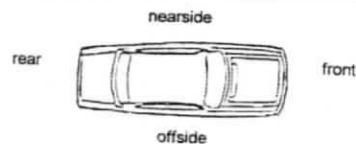
INITIAL INSPECTION REPORT OF VEHICLE NO. FR 9291B

Please be informed that we had conducted the inspection of the abovementioned vehicle 08/01/2019 at the premises of M/s Atan Motoring have the following to report: -

Workshop Estimate Amount	: S\$ <u>946.95</u>
Revised Estimate Amount	: S\$ <u>711.50</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
portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Guo Qiang

Automotive Assessor

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Tuesday, 8 January 2019 5:50 PM
To: Admin-D (LKKAuto); 'CWS Motor Claims'; assignments
Cc: 'Serene Ler'; SUR
Subject: RE: SURVEY ASSESSMENT - D19000188MFSH/1
Attachments: PRELI ADVISED FR 9291B.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **FR 9291B**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAuto)
Sent: Monday, 7 January 2019 2:03 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Serene Ler' <Sereneler@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19000188MFSH/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: Monday, 7 January 2019 12:57 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <Sereneler@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19000188MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.



**SINGAPORE
POLICE FORCE**



T/20181212/2162

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20181212/2162

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2018 23:27	Vide Report No.:	Station Diary No.: 164
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: KAMIS BIN HASSAN		Address: APT BLK 445 ANG MO KIO AVENUE 10 #02-1619 SINGAPORE 560445	
ID Type / ID No.: NRIC NO / S0198253B		Contact No.: Home/Office: Mobile: 98773213	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 24/02/1954	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: PUB TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/12/2018 20:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 DICKSON ROAD CLIVE STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FR9291B	Motorcycle					0
SHC7989R	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181212/2162

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20181212/2162

CONTINUATION OF REPORT

Rider			
Name	KAMIS BIN HASSAN	ID No.	S0198253B
Related Vehicle	FR9291B (Motorcycle)	Contact No.	98773213
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	12/12/2018	Date Discharge	12/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/12/2018 at about 2000hrs, I was driving my motorcycle, FR9291B, along Clive Street heading towards Upp Weld Road at a very slow pace. As I was nearing The junction of Clive Street and Dickson Road, a yellow comfort taxi, SHC7989R, suddenly dashed out from my left side from Dickson Road and drove pass Clive Street. I was unable to react in time and could not brake my motorcycle, as such I crashed onto the right front side of the said taxi and fell onto the ground due to the impact.

The taxi driver later came out and spoke to me claiming that I caused the accident as I did not stop my motorbike at the junction. But I told the driver that he should have been the one to stop his taxi as there was a white stop line along Dickson road right before the junction where the accident occurred. Traffic Police and Ambulance later came to scene. Traffic Police officers interviewed me with regards to the accident for some time and I was later conveyed by the ambulance to Tan Tock Seng Hospital. As I was in pain I did not manage to make a check on the damage that was done to my motorcycle.

I am feeling pain on the Left side of the body at the ribcage area and sustained some abrasions on my left elbow area. I was also given 3 days of medical leave by the doctor.



**SINGAPORE
POLICE FORCE**



T/20181212/2162

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20181212/2162

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:

A /

Sgt 3 KALVIN NG YONG KIAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

12/12/2018 23:27

Classification Of Case:

SINGAPORE POLICE FORCE



ATAN MOTORING SUPPLY PTE LTD

Blk 3006 Ubi Road 1, #01-368/370 Singapore 408700.
Tel: 67431351 Fax: 67432719 Email: annasimsl@yahoo.com.sg
Business Registration No. A03552/1989W

4 January 2019

First Capital Insurance Ltd
Motor Claim Department
36 Robinson Road
#16-01
Singapore 068877

FR9291B - Estimate Bill (Yamaha RXZ)

1 pc	Top Cowling	/ cut	220.00
1 pc	Handle Bar Left	/ BT	75.00
1 pc	IU	/ cut	160.00
1 pc	Top Box	/ cut	180.00
	2 Way Transport		70.00
	Labour Charges		180.00
	Sub Total		885.00
	Add GST 7%		61.95
	Total		946.95

1 Day.

part by part.

After repair photos.

Guo Qiang - 8288082

07/1/19.

635

10%: 571.5

711.5

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:

**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/FCI19000361/Gtd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 22-01-2019	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7989R	Veh. Inspected	FR 9291B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19000188MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	07/01/2019	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA RXZ	c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.	ZMC250343	Colour	PURPLE	
Odometer	82689	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	70/90-17	DUNLOP	4 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	70/90-17	IRC	4 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/12/2018	Inspection Date	07/01/2019	
Survey held at	ATAN MOTORING SUPPLY PTE LTD BLK 3006 UBI ROAD 1 #01-370 SINGAPORE 408700			
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:			1 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. FR 9291B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	TOP COWLING	CUT	220.00	220.00
1	HANDLE BAR LEFT	BENT	75.00	75.00
1	IU	CUT	160.00	160.00
1	TOP BOX	CUT	180.00	180.00
	LESS 10% DISCOUNT		-	-63.50
			635.00	571.50
	<u>LABOUR</u>			
	2 WAY TRANSPORT.		70.00	60.00
	LABOUR CHARGES.		180.00	80.00
			250.00	140.00
	GRAND TOTAL		885.00	711.50
RECOMMENDED COST OF REPAIRS				711.50

Report Ref No. CS/FC119000361/Gtd3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

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.