

ASS. REC. BY:

REP:

CS3/FCI19002199/11cd302

Special Instruction:

Surveyor

Tauhith

CWS

ASSIGNMENT (Office)

From (Person):

Henry Kao

of

FCI

Date/Time:

4/21/19 @ 10:46am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBE 4679R

Insured:

SHB 4816G

at Workshop m/s

Speedy Motor Cycle

Tel:

64815567 / 93886867

of

Blk 10, AMK Ind. park 2A #05-21

Policy No:

Claim No:

D1900852 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

31/01/2019

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

10:12am @ 7/2/19

Person Contacted:

Mr Lim

Vehicle IN

OUT

Date/Time

Action/Instruction (X) Estimate

7/2/19-

callback on 8/2/19 as wbsp is closed for CNY (No answer)

FBE 4679R - X

SHB 4816G - CC3/2CR/8004509/K/wb392 JUA: 6/3/18

8/2/19-

called 3 times (No answer).

11/2/19 @

11:40am - VNI arrange on 12/2/19

Dismantle: 12/2/19

After repair: 22/2/19

Tayfikh

REF:

FC

FIRE 4679R

No record

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop n/s

of

Insured

Policy No.

Claims No.

Sum Insured:

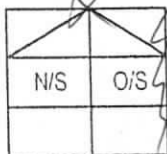
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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

Yr Regn:

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

Truck / Trailer or

Make

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time Action / Instruction

without MV

No. 917

#05-21

Date/Time File Pass to?

If

Date/Time File Return to?

By

Report Format: PRS.

Lump Sum / L.B.L.:

☐ : Preli. Report
☐ : Final Report

Days Of Repair: -

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Insp (\$)☐ Weekend (\$)

Survey Fee.

Transportation

Fuel & P.

Folio

Other

TOTAL

150

150

MOTOR SURVEY ASSIGNMENT

Date	01-02-2019	Our Ref No. D19000852MFSH
Accident Date	31-01-2019	Claim Type. Third Party
Insured Vehicle	SHB4816G	Third Party Vehicle. FBE4679R
Survey Location	BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #05-21	
Contact Person.	MR LIM SAM HEE	
Contact No.	64815567/ 93886867	Fax No. 64825567
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	SPEEDY MOTOR CYCLE SERVICE CENTRE	Attention. NIL
Cc : TP Solicitor	JUSEQUITY LAW CORPORATION	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/248245)



PRI Documents



Close



PRI Header Details

Claim No	D19000852MFSH	Policy No	D-19092579MFSH	Claimant S.No & Name	1 & JUSEQUIT
Workshop Name	SPEEDY MOTOR CYCLE SERVICE CENTRE (Contact Person : MR LIM SAM HEE)	Survey Location & Contact Details	BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #05-21 Mobile: 93886867 , Phone: 64815567 , Fax: 64825567 EmailId: ML_TAN@JUSEQ.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHB4816G	TP Vehicle No	FBE4679R
PRI Recieved Date	01-02-2019 07:19:11 PM	Surveyor Appointed Date	04-02-2019 10:45:25 AM	Surveyor Accept Date	03-04-2019 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	11-04-2019	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



POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Report No. J/20190201/7017

Date/Time Report Made 01/02/2019 14:32	Vide Report No.	Station Diary No.	
Name Of Informant KHAIRUL ASYARI BIN HAMZAH	Address APT BLK 707 WOODLANDS DRIVE 40 #02-64 SINGAPORE 730707		
ID Type / ID No. NRIC NO / S9715589E	Contact No. Home/Office: Mobile: 96508032		
Nationality SINGAPORE CITIZEN	Email Address k.asyari@yahoo.com		
Occupation Student	Sex Male	Age 21	Date of Birth 03/05/1997
Institution/School Name	Race Malay		
Date/Time Of Incident 31/01/2019 18:50 - 31/01/2019 19:30	Language English		
	Location Of Incident BUKIT PANJANG ROAD		

Brief details.

I was riding most left lane going straight at bukit panjang road before lompang road. The lane able to go straight and turn left to lompang road . Suddenly taxi from my right lane change lane abruptly wanting to enter lompang road . He bang onto me in the process of him changing lane. I fell down and suffered injuries . The taxi uncle step out of his vehicle and he admitted his wrong doing and offered me private settlement . I refused as i was in pain and didnt think of all that. i went to KTPH to seek treatment .I was given 3 days of medical leave. Taxi vehicle number :SHB 4816 G .Yellow city cab. the vehicle i was riding FBE4679R .

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2019 14:32
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190201/7017

Subjects Involved			
Suspect			
Person Name	Ng boon liang		
ID Type	NRIC NO	ID No	S1273413A
Gender	Male	Age	61-62
Race	Chinese	Language	English
Occupation	Taxi driver	Address	647 Jalan tenaga #11-129 SINGAPORE 410647
Mobile No	97915329	Complexion	Light tan
Build	Slim	Height About	170cm
Hair Colour	Black		
Victim			
Person Name	KHAIRUL ASYARI BIN HAMZAH		
ID Type	NRIC NO	ID No	S9715589E
Gender	Male	Age	21
Race	Malay	Language	English
Occupation	Student	Address Type	
Address	APT BLK 707 WOODLANDS DRIVE 40 #02-64 SINGAPORE 730707		Mobile No 96508032
Is Informant A Victim?	Yes		
Person Name	KHAIRUL ASYARI BIN HAMZAH (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

01/02/2019 14:32

Classification Of Case:

Authentication Stamp

64825567

**SINGAPORE
POLICE FORCE**

J/20190201/7017

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190201/7017



Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

01/02/2019 14:32

Classification Of Case:

Authentication Stamp

**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/FCI19002199/T1cd3e2	
36 ROBINSON ROAD		Date:	22-04-2019	
#16-01 CITY HOUSESINGAPORE 068877				
		Code:	FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHB 4816G	Veh. Inspected	FBE 4679R	
Policy No.	D-19092579MFSH	Coverage (\$)	0.00	
Claim No.	D19000852MFSH	Excess (\$)	0.00	
Assign From	HENRY KAO	Assign Date	04/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA	c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour	BLACK	
Odometer	406109 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	70/90 R16	MAXXIS	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	80/90 R16	MAXXIS	5 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND FRONT PORTION.				
5. General Information				
Accident Date	31/01/2019	Inspect Date / Time	11/02/2019 (05:15 PM)	
Survey held at	SPEEDY MOTOR CYCLE SERVICE CENTRE BLK 10 ANG MO KIO IND.PARK 2A #05-21 SINGAPORE 568047			
5a. Remarks				
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.				

Report Ref No. CS3/FCI19002199/T1cd3e2

Inspected By

MOHAMAD TAUFIKH

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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