ASSIGNED BY | REF: C83/FCI19006151/RICd3 S2

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Joanne Yong of FCI Date/Time: 11.52am @ 8/4/19

Estimated Cost: Bill to:

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV / CE

To Inspect Vehicle No: FZ9051K Insured: 8HC 8897R

at Workshop m/s: Equator Brotherhood Tel: 90113391

of: 25 Kaki Bukit Rd 4 #03-79 Synergy

Policy No: Claim No: D19001888MPSH

Sum Insured: Excess:

Make of Veh (Client's Record): D.O.A: 15/03/2019

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement

Date/Time: 12.49pm @ 8/4/19 Person Contacted: willie Vehicle (IN) / OUT

Date/Time	Action/Instruction (x) Estimate
	FZ6051K - x
	8HC 8897R - x

Surname [illegible]

REF: 1667A

COE XAR4: 2025/NOV

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FZ 9051K

at Workshop m/s EQUATOR

of 25, KAKI BUKIT R-04 #03-79

Insured: FCI

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

Synergy

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 8K

IDAC Accident Rport: 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: FZ 9051K Yr Regn: 2005 / Nov

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

Make: HONDA XR 400 MOTARD c.c : 397

Colour MULTI A/C: Insured / Std / NI / NA

Sp.Reading 57798 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ND08100U127

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: 120/80ZR17

R: 150/60R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	15/03/19	D.O.I.	08/04/19 2.11pm

Survey held at EQUATOR

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
	ESTIMATE RANGE COST OF REPAIR - (2K - 3K) (3 days) 10/4/2019

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: —

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS, SI

Photos

Others

TOTAL

Report Format: PRS

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

MS FirstCapital

MS First Capital Insurance Limited Co.Reg. No. 199000106C GST Reg. No. M2-0001676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date	18-03-2019	**Our Ref No.**	D19001888MFSH
Accident Date	15-03-2019	**Claim Type.**	Third Party
Insured Vehicle	SHC8897R	**Third Party Vehicle.**	FZ9051K
Survey Location	25 KAKI BUKIT ROAD 4 #03-79 SYNERGY @ KB		
Contact Person.	WILLE		
Contact No.	63846939/ 90113391	**Fax No.**	0
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	EQUATOR BROTHERHOOD	**Attention.**	NIL
Cc : TP Solicitor	RIAZ LLC	**TP Solicitor Fax No.**	NA
Officer Incharge	JOANNEY		

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/249548) PRI Documents Close

PRI Header Details

Claim No	D19001888MFSH	**Policy No**	D-19092580MFSH	**Claimant S.No & Name**	1 & RIAZ LLC
Workshop Name	EQUATOR BROTHERHOOD (Contact Person : WILLE)	**Survey Location & Contact Details**	25 KAKI BUKIT ROAD 4 #03-79 SYNERGY @ KB **Mobile:** 90113391 , **Phone:** 63846939 , **Fax:** 0 **EmailId:** RIAZ@JUSTICE.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	**Insured Vehicle No**	SHC8897R	**TP Vehicle No**	FZ9051K
PRI Recieved Date	04-04-2019 07:20:58 PM	**Surveyor Appointed Date**	08-04-2019 11:51:19 AM	**Surveyor Accept Date**	09-04-2019 0

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	11-04-2019	**Upload Survey Report *:**	Choose File

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select Year
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Remarks		Save

MBAN19043579 / Ban Hock Hin Co. Pte Ltd - HQ
ENTRY DATE & TIME: 04/04/2019 09:26
SUBMITTED BY: Tan Chok Lok

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 04/04/2019 10:22

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 witholding 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	04/04/2019 09:26
Date Of Accident	15/03/2019 01:25
Exact Location Of Accident	ALONG ROAD 1 BUANGKOK GREEN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FZ9051K
Insured/Policyholder	
Name Of Registered Owner	TOH JERRY
NRIC No	S8621667A
Email Address	REDHUNTER13TH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91779017
Alternative Phone No	OFFICE-91910151
Vehicle Particulars	
Manufacturer	HONDA
Model	XR400 MOTARD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00565924
Cover Note Number	
Driver	
Name of Driver	TOH JERRY
NRIC No	S8621667A
Date Of Birth	13/08/1986
Occupation	INDOOR
Date Of Driving Pass	26/02/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91779017
Fax Number	
Contact Number	OFFICE-91910151
EMail Address	REDHUNTER13TH@GMAIL.COM

Address	BLK 960 HOUNGANG AVENUE 9 #11-564
Postcode	530960
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	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	10 UBI AVENUE 3
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO THE TRAFFIC ACCIDENT REPORT NO. T/20190320/2080 ATTACHED

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	SHC8897R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TOH JERRY
Approximate Age	32
Injuries Sustain	
Injured person in which vehicle?	FZ9051K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 960 HOUGANG AVENUE 9 #11-564
Postcode	530960

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:

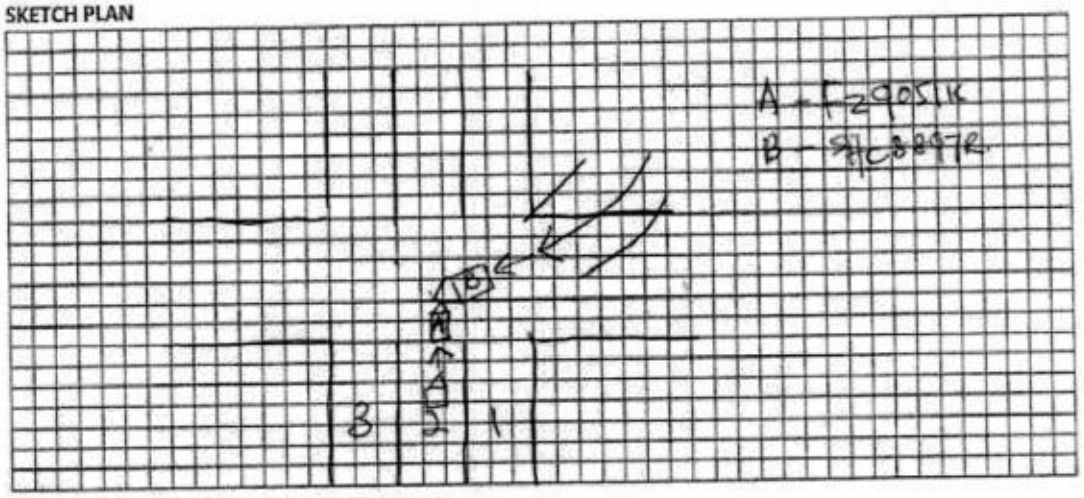
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 3/04/19 5.34pm.	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Tan Chee Kok NRIC/FIN No.: G7715335R

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/03/2019, at about 0125HRS, I was travelling on center 3 LANE ~~Road~~ road along Buangkok Green. While approaching the A cross Junction, as I have the right of way due to green traffic light, I proceeded to cross the cross-junction at a decreasing speed. However, a taxi, SHC8897R, decided to turn right even though I had the right of way. As such, the taxi driver collided into me, which caused me to fall. I was conveyed to SKGH by ambulance.

DECLARATION

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

Policyholder's Signature
Date & Time: 3/04/19 5.33pm

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

Reporting Centre Personnel's Signature
Name: Tan Chee Lok
NRIC/FIN No.: ET7715215A

GIARMC SketchPlanForm_V3

SINGAPORE POLICE FORCE

T/20190320/2080

Report No. T/20190320/2080

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
20/03/2019 13:08	F/20190315/0027	

Informant's Particulars

Name of Informant: TOH JERRY			Address: APT BLK 960 HOUGANG AVENUE 9 #11-564 SINGAPORE 530960	
ID Type / ID No.: NRIC NO / S8621667A			Contact No.: Home/Office: Mobile: 91779017	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 13/08/1986	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2019 01:25	Type of Location:
Location: Along Road 1 BUANGKOK GREEN				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FZ9051K	Motorcycle	HONDA	XR400 MOTARD	Red		0
SHC8897R	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ9051K	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00565924	01/12/2018	30/11/2019

SINGAPORE
POLICE FORCE

T/20190320/2080

Report No. T/20190320/2080

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

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION,

ON 15/03/2019 AT ABOUT 0125HRS, I WAS TRAVELLING ON CENTER 3 LANE ROAD ALONG BUANGKOK GREEN . WHILE APPROACHING THE A CROSS JUNCTION . AS I HAVE THE RIGHT OF WAY DUE TO GREEN TRAFFIC LIGHT, I PROCEEDED TO CROSS THE CROSS-JUNCTION AT A DECREASING SPEED.HOWEVER, A TAXI ,SHC8897R, DECIDED TO TURN RIGHT EVEN THOUGH I HAD THE RIGHT OF WAY. AS SUCH, THE TAXI DRIVER COLLIDED INTO ME, WHICH CAUSED ME TO FALL. I WAS CONVEYED TO SKGH BY AMBULANCE.

SINGAPORE POLICE FORCE

T/20190320/2080

Report No. T/20190320/2080

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

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: TP / TAN KOK RAY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2019 13:08
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case: SINGAPORE POLICE FORCE Signature:

Authentication Stamp
NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1667A
Vehicle Details	
Vehicle No.:	FZ9051K
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Apr 2019
Vehicle Make:	HONDA
Vehicle Model:	XR400 MOTARD
Primary Colour:	Red
Manufacturing Year:	2005
Engine No.:	NC38E2000151
Chassis No.:	ND081000127
Maximum Power Output:	-
Open Market Value:	$7,475.00
Original Registration Date:	01 Dec 2005
First Registration Date:	01 Dec 2005
Transfer Count:	4
Actual ARF Paid:	$1,122.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Nov 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	$6,248.00
COE Rebate Amount:	$4,146.00
Total Rebate Amount:	**$4,146.00**

The information contained herein is correct as at 11 Apr 2019

OK

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

PRE-REPAIR INSPECTION REPORT

MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref: CS3/FCI19006151/R1cd3s2
Date: 11-04-2019
Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

	Insured Veh.	SHC 8897R	Veh. Inspected	FZ 9051K
	Policy No.	D-19092580MFSH	Coverage ($)	0.00
	Claim No.	D19001888MFSH	Excess ($)	0.00
	Assign From	JOANNE YONG	Assign Date	08/04/2019

2. Vehicle Particulars & Condition

	Make & Model	HONDA XR400 MOTARD	c.c	397
	Engine No.	HIDDEN	Year of Reg.	2005
	Chassis No.	ND081000127	Colour	MULTI
	Odometer	57798 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre	120/60ZR17	PIRELLI	4 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	150/60R17	PIRELLI	4 mm
	L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

5. General Information

	Accident Date	15/03/2019	Inspect Date / Time	08/04/2019 (02:11 PM)
	Survey held at	EQUATOR BROTHERHOOD 25 KAKI BUKIT ROAD 4 #03-79 SYNERGY @KB SINGAPORE 417800		

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.
D)MARKET VALUE:$8,000.00

Report Ref No. CS3/FCI19006151/R1cd3s2

Inspected By

MRB

MOHAMMED RASUL BIN MOHD YUNUS
Automotive Assessor

K.K.LAU CPT(RET)
BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE
REGD Auto Consultant-SAE, Licensed Appraiser