

22/03/2003

ASS. REC. BY:

REF: CS3/FCI 19007828 / Acd3⁸²

Special Instruction:

Surveyor: AdhianASSIGNMENT (Office)From (Person): Henry Kao of FCI Date/Time: 3.5.19 4.01p.m

Estimated Cost: _____ Bill to: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBL 7686m Insured: SHC 7547Hat Workshop m/s Katoom Customs Tel: 91263346of 25 Kaki Bukit Avenue 4 #05-90Policy No: _____ Claim No: D1900 2872 MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 23.4.2019(Client's Record) 6.5.19 (Apr. 02 p.m)CA / REV / REP. / REV 24 HRS lup H.O.D. Endorsement: _____Date/Time: 3.5.19 4.24 p.m Person Contacted: Kishan Vehicle IN/OUT

Date/Time	Action/Instruction
	Estimate (X)
	FBL 7686m-x
	SHC 7547H- CC3/ AXA130019101 H1 hf363 DOA- 22/01/2013

ASS. REC. BY:

REF:

Adrian

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

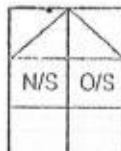
Claims No. _____

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

Date: _____ Vehicle: IN / OUT

Person Contacted: _____

Veh No: F3L7686M Yr Regn: 2017 , MarchType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda CB190R c.c. 184Colour: Orange A/C: Insured / Std / Nil / NASp. Reading: 20716 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: LWB PCL10XG101524Gen. 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: 110/70 R17R: 140/70 R17BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. 06/05/19 2.01 PMSurvey held at KatoomDes. of Damages: FR / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP1 Cap. PRS

Demolite: 13/5/2019

After repair: 17/5/2019

Market Value: 8.5K

MV:

PV:

Nett:

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

MOTOR SURVEY ASSIGNMENT**Date** 02-05-2019 **Our Ref No.** D19002872MFSH**Accident Date** 23-04-2019 **Claim Type.** Third Party**Insured Vehicle** SHC7547H **Third Party Vehicle.** FBL7686M**Survey Location** 25 KAKI BUKIT AVENUE 4#05-90 SYNERGY @ KAKI BUKIT**Contact Person.** MR KISHAN**Contact No.** 91253345/ 91253345 **Fax No.** 0**Survey Type****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** KATOOM CUSTOMS **Attention.** NIL**Cc : TP Solicitor** BSA LAW CHAMBERS
LLC **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/251604)



PRI Documents



Close



PRI Header Details

Claim No	D19002872MFSH	Policy No	D-19092579MFSH	Claimant S.No & Name	1 & BSA LAW
Workshop Name	KATOOM CUSTOMS (Contact Person : MR KISHAN)	Survey Location & Contact Details	25 KAKI BUKIT AVENUE 4#05-90 SYNERGY @ KAKI BUK Mobile: 91253345 , Phone: 91253345 , Fax: 0 EmailId: ADMIN@BSALAW.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor			
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7547H	TP Vehicle No	FBL7686M
PRI Recieved Date	02-05-2019 06:43:05 PM	Surveyor Appointed Date	03-05-2019 04:00:28 PM	Surveyor Accept Date	07-05-2019 1

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	08-05-2019	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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

MBHH10053255 / Ajax Mara Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 24/04/2019 17:16
SUBMITTED BY: Victor Ang

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 24/04/2019 17:16
Date Of Accident 23/04/2019 11:10
Exact Location Of Accident ALONG CORPORATION RD AFT EXIT AYE AT YELLOW BOX
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL7886M
Insured/Policyholder
Name Of Registered Owner SATHAYES KUMMAR
NRIC No S1780655G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-97501245
Alternative Phone No OTHERS-97501245

Vehicle Particulars

Manufacturer HONDA
Model CB190R MANUAL
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 FWD SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number PNMC2019-00001278
Cover Note Number NA

Driver

Name of Driver HANANTHI D/O SATHAYES KUMMAR
NRIC No S9540602E
Date Of Birth 08/11/1995
Occupation INDOOR
Date Of Driving Pass 11/03/2015
Driving Experience 4 YEARS AND 1 MONTH
Gender FEMALE
Mobile Number (LOCAL) +65-97501245
Fax Number
Contact Number
EMail Address HANNAHSATHAYESKUMMAR@HOTMAIL.COM

Address NA
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 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 [OTHER] JURONG N P P
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190423/2136 LODGED AT JURONG NPP. ON THE 23/04/2019 AT ABOUT 1110 HRS, I WAS RIDING MY MOTORCYCLE FBL7688M ALONG CORPORATION ROAD AND HAD JUST EXITED AYE, I WAS THEN ON LANE 1 THE EXTREME RIGHT LANE AND THE LANE CAN ONLY TURN RIGHT AND THERE WAS A TAXI SHC7547H DIRECTLY BESIDE ME. I THEN WAITED FOR THE TRAFFIC LIGHT TO TURN GREEN AND STARTED TURNING RIGHT, WHEN THE TAXI ALSO SLIGHTLY INCHED FORWARD ON ITS RIGHT AND SUDDENLY SINGALED AND WENT STRAIGHT FORWARD. THE ACTION HAD CAUSED A COLLISION WITH MY MOTORCYCLE AND AS A RESULT, I THEN FELL ONTO THE ROAD SURFACE. I SUFFERED CUTS ONTO MY LIPS AREA AND PAINS TO MY ARM AND LEG AREA. THE SAID TAXI DRIVER THEN OFFERED TO SENT ME TO NUH WHICH HE SUBSEQUENTLY DID SO. I THEN SEEK TREATMENT AND WAS GIVEN 04 DAYS OF MEDICAL LEAVE. MY MOTORCYCLE SUFFERED DAMAGES TO ITS MIRROR, FOOTREST, I U UNIT AND ALSO SCRATCHES AT VARIOUS PARTS OF MY MOTORCYCLE. THAT'S ALL. NO TRAFFIC POLICE OR AMBULANCE CAME TO SCENE.

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 SHC7547H
 Vehicle Make/Model/Colour HYUNDAI/140 1.7CRD
 Details Of Properties NA
 Vehicle Category TAXI
 Name of Driver KOI SENG, SOON
 NRIC/Passport Number S1216364I
 Contact Number 90671407

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HANANTHI D/O SATHAYES KUMMAR

Approximate Age

Injuries Sustain

CUTS ON LIPS, PAIN ON ARM AND LEG

Injured person in which vehicle?

FBL7688M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0655G
Vehicle Details	
Vehicle No.:	FBL7686M
Vehicle to be Exported:	No
Intended Deregistration Date:	08 May 2019
Vehicle Make:	HONDA
Vehicle Model:	CB190R MANUAL
Primary Colour:	Orange
Manufacturing Year:	2016
Engine No.:	WH161FMK16L01585
Chassis No.:	LWBPCL10XG1011524
Maximum Power Output:	-
Open Market Value:	\$3,559.00
Original Registration Date:	01 Mar 2017
First Registration Date:	01 Mar 2017
Transfer Count:	1
Actual ARF Paid:	\$534.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Feb 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,801.00
COE Rebate Amount:	\$5,311.00
Total Rebate Amount:	\$5,311.00

The information contained herein is correct as at 08 May 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

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PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877		Ref: CS3/FCI19007828/Acd3s2 Date: 28-05-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 7547H	Veh. Inspected	FBL 7686M
Policy No.	D-19092579MFSH	Coverage (\$)	0.00
Claim No.	D19002872MFSH	Excess (\$)	0.00
Assign From	HENRY KAO	Assign Date	03/05/2019
2. Vehicle Particulars & Condition			
Make & Model	HONDA CB190R	c.c	184
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	LWBPC10XG1011524	Colour	ORANGE
Odometer	20716 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	110/70R17	BRIDGESTONE	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	140/70R17	BRIDGESTONE	6 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION, O/S AND N/S BODY.			
5. General Information			
Accident Date	23/04/2019	Inspect Date / Time	06/05/2019 (02:01 PM)
Survey held at	KATOOM CUSTOMS - 25 KAKI BUKIT AVE 4 #05-90		
Repairer	-		
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/FCI19007828/Acd3s2

Inspected By



ADRIAN LING WAI PING

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

Licensed Appraiser



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MinstAEE,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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