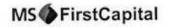
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Surveyor:		ASS	IGNMEN	T (Office)				
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To Inspect Ve	S/TP RES / OD RE chicle No: FBN	BIEVAINV BLIFT	/ MV / CS		Insured:	SHL	.757P	
	m/s motopie < ki Bukit Roud	2 #01-2	f		Tel:	67470	774	
Policy No:				Claim No: D	190031	H3MFSH		
Sum Insured:				Excess:				
Make of Veh.					1	0.0.A. 23	5.2019	
CA / REV	/ REP. / REV 24 H		ntacted:/	Ah Beny	V	H.O.D. Endor	10000000000 00000	
Date/Time *	Action/Instruction PBN 66171		timate					
	SHC 0757 P	- X						
	Dismantle: 1	16/2019						
	After repair	76/200						•

171134

REF:



MS First Capital Insurance Limited Co.Reg. No. 195000106C CST 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

27-05-2019

Our Ref No. D19003473MFSH

Accident Date

23-05-2019

Claim Type. Third Party

Insured Vehicle

SHC0757P

Third Party Vehicle. FBN6617J

Survey Location

10 KAKI BUKIT ROAD 2 #01-24 FIRST EAST CENTRE

Contact Person.

LENA

Contact No.

67476774/0

Fax No. 0

Survey Type

WITHOUT PREJUDICE:

Appointed

LKK AUTO CONSULTANTS PTE LTD

Surveyor

NA

Fax No. 68416315

Contact Person
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

MOTOPLEX PTE LTD

Attention, NIL

Cc: TP Solicitor

KURU & CO

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.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 aforested.
- aforesaid.

	ACCIDENT STATEMENT
Date Of Report	25/05/2019 11:19
Date Of Accident	23/05/2019 22:30
Exact Location Of Accident	TAMPINES ST 23 X AFTER TAMPINES AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN6617J
Insured/Policyholder	
Name Of Registered Owner	MELISSA BINTE KAMIL
NRIC No	S9337994B
Email Address	MXLISSAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83224874
Alternative Phone No	OFFICE-83224874
Vehicle Particulars	
Manufacturer	HONDA
Model	CB150R MANUAL
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3170120
Cover Note Number	23/11/2018-22/11/2019
Driver	
Name of Driver	MELISSA BINTE KAMIL
NRIC No	S9337994B
Date Of Birth	10/10/1993
Occupation	INDOOR
Date Of Driving Pass	31/10/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83224874
Fax Number	
Contact Number	OFFICE-83224874

MXLISSAK@GMAIL.COM

Address

135 PASIR RIS ST 11

#02-239

Postcode

510135

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 (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)

(55)

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

CHANGI N.P.C

Police Station Name
Police Station Address

ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, 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 ATTACHMENT

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

SHC757P

Vehicle Make/Model/Colour

COMFORT TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHENG NGIONG KHIAN

NRIC/Passport Number

S0571086C

Contact Number

82980985

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	MELISSA BINTE KAMIL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBN6617J
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN NO

GIACON Shet (Abeliane VI

Sketch Plan Pg. 2

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	7994B	
Vehicle No.:	FBN6617J	
Vehicle to be Exported:	No	
Intended Deregistration Date:	31 May 2019	
Vehicle Make:	HONDA	
Vehicle Model:	CB150R MANUAL	
Primary Colour:	Red	
Manufacturing Year:	2018	
Engine No.:	KC32E0029820	
Chassis No.:	MLHKC2886J5029820	
Maximum Power Output:		
Open Market Value:	\$3,769.00	
Original Registration Date:	23 Nov 2018	
First Registration Date:	23 Nov 2018	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$566.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	22 Nov 2028	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$2,989.00	
COE Rebate Amount:	\$2,832.00	
Total Rebate Amount:	\$2,832.00	

The information contained herein is correct as at 31 May 2019

OK



Honda CB150R ExMotion (/listing/usedbike/honda-honda-cb150r-exmotion/11944/)



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

33		PRE-REPAIR I	NSPECTION REPORT			
36 R	FIRST CAPITAL IN COBINSON ROAD 01 CITY HOUSES	ISURANCE LTD INGAPORE 068877	Ref: CS3/FCI19009574 Date: 27-06-2019 Code: FCI2	//Ecd3s2		
1.		Policy Particul	ars :- (THIRD PARTY CLAIM			
	Insured Veh. SHC 757P		Veh. Inspected	FBN 6617J		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	D19003473MFSH	Excess (\$)	0.00		
Т	Assign From	HENRY KAO	Assign Date	29/05/2019		
2.	ing a hautst	Vehicle I	Particulars & Condition			
	Make & Model	HONDA CB150R	c.c	149		
	Engine No.	HIDDEN	Year of Reg.	2018		
	Chassis No.	MLHKC2886J5029820	Colour	RED		
	Odometer	5894 KM	Steering	IN ORDER		
	Brakes	IN ORDER	Modification	SPORTS RIM		
	General	GOOD				
3.		Co	nditions of Tyres			
		Size	Make	Balance		
	R/H Front Tyre	110/70 R17	DUNLOP	6 mm		
	L/H Front Tyre	V		mm		
	R/H Rear Tyre	150/60 R17	DUNLOP	6 mm		
	L/H Rear Tyre			mm		
4.		Desc	cription of Damages	Liver Manager		
	THE VEHICLE SU	STAINED DAMAGES AT THE	E O/S AND N/S BODY.			
5.		Ge	neral Information	NUMBER OF STREET		
	Accident Date	23/05/2019	Inspect Date / Time	30/05/2019 (12:50 PM)		
	Survey held at	MOTOPLEX PTE LTD				
	205	10 KAKI BUKIT ROAD 2 #01-24 FIRST EAST CENTRE SINGAPORE 417868				
5a.	NEW STATE	Remarks				
	B) THE REPAIR E THE REPAIRER V	STIMATE WAS NOT PRESEI VAS TOLD TO PREPARE TH LEASE FIND DAMAGED VEH		S. TION.		

Report Ref No. CS3/FCI19009574/Ecd3s2

Inspected By

6

CHEN TSUE YEE

Automotive Assessor

L

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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