

ASS. REC. BY: KGA

REF: CS/FCI 190 9889/GVD3

Special Instruction:

Survey: KGA

ASSIGNMENT (Office)

From (Person): Severe Car

of FCI

Date/Time: 04/6/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FY 42595

Insured:

SHD 3019L

at Workshop m/s

SANFLI MOTOR

Tel:

67447753 / 90613285

of

KARLI BUKIT

Policy No:

Claim No:

DI9003639 NESH

Sum Insured:

Excess:

D.O.A.

30/5/19

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

LWPI

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction
	<u>Ignored ()</u>
	<u>FY 42595 x</u>
	<u>SHD 3019L x</u>
<u>17/6/19</u>	<u>Email preli revised to FCI - vehicle TIL</u>
<u>17/6/19</u>	<u>Submit Ext TIL - mv: \$300 (Est) LTA: \$ 95 NV: \$ 205</u>

MOTOR SURVEY ASSIGNMENT

Date	03-06-2019	Our Ref No. D19003639MFSH
Accident Date	30-05-2019	Claim Type. Third Party
Insured Vehicle	SHD3019L	Third Party Vehicle. FY4259S
Survey Location	1 KAKI BUKIT AVE 6 #02-43 AUTOBAY@KAKI BUKIT	
Contact Person.	LILIAN CHIA	
Contact No.	67447753/ 90613299	Fax No. 67446010
Survey Type	WITHOUT PREJUDICE: NO EST. COR	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

(in)
XED

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	SANFU MOTOR 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.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Monday, 17 June 2019 4:16 PM
To: 'CWS Motor Claims'
Cc: 'Serene Ler'; SUR
Subject: RE: SURVEY ASSESSMENT - D19003639MFSH/1, FY 4259S
Attachments: FY 4259S PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle FY 4259S
Date of survey: 4/6/2019

Please be informed that vehicle recommended Total Loss.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@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: Tuesday, 4 June, 2019 2:52 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <Sereneler@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003639MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D19003639MFSH

Our ref: CS/FCI1909889/Gvd3

Date: 17/6/2019

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LIMITED

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. FY 4259S

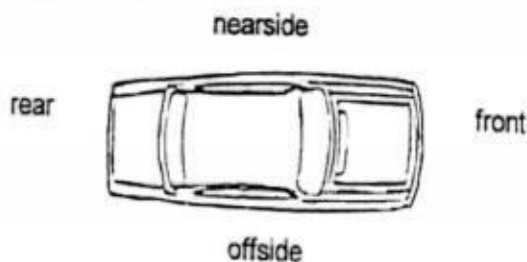
We thank you for your instruction on 4/6/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 4/6/2019 at the premises of M/s SANFU MOTOR PTE LTD and have the following to report:-

Workshop Estimate Amount	:S\$TOTAL LOSS
Revised Estimate Amount	:S\$TOTAL LOSS
"Check" Items Amount	:S\$
Market Value	:S\$
LTA Reimbursement Value	:S\$
Nett Value	:S\$

Description of Damage:

The vehicle sustained damages at the front o/s portion



Comments/Present Status:

Damages Consistent

Yours faithfully,

XING GUO QIANG (HP 8288 0282)

M.MATAI, AMSAE-A

Automotive Assessor

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	01/06/2019 17:29
Date Of Accident	30/05/2019 21:40
Exact Location Of Accident	ALONG ROAD 1 NIVEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY4259S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NIZAR BIN JAAFAR
NRIC No	S8601875F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97786036
Alternative Phone No	OTHERS-97786036

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT
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
Fleet Policy	NO
Policy Number	
Cover Note Number	AN3167922

Driver

Name of Driver	MUHAMMAD NIZAR BIN JAAFAR
NRIC No	S8601875F
Date Of Birth	09/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	21/09/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97786036
Fax Number	
Contact Number	OTHERS-97786036
EMail Address	NOEMAIL

Address	BLK 523 WOODLANDS DR 14 #07-387 SINGAPORE
Postcode	730523
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?	NO
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]	T/20190531/2144
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REF TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	
Phone Number	98607944
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3019L
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)

Sketch Plan

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:



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



Reporting Centre Personnel's Signature
Name: Lim Chai
NRIC/FIN No.: 2501047

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFERRED TO POLICE REPORT

DECLARATION

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



Very

Policyholder's Signature _____
Date & Time: _____



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



Reporting Centre Personnel's Signature
Name: LEON CHAN
NRIC/FIN No.: 58010942

Police Report



**SINGAPORE
POLICE FORCE**



T/20190531/2144

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 3

Report No. T/20190531/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2019 16:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD NIZAR BIN JAAFAR			Address: 523 WOODLANDS DRIVE 14 #07-367 FRAGRANT WOODS SINGAPORE 730523		
ID Type / ID No.: NRIC NO / S6601875F			Contact No.: Home/Office: Mobile: 97786036		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 09/01/1986	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/05/2019 21:40	Type of Location: STRAIGHT ROAD
Location: Along Road 1 NIVEN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
FY4259S	Motorcycle	HONDA	WAVE 125R A	Blue	Totally Damaged	0
SHD3019L	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY4259S	AXA INSURANCE SINGAPORE PTE LTD	P1539010	15/09/2018	14/09/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190531/2144

2 of 3

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

Report No. T/20190531/2144

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD NIZAR BIN JAAFAR	ID No.	S8601875F
Related Vehicle	FY4259S (Motorcycle)	Contact No.	97786036
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

ON THE ABOVE DATE TIME AND LOCATION

I WAS ON NIVEN ROAD HEADING TO COMPLETE MY ORDER. I WAS RIDING ON THE LEFT LANE OF THE ROAD. I HAD SEEN A BEAM OF LIGHT AT THE CORNER OF MY RIGHT EYE AND ASSUMED THAT THE VEHICLE APPROACHING WAS PASSING BY. SUDDENLY A TAXI TURNED INTO MY DIRECTION AND I HIT HIM HEAD ON AS I COULD NOT STOPPED IN TIME. HE WAS TURNING INTO WILKIE EDGE HOWEVER IT WAS AN EXIT OF A ONE WAY ROAD. HE WAS GOING AGAINST THE TRAFFIC OF THE ROAD HE INTENDED TO TURN TO. I WAS THEN FLUNG FROM MY VEHICLE AND SUFFERED BRUISES ON MY RIGHT LEG AND HAND. I WAS THEN CONVEYED BY AMBULANCE TO TAN TOCK SENG HOSPITAL. I WAS THEN ISSUED 5 DAYS OF MC.

Police Report



SINGAPORE
POLICE FORCE



T/20180531/2144

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

3 of 3

Report No. T/20180531/2144

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 /

FIRDAUS BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2019 16:55

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No.: 65476251

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Signature:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

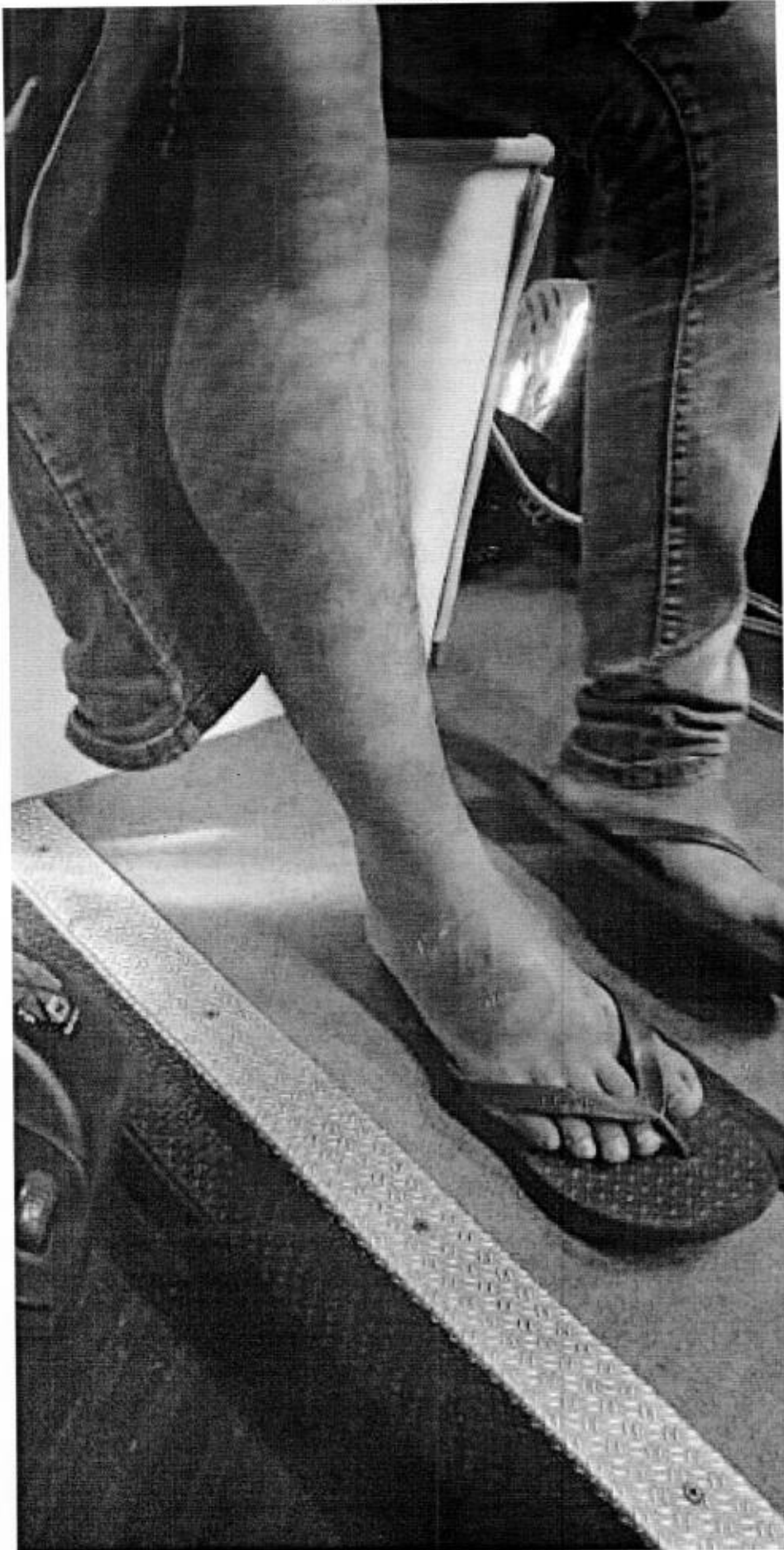
Owner ID Type:	Singapore NRIC
Owner ID:	1875F
Vehicle No.:	FY4259S
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Jun 2019
Vehicle Make:	HONDA
Vehicle Model:	WAVE 125R A
Primary Colour:	Blue
Manufacturing Year:	2004
Engine No.:	NF125MPE0004852
Chassis No.:	NF125MP0004852
Maximum Power Output:	-
Open Market Value:	\$1,698.00
Original Registration Date:	15 Sep 2004
First Registration Date:	15 Sep 2004
Transfer Count:	9
Actual ARF Paid:	\$255.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	31 Aug 2019
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$2,020.00
COE Rebate Amount:	\$95.00
Total Rebate Amount:	\$95.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 05 Jun 2019

OK

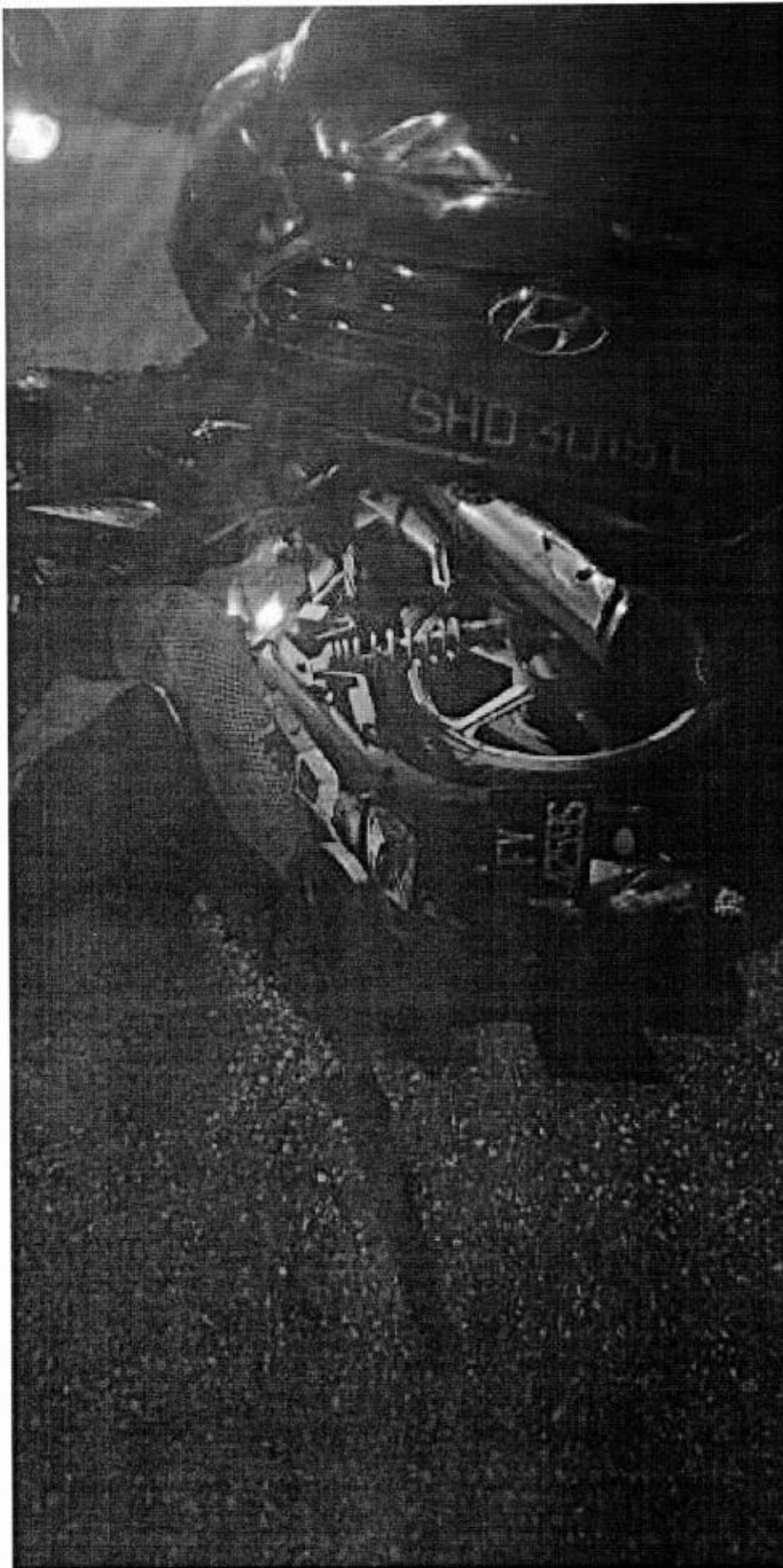
Accident Photo



Accident Photo



Accident Photo



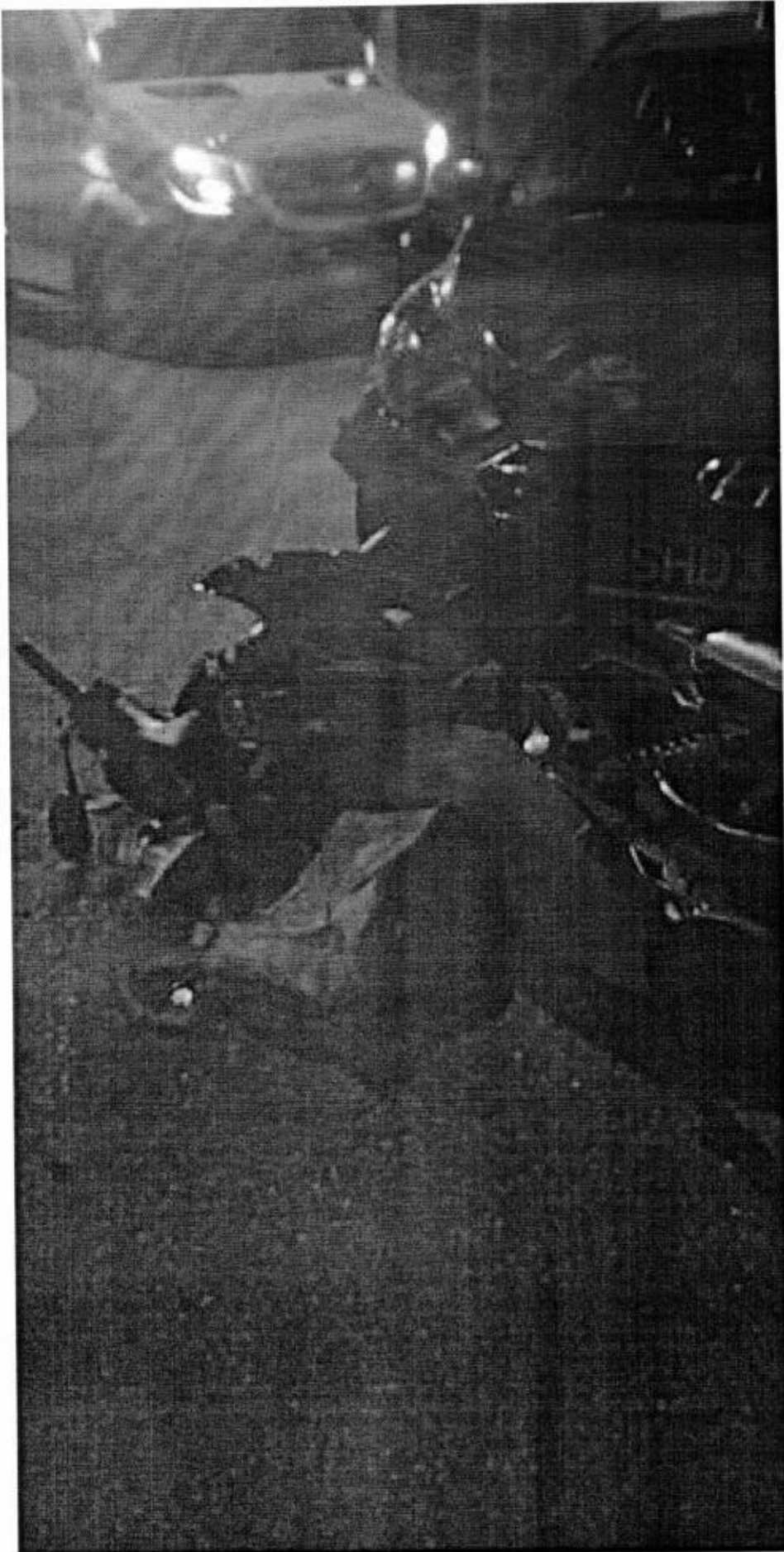
Accident Photo



Accident Photo



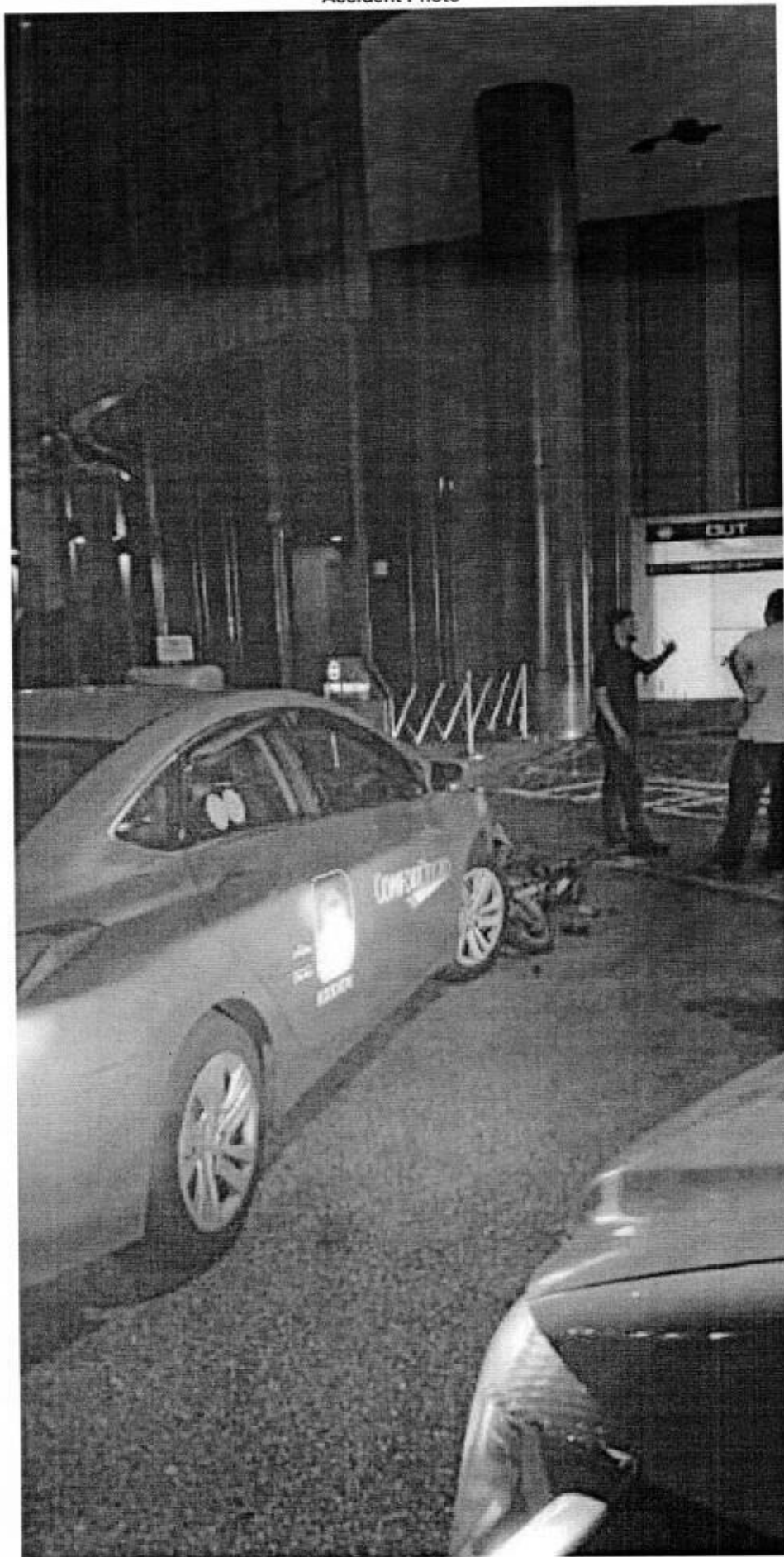
Accident Photo



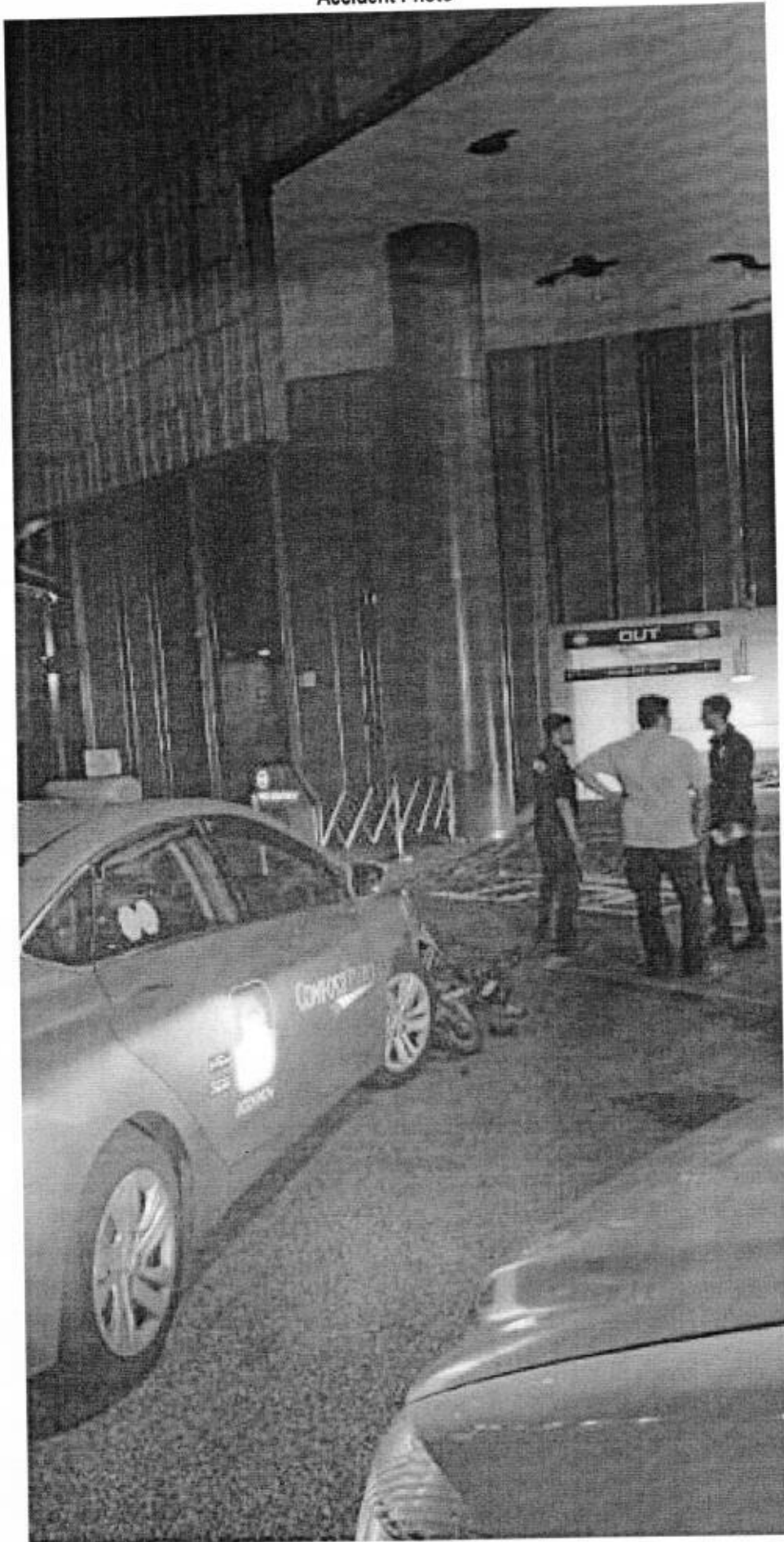
Accident Photo



Accident Photo



Accident Photo



Accident Photo



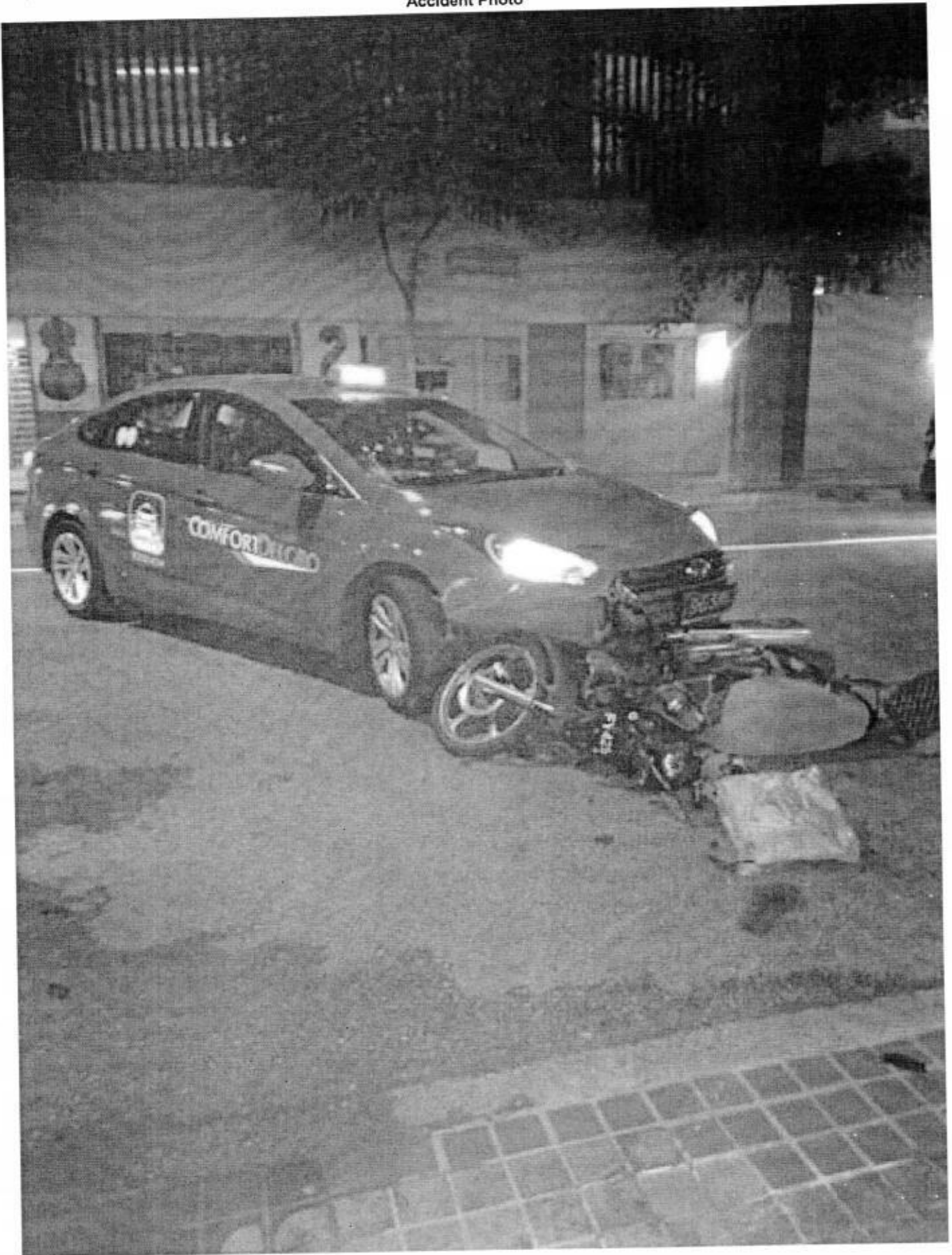
Accident Photo



Accident Photo



Accident Photo





**Tan Tock Seng
HOSPITAL**
Acute Care Unit

No. 11 Jalan Tan Tock Seng, Singapore 308433
Tel: 6256 5811 (Main Line) & 157 7000 (Central Appointment Room), 6271 4359 (Outing Department)
Fax: 6256 9334 Reg No: 1992054630

The Tan Tock Seng Hospital is a private hospital and the use of any of its services is subject to payment of fees. Please refer to the hospital website for more information. The hospital is not responsible for any loss or damage to your property or personal belongings. Please refer to the hospital website for more information.

TAX INVOICE

TO:

MR. MUHAMMAD NIZAR BIN JAAFAR
BLK 523 #07-387
WOODLANDS DRIVE 14
SINGAPORE - 730523

MRN/NRIC : S8801875F
CASE NO : 1219437034G 03001
VISIT DATE : 30.06.2019 22:54
LOCATION : TCMD
INVOICE DATE : 31.06.2019
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : M2-0094564-E

PATIENT NAME : MUHAMMAD NIZAR BIN JAAFAR

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT (\$)
ED Service Facility	286.00
Blood Capillary Glucose	6.38
ECG (12 Lead)	10.66
XR, Hand, Right	43.31
XR, Foot, Right	43.31
XR, Tibia & Fibula, Right	43.31
XR, Pelvis, AP	47.71
XR, Chest, PA/AP	36.92
Injection - SAC, IM, IV	21.32
Total Charges	508.92
Government Subsidy	380.92
Total Amount Payable	128.00
PAYMENT:	
MUHAMMAD NIZAR BIN JAAFAR	0.00
TOTAL DUE AFTER PAYMENT	128.00
DUE FROM:	
MUHAMMAD NIZAR BIN JAAFAR	128.00

FOR INFORMATION

Total amount payable after GST is \$128.98.

Total GST for this bill at 7% is \$8.96 which is absorbed by the Government.



Tan Tock Seng Hospital
11, Jalan Tan Tock Seng, Singapore 109433
TEL: 655-9256 8011

MEDICAL CERTIFICATE	AMENDED ORIGINAL	TTSH19125133
NAME: MUHAMMAD NIZAR BIN JAAFAR		NRC: S9001875F

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 5 days from 30-May-2019 to 03-Jun-2019 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 30-May-2019 22:54 to 31-May-2019 01:42

31-May-2019
Date

ANG WEE KUAT (PDS20-H)
Issued by

Emergency Department
Location

Signature


A member of National Healthcare Group
making good at working life

Driving License



fy 4259 S

977 86036