

ASS. REC. BY:

REF: CSY P12 19010656/Tlcd 394

Special Instruction:

Surveyor: Tanfkh

ASSIGNMENT (Office)

From (Person): Henry Kao

of PC1

Date/Time: 17.6.19 1241p.m

Estimated Cost:

Bill to:

OD (TP) WS / TP RES / OD RES / EVA / ENV / MV / CS

To Inspect Vehicle No: FBH 2016B

Insured: SHA 230C

at Workshop m/s Albert Motor Supply

Tel: 81928668

of BIK 1008 Bukit merah #01-10

Policy No:

Claim No: D19 003411 MF5H

Sum Insured:

Excess:

Make of Veh:

D.O.A. 29.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 17.6.19 1.13pm

Person Contacted:

Rion

Vehicle IN/OUT

Date/Time	Action/Instruction (X)	Estimate Inspection 1008 Bukit merah #01-12
	FBH 2016B-X	AA motor. (wesi nana)
	SHA 0230C-X	
	Disassemble: 25/6/2019.	

Tanpuku

FCI

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.

N/S	O/S
-----	-----

Bal. or Market Value

Consistent? : Yes or No

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seem:

Res.: Yes or No

Est. Repairs

days

Res.: Yes or No

Lum Sun:

93

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_

Person Contacted

Vehicle: IN / OUT

Veh No: FBH2016B Y Resp. 2016 Nov

Type: Motor Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Sym Jayride 200 Evo CC 171

Colour: White A/C: Insured / Std / Nil / NA

Sp Reading: — I/Radio: Insured / Std / Nil / NA

Eng/No:

C/Nr: RFQ LF18WY9S701513

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: 110/90R13  
R: 120/70R12

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

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. mm L/Bal. mm

D.O.A. D.O.I. 17/6/1902

Survey held at AA Motor

Des. of Damages: Frt / Rear / Oil / N/S / UIC / Rooftop or

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

Date / Time

Action / instruction

No Gift

10.06 RM Lane #21-12.  
\$3000-\$4000, 5 days

Date/Time, File Path(s)?

□: Prelim. Report

11

□: Final Report

Date/Time: File Return to?

21

Report Format :

Lump Sum / L.B.L: (\$)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  Site Insp (\$☐ Interview (\$)

Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation

544 J. H. J. Oudejans, J. A. M. M. Steyvers, and J. A. M. M. Steyvers

## 5. Conclusions

## References

TOTAL

**MOTOR SURVEY ASSIGNMENT**

Date	14-06-2019	Our Ref No. D19003911MFSH
Accident Date	29-05-2019	Claim Type. Third Party
Insured Vehicle	SHA0230C	Third Party Vehicle. FBH2016B
Survey Location	BLK 1008 BUKIT MERAH #01-10	
Contact Person.	CHARLOTTE CHOY	
Contact No.	82928668/ 0	Fax No. 62737790
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	ALBERT MOTOR SUPPLY PTE LTD	Attention. NIL
Cc : TP Solicitor	TEO KENG SIANG LLC	TP Solicitor Fax No. 63335676
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

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 GI&A 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	13/06/2019 13:46
Date Of Accident	29/05/2019 06:15
Exact Location Of Accident	ALONG JALAN BUKIT MERAH TOWARDS QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2016B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD NURMAHADI BIN MOHAMMED ZAKARIAH
NRIC No	S7822546G
Email Address	HADIBMZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97245480
Alternative Phone No	OFFICE-97245480

### Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200I-171CC EVO CVT
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MTMC01002946
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD NURMAHADI BIN MOHAMMED ZAKARIAH
NRIC No	S7822546G
Date Of Birth	07/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97245480
Fax Number	
Contact Number	OFFICE-97245480
Email Address	HADIBMZ@GMAIL.COM

Address	BLOCK 55 LENGKOK BAHRU #11-437
Postcode	151055
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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to the attached Sketch Plan and the Police Report for the accident details.

#### 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	SHA230C
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)

1

**DETAILS OF INJURED PERSON 1**

Name	MOHAMMAD NURMAHADI BIN MOHAMMED ZAKARIAH
Approximate Age	40
Injuries Sustain	LEGS , KNEES, CHEST AND SHOULDERS
Injured person in which vehicle?	FBH2016B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLOCK 55 LENGKOK BAHRU #11-437
Postcode	151055

**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.

13.06.2019  
13.30

Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN

Refer to police report

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attach police Report no. T/20190529/2085...

Dated / Time Report Made:  
29/05/2019 13:52.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

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





**SINGAPORE  
POLICE FORCE**



T/20190529/2085

1 of 3

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

Report No. T/20190529/2085

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2019 13:52	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: MOHAMMAD NURMAHADI BIN MOHAMMED ZAKARIAH		Address: APT BLK 55 LENGKOK BAHRU #11-437 SINGAPORE 151055	
ID Type / ID No.: NRIC NO / S7822546G		Contact No.: Home/Office: Mobile: 97245480	
Nationality: SINGAPORE CITIZEN.		Email:	
Sex: Male	Age: 40	Date of Birth: 07/08/1978	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: Delivery Driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/05/2019 06:15	Type of Location: Straight Road
Location: Along Road 1 JALAN BUKIT MERAH JALAN KILANG BARAT Along Jln Bukit Merah towards Queensway just beside Jln Kilang Barat				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Skidded and hit onto the front bumper of the Taxi			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBH2016B	Motorcycle	SYM	JOYRIDE 200I EVO CVT	White	Slightly Damaged	0
SHA230C	Taxi					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20190529/2085

2 of 3

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

Report No. T/20190529/2085

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH2016B	TENET SOMPO INSURANCE PTE. LTD.	D19MTMC0100294 6	16/04/2019	15/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider:			
Name	MOHAMMAD NURMAHADI BIN MOHAMMED ZAKARIAH	ID No.	S7822546G
Related Vehicle	FBH2016B (Motorcycle)	Contact No.	97245480
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/05/2019	Date Discharge	29/05/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Name			
Name	Unknown	ID No.	NIL
Related Vehicle	SHA230C (Taxi)	Contact No.	NIL
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	NIL

**Brief Details.**

On 29/05/2019 at about 0615hrs, I was riding along Jln Bukit Merah going towards Queensway. I was riding along the extreme right lane( Lane 1) when I noticed that there was a Yellow colour Taxi (SHA230C) wanting to make a right turn into Jln Kilang Barat. The driver did slowed down but the vehicle was gradually inching forward. I had my right of way and when I noticed that the Taxi was too close, I immediately jammed brake in order to avoid collision with the Taxi. Due to the braking, together with my bike, I skidded moving in front of the Taxi and hit his front bumper. The taxi driver came out to see what happened and there were SCDF personals who were passing by, whom stopped to help me. Ambulance was soon at scene and I was conveyed to NUH for treatment. I was then given 7 days of Medical Leave.



**SINGAPORE  
POLICE FORCE**



T/20190529/2085

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

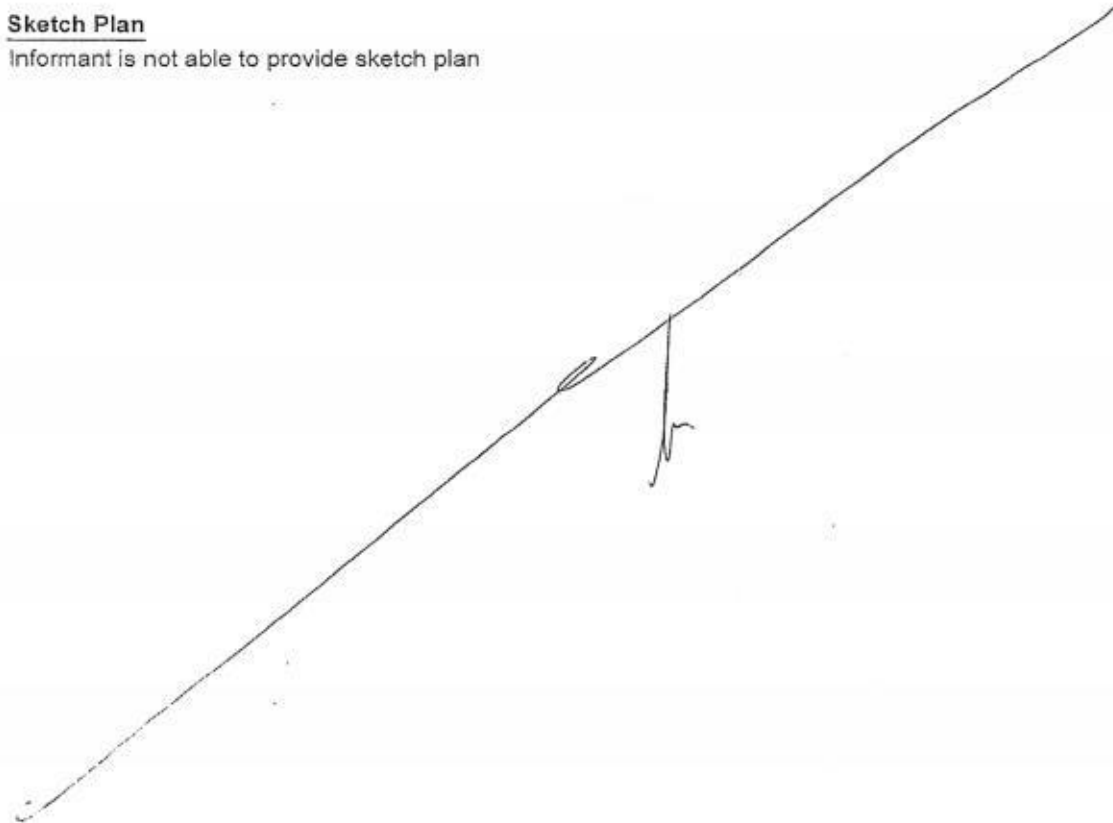
3 of 3

Report No. T/20190529/2085

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:

D /

Sr Staff Sgt VIGNESWARAN MEENATCHI  
SUNDARAM SHANMUGANATHAN

Signature Of Informant:

Date/Time:

29/05/2019 13:52

Signature Of Interpreter:

Not applicable

Classification Of Case:

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Authentication Stamp

NP168

> Back to OneMotoring

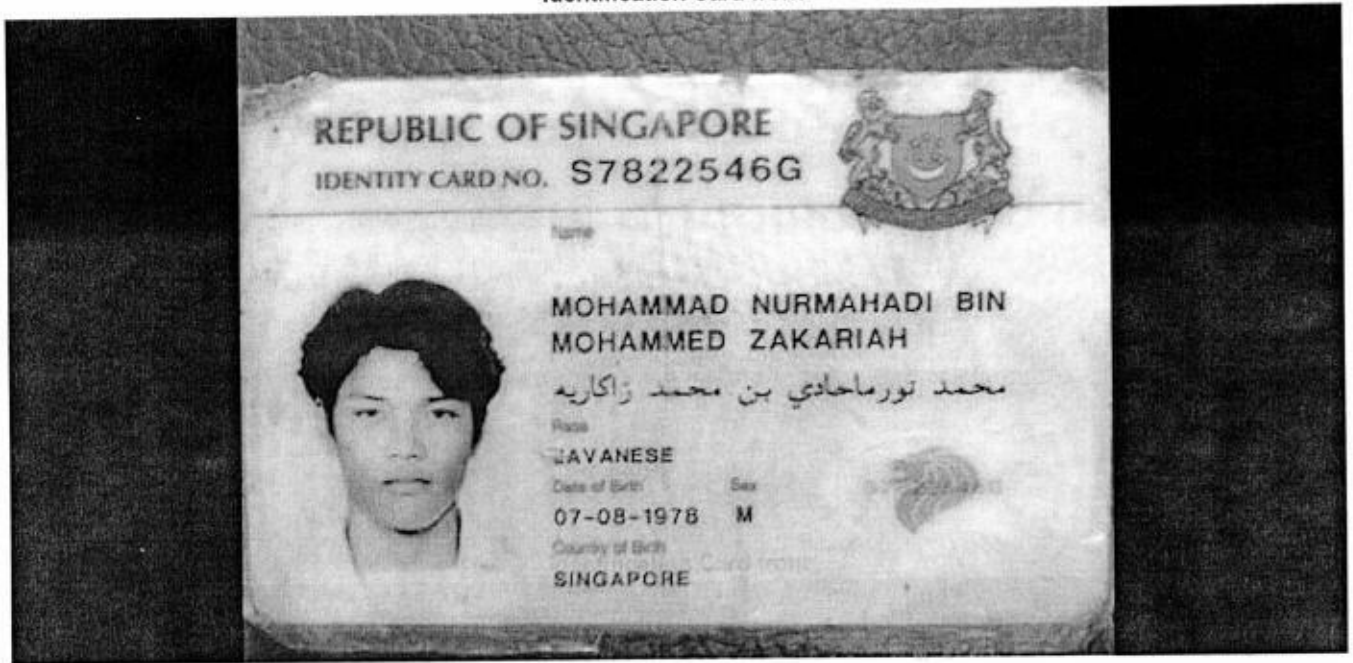
## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	2546G
<b>Vehicle Details</b>	
Vehicle No.:	FBH2016B
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Jun 2019
Vehicle Make:	SYM
Vehicle Model:	JOYRIDE 200I EVO CVT
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	KB223630
Chassis No.:	RFGLF18WYGS701513
Maximum Power Output:	-
Open Market Value:	\$2,730.00
Original Registration Date:	05 Nov 2016
First Registration Date:	05 Nov 2016
Transfer Count:	3
Actual ARF Paid:	\$410.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	04 Nov 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,354.00
COE Rebate Amount:	\$4,678.00
<b>Total Rebate Amount:</b>	<b>\$4,678.00</b>

The information contained herein is correct as at 24 Jun 2019

OK

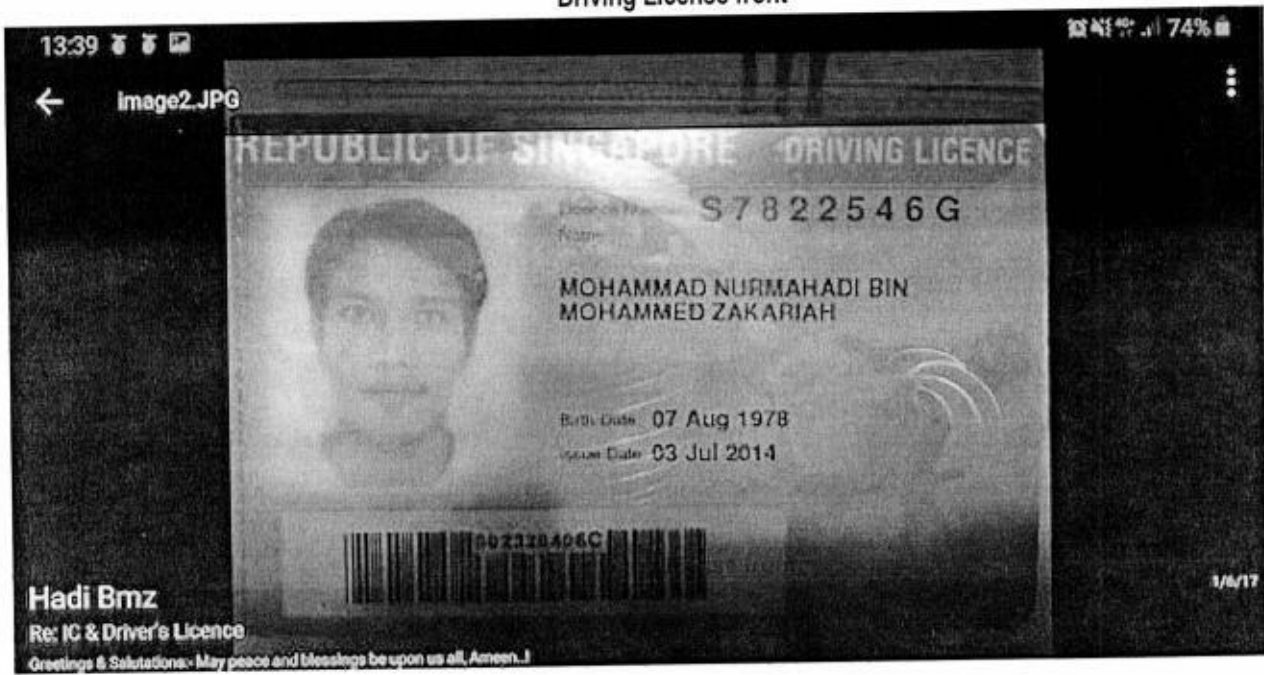
Identification Card front



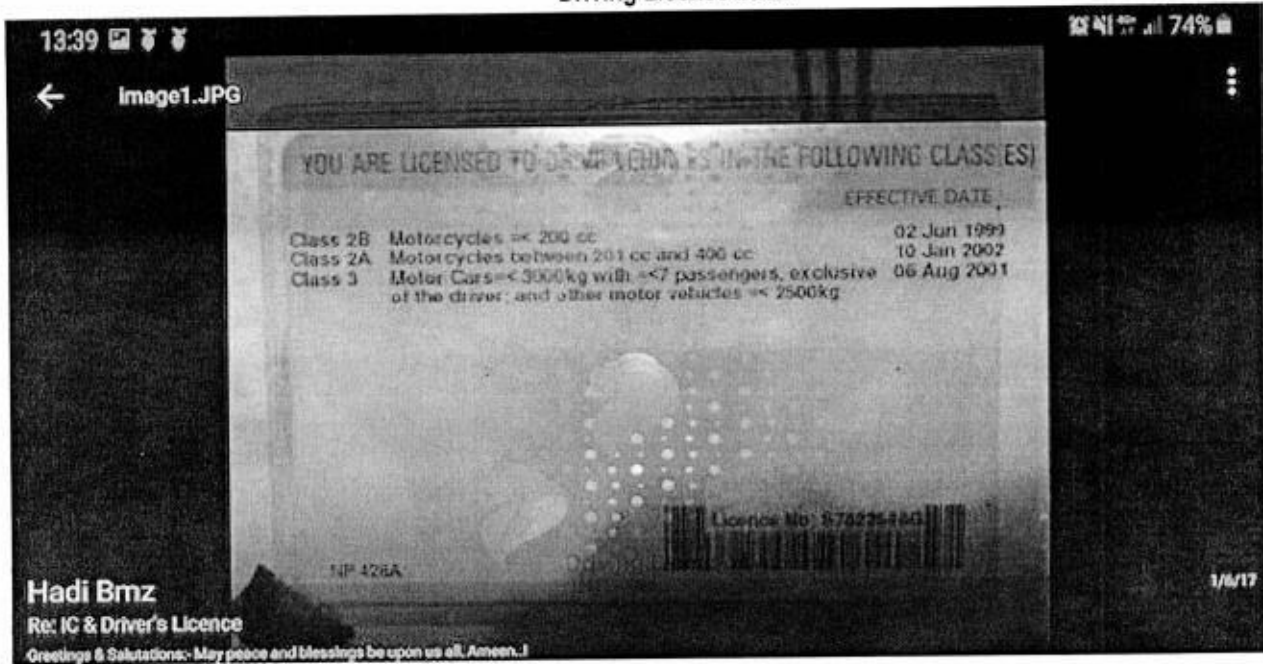
Identification Card back



Driving License front

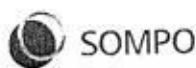


Driving License back





# Certificate of insurance Pg. 1



Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg  
Co. Reg No: 108905450E | GST Reg No: M200903190

## Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No. : D19MTMC01002946  
Insured : MOHAMMAD NURMAHADI BIN MOHAMMED ZAKARIAH  
Motor Vehicle (Regn No.) : FBH2016B  
Cover : Third Party, Fire & Theft  
Policy Commencement Date : 16 APRIL 2019 15:52  
Policy Expiry Date : 15 APRIL 2020 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$300 - Section I  
Named Driver 1 : MOHAMMAD NURMAHADI BIN MOHAMMED ZAKARIAH  
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
MOHAMMAD NURMAHADI BIN MOHAMMED ZAKARIAH

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

### Limitations As To Use

Use only for social, domestic and pleasure purposes and  
(a) by the Insured in person in connection with his business or profession or  
(b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

### Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia), and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref.MCY-MTMC 02)

Sompo Insurance Singapore Pte. Ltd.

*[Signature]*

Authorised Signatory

Date/Time of Issue : 16 APRIL 2019 15:52

### IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle.
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 F4DMHQ4I4TT1MPAJ

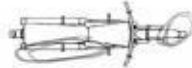
**LKK Auto Consultants Pte Ltd**

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

PRE-REPAIR INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19010656/T1cd3s2 Date: 28-06-2019 Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHA 230C	Veh. Inspected	FBH 2016B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19003911MFSH	Excess (\$)	0.00	
Assign From	HENRY KAO	Assign Date	17/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	SYM JOYRIDE 200I EVO	c.c	171	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	RFGLF18WYGS701513	Colour	WHITE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	110/90 R13	PIRELLI	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	120/70 R12	PIRELLI	5 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND O/S BODY.				
5. General Information				
Accident Date	29/05/2019	Inspect Date / Time	17/06/2019 ( 02:50 PM )	
Survey held at	BLK 1006 BUKIT MERAH #01-12			
Repairer	ALBERT MOTOR SUPPLY PTE LTD			
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:\$7,000.00				

Report Ref No. CS3/FCI19010656/T1cd3s2

**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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