

22/03/2003

ASS. REC. BY:

REF:

C53/FCI/9012436/Acf3⁸²

Special Instructions

Surveyor: Adrian

ASSIGNMENT (Office)

CWS

From (Person): Mary Chua

of

FCI

Date/Time:

15/7/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBL 814G

Insured:

SH 6870 Z

at Workshop m/s:

EQUATOR BROTHERHOOD

Tel:

90113391 WTLK

of

25 KARI BUKT RD 4 # 03-79 SYNERGY @ KB

Policy No:

Claim No:

D19004186MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/6/19

(Client's Record)

CA / REV / REP. / REV 24 HRS

yprs

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction
	1. brought X
	FBL 814G x
	SH 6870Z x

09/11/19

REF:

FCU

Surveyor

ASSIGNMENT

From:

Date:

15/11/19

Estimated Cost:

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

To Inspect Vehicle No:

FBL 8146

at Workshop m/s

EQUATOR BROTHERHOOD

of

75 KAKI BUKET RD 4 #03-75

Insured:

SYNERGY @ KB

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBL 8146

Yr Regn:

Oct / 18

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

Truck / Trailer or

Make:

Yamaha CJD300A c.c. 290

Colour:

Black GREY

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MH3SH0848JK004975

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:

120/70R15

R:

150/70R14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

15/07/19

1.50pm

Survey held at

Egustor Brotherhood

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

TP 1st Cap PRS.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

PRS

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

MOTOR SURVEY ASSIGNMENT

Date	26-06-2019	Our Ref No. D19004186MFSH
Accident Date	23-06-2019	Claim Type. Third Party
Insured Vehicle	SH6870Z	Third Party Vehicle. FBL814G
Survey Location	25 KAKI BUKIT ROAD 4 #03-79 SYNERGY @ KB	
Contact Person.	WILLE	
Contact No.	90113391/ 90113391	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

Adrian 'PPS'

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	MAY CHUA	

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 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 06/07/2019 10:39
Date Of Accident 23/06/2019 15:00
Exact Location Of Accident HOLLAND ROAD.
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL814G
Insured/Policyholder
Name Of Registered Owner SABRINA NG WEI SHAN
NRIC No S8228320Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-82888119
Alternative Phone No OFFICE-82888119

Vehicle Particulars

Manufacturer YAMAHA
Model CZD300A / XMAX300
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 SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number D18MTMC01006466
Cover Note Number

Driver

Name of Driver LEE KUN YU TONY
NRIC No S9010289C
Date Of Birth 19/03/1990
Occupation INDOOR
Date Of Driving Pass 12/07/2010
Driving Experience 8 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92390657
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 722 JURONG WEST AVE 5 #03-136
Postcode	640722
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : SABRINA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT NO.T/20190701/2078.

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	SH6870Z
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
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 LEE KUN YU TONY
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBL814G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Address
Postcode

DETAILS OF INJURED PERSON 2

Name SABRINA
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBL814G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Address
Postcode

Accident 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.
3. Information provided must be as truthful and accurate as possible. Any willful 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:
NRIC/FIN No.:

Accident Sketch Plan Form 1

Accident Sketch Plan Pg. 1

SKETCH PLAN



Vehicle A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190701/2078

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

1 of 3
Report No. T/20190701/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2019 13:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE KUN YU, TONY			Address: APT BLK 722 JURONG WEST AVENUE 5 #03-136 SINGAPORE 640722		
ID Type / ID No.: NRIC NO / S9010289C			Contact No.: Home/Office: Mobile: 92390657		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 19/03/1990	Type of Informant: Rider		
Race:			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/06/2019 15:00	Type of Location:
Location: Along Road 1 HOLLAND ROAD				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL814G	Motorcycle				Seriously Damaged	1
SH6870Z	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190701/2078

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

2 of 3

Report No. T/20190701/2078

CONTINUATION OF REPORT

Rider			
Name	LEE KUN YU, TONY	ID No.	S9010289C
Related Vehicle	FBL814G (Motorcycle)	Contact No.	92390657
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/06/2019	Date Discharge	27/06/2019
No. of Days granted Medical Leave	55	Degree of Injury	Serious
Driver			
Name	LEW KOK KEONG DERRICK	ID No.	S7427916C
Related Vehicle	NIL	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 THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING TOWARDS HOLLAND VILLAGE IN LANE 2, AT THE T JUNCTION ZONE, I WAS HEADING STRAIGHT, A TAXI DRIVER WAS IN THIRD LANE AND WAS SUPPOSED TO ONLY GO STRAIGHT BUT ABRUPTLY SWITCHED FROM LANE 3 TO 2 WITHOUT SIGNALING AND ENDED UP COLLIDED INTO MY MOTORCYCLE AND I ROLLED INTO THE OPPOSITE LANE, THE TAXI DRIVER ALIGHTED TO SEE WHAT HAD HAPPENED, AND CALLED FOR AN AMBULANCE, BOTH ME AND MY PARTNER WERE UNABLE TO MOVE PROPERLY AND WERE BOTH LYING ON THE GROUND. ME AND MY PARTNER WERE LATER CONVEYED TO A HOSPITAL.

THAT IS ALL

[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBL814G		
Vehicle Type :	P01 - Passenger Scooter		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	YAMAHA		
Vehicle Model :	CZD300A / XMAX300		
Chassis No. :	MH3SH0848JK004975		
Propellant :	Petrol		
Engine No. :	H336E0040477		
Engine Capacity :	292 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	340 kg		
Unladen Weight :	179 kg		
Year Of Manufacture :	2018		
Original Registration Date :	11 Oct 2018		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$4,390.00		
COE Expiry Date :	10 Oct 2028		
Road Tax Expiry Date :	10 Oct 2019		
Inspection Due Date :	10 Oct 2021		
Intended Transfer Date :	24 Jul 2019		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
The current road tax expiry is 10 Oct 2019. You may renew the road tax from 11 Jul 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 10 Oct 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 11 Oct 2019 to 10 Apr 2020)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	43.00	-	43.00
Total Amount Payable :			68.00
Amount Payable (From 11 Oct 2019 to 10 Oct 2020)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	86.00	-	86.00
Total Amount Payable :			111.00

You may print this page for reference.

[OK](#)
[Print](#)

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	320Z
Vehicle Details	
Vehicle No.:	FBL814G
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Jul 2019
Vehicle Make:	YAMAHA
Vehicle Model:	CZD300A / XMAX300
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	H336E0040477
Chassis No.:	MH3SH0848JK004975
Maximum Power Output:	-
Open Market Value:	\$4,390.00
Original Registration Date:	11 Oct 2018
First Registration Date:	11 Oct 2018
Transfer Count:	1
Actual ARF Paid:	\$659.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Oct 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,390.00
COE Rebate Amount:	\$4,043.00
Total Rebate Amount:	\$4,043.00

The information contained herein is correct as at 24 Jul 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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD		Ref:	CS3/FCI19012436/Acf3s2
36 ROBINSON ROAD		Date:	01-08-2019
#16-01 CITY HOUSESINGAPORE 068877			
		Code:	FCI2
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SH 6870Z	Veh. Inspected	FBL 814G
Policy No.		Coverage (\$)	0.00
Claim No.	D19004186MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	15/07/2019
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA CZD300A	c.c	292
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	MH3SH0848JK004975	Colour	GREY
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	120/70 R15	DIABLO	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	150/70 R14	DIABLO	6 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.			
5. General Information			
Accident Date	23/06/2019	Inspect Date / Time	15/07/2019 (01:50 PM)
Survey held at	EQUATOR BROTHERHOOD 25 KAKI BUKIT ROAD 4 #03-19 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.			

Report Ref No. CS3/FCI19012436/Acf3s2

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, MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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