Surveyor :	Ram	ASSIGN	MENT (Office)	
From (Person	may chun	of 1	FC1	Date/Time: 49.19 2081
Estimated Co	st:		Bill to:	
To Inspect V	STTP RES / OD RES	8783m	/CS	Insured: SH ( 4000M)
at Workshop	m/s motor spi	8		Tel:
of Ble 3	oof us road	1 #01-446		
Policy No:_			Claim No:	019065560MPSH
Sum Insured:			Excess:	
Make of Veh				D.O.A. 27.8.2019
(Client's Recor	/ REP. / REV 24 HI	RS My"	9663 8119	7 H.O.D. Endorsement:
Date/Time:	9.19 229p.m	Person Contacte	d: Herbert	Vehicle IN OUT
	Action/Instruction (	1) Estinu	nte.	
Date/Time			-7	
Date/Time	FBP 8783M -	×		
Date/Time	FBP 8783M -			
Date/Time				
Date/Time	FBP 8783M -			

(Del(171.i) ASS. REC. BY:	REF	*	
. Ro	2m	ASSIGNMENT	•
€rom:	Date:	Veli No: FBP8783M	Yr Rogn: JUN / 2019
Estimated Cost:		Type: M.Car / M.Cycle Bus / Van	
OD/TP/WS/T	PRES / OD RES / EVA / INV / MV	Truck / Trailer or	Lorry / Taxi / Prime mover /
To Inspect Vehicle		Make: KYMCO/Xciting 400	De 709
at Workshop m/s	***		AC: Insured/Std/NI/NA
of		Sp.Reading 00 2706	T/Radio: Insured / Std / NI / NA
Insured		Eng/No:	Titradio. Insuled / Std / NI / NA
Policy No.	272	C/No: RFBD62000J160	00114
Claims No.		A 141 HO	
Sum Insured:		Gen. Cond. Good / Fair / Poor / Bur	
(Client's Record	Excess:	Steering: (norder) Jammed / Leake	ACTION AND AND AND AND AND AND AND AND AND AN
Make of Veh:	t)	Brake: Inorder / Jammed / Leake	2 2
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GIA / PR Seen:	Consistent? : Yes or No	L/Bal mm	L/Bal. — mm
Est. Repairs:	4 days Res.: Yes or No	D.O.A. 27/08/19	D.O.I. 4/9/19
Lum Sum:	% 3 Val.: Yes or No	Survey held at Motor	Sport PTELTO
CA / REV / R	EP. / 24 HRS	Des. of Damages : Frt / Rear / O/S	INS J U/C / Rooftop or
Date	Vehicle; IN	/OUT //	3
Date:	Person Contacted:	The U/C / Chassis frame / Bod	y Structure affected due to collision.
	Action/Instruction + by Rist: \$1329.1000 performed with \$ 546.90 Red -		
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Tener II	*		-
Date/Time, File Pass 197	: Preli. Report	Days Of Repair:	
Date/Time, File Return to	: Final Report	Resurvey No. of Trip:	Survey Feo: 100 Transportation: 50
2)	Add	Feo: Site Insp (\$	) s+RS, SI 50490
		: Interview (\$	) Photos 100
Report Format:		: Tech. Invs (\$	) Others
Lymp Spm / I.B.	1: (\$ P/P \$ 1,329.10)	: Weekend (\$	
Class			1070
			10TAL 250



MS First Capital Insurance Limited co.Reg. No. 195000106C GST 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

28-08-2019

Our Ref No. D19005560MFSH

**Accident Date** 

27-08-2019

Claim Type. Third Party

Insured Vehicle

SHC4000M

Third Party Vehicle. FBP8783M

Survey Location

BLK 3007 UBI ROAD 1 #01-446

Contact Person.

HERBERT TEB

Contact No.

67496717/0

Fax No. 67416719

Survey Type

WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

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

MOTOR SPORT PTE LTD

Attention. NIL

Cc: TP Solicitor

NA

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.

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered V Vehicle Owner Particulars	enicie	
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	903G	
Vehicle No.:	FBP8783M	
Vehicle to be Exported:	No	
Intended Deregistration Date:	05 Sep 2019	
Vehicle Make:	кумсо	
Vehicle Model:	XCITING 400S	
Primary Colour:	Blue	
Manufacturing Year:	2018	
Engine No.:	SK80C1600121	
Chassis No.:	RFBD62000J1600114	
Maximum Power Output:	* *	
Open Market Value:	\$6,018.00	
Original Registration Date:	25 Jun 2019	
First Registration Date:	25 Jun 2019	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$1,259.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	24 Jun 2029	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$3,000.00	
COE Rebate Amount:	\$2,940.00	
Total Rebate Amount:	\$2.940.00	

The information contained herein is correct as at 05 Sep 2019



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Jobs & Services ~

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S Scooter

#### 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 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

aror osaid.	
William B.C. Ling Grand L. Land H.	ACCIDENT STATEMENT
Date Of Report	28/08/2019 11:27
Date Of Accident	27/08/2019 13:30
Exact Location Of Accident	WEST COAST DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP8783M
Insured/Policyholder	
Name Of Registered Owner	ANN JI HAN
NRIC No	S8627903G
Email Address	ANNJIHAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98763881
Alternative Phone No	OTHERS-98763881
Vehicle Particulars	
Manufacturer	KYMCO
Model	XCITING 400S
Exact Purpose for which vehicle was being used at time of accident	t
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

Type Of Coverage COMPREHENSIVE

SOMPO INSURANCE SINGAPORE PTE. LTD.

Fleet Policy NO

Policy Number D19MTMC01005120

Cover Note Number 27/06/2019 TO 26/06/2020

Driver

Name of Driver ANN JI HAN NRIC No S8627903G Date Of Birth 01/10/1986 Occupation INDOOR Date Of Driving Pass 28/08/2018

**Driving Experience** 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98763881

Fax Number

Contact Number OTHERS-98763881

**EMail Address** ANNJIHAN@YAHOO.COM.SG Address APT BLK 41 BEDOK SOUTH RD #13-731 (S) 460041

Postcode

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 - MAJOR/MINOR RD

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

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

refer with attach.

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

SHC4000M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver POH HUP THYE

NRIC/Passport Number S0140309E Contact Number 97567240

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name ANN JI HAN

Approximate Age
Injurie's Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address

Postcode

CHANGI GENERAL HOSPITAL - 2 DAYS MC FBP8783M YES

### 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.
- 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:
  - (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

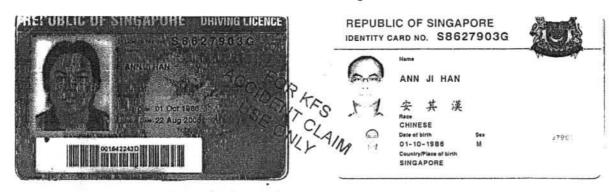
Name:

NRIC/FIN No .:

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	7-AUG-19, I them no		.,
	Straight after I fines	/	
= = 1 1 1	. 11	sweve night	
Then, I tried to co	ntro the bike and		the Keep on the left side
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General Hospital to	1		given 2 days MC. West
to make police m	sport but was told	not required	to.
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DECLARATION I/We declare the foregoing particul	lars are true in every respect.	Vernie ha	De Somp Incrance Co.  FB 3+85 Libra 3+15 D.  Increment Interpretation  Interpretation  Office versions  Eymo 40-tex 507
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11:48 AM

### insurer's nric & license Pg. 1



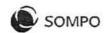


#### certificate of insurance Pg. 1

27-06-19:15:34 ;

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Sompo Insurance Singapore Pte. Ltd. SO Railles Place, #55-01/05 Singapare Land Tower, Singapore 040623 Tel; 0401 6555 i Feet 0221 5302 i Websitet www.comps.com.ag Co. Rog. No.: 180905490E i GST Reg. No.: M200803180

#### Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (MALAYSIA)

Cert No Policy No. : D19MTMC01005120 Insured : ANN JI HAN Motor Vehicle (Regn No.) : FBP8783M : Comprehensive

Policy Commencement Date : 27 JUNE 2019 15:37 Policy Expiry Date : 26 JUNE 2020 23:59 Maximum Liability (Section I): Market value at time of loss

Excess\* : \$500 - Section I Named Driver 1

: ANN JI HAN : WONG TIONG WEE (WANG ZHONGWEI) Named Driver 2

HIRE PURCHASE OWNER : NIL

Persons or Classes of Persons entitled to drive\*
ANN JI HAN, WONG TIONG WEE (WANG ZHONGWEI)

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.

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

Acadent 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.sompp.com.ag or call our Emergency Hotline: (65) 6461 6555.

We hereby carify that the Pelicy 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, 1887 (Maleysia); and (2) the policy is may, conditions and exceptions of the Motorcycle Policy (ReCMCY-MTMC.02)

Sompo Insurance Singapore Pte. Ltd.

Lui Do

MOTOR SPORT PTE LTD JLK 3007 UBI ROAD 1 #01-446 SINGAPORE 408701 TEL: 6749 6717 FAX: 6741 6719 ACB: 199002311D

ST M2-0093053-3

Authorised Signatory

Date/Time of Issue: 27 JUNE 2019 15:37

IMPORTANT NOTICE

Keep the Certificate in your Mater Vehicle;
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 vehicle policy of insurance under the Act;
On the sale of the Motor Vehicle or if for any reason the insurance is terminated during its currency, the insurance must surrander the Certificate of insurance and the Policy to the insurance company. If the Certificate of insurance has been lost or described, a statutory declaration to that affect must be made. Politice to comply with this obligation is an effected under the Motor Vehicle of Third-Party Risks and Compensation) Act (Chapter 189);
This Policy will case 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 LJDBHJ4N411MMPAJ

<sup>\*</sup> Subject to GST wherever applicable

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ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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Before 1.45pm on 27-AUG-19,=	I thurn right out from Food Contre (Ayar Rojan),
When I was heading straight after	er I finished my fun, the taxi turned letter
from the road. I horn and atter	mpt to sweve night to avoid but was hit.
Then I tried to control the b	ike and mounted the keep on the left side
in the end and come to ast	op. After the accident, I went to Changi
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General Haspital to do chocking	for agrurance. Was given 2 days MC. Went
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Date & Time: 28/8/19 11:48 Am

Date & Time: 28 | 8 | 19

11:48 AM

NRIC/FIN No.:

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
- 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 .:

## MOTOR SPORT PTE LTD

Blk 3007 Ubi Road 1 #01-446 Singapore 408701

Tel: 67496717/8 Fax: 67416719

Our Ref: 03092019/MS

CR No. 199002311D GST. M2 -0093053

Date: 3 September 2019

### MS FIRST CAPITAL INSURANCE LTD

6 Raffles Quay #21-00 Singapore 048580

To: Motor Vehicle Accident Claim Dept.

Dear Sir/Madam,

### ACCIDENT INVOLVED WITH SHC4000M AND FBP8783M

We will requested by our client FBP8783M to claim against vehicle SHC4000M which you are the insurer.

The damages is as below:-

					/ /
1	SKIRT A FR L SIDE		\$	112.00	PC SOr
2	SKIRT A FR L SIDE EM	BLEM	\$	10.00	PC/nec/
3	SKIRT A L SIDE		\$	78.00	PC/SCP/
4	SKIRT B R SIDE		\$	115.00	PC.SOI
5	LH SIDE COVER		\$	205.00	PC/CUt/
6	LH SIDE COVER EMBL	EM XCITING	\$	30.00	PC/ner \$20
4	LITSIDE COVER EMBL	EM 400	-\$-	13.00	PC MM
8	MAIN STAND		\$	88.00	PC 00
9	SIDE STAND		\$	24.00	PC TO SIL
10	SIDE STAND EXTEND	BASE	\$	48.00	PC SCY \$2
11	LH ENGINE COVER		\$	96.00	PC cut
12	LH ENGINE SIDE COVE	ER .	\$	27.00	PC SCY
13	AIR FILTER COVER		\$	57.00	PCSU \$51
14	LH FOOT BOARD		\$	57.00	PC SUY
15	FOOTREST ANTI SKIR	Г	\$	320.00	SET XNA
16	FOOTREST LH SIDE C	OVER	\$	61.00	PC SCV
17	LH PILLION FOOTEST		\$	37.00	PC Sor/
18	SPRAY PAINTING		\$	300.00	PART \$ 28 0
19	LABOUR CHARGE	LKK Auto Consultants hence notify	\$	200.00	TIME 150
		the Repairer of the following:	TOTAL \$	1,876.00	20
		To resurvey before/after spray painting To display damaged part(s) during resurvey	===		Company of
We a	ttach the GIA report for y	our reference subject to confirmation		)	Mation
	AM(LKK)	<ul> <li>Third party survey is on a "Without Prejudice" basis</li> </ul>	Ram!	LKK)	1 1 1 1 1 1 1
		No illegal modification(s) is allowed     Supplementary item(s) must be resurveyed and     is subject to Service.		un l	ITEM \$999
886	22778	is subject to final approval from Insurance Company	1	LST	11011011
1	1012019	Acknowledged by Repairer		10/0	; \$ 99.9
10-	15	Signature:	1	2/	1 899-10
bon	L CON DOW	Date:	af418	1/0) LIST	146m; 0
	A repartys			La bour	1+em: \$899-10
			4	Total	: \$1329,10
			1	10400	X

# **MOTOR SPORT PTE LTD**

Blk 3007 Ubi Road 1 #01-446 Singapore 408701 Tel: 67496717/8 Fax: 67416719 CR No. 199002311D GST. M2 -0093053

We would appreciate that you assign a surveyor to our designated address above soonest.

Thank you

Yours faithfully,

Herbert Teh Manager



## 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

		Affiliated to Federation Intern	nationale Des Experts En Autom	obile
MS	FIRST CAPITAL IN	ISURANCE LTD	Ref : CS/FCI1901564	14/Fsf3e2
	ROBINSON ROAD -01 CITY HOUSES	INGAPORE 068877	Date: 02-10-2019 Code: FCI2	
1.		Policy Particula	ars :- THIRD PARTY CLAI	M
	Insured Veh.	SHC 4000M	Veh. Inspected	FBP 8783M
	Policy No.		Coverage (\$)	0.00
	Claim No.	D19005560MFSH	Excess (\$)	0.00
	Assign From	MAY CHUA	Assign Date	04/09/2019
2.		Vehicle Pa	articulars & Condition	
	Make & Model	KYMCO XCITING 400S	c.c	399
	Engine No.	HIDDEN	Year of Reg.	2019
	Chassis No.	RFBD62000J1600114	Colour	BLUE
	Odometer	2706	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	120/70 R15	DUNLOP	4 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	150/70 R14	DUNLOP	4 mm
	L/H Rear Tyre			mm
4.			ption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	N/S BODY.	
	DAMAGES SEE D	ETAILS.		
5.		Gen	eral Information	
	Accident Date	27/08/2019	Inspection Date	04/09/2019
	Survey held at	MOTOR SPORT PTE LTD		
		BLK 3007 UBI ROAD 1 #01- SINGAPORE 408701	446 .	
5a.			Remarks	U. S. C. W. H. H. S. C.
	B)THE INSPECTION	ISISTENT TO ACCIDENT REP ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BAS	
5b.		Estima	ate Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 Working Day	s



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBP 8783M

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	SKIRT A FR L SIDE	SCRATCHED	112.00	112.00
1	SKIRT A FR L SIDE EMBLEM	NECESSARY	10.00	10.00
1	SKIRT A L SIDE	SCRATCHED	78.00	78.00
1	SKIRT B R SIDE	SCRATCHED	115.00	115.00
1	LH SIDE COVER	CUT	205.00	205.00
1	LH SIDE COVER EMBLEM XCITING	NECESSARY	30.00	20.00
1	LH SIDE COVER EMBLEM 400	NOT NECESSARY	13.00	
1	MAIN STAND	DENTED	88.00	88.00
1	SIDE STAND	DENTED	24.00	20.00
1	SIDE STAND EXTEND BASE	SCRATCHED	46.00	22.00
1	LH ENGINE COVER	CUT	96.00	96.00
1	LH ENGINE SIDE COVER	SCRATCHED	27.00	27.00
1	AIR FILTER COVER	SCRATCHED	57.00	51.00
1	LH FOOT BOARD	SCRATCHED	57.00	57.00
1	SET FOOTREST ANTI SKIRT	NOT NECESSARY	320.00	
1	FOOTREST LH SIDE COVER	SCRATCHED	61.00	61.00
1	LH PILLION FOOTEST	SCRATCHED	37.00	37.00
	LESS 10% DISCOUNT		-	-99.90
		250	1,376.00	899.10
	LABOUR			
	SPRAY PAINTING.		300.00	280.00
	LABOUR CHARGE.		200.00	150.00
			500.00	430.00
	GRAND TOTAL		1,876.00	1,329.10

DECOMMENDED COST OF DEDAIDS	4 220 4
RECOMMENDED COST OF REPAIRS	1,329.1

Report Ref No. CS/FCI19015644/Fsf3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

H.S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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