From (Person)	Nuring Chia san san of	NMENT (Office) FC1	Date/Time: 16. 9. 19 2-52p.
Estimated Cos	*	Bill to:	
	TP RES / OD RES / EVA / INV / M nicle No: FBP 13733	IV i CS	Insured: S4A 34645
	www.dand Link 401-35	r	Tel: 82008888
Policy No:		Claim No:	D19005948MFSH
Sum Insured:		Excess:	
Make of Veh:			D.O.A. 11.9. 2019
CA / REV /	REP. / REV 24 HRS 9. 10 19 2-59 p. M Person Contac	Jason L'a	NO.D. Endorsement: Vehicle IN 20UT
Date/Time	Action/Instruction () Estim	nate	
	SAA 84645 - (3) FOIS	5013360/ KOLO	11 hoA -10/05/2015
			Leon Lian, no estima
24/09/19	DISMANTIL: 23/9/2019.		,100 €

Ac Stere	
ASS	IGNMENT
Free Date:	Val. No FOP 1373J Yr Regn Feb, 19
Estata.	Islan M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD IP WS IP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To stand Version No:	Make Yamaha : 155
at With shop ()	Colour Red A/C: Insured / Std / NI /
of	Sp Reading 74947 T/Radio: Insured / Std / NI /
Inag-d	Eng/No:
Polici, fi	CINO: MH3SG 4640K T049772
Charte No.	Gen Cond: Good / Fair / Poor / Burnt
Sum inquired . Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Facetif's Per 1	Brake: Inorder / Jammed / Leaked / Burnt or
Mare of yet	Mil / S/Rim / STD A/Rim or
	10/80-14
	Tyre Size: F: 1/10/00/7
(Policy Condition) Remark: The veh had commenced its N/S O/S	R: 143/19-14
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
201	TOYO/YOKO or /KC
Ba to Market Value:	Front Rear
IDAC -coident Rport: Consistent?: Yes or No la land	
GIA PR Soun Consistent?: Yell or No	L/Bal. mm UBal.
Est Papars days Res.: Yes or No	D.O.A. 11/9/19 D.O.I. 16/9/19 03/8
Luci 19 % 3 Val.: Yes or No	Survey held at Lian Chin Heng Moth
CA / REV / REP. / 24 HRS	Des of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or
Date Person Contacted: Vehicle: IN / OUT	
Data ane Action / Instruction	The U/C / Chassis frame / Body Structure affected due to coll
* GIA Report Market Value -	8000 K
,	01800 V
1	
-	
Date to the Fast : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee
Dates* is The Return to?	Transportation
Add Fee:	Site Insp (\$)s+Rs,si
	Interview (\$): Photos
Report Format PRI	Tech Invs (\$) Others
Lump Sum I.B.I: (\$: Weekend (\$.)
	TOTAL



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 & Hotor 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

16-09-2019

Our Ref No. D19005948MFSH

Accident Date

11-09-2019

Claim Type. Third Party

Insured Vehicle

SHA8464S

Third Party Vehicle. FBP 1373J

Survey Location

BLK 22 WOODLANDS LINK #01-35

Contact Person.

JASON LIAN

Contact No.

67586609/82008888

Fax No. 0

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

LIAN CHIN HENG MOTOR

Attention. NIL

Cc: TP Solicitor

DANIEL POON & CO

AND CARRIAGE

TP Solicitor Fax No. 6225 2579

Officer Incharge

MERINA CHIA SAN SAN

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 Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	406E	
Vehicle No.:	FBP1373J	
Vehicle to be Exported:	No	
ntended Deregistration Date:	25 Sep 2019	
Vehicle Make:	YAMAHA	
/ehicle Model:	GDR155A (AEROX)	
Primary Colour:	Red	
Manufacturing Year:	2019	
Engine No.:	G3J8E0088485	
Chassis No.:	MH3SG4640KJ049272	
Maximum Power Output:		
Open Market Value:	\$2,379.00	
Original Registration Date:	02 Feb 2019	
First Registration Date:	02 Feb 2019	
Fransfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$357.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: ntended COE Rebate Details	\$0.00	
COE Expiry Date:	01 Feb 2029	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$3,399.00	
COE Rebate Amount:	\$3,178.00	
Total Rebate Amount:	\$3,178.00	

The information contained herein is correct as at 25 Sep 2019

Bike model

Yamaha Aerox 155

Type

Any

Price From

Any

Price To

Any

Class

Any

MORE SEARCH OPTIONS >

Q SEARCH I VIEW ALL (/LISTING/USEDBIKES/LISTING/)

Q SEARCH V

Yamaha Aerox 155 (/listing/usedbike/yamaha-yamaha-aerox-155/14146/)



(/listing/usedbike/yamaha-yamaha-aerox-155/14146/)

SGD\$8500

Reg: 28/02/2019 Type: Scooters

155cc 8000km

Selling My 6 Months Old Yamaha Aerox. Fully Upgraded Accessories. Engine Stock. Never Drop Before Under My Care. Upgraded 7Litres Fuel Tank. Not Looking For Trade. Selling Only. Looking...

Posted on: 09/09/2019

DIRECT SELLER

■ COMPARE DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-AEROX-155/14146/)

Yamaha Aerox 155 (/listing/usedbike/yamaha-yamaha-aerox-155/13880/)



(/listing/usedbike/yamaha-yamaha-aerox-155/13880/)

Reg : 10/06/2019 Type: Scooters 155cc 1000km

Yamaha Aerox For Sale! Almost New Condition. Come With 1 Year Warranty From Agent. Viewing At Soon Hin Motors Pte Ltd. Address: Yishun Industrial Park A Block 1018 5768760. Tel 67524893. W...

Posted on: 20/08/2019

★ PAID AD ★ DEALER AD

Yamaha Aerox 155 (/listing/usedbike/a-bike-a-bike-knight-150/12904/)



(/listing/usedbike/a-bike-a-bike-knight-150/12904/)

Reg: 31/01/2019 Type: Scooters

155cc 1500km

Original Black 3 months Yamaha Areox.

Posted on: -

DIRECT SELLER

■ COMPARE DETAILS > (/LISTING/USEDBIKE/A-BIKE-A-BIKE-KNIGHT-150/12904/)

Yamaha Aerox 155 (/listing/usedbike/yamaha-yamaha-aerox-155/13964/)



(/listing/usedbike/yamaha-yamaha-aerox-155/13964/)

Reg : 29/03/2019 Type: Scooters 155cc 3500km

Mar 2019 Yamaha Aerox 155. Keyless Model. Fully Paid. Low Mileage. Pumped Caltex 98 Only. 2 Servicing (Oil Change) Done. Selling Due To Upgrade. Pm Me For More Info. Road Tax Paid Till 28...

Posted on : -

★ DIRECT SELLER

■ COMPARE DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-AEROX-155/13964/)

FIRST (?PAGE=1®_YEAR_TO=2019&MONTHLY_TO=&USER=&LICENSE_CLASS=&STATUS=&PRICE_TO=®_YEAR_FROM=1970&BIKE_MODEL=YAMAHA+AERO)

1

LAST (?PAGE=1®_YEAR_TO=2019&MONTHLY_TO=&USER=&LICENSE_CLASS=&STATUS=&PRICE_TO=®_YEAR_FROM=1970&BIKE_MODEL=YAMAHA+AEROX

ACCIDENT STATEMENT DETAILS

Date of Accident: 11-09-2019 Location of Accident: Board Tut	Time of Accident 08-A0 am
Vehicle Registration No: Braddell Poul Tur	ning into Toa Payots Ave 6
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Insured / Owner:	
Name of Insured / Owner: Find Young Fulle NRIC No: SEGOTUDE ROC No. if Comp	
Telephone No: 98822928 Email Address:	any:
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make /Manufacturer : Yamaha	Hodel: ADO ICE A (Acc.)
Type of Vehicle: Saloon / MPV / CRV / Van	Model: ADR 155A (Aero+) / Lorry / Bus / MTCycle / Others
Down and the state of the state	ommercial Hire Reward / Others
Cl.:	pls select): (Third Party)/ Reporting Only
Vehicle Category: Private / Commercial / Taxi /	Private Hire / Bus / (Motor Cycle)
Goods Vehicle / Motor Trade /	Tanker / Government / Mobile Equipment
INSURANCE COMPANY (OWN VEHICLE)	Time of Arci
Name of Insurance Company: Sompo Insurance	9'
Policy Number DIGMTMC 0 100 10 28	Singapore Pte Ltd Fleet Policy: YES / NO
	ty Fire & Theft Third Party Only
, vinio i u	Third Party Only
DRIVER'S DETAILS	
Name of Driver if not Owner:	NRIC Number :
Date of Birth :	Driving Date Pass :
	/ F Mobile Number :
Address of Driver :	
Was driver an employee of the Company YES / N	A second
Was driver an employee of the Company YES / N	O If No : Relationship :
GENERAL INFORMATIONS OF THE ACCIDENT	Trace fire / Bus
	On / Side Swipe 1/2 Head to Rear / Others
Weather: Clear / Raining / Others - Drizzlings	Road Surface : Dry Wet / Others
OTHER INFORMATION & DETAILS OF POLICE ACTION	
	mber of Vehicles involved in Accident
	nveyed to Hospital by Ambulance : YES / NO
	y Witness : YES / NO
Name of Witness :	· · · · · · · · · · · · · · · · · · ·
Nos of Passenger in Own Car.:	
Name of Passenger: 1	Male / Female
2	Male / Female
3	Male / Female
4	Male / Female
5	Male / Female
6	Male / Female
7 JUNEN	Male / Female
8 , 1090 /	Male / Female
9. og	Road purfac Male / Female
1	
•	

eff - January 5, 2018

10 11 12 Male / Female Male / Female Male / Female

DETAILS OF POLICE ACTION

Was the accident reported to the police:

* If Yes, state Police Station: (0 ub; Avenue 3

Are accident photos available for attachment: YES / NO

Was there any video captured by Car Camera: YES / NO

Was there any audio recorded YES / NO

DETAILS OF OTHER VEHICLES INVOLVED IN TH	HE ACCIDENT		
TP's Vehicle No (B) SHA 84645	TP's Driver Name		
TP's NRIC Number :	TP's Contact Number :		
Vehicle Make / Model / Colour 1-14unda , 4			
	Nos. of Passenger in TP's Car		
TP's Insurance Company :	Injured Person Name :		
Injured NRIC's Number :	Injured Contact No :		
TP's Vohisle No (C)	TP's Driver Name		
TP's Vehicle No (C) TP's NRIC Number :	TP's Contact Number :		
Vehicle Make / Model / Colour			
The second secon	Detail of Property		
Vehicle Category :	Nos. of Passenger in TP's Car		
TP's Insurance Company :	Injured Person Name :		
Injured NRIC's Number :	Injured Contact No :		
TP's Vehicle No (D)	-l. Arm TP's Driver Name		
TP's NRIC Number :	TP's Contact Number :		
Vehicle Make / Model / Colour	Detail of Property		
Vehicle Category :	Nos. of Passenger in TP's Car		
TP's Insurance Company :	Injured Person Name :		
Injured NRIC's Number :	Injured Contact No :		
TP's Vehicle No (E)	TP's Driver Name		
TP's NRIC Number:	TP's Contact Number :		
Vehicle Make / Model / Colour	Detail of Property		
Vehicle Category:	Nos. of Passenger in TP's Car		
TP's Insurance Company :	Injured Person Name :		
Injured NRIC's Number :	Injured Contact No :		
DECLARATION	. 29 solika tako		
	Es Priver Manue		
I / We declare the foregoing particulars and i	nformations as given are true in every respect.		
	Later Land		
Lim Yong Kwee	13/9/19 @ 5.50pm		
Name of Person making this Report	Signature Date / Time of Reporting		

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.
- 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.
- 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

(K driver is not the policyholder)

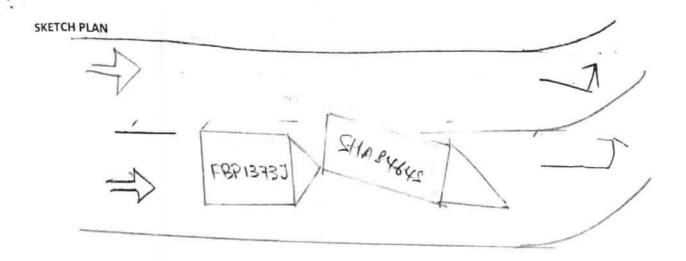
Date & Time:

Reporting Centre Personnel's Signature

Name:

pondence materials involuded as a condense materials involuded as a condense of the condense o

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I was travelling on Bradell Road towards
TOA Pa	yoh when the rechicle in front of me made a
	change of lane. The speed was not fast but
	istance between our venicle is too rear. I Jam
brake	e and hit the rear of the other vehicle. I was
then	conveyed to bospital.
	35.82.7037
	. HE ACCIDE 1

DECLARATION

I/We declare the foregoing particulars are true in every res

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.



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 IN	ISPECTION REPORT	
MS	MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI19016308	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date: 07-10-2019		
			Code: FCI2	
1.			rs :- (THIRD PARTY CLAIM	
	Insured Veh.	SHA 8464S	Veh. Inspected	FBP 1373J
	Policy No.	HEROCORPASSIVE INCOMES OF INVESTIGATION	Coverage (\$)	0.00
	Claim No.	D19005948MFSH	Excess (\$)	0.00
	Assign From	MERINA CHIA SAN SAN	Assign Date	16/09/2019
2.		Vehicle P	articulars & Condition	
	Make & Model	YAMAHA GDR155A	c.c	155
	Engine No.	HIDDEN	Year of Reg.	2019
	Chassis No.	MH3SG4640KJ049272	Colour	RED
	Odometer	4940 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Cor	nditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	110/80-14	IRC	5 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	140/70-14	IRC	5 mm
	L/H Rear Tyre			mm
4.		Descr	iption of Damages	TO AN MERIT WEEK
	THE VEHICLE SU PORTION.	STAINED DAMAGES AT THE	N/S BODY AND FRONT	
5.		Gen	neral Information	
	Accident Date	11/09/2019	Inspect Date / Time	16/09/2019 (03:18 PM)
	Survey held at	LIAN CHIN HENG MOTOR &	CARRIAGE PTE LTD	
		BLK 22 WOODLANDS LINK	#01-35 SINGAPORE 738734	
5a.			Remarks	
	B) THE REPAIR E THE REPAIRER V	STIMATE WAS NOT PRESEN VAS TOLD TO PREPARE THE LEASE FIND DAMAGED VEHIC		

Report Ref No. CS3/FCI19016308/Ecf3e2

Inspected By

6

CHEN TSUE YEE

Automotive Assessor

L

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.