0	2/03/2002		1	. 1	1.1		
	ASS. REC. BY:	1) 1 5	REF: CS3/1	EI19020608/	tcdS Medial In	struction:	
	Sangar:	TOUCHIN	1 .	GNMENT (Office)		į.	
-	From (Person)	: Joanne Yo	ord of	FCI		Time: 2,50pm	010/11
	Estimated Cos			Bill to:		TIME.	
	OD TP WS/TP RES/OD RES/EVA/INV/MV/CS						
	To Inspect Ve	hicle No:		9350	Insured;	SHD 3777	9
	at Workshop n	n/s		ir Consultant			
	of		53 46			0000	8
	Policy No:			Claim No:		H243MFSH	
	Sum Insured:			Excess:	.01700		
	Make of Veh: (Client's Record)		11/0/053.	D.0	A 14/1/20	101
	CA / REV /	REP. / REV 24	HRS		79	O.D. F. domesti	
	Date/Time: 3	3.08pm@19/11		4110	N	O.D. Endorsement:	
			Person Con	tacted: 1144 C	········Vehic	E (MI)OUT	
	Date/Time	Action/Instruction	n Folimoty	1			
		JSX935	0-X	1		-	
		SHD377:	79-CS TMT	19012656/16	HBn2	DOA: 16/7/2	ula
		Diamantle:		110120201		041,141	- /-
		Chamanol !	Shot Soul				
-							
-	, .	4	-				

ASS. REC: BY: H. ANN KEF: FC	
	GNMEN'T
From: Date:	Veh No: JSX 9350 Yr Regn: / 18 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: \(\sqrt{5} \times \qqrt{9350}	Make:
at Workshop m/s my can con	Colour Blue A/C: Insured / Std / NI / NA
ol	Sp.Reading 64 01,35 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: PMYUGOS10 J0039753
Claims No.	Gen. Cond: Good / Falr / Poor / Burnt
Sum Insured: Excess:	Steering norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
N/ N/	Tyre Size: F: 7 0 / 9 0 - 17
(Policy Condition)	R: 80/90-17
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
D. J. Market Mehrer	Front Rear Dun
Bal. or Market Value: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
Consistent 2 : Von or No	L/Bal. mm L/Bal. mm
Box: Vae or No	D.O.A. 14/11/19 D.O.I. 20/11/19
2 Vol.: You or No	· Survey held at my car on 0928 PM
Lum Sum: % 3 Val.: Yes or No	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	* 75× 9350
	pris case
	p post
	* NON complete Dounty.
	pushy workship your I
	geran/load card
mv=\$2300 - slowly coment	required - road 79x
e should	V - Juanum policy full sof
	Dave Of Renalt: - ower melaysen driving 11 cm
Date/Time, File Pass to? : Prell. Report	Days Of Reputit.
i) : Final Report	Resurvey No. of Trip: Survey Fee: 160
Date/Tune, File Return to?	Transportation:
2) Add Fe	
	: Interview (\$) Photos
Pepadeonnes: PRC.	: Tech. Invs (\$) Others
Loungs Soun / LE J: Co	: Weel end (6
	TOTAL 150



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

15-11-2019

Our Ref No. D19007243MFSH

Accident Date

14-11-2019

Claim Type. Third Party

Insured Vehicle

SHD3777G

Third Party Vehicle. JSX9350

Survey Location

53 UBI AVE 1 #01-33 PAYA UBI INDUSTRIAL PARK

Contact Person.

KAI LING

Contact No.

0/ 98686000

Fax No. 69255219

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

MY CAR CONSULTANT

Attention, NIL

Cc : TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

JOANNEY

PTE LTD

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.

COVER NOTE



STAMP DUTY PAID

Cover Note No. : V6200894 Policyholder : V0023361 Account No. NURSYAMIMI BINTI WAROS : NUR AFIQAH BINTI HASNI

Agent Name 9 JLN LANJUT 5 TMN DESA CEMERLANG Product Type : Motor Cycle Private

ULU TIRAM 81800 JOHOR Period of Insurance from 13/08/2019 To 12/08/2020 (both Dates Inclusive). Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

NRIC No	: 950528-03-6132	Business Reg	No :	Vehicle Estimated Value	RM	7000.00
Business/Occupation	on : OTHERS	Other ID No	:	Gross Premium	RM	331.47
Vehicle Informati	on .			Less: No Claim Discount 15.00%	RM	49.72
Vehicle Reg No	: JSX9350	Log Book No	: NIL		RM	281.75
Make	: YAMAHA			Add : Service Tax 6.00 %	RM	16.91
Model	: YAMAHA 135LC NA			Stamp Duty	RM	10.00
Engine No	: G3G5E-039773	 Cover Type 	: Comprehensive	Stamp Duty	Kivi	10.00
Chassis No	: PMYUG0810J0039753	Vehicle Type	: Motor Cycle Private	mamara antonom pur	ру/Г	308.66
Year of Manufacture	: 2018	License Type	: Normal Cycle	TOTAL AMOUNT DUE	KM [308.00
Cubic Capacity	: 135	Use For	: Private Use		014	100.00
Seating Capacity	: 2	Rider Type	: All Riders	Excess Damage Claims	RM	100.00
Financial Interest	: NIL					

IMPORTANT NOTICE - APPLICABLE TO ALL CONSUMER PRODUCTS

(Insurance wholly for purposes unrelated to your trade, business or profession)

Where You have applied for this Insurance wholly for purposes unrelated to Your trade, business or profession, You had a duty to take reasonable care not to make a misrepresentation in answering the questions in the Application Form (or when You applied for this Insurance) i.e. You should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in avoidance of Your contract of Insurance, refusal or reduction of Your claim(s), change of terms or termination of Your contract of Insurance in accordance with the remedies in Schedule 9 of the Financial Services Act 2013. You were also required to disclose any other matter that You knew to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell Us immediately if at any time after Your contract of Insurance has been entered into, varied or renewed with Us any of the information given in the Application Form (or when You applied for this Insurance) is inaccurate or has changed.

Issue Date : 05-08-2019/02:02 PM For and on behalf of

Issue By : v0023361

Issue At

Etiqa General Insurance Berhad : 11



Visit www.etiqa.com.my or our nearest branch to obtain the full policy wordings. Help preserve the country's natural resources.



THE SCHEDULE



STAMP DUTY PAID

Policyholder

NURSYAMIMI BINTI WAROS

9 JLN LANJUT 5

TMN DESA CEMERLANG

81800 ULU TIRAM

JOHOR

Policy No.

: CPV-P5123945-J1

Replacing Policy No.

Account No.

: N0023361

Agent Name

: NUR AFIQAH BINTI HASNI

Product Type

: RiderCare PA

Period of Insurance from 13/08/2019 To 12/08/2020 (both Dates Inclusive). Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

Total Sum Insured	: RM 5,000.00			
Premium			RM	13.00
Add	: Service Tax	6.00%	RM	0.78
	: Stamp Duty		RM	10.00
Total Amount Due			RM	23.78

Risk No	: 001	Fig. 8 Street, F.	
Cover Type	: RiderCare PA		
Details of Person Ins	sured		
Name	: NURSYAMIMI BINTI WAROS		
Identity Card	: 950528-03-6132		
Date Of Birth	: 28/05/1995		
Occupation	: OTHERS		1,34
Item No	Benefit		Sum Insured
01	Accidental Death	RM	5,000.00
02	Compassionate Cash	RM	500.00
03	Permanent Disablement	RM	5,000.00
Excess	\$		

MEMO
INFORMATION ON ePOLICY
In line with our Group's strategy to promote usage of technology and to help preserve the country's natural resources, we no longer print the full policy/certificate wording. You may view and print the above policy/certificate wording at our website www.etiga.com.my. Printout may also be obtained from our offices nationwide.

HOME > MOTORCYCLES > NEW > YAMAHA > 135LC > 2018 YAMAHA LC135 LC 135















2018 Yamaha Lc135 LC 135

Batu Pahat - Johor

RM 6,700

FIXED PRICE

CONTACT SELLER

VISIT STORE

Best on 1550m Run 7060 Mary amount

Brand

Yamaha

Model

135LC

Туре

Moped

Year

2018

Color

Other Engine

135 Cc

Gearbox

Sequential

Engine Type

Petrol

Description

Motorbike

E CATEGORIES



T/20191114/7012

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 1 of 3 Report No. T/20191114/7012

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2019 14:27			Vide Report No.: G/20191114/0071	Station Diary No.:	
Informant	s Particul	ars			
Name of In		I BIN ROZLI	Address: NO 9 JALAN LANJUT 5 TAMAN DESA CEMERLANG, ULU TIRAM 81800		
ID Type / ID No.: FIN NO / G8537279W			Contact No.: Home/Office:	Mobile: 86467188	
Nationality: MALAYSIAN			Email: MOHAMMADZAHIBI@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 17/01/1989	Type of Informant: Rider		
Race: Malay			Language: Institution / School Name		
Occupation: Despatch worker			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Infor	mation of the Accident			对外的 是是是一个一个
Type of Accident:	Fatal Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 14/11/2019 09:4	Type of Location: Straight Road
Location:				
CHANGI SOL	JTH AVENUE 2			
Weather: Clear	15-	load Surface: ry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		raffic Control: raffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JSX9350	Motorcycle	A-BIKE		Blue	Seriously Damaged	0
SHD3777G	Car	TOYOTA		Blue	Slightly Damaged	0

Details of Vehicle Insurance					
Insurance Company	Insurance No	Effective	Expiry Date		
		12/08/2019	12/08/2020		
į.			nsurance Company Insurance No Effective		





2 of 3

Report No. T/20191114/7012

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

CONTINUATION OF REPORT

Any Pedestrian I	n Involved					
No. of Pedestriar			Use of Peo	destriar	Cross	sing: NA
Rider	and the second second second	pikering amelogian	and the second second	17 2 15 7 EVE	- XXX TO A XX	and Make Judy Sarahilla in
Name	MOHAMMAD ZAHIBI BIN ROZLI			ID No	•	G8537279W
Related Vehicle	JSX9350 (Motorcycle)			Conta	ct No.	86467188
Hospital/Clinic	CHANGI GENERAL HOSPITAL		1 ,1 1 , 11 2 - 8	Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/11/2019		Date Disch			/2019
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Slight	AND THE RESIDENCE AS A STATE OF
Rider						
Name	MOHAMMAD ZAHIBI	BIN ROZLI		ID No		G8537279W
Related Vehicle	NIL			Conta	ct No.	8646188
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	Treatment 14/11/2019			narge	14/11	/2019
No. of Days grant	ted Medical Leave	03	Degree of	Injury	Fatal	

Brief Details.

THE TAXI ARE ON THE LEFT SIDE LAN AND ME ON THE THE RIGHT SIDE LANE WITH ON THE SAME WAY DIRECTION. SUDDENLY THE TAXI WANT TO MAKE A U-TURN TO ANOTHER WAY OF DIRECTION. THE LANE IS STRAIGHT LINE AND CANNOT MAKE ARE U-TURN. I ALREADY HORN THE TAXI BUT THE TAXI STILL TAKE A U-TURN WITH SUDDENLY HIGH SPEED AFTER DROP A PASENGGER. THEN I MY BIKE JSX 9350 HIT THE RIGHT SIDE THE TAXI SHD 3777G.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191114/7012

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2019 14:27
Officer In Charge Of Case: TP / TPHQ / KAMALIAH BINTE KAMIS Contact No.: 65476435	Classification Of Case:
Authentication Stamp	



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 II	NSPECTION REPORT		
MS I	FIRST CAPITAL IN	ISURANCE LTD	Ref: CS3/FCI19020608/Hcd3e2		
	OBINSON ROAD JSESINGAPORE 0		Date: 26-12-2019		
			Code: FCI2		
1.		Policy Particul	ars :- (THIRD PARTY CLAIM)		
	Insured Veh.	SHD 3777G	Veh. Inspected	JSX 9350	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	D19007243MFSH	Excess (\$)	0.00	
	Assign From	JOANNE YONG	Assign Date	19/11/2019	
2.		Vehicle F	Particulars & Condition		
	Make & Model	YAMAHA LC 135	c.c	135	
	Engine No.	HIDDEN	Year of Reg.	2018	
	Chassis No.	PMYUG0810J0039753	Colour	BLUE	
	Odometer	640135 KM	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	SPORTS RIM	
	General	FAIR			
3.		Co	nditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	70/90-17	DUNLOP	5 mm	
	L/H Front Tyre			mm	
	R/H Rear Tyre	80/90-17	DUNLOP	5 mm	
	L/H Rear Tyre			mm	
4.		Desc	ription of Damages		
	THE VEHICLE SU PORTION.	STAINED DAMAGES AT THE	O/S, N/S BODY AND FRONT		
5.		Ge	neral Information		
	Accident Date	14/11/2019	Inspect Date / Time	20/11/2019 (05:28 PM)	
	Survey held at	MY CAR CONSULTANT PT	E LTD		
		53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934			
5a.			Remarks		
	B) THE REPAIR E THE REPAIRER V	STIMATE WAS NOT PRESEN WAS TOLD TO PREPARE THE EASE FIND DAMAGED VEHI			

Report Ref No. CS3/FCI19020608/Hcd3e2

Inspected By

LEE HOCK ANN

les

K.K.LAU CPT(RET)

Asst. Automotive Assessor

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

REGD Auto Consultant-SAE, Licensed Appraiser

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