22/03/2002

ASS. REC. BY: | REF: CS/FCI18003791/ Uyd3 | Special Instruction:

Surveyor: Marcus

ASSIGNMENT (Office)

CWS

From (Person): Lorene Jaw of FCI Date/Time: 26/2/18 @ 4.53pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FW8369S Insured: SHB2179A

at Workshop m/s Hwa Ho Trading Tel: 62844487

of Blk 6 Defu Lane 10 # 01-540

Policy No: Claim No: D18000910MFSH

Sum Insured: Excess:

Make of Veh: D.O.A: 28/01/2018

(Client's Record) 28/02/2018

CA / REV / REP. / REV 24 HRS lwp H.O.D. Endorsement:

Date/Time: 11.29am @ 27/2/18 Person Contacted: Mdm Thng Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	FW8369S - X
	SHB2179A - CS/FCI18002593/Utd3 D.O.A: 28/1/18
2/3/18	Email preli revised to FCI, vehicle T/L
2/3/18	Submit uneconomical T/L - MV: $600 (EST) LTA: $52 NV: $548 LS: $1500 F

FCI

28/2/18 FW8369S 6 03

FW 8369S
Hugh HO Trading
Blk 6 Defu Lane 10 # 01-540

Honda TA200 197
~~Grey~~ Black
F9651-

TA200 5002202

80-90-17

Metzeler

6 6

28/1/18 28/2/18

$600

O/S, N/S Body.

Repairer say TOTAL LOSS LTA52 Coe until 16-6-18
4 milk plus. can't renew coe already.
o/see w/h Repairer MV 600

$548

RECEIVED 02 MAR 2018

130
50
53

233

3/3- typist

CWS

Survey Department Check List (Case Handler)

Reference No. : CS/FCI/800379/1/vd3
Policy Type: OD / TP / TP RES / TL / EVA

Admin (**):** Case handler to make sure all Information created by the assignment team are **ACCURATE**.

	(1) Office Assign Form	Case Handler Y-Date	Case Handler N-Date	Typist Y-Date	Typist N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (**):** Case handler to make sure the surveryor completed all required information.

	(1) Assignment Form				
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			
	(2) System - (Views/Merimen)				
C	Damaged Vehicle Photographs Uploaded	✓			
	(3) Workshop Estimate/Assignment Form				
N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair				
C	Finalised Amount				
C	Re-inspection Cases to Finalize within 5 Days				
	(4) System - (Views/Merimen)				
C	Resurvey photo Uploaded				

Check By: VERON (Case Handler) 23/8 (Date)

***C: Critical *N: Non-Critical**

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 Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI18003791/Uvd3

Date : 27-02-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHB 2179A	Veh. Inspected	FW 8369S
	Policy No.		Coverage ($)	0.00
	Claim No.	D1800910MFSH	Excess ($)	0.00
	Assign From	CWS (LURENE JAW)	Assign Date	27/02/2018

2. Vehicle Particulars & Condition

	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	
	General			

3. Conditions of Tyres

		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm

4. Description of Damages

5. General Information

	Accident Date	28/01/2018	Inspection Date
	Survey held at	HUA HO TRADING BLK 6 DEFU LANE 10 #01-540 SINGAPORE 539537	

5a. Remarks

	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

MS FirstCapital

MS First Capital Insurance Limited Co Reg No 199000106C 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	30-01-2018	**Our Ref No.**	D18000910MFSH
Accident Date	28-01-2018	**Claim Type.**	Third Party
Insured Vehicle	SHB2179A	**Third Party Vehicle.**	FW8369S
Survey Location	BLK 6 DEFU LANE 10 #01-540DEFU IND PARK C		
Contact Person.	NA		
Contact No.	62844487/ 0	**Fax No.**	0
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	HUA HO TRADING	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	LURENE		

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.

Job Sheet (/ClaimWS/Surveyor/JobSheet/234475) PRI Documents Close

PRI Header Details

Claim No	D18000910MFSH	**Policy No**	D-18088937MFSH	**Claimant S.No & Name**	5 & HUA HO T
Workshop Name	HUA HO TRADING (Contact Person : NA)	**Survey Location & Contact Details**	BLK 6 DEFU LANE 10 #01-540DEFU IND PARK C **Mobile:** 0 , **Phone:** 62844487 , **Fax:** 0 **EmailId:** HUAHOTRADING@YAHOO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHB2179A	**TP Vehicle No**	FW8369S
PRI Recieved Date	22-02-2018 08:09:21 PM	**Surveyor Appointed Date**	26-02-2018 04:52:31 PM	**Surveyor Accept Date**	27-02-2018 0

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	27-02-2018	**Upload Survey Report *:**	Choose File

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select Year
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Remarks		Save

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 2 March 2018 10:40 AM
To: 'Claim Workflow System'
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18000910MFSH/2, FW 8369S
Attachments: FW 8369S PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle FW 8369S
Date of survey: 28/2/2018

Please be informed that vehicle not economical to repair.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Thursday, 1 February 2018 12:42 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18000910MFSH/2

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in workshop, repairer arrange on 02/02/2018.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Wednesday, 31 January 2018 5:12 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18000910MFSH/2

Dear Sir/Mdm,

We refer to the above reference.
Please find attached the necessary documents for survey.
Kindly submit your report via CWS within the next 14 days.

Best Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

LKK Auto Consultants Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D18000910MFSH

Our ref: CS/FCI18003791/Uvd3 DATE: 2/3/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam

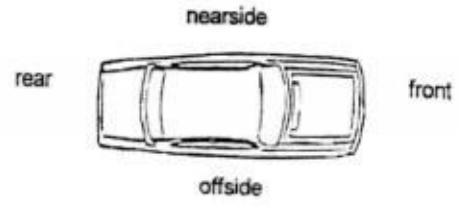
INITIAL INSPECTION REPORT OF VEHICLE NO. FW 8369S

We thank for your instruction on 26/2/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on vehicle on 28/2/2018 at the premises of M/s HUA HO TRADING
and have the following to report:-

Workshop Estimate Amount	: S$3,272.00
Revised Estimate Amount	: S$1,971.90
"Check" Items Amount	:S$
Market Value	: S$600.00
LTA Reimbursement Value	: S$52.00
Nett Value	: S$548.00

Description of Damage:
The vehicle sustained damages at the o/s and n/s body.



Comments/Present Status:
Damages Consistent

Yours faithfully,

MARCUS CHUA
Licensed Appraiser

Posted on : 12/02/2018

★ PAID AD ★ DEALER AD

DETAILS > (/LISTING/USEDBIKE/HONDA-HONDA-TA200-PHANTOM/6127/)

Honda TA200 Phantom (/listing/usedbike/honda-honda-ta200-phantom/4460/)

(/listing/usedbike/honda-honda-ta200-phantom/4460/)

SGD**$6200**

Reg : **19/02/2002**

Type: **Cruiser**

197cc

-

Used Honda Phantom 200 for sale. nice engine condition, COE till 2022, renewable. Contact Roy @ 8692 8999. More new & used bikes available for viewings @: Uniquemotorsports - Serangoon. Unique...

Posted on : 12/02/2018

★ PAID AD ★ DEALER AD

DETAILS > (/LISTING/USEDBIKE/HONDA-HONDA-TA200-PHANTOM/4460/)

Honda TA200 Phantom (/listing/usedbike/honda-honda-ta200-phantom/6027/)

(/listing/usedbike/honda-honda-ta200-phantom/6027/)

SGD**$6500**

Reg : **05/07/2005**

Type: **Cruiser**

197cc

-

Honda TA200 Phantom for sale. COE till 2025. New paint work. Stock condition.

Posted on : 07/02/2018

★ PAID AD ★ DEALER AD

DETAILS > (/LISTING/USEDBIKE/HONDA-HONDA-TA200-PHANTOM/6027/)

Honda TA200 Phantom (/listing/usedbike/honda-honda-ta200-phantom/5939/)

(/listing/usedbike/honda-honda-ta200-phantom/5939/)

SGD**$4600**

Reg : **30/10/2007**

Type: **Cruiser**

197cc

-

Visit us at Ah Fook Motor. Well maintained condition. Trade in welcome / Loan available.

Posted on : 03/02/2018

★ PAID AD ★ DEALER AD

DETAILS > (/LISTING/USEDBIKE/HONDA-HONDA-TA200-PHANTOM/5939/)

MPA218020199 / Progressive Automotive Pte Ltd - HQ
ENTRY DATE & TIME: 09/02/2018 16:09
SUBMITTED BY: Soo Leong Keat

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 09/02/2018 16:18

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 ability.
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	09/02/2018 16:09
Date Of Accident	28/01/2018 08:20
Exact Location Of Accident	CARPARK OF ALJUNIED CRESCENT BLK 104 & BLK 105
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW8369S
Insured/Policyholder	
Name Of Registered Owner	NG GUAN CHUAH
NRIC No	S7006875C
Email Address	TTONGGC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92986680
Alternative Phone No	OFFICE-92986680
Vehicle Particulars	
Manufacturer	HONDA
Model	TA200-197CC PHANTOM (M)
Exact Purpose for which vehicle was being used at time of accident	PARKING
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VMO/P1785116
Cover Note Number	17/06/2017 - 16/06/2018
Driver	
Name of Driver	NG GUAN CHUAH
NRIC No	S7006875C
Date Of Birth	05/03/1970
Occupation	INDOOR
Date Of Driving Pass	13/08/1991
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92986680
Fax Number	
Contact Number	OFFICE-92986680
EMail Address	TTONGGC@GMAIL.COM

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 purposes(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 the 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:

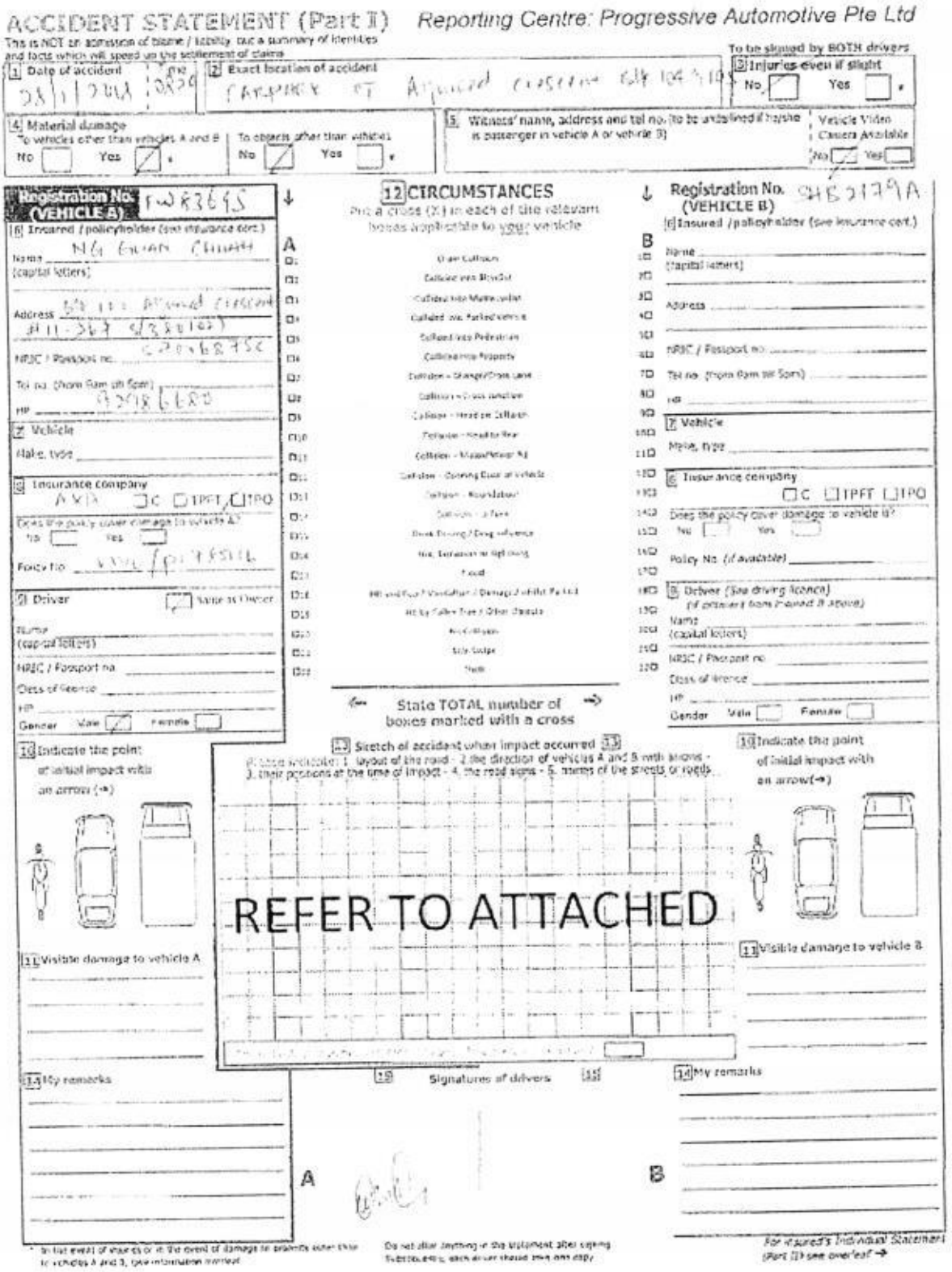
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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 STATEMENT (Part II) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident

2 Exact location of accident

3 Injuries even if slight — No ☐ Yes ☐

4 Material damage — To vehicles other than vehicles A and B: No ☐ Yes ☒ — To objects other than vehicles: No ☒ Yes ☐

5 Witness' name, address and tel no. (to be available if he/she is passenger in vehicle A or vehicle B) — Vehicle Video Camera Available: No ☒ Yes ☐

Registration No. (VEHICLE A) SWB3695

6 Insured / policyholder (see insurance cert.)

Name (capital letters)

Address

NRIC / Passport no.

Tel no. (Home 8am till 5pm)

HP

7 Vehicle

Make, type

8 Insurance company — AXA ☐C ☐IPFT ☐IPO

Does the policy cover damage to vehicle A? No ☐ Yes ☐

Policy No.

9 Driver ☐ Same as Owner

Name (capital letters)

NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A: 01 Car Collision; 02 Collided into Bicycle; 03 Collided into Motorcycle; 04 Collided into Parked Vehicle; 05 Collided into Pedestrian; 06 Collided into Property; 07 Collision - Straight/Open Land; 08 Collision - Cross Junction; 09 Collision - Head on Collision; 10 Collision - Knock to Rear; 11 Collision - Making/Taking U-T; 12 Collision - Opening Door of Vehicle; 13 Collision - Roundabout; 14 Collision - U-Turn; 15 Drink Driving / Drug influence; 16 Not Exercising Due Care; 17 Fraud; 18 Hit and Run / Vandalism / Damage / While Parked; 19 Hit by Falling Trees / Other Objects; 20 Knock Down; 21 Side Swipe; 22 Theft

B: 01 Car Collision; 02 Collided into Bicycle; 03 Collided into Motorcycle; 04 Collided into Parked Vehicle; 05 Collided into Pedestrian; 06 Collided into Property; 07 Collision - Straight/Open Land; 08 Collision - Cross Junction; 09 Collision - Head on Collision; 10 Collision - Knock to Rear; 11 Collision - Making/Taking U-T; 12 Collision - Opening Door of Vehicle; 13 Collision - Roundabout; 14 Collision - U-Turn; 15 Drink Driving / Drug influence; 16 Not Exercising Due Care; 17 Fraud; 18 Hit and Run / Vandalism / Damage / While Parked; 19 Hit by Falling Trees / Other Objects; 20 Knock Down; 21 Side Swipe; 22 Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SHB2179A

6 Insured / policyholder (see insurance cert.)

Name (capital letters)

Address

NRIC / Passport no.

Tel no. (Home 8am till 5pm)

HP

7 Vehicle

Make, type

8 Insurance company — ☐C ☐IPFT ☐IPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence) (If different from A and B above)

Name (capital letters)

NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow(→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

14 My remarks

14 My remarks

15 Signatures of drivers

A

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should keep one copy

For insured's Individual Statement (Part II) see overleaf →

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	6875C

Vehicle Details

Vehicle No.:	FW8369S
Vehicle to be Exported:	No
Intended De-registration Date:	28 Feb 2018
Vehicle Make:	HONDA
Vehicle Model:	TA200
Primary Colour:	Black
Manufacturing Year:	2003
Engine No.:	TA200E5002202
Chassis No.:	TA2005002202
Maximum Power Output:	-
Open Market Value:	$3,144.00
Original Registration Date:	17 Jun 2003
First Registration Date:	17 Jun 2003
Transfer Count:	2
Actual ARF Paid:	$472.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	16 Jun 2018
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	$898.00
COE Rebate Amount:	$52.00
Total Rebate Amount:	**$52.00**

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 28 Feb 2018

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	FW8369S
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	HONDA
Vehicle Model :	TA200
Chassis No. :	TA2005002202
Propellant :	Petrol
Engine No. :	TA200E5002202
Engine Capacity :	197 cc
Maximum Power Output :	-
Maximum Laden Weight :	-
Unladen Weight :	-
Year Of Manufacture :	2003
Original Registration Date :	17 Jun 2003
Lifespan Expiry Date :	-
COE Category :	D - Motorcycle
PQP Paid :	$898.00
COE Expiry Date :	16 Jun 2018

(/)

Internet Explorer cannot display the webpage

Bike model
HONDA TA200

Type
Any

Price From
Any

Price To
Any

Class
Any

MORE SEARCH OPTIONS

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

Honda TA200 Phantom (/listing/usedbike/honda-honda-ta200-phantom/5858/)

(/listing/usedbike/honda-honda-ta200-phantom/5858/)
SGD$5000
Reg : 02/07/2004
Type: Cruiser
197cc
-
Visit us at Ah Fook Motor. Well maintained condition. Trade in welcome / Loan available.
Posted on : 28/02/2018
★ PAID AD ★ DEALER AD

DETAILS > (/LISTING/USEDBIKE/HONDA-HONDA-TA200-PHANTOM/5858/)

Honda TA200 Phantom (/listing/usedbike/honda-honda-ta200-phantom/6127/)

(/listing/usedbike/honda-honda-ta200-phantom/6127/)
SGD$4700
Reg : 14/10/2003
Type: Cruiser
197cc
-
Downpayment $500 before insurance. Viewing at Bike Production Pte Ltd. Please kindly call to confirm availability before viewing. Adress: 610, Serangoon Road S(218216) Tel: 63922555. Trade in/ Re-F...

和 好 贸 易

HUA HO TRADING

新加坡德福工業區C德福十巷大牌6號门牌#01-540
Blk 6, Defu Lane 10, #01-540 Defu Industrial Estate Park C,
Singapore 539187, Tel: 62844487 Fax: 62898180

Dear Sir,

Estimate cost repair for the accident motorcycle Vehicle No: FW8369E

Items	Price
Head Lamp	$220
Fuel Tank	$720
Handle Bar	$78
Rear Brake Disc Plate	$188
2 X Mirror	$130
Rear Number Plate	$20
Rear Box + Rack	$280
Front Signal Light X 2	$98
Rear Signal Light X 2	$98
Front Fork 1 Set	$720
Front Footrest X 2	$130
Front Footrest Bracket X 2	$150
Rear Repair Seat	$60
Towing fee	$60
Labour Charge	$320
Total	$3272

1741
1971.9
1571

TOTAL LOSS

HUA HO TRADING
LEE YEW HO

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

28/1/18
Tel: 62563561