

ASS. REC. BY:

REF: CS/GAI18019663/ Gsd3ST

Special Instruction:

Surveyor: GO

ASSIGNMENT (Office)

FROM (Person): Kelvyn Ngian

of

GAIDate/Time: 29/10/2018 @ 2.

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBM 5145R

Insured:

at Workshop in/s

De xing MotorTel: 6 746 8582

of

Blk 3006 Ubi Rd 1 # 01-356Policy No: MOMVM00000219100-000

Claim No:

Sum Insured:

Excess:

TBA

Make of Veh:

(Client's Record)

D.O.A. 07/08/2018CA / (REV) REP. / REV 24 HRS30/10/2018 @ Morning

H.O.D. Endorsement:

Date/Time: 1.17pm @ 29/10/18

Person Contacted:

Wei weiVehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>FBM 5145R - X</u>
<u>31/10/18</u>	<u>@ 15:02 p.m. revised PA to Kelvyn via email.</u>

Signature

Xme

REF: GAJ

ASSIGNMENT

From: Date: 30/10/18

Estimated Cost:

☒ OD P NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: FBM 5145 R
at Workshop m/s De xing Motor
of Blk 3006, ubi Rd 1 # 01-356

Insured:

Policy No.

Claims No.

Sum Insured: Excess: TBA

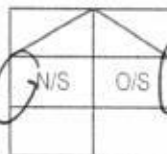
(Client's Record)

Morning

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: ~~\$15K~~ \$15K

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: FBM 5145 R Yr Regn: 11 Dec 2017

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

Truck / Trailer or 4000

Make: KYMCO XCITINER C.C. 399

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: RFBD 61011H 2100101

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 120/70 - 15
R: 150/70 - 14

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

TOYO / YOKO or MAXXIS

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. mm L/Bal. mm

D.O.A. D.O.I. 30-10-18

Survey held at w/s 11:30 AM

Des. of Damages: Frt / Rear / ☒ O/S / ☒ MS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
20/10 Total loss due to body structure badly damage.

Submit Total Loss as Constructive due to body structure badly damage.

MV - \$15K
LTA - \$5,969.00
NCH - \$9,031.00

RECEIVED 09 NOV 2018

Signature
9/11/2018

Date/Time, File Pass to?

09/11/18

1) Typ: 30

Date/Time: File Return to?

2)

☐ : Preli. Report

☒ : Final Report

Days Of Repair: /

Resurvey No. of Trip: /

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ Total Loss)

Nivitha (LKK Auto)

From: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>
Sent: Monday, 29 October 2018 2:13 PM
To: Admin-D (LKKAuto); 'Admin A'
Subject: OD survey FBM5145R TAN CHIN TECK MOMVM000002191-00-000 OD Claim
Attachments: FBM5145R_07082018.PDF

Hi team

Please liaise with Dexing workshop to conduct the OD survey.

DE XING MOTOR PTE. LTD.

Blk 3006 Ubi Road 1 #01-356 Singapore 408700

Tel : 6746 8582 (4 LINES) Fax : 6743 9525

Thanks
Kelvyna

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Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Friday, 9 November 2018 9:02 AM
To: 'Ngian, Kelvyna'
Cc: SUR; Admin-D (LKKAuto); assignments
Subject: RE: CLMOMVM000000351 : OD survey FBM5145R TAN CHIN TECK
MOMVM000002191-00-000 OD Claim

Hi Kelvyna,

As spoken, we will submit our report accordingly.

Thank you.

Best Regards,

Shirley Hiew | 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: Shirley Hiew (LKK Auto) [mailto:ShirleyHiew@lkkauto.com]
Sent: Monday, 5 November 2018 5:40 PM
To: 'Ngian, Kelvyna' <Kelvyna.Ngian@sg.gaig.com>
Cc: SUR <sur@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: CLMOMVM000000351 : OD survey FBM5145R TAN CHIN TECK MOMVM000002191-00-000 OD Claim

Hi Kelvyna,

As spoken, vehicle recommended Total Loss due to body structure badly damage.

Kindly advise whether can we submit our report accordingly?

Thank you.

Best Regards,

Shirley Hiew | 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: Ngian, Kelvyna [mailto:Kelvyna.Ngian@sg.gaig.com]
Sent: Monday, 5 November 2018 5:19 PM
To: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Cc: SUR <sur@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments

<assignments@lkkauto.com>

Subject: RE: CLMOMVM000000351 : OD survey FBM5145R TAN CHIN TECK MOMVM000002191-00-000 OD Claim

Hi Shirley,

Could you also advise the basis for recommending CTL

Thanks
Kelvyna

From: Ngian, Kelvyna

Sent: Monday, November 05, 2018 5:17 PM

To: 'Shirley Hiew (LKK Auto)' <ShirleyHiew@lkkauto.com>

Cc: SUR <sur@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>

Subject: CLMOMVM000000351 : OD survey FBM5145R TAN CHIN TECK MOMVM000002191-00-000 OD Claim

Hi Shirley

Could you advise how much the repairer quote for the COR.

Thanks
Kelvyna

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>

Sent: Wednesday, October 31, 2018 3:02 PM

To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>

Cc: SUR <sur@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>

Subject: [External] RE: OD survey FBM5145R TAN CHIN TECK MOMVM000002191-00-000 OD Claim

Dear Kelvyna,

Enclosed preliminary revised of vehicle FBM 5145R
Date of survey: 30/10/2018

Vehicle recommended Total Loss.

Kindly provide us the claim no.

Thank you.

Best Regards,

Shirley Hiew | 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) [<mailto:admin-d@lkkauto.com>]

Sent: Monday, 29 October 2018 5:24 PM

To: 'Ngian, Kelvyna' <Kelvyna.Ngian@sg.gaig.com>; assignments <assignments@lkkauto.com>

Cc: SUR <sur@lkkauto.com>

Subject: RE: OD survey FBM5145R TAN CHIN TECK MOMVM000002191-00-000 OD Claim

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed repairer agreed survey on 30/10/2018.

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: Ngian, Kelvyna [<mailto:Kelvyna.Ngian@sg.gaig.com>]

Sent: Monday, 29 October 2018 2:13 PM

To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; 'Admin A' <admin-a@lkkauto.com>

Subject: OD survey FBM5145R TAN CHIN TECK MOMVM000002191-00-000 OD Claim

Hi team

Please liaise with Dexing workshop to conduct the OD survey.

DE XING MOTOR PTE. LTD.

Blk 3006 Ubi Road 1 #01-356 Singapore 408700

Tel : 6746 8582 (4 LINES) Fax : 6743 9525

Thanks

Kelvyna

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www.avg.com

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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 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	14/08/2018 16:51
Date Of Accident	07/08/2018 19:50
Exact Location Of Accident	ALONG WOODLANDS ROAD TOWARDS SUNGEI KADUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5145R
Insured/Policyholder	
Name Of Registered Owner	TAN CHIN TECK
NRIC No	S1556163G
Email Address	TCT12015@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82004494
Alternative Phone No	OFFICE-82004494

Vehicle Particulars

Manufacturer	KYMCO
Model	XCITING 400I-399CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000002191-00-000
Cover Note Number	MT2017TR01989

Driver

Name of Driver	TAN CHIN TECK
NRIC No	S1556163G
Date Of Birth	25/01/1962
Occupation	INDOOR
Date Of Driving Pass	27/02/1986
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82004494
Fax Number	
Contact Number	OFFICE-82004494
Email Address	TCT12015@GMAIL.COM

Address	BLK 536 SERANGOON NORTH AVE 4 #08-197
Postcode	550536
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN

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 Witness 1

Name	MR.CHEW
Phone Number	81043322
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL3550M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ACHUTHAPPA
NRIC/Passport Number	S1623039A
Contact Number	97990360

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT STATEMENT

Date Of Report	14/08/2018 16:51
Date Of Accident	07/08/2018 19:50
Exact Location Of Accident	ALONG WOODLANDS ROAD TOWARDS SUNGEI KADUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5145R
Insured/Policyholder	
Name Of Registered Owner	TAN CHIN TECK
NRIC No	S1556163G
Email Address	TCT12015@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82004494
Alternative Phone No	OFFICE-82004494

Vehicle Particulars

Manufacturer	KYMCO
Model	XCITING 400I-399CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000002191-00-000
Cover Note Number	MT2017TR01989

Driver

Name of Driver	TAN CHIN TECK
NRIC No	S1556163G
Date Of Birth	25/01/1962
Occupation	INDOOR
Date Of Driving Pass	27/02/1986
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82004494
Fax Number	
Contact Number	OFFICE 82004494

Gmo Gif.

UKK

Excess: TPA
Not Authorised.
20/10/18.

Address	BLK 536 SERANGOON NORTH AVE 4
	#08-197
Postcode	550536
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN

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 Witness 1

Name	MR.CHEW
Phone Number	81043322
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL3550M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ACHUTHAPPA

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN CHIN TECK
Approximate Age	56
Injuries Sustain	BACK SEVERE PAIN, LEFT AND RIGHT LEG DEEP CUT WHICH REQUIRED STITCHES
Injured person in which vehicle?	FBM5145R
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 536 SERANGOON NORTH AVE 4 #08-197
Postcode	550536

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.
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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: 14/8/18 1427 H

Driver's Signature

(If driver is not the policyholder)

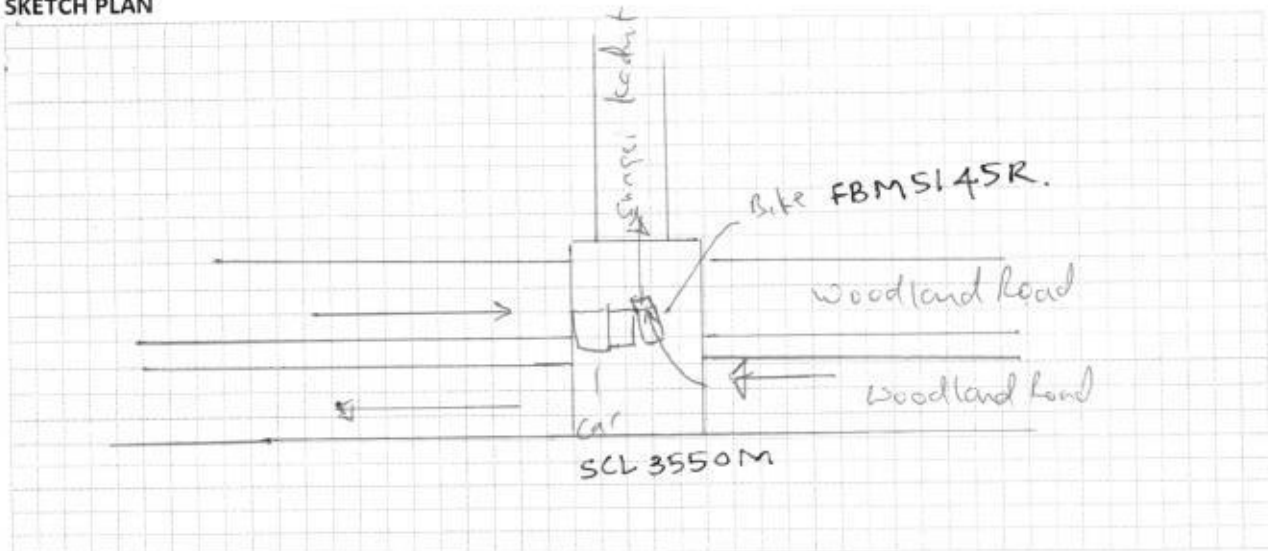
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7 Aug 18 1950H, I was on my way back to office from Mandai Hill camp to Kranji Camp while I was slowing down my bike at the junction of Woodland Road and Sungei Kadut. The traffic light is green and looking at the traffic in front of me is clear and no vehicle, I made a right turn into Sungei Kadut. Half way through the road on the junction, a dimmed headlight car coming at a speed, suddenly appeared and rammed onto my bike and hit my left side of the bike at the middle of the junction. I was thrown out of my bike and landed my back on the floor. I was having difficulty in breathing as my chest was tight and my whole back and left side of my body was in great pain. My left leg & right knee cap were bleeding. Left side of my body and back of body move with pain.

There were a few passer-by came to my assistance and one of them, Mr. Chew, (81043322) helped to call my spouse and camp colleague.

The perpetrator of the car driver: S1673039A, Mr. Achuthapalan (97990360)

Car model: Mitsubishi Outlander (red) SCL 3550M.

My bike: SBMS145R (red) Kymco.

My contact (Mr Tan Chin Teck): 82004494.

My email address: tct1205@gmail.com

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 14/8/18 1427H

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE

MOXM18105113



T/20180812/2049

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180812/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2018 14:02		Vide Report No.: J/20180807/0186		Station Diary No.: 93	
Informant's Particulars					
Name of Informant: TAN CHIN TECK			Address: APT BLK 536 SERANGOON NORTH AVENUE 4 #08-197 SINGAPORE 550536		
ID Type / ID No.: NRIC NO / S1556163G			Contact No.: Home/Office: Mobile: 82004494		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 25/01/1962	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/08/2018 19:50	Type of Location: X-Junction
Location: Along Road 1 WOODLANDS ROAD woodlands road towards Sungei kadut				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM5145R	Motorcycle	KYMCO	XCITING 400I ABS	Red	Seriously Damaged	0
SCL3550M	Car	MITSUBISHI	outlander	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5145R	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01989	12/12/2017	11/12/2018



**SINGAPORE
POLICE FORCE**



T/20180812/2049

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

3 of 4

Report No. T/20180812/2049

CONTINUATION OF REPORT

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6163G
Vehicle Details	
Vehicle No.:	FBM5145R
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2018
Vehicle Make:	KYMCO
Vehicle Model:	XCITING 400I ABS
Primary Colour:	Red
Manufacturing Year:	2017
Engine No.:	SK80B2100101
Chassis No.:	RFBD61011H2100101
Maximum Power Output:	-
Open Market Value:	\$5,195.00
Original Registration Date:	11 Dec 2017
First Registration Date:	11 Dec 2017
Transfer Count:	1
Actual ARF Paid:	\$848.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Dec 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,552.00
COE Rebate Amount:	\$5,969.00
Total Rebate Amount:	\$5,969.00

The information contained herein is correct as at 31 Oct 2018

OK

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBM5145R		
Vehicle Type :	P01 - Passenger Scooter		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	KYMCO		
Vehicle Model :	XCITING 400I ABS		
Chassis No. :	RFBD61011H2100101		
Propellant :	Petrol		
Engine No. :	SK80B2100101		
Engine Capacity :	399 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	374 kg		
Unladen Weight :	209 kg		
Year Of Manufacture :	2017		
Original Registration Date :	11 Dec 2017		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$6,552.00		
COE Expiry Date :	10 Dec 2027		
Road Tax Expiry Date :	10 Dec 2018		
Inspection Due Date :	10 Dec 2020		
Intended Transfer Date :	30 Oct 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
The current road tax expiry is 10 Dec 2018. You may renew the road tax from 11 Sep 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 10 Dec 2018, 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 Dec 2018 to 10 Jun 2019)			
	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) :	55.00	-	55.00
Total Amount Payable :			80.00
Amount Payable (From 11 Dec 2018 to 10 Dec 2019)			
	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) :	110.00	-	110.00
Total Amount Payable :			135.00

You may print this page for reference.

OK

Print

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30/10/2018

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
TAN CHIN TECK

NRIC No
S1556163G

A10045

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

GEMALTO SGPV1008710B1208 00000050100582

NRIC No / Colour
S1556163G/ PINK

Race
CHINESE

Date Of Birth
25/01/1962

Service Status
REGULAR

Address
**Blk 536 SERANGOON NORTH AVENUE 4
#08-197 SINGAPORE 550536**

Blood Group
AB (+)

Country Of Birth
SINGAPORE

Military Rank Status
WARRANT OFFICER

Sex
M

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1556163G**

Name: **TAN CHIN TECK**

Birth Date: **25 Jan 1962**

Issue Date: **10 Aug 2010**

001880428J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	27 Feb 1986
Class 2A	Motorcycles between 201 cc and 400 cc	27 Feb 1986
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	18 Oct 1984

NP 428A

Licence No: **S1556163G**