| Surveyor GR                           |                                   | MENT (Office)                    |
|---------------------------------------|-----------------------------------|----------------------------------|
| From (Person); Shaw                   | 1 Mgo Sau Wei of SM               | 0 Date/Time: 04.12. 2018 /1:47p. |
| Estimated Cost:                       |                                   | Bill to:                         |
| OD TP WS TP RE To Inspect Vehicle No: | S/OD RES/EVA/INV/MV<br>FBC 3737 Z | / CS · Insured:                  |
| at Workshop m/s O.                    | m motor<br>il Rd 2 # 01-36        | Tel: 87-909 40                   |
| Policy No. DIRMIN                     |                                   | Claim No: CMTD1805328            |
| Sum Insured:                          |                                   | Excess;                          |
| Make of Veh: (Client's Record)        |                                   | D.O.A. 29.11. 2013               |
| CA / REV / REP. /                     | REV 24 HRS                        | H.O.D. Endorsement;              |
| Date/Time;                            | Person Contacted                  | Vehicle IN DUT                   |
| Date/Time Action/I                    | nstruction ( V ) Estima           | te                               |
|                                       |                                   |                                  |
|                                       |                                   |                                  |
| -                                     |                                   |                                  |
|                                       |                                   |                                  |

| Xm   | D REF: SMO  |  |                                      |         |
|--|---|--|--------------------------------------|---------|
| Milmin Mil                                     |   | SIGNMENT   | (-2<br>Z Yr Royn 26 Feb              | 02/     |
| Transfel                                       |   | 10/2717-   | 2 26 Feb                             | 29      |
| From   | Date: 05117018  | Type M.Car (M.Cyc) (Bus (Van)  | Lorry / Taxi / Prime Mover /         |         |
| Estimated Cost                                 |   | Truck / Trailer or   |                                      |         |
| OD / TE) WS / TP RES / OD                      |   |  | 1990 399                             |         |
| To Inspect Vehicle No:                         | HBC 3737Z   | ^ -  | A/C Insured / Std / NI / N           |         |
| at Workshop m/s                                | 0.M. Molar  |  | T/Radio Insured / Std / NL/1         |         |
| of 10  | Kalki Bukit Rd > #01~   | . (0 00  |                                      |         |
| Insured  |   | Cho NC.42  | 00 1535                              |         |
| Policy No.                                     |   | Gen. Cond. Good / Fair / Poor / Bu   |                                      |         |
| Claims No.                                     | Section 1990 P  | Steering: Indigter / Jammed / Leak   |                                      |         |
| Sum Insured:                                   | Excess:   | Brake: In Rider / Jammed / Leak  |                                      |         |
| (Client's Record)                              | John 9.700 10110  | Modi MF / S/Rim / STD A/Rim  |                                      |         |
| Make of Veti:                                  | John - 8799 0940  |  |                                      |         |
| No. of the second                              | Ciffer 2pm  | Tyre size. R. R.   | 60 BR17 (Shink                       | ~ >     |
| (Policy Condition)                             | menced its N/S 0/   |  | ZA / MIC / OHTSU / PIR / SUMI /      | 1       |
| Remark. The veh had com-<br>repair at the time |   | 4  | 123 LER (Tut)                        |         |
| •  |   | E-ACT ACTION AND ACTION ACTION AND ACTION AND ACTION AND ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION  | Rear Crick Crick                     |         |
| Bal, or Market Value.                          | Consistent? Yes or No   | Front<br>R/Bal.  | 500 L                                | mm      |
| IDAC Accident Rport                            | Consistent? Yes or No   | L/Bal. mm  | L/Bal.                               | mo      |
| GIA / PR Seen: 2                               | in an area and an area and area area. | D.O.A.   | , D.O.L 05 . R.                      | -18     |
| Est Repairs: 7                                 | days Res. Yes or No.  |  | 1.11/                                | 13ex    |
| 040  |   | Des. of Damages : Frt. / Rear. / 9   |                                      | 14      |
| CA / REV / REP. /                              | 24 HRS Vehicle: IN / C  | Decree of the Control |                                      |         |
| Date: Per                                      | sen Contacted:  |  | Body Structure, affected due to coll | lision. |
| 29/3 Fin                                       |   | 2 with Ms lin<br>9% ><br>CEIVED O 1 APR 2019   | n.                                   |         |
|  | REC   | EIVED O TALK 2010  |                                      |         |
|  |   |  |                                      |         |
|  |   |  |                                      |         |
| Date/Time, File Pass to?                       | : Preli. Report   | Days Of Repair: 2  |                                      |         |
| 01/04/19                                       | : Final Report  | Resurvey No. of Trip:  | Survey Fee                           |         |
| Dale/Time, His Return to?                      | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | Transportation 25                    |         |
| 2)   | Add   | Fee: Site Insp (\$   | ) _ 5 + 85 _ 51 _ 10                 |         |
|  | 194   | Interview (\$  | 1 Photos                             |         |
| Report Format:                                 |   | Tech hys (\$   | ). Others                            |         |
| Lump Sum / I.B.I: (\$                          | 2,066.20 P/P  | Workery 18   | - 1                                  |         |
|  |   |  | 101A) 26                             | 0       |

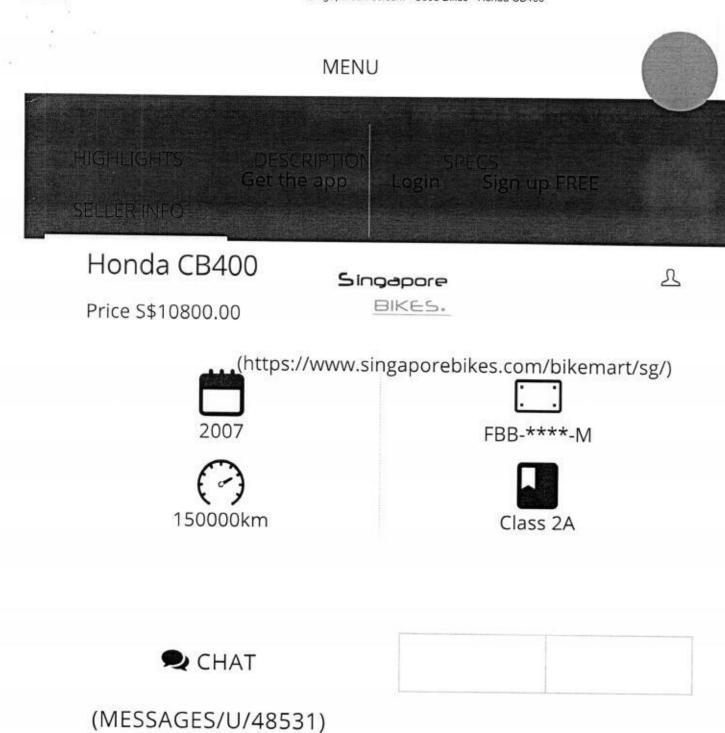
## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars Owner ID Type: | Singapore NRIC   | of the latest and |
|--|--|-------------------|
| Owner ID:                                | 7340E  |                   |
| Vehicle Details                          | 75402  |                   |
| Vehicle No.:                             | FBC3737Z   |                   |
| Vehicle to be Exported:                  | No   |                   |
| Intended Deregistration Date:            | 29 Jan 2019  |                   |
| Vehicle Make:                            | HONDA  |                   |
| Vehicle Model:                           | CB400A8J M   |                   |
| Primary Colour:                          | Blue   |                   |
| Manufacturing Year:                      | 2008   |                   |
| Engine No.:                              | NC42E1001541   |                   |
| Chassis No.:                             | NC421001535  |                   |
| Maximum Power Output:                    | Service and control of the control o |                   |
| Open Market Value:                       | \$8,310.00   |                   |
| Original Registration Date:              | 26 Feb 2008  |                   |
| First Registration Date:                 | 26 Feb 2008  |                   |
| Transfer Count:                          | 6  |                   |
| Actual ARF Paid:                         | \$1,247.00   |                   |
| Intended PARF Rebate Details             |  |                   |
| PARF Eligibility:                        | No   |                   |
| PARF Eligibility Expiry Date:            | +  |                   |
| PARF Rebate Amount:                      | \$0.00   |                   |
| Intended COE Rebate Details              | 共成。在19世界的时间中的1915年(1915年)。<br>1915年  |                   |
| COE Expiry Date:                         | 31 Dec 2027  |                   |
| COE Category:                            | D - Motorcycle   |                   |
| COE Period(Years):                       | 10   |                   |
| PQP Paid:                                | \$5,385.00   |                   |
| COE Rebate Amount:                       | \$4,804.00   |                   |
| Total Rebate Amount:                     | \$4,804.00   |                   |

The information contained herein is correct as at 29 Jan 2019

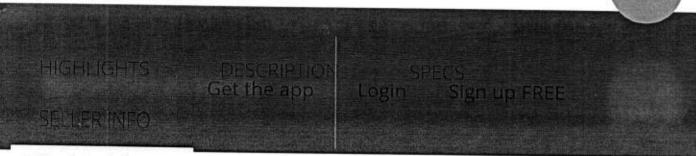
OK



# Description

Super 4 spec 3 for sale.

# Specifications MENU



Bike Model

CB400

Singapore

2

Bike Class

Class 2A

BIKES.

Bike Type

Rbatpsikewww.singaporebikes.com/bikemart/sg/)

Transmission

Manual

Engine

399 cc

Capacity

Under Hire

Purchase

No

### Additional

First Owner

No

Effective Date

Ownership

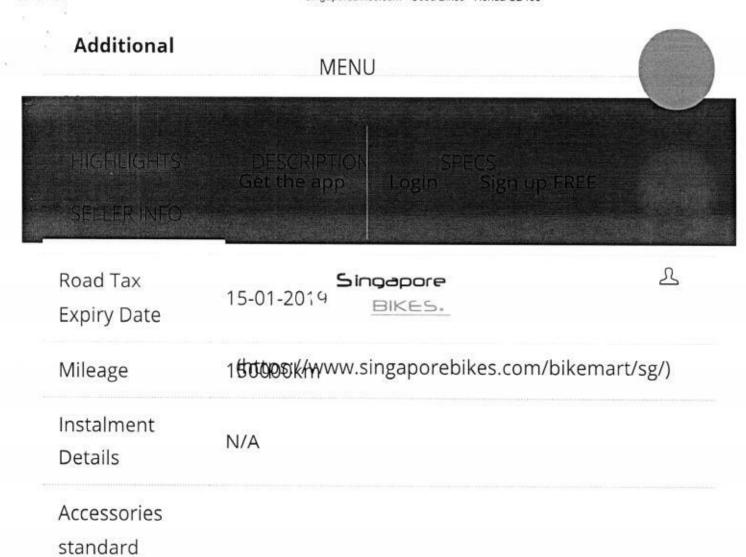
N/A

Original Reg.

Date

N/A

Bike Color



# **Seller Information**

#### 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.
- 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.

| <ol><li>By the lodgement of this report to the insurers, you<br/>aforesaid.</li></ol> | ou hereby consent to the archiving of this report at the centre and to copies of the report being made available |
|---|--|
|   | ACCIDENT STATEMENT   |
| Date Of Report  | 01/12/2018 16:21   |
| Date Of Accident  | 29/11/2018 18:05   |
| Exact Location Of Accident  | BISHAN DEPOT (SMRT) BISHAN RD  |
| Country/State of Loss   | SINGAPORE  |
|   | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number   | FBC3737Z   |
| Insured/Policyholder  |  |
| Name Of Registered Owner  | MUHAMMAD JAFNI BIN JAMIL   |
| NRIC No   | S8907340E  |
| Email Address   | JAFZYL@GMAIL.COM   |
| Mobile Phone No   | (LOCAL) +65-90217273   |
| Alternative Phone No  | OFFICE-90217273  |
| Vehicle Particulars   |  |

#### Vehicle Particulars

| Manufacturer | HONDA  |
|--------------|--------|
| Model        | CB 400 |

| Exact Purpose    | for which | vehicle | was | being | used at | PRIN |
|------------------|-----------|---------|-----|-------|---------|------|
| time of accident |           |         |     |       |         | PRIV |

VATE USE

NO

| Are you claiming under your own | insurance policy |  |
|---------------------------------|------------------|--|
| for repair to your vehicle?     |                  |  |

THIRD PARTY If No, Please state action to be taken Vehicle Category MOTORCYCLE

#### Insurance Company

| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
|---------------------------|--------------------------------------|
|                           |                                      |

Type Of Coverage COMPREHENSIVE

Fleet Policy

Policy Number MSD/VMS/17-372434-CA

Cover Note Number

#### Driver

| Name of Driver | MUHAMMAD JAFNI BIN JAMIL |
|----------------|--------------------------|
|                |                          |

NRIC No S8907340E Date Of Birth 03/03/1989 Occupation INDOOR Date Of Driving Pass 11/09/2017

Driving Experience 1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90217273

Fax Number

Contact Number OFFICE-90217273 EMail Address JAFZYL@GMAIL.COM Address

APT BLK 107A CANBERRA STREET

#06-571 SINGAPORE

Postcode

751107

Was driver an employee of the Insured's Company NO

OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

AFTER RAIN

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO YES

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

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

TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )

Police Station Address

ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACHED

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

FW2782X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

MOTORCYCLE

# Name NA (RIDER) Approximate Age Injuries Sustain REFER POLICE REPORT Injured person in which vehicle? FW2782X Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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
- 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:
  - 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 Captal Balsonner's Stgfiature

Name: NRIC/FIN No

## Sketch Plan #2 Pg. 1

| ETCH PLAN  | Haranira.     | mistriot.           | constant, and   |  | Victor and State and |                 | and the state of t |  |
|--|---------------|---------------------|---|--|----------------------|-----------------|--|--|
| 1000   |               | THE PERSON NAMED IN | FOR COMPANY   |  | or and the second    |                 | Control (4)  | The state of the s |
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|  |               |                     | -   |  |                      | BISHAN          | RD   |  |
|  | -             | -                   |   |  |                      |                 | -  | Parlament  |
|  |               | 6                   |   |  | -                    |                 | -10-1  |  |
|  | 5.1F(1.)      | 5.00                |   |  | 1222                 |                 |  |  |
|  | LETY SE       |                     | -   | 28   |                      |                 |  |  |
|  |               |                     |   | 10   | I Promise            |                 |  | FBC 3737   |
|  |               |                     |   | 100  |                      |                 | A:   | 7600707  |
|  |               |                     |   | 0  |                      |                 | 0 -  | FW 2782 2  |
|  |               |                     |   | 1  |                      | 1               | ٥.   | 770 27 02.   |
|  |               |                     |   |  |                      |                 |  |  |
| ESCRIBE CIR  | CUMSTA        | ANCES OF            | THE ACCIDE  | ENT CSM                                      | RT) BISHAM           | V DEPOT         |  |  |
|  |               |                     | 700000000   |  |                      |                 |  |  |
| refer  | ko            | the                 | Police  | Report                                       |                      |                 |  |  |
|  |               |                     |   |  |                      |                 |  |  |
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|  |               |                     |   |  |                      |                 |  |  |
|  |               |                     |   |  |                      |                 |  |  |
|  |               |                     |   |  |                      |                 | 757  |  |
|  | 112           |                     |   |  |                      |                 | 34   |  |
|  | 10            |                     |   |  |                      |                 | 24   |  |
|  |               |                     |   |  |                      |                 | 357  |  |
|  |               |                     |   |  |                      |                 | 25/4   |  |
|  |               |                     |   |  |                      |                 | 201  |  |
|  | 11            |                     |   |  |                      |                 | 74/  |  |
|  |               |                     |   |  |                      |                 |  |  |
|  |               |                     |   |  |                      |                 |  |  |
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|  |               |                     | WALLEY CONTRACTOR OF THE PARTY |  |                      |                 |  |  |
|  |               |                     | 9000  |  |                      |                 |  |  |
|  |               |                     | 9000  |  |                      |                 |  |  |
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|  |               |                     |   |  |                      |                 |  |  |
|  |               |                     |   |  |                      |                 |  |  |
|  |               |                     |   |  |                      |                 |  |  |
| DECLARATIO   | DN            |                     |   |  |                      |                 |  |  |
| DECLARATIC<br>/We declare to                               | DN the forego | ing particul        | ars are true in   | a every respect                              |                      |                 |  |  |
| DECLARATIC<br>/We declare t                                | ON the forego | ing particul        | ars are true in   | n every respect                              |                      |                 |  |  |
| DECLARATIO   | ON the forego | ing particul        | ars are true in   | a every respect                              |                      |                 |  |  |
| /We declare t  | he forego     | ing particul        |   | fli.   |                      | Departies       | J. J   | My Sumatura  |
| DECLARATIO //We declare to //we declare to // Date & Time: | he forego     | ing particul        | Driver's  | n every respect  Signature Is not the police |                      | Reporting Name: | The control period   | Sonnei's Signature   |

|    | Quotation For FBC3737Z     |            |              |
|----|----------------------------|------------|--------------|
| lo | Parts                      | Price      | 20 900       |
|    | Exhaust Pipe / 177         | \$1,700.00 | 8 1500       |
|    | Signal (2 Set) / V; 5.     | \$80.00    | 1            |
|    | Crash Bar Report > 16      | \$80.00    | 00           |
|    | Footrest Bracket GR.       | \$220.00   | <b>1</b> 4 5 |
|    | Handlebars X ET. Report    | \$120.00   | × .          |
|    | Front Fork Alignment       | \$120.00   | /-           |
|    | Clutch Lever (left) / C.J. | \$40.00    | /            |
|    | Mirror (left) / cut.       | \$60.00    | /            |
|    | Paintwork for Tank Bike    | \$550,00   | 40           |
|    | Labour                     | \$320.00   | 180.         |
|    | Towing                     | \$80.00    | 75           |
|    |                            |            |              |
|    |                            |            |              |
| 0  | Total                      | \$3,370.00 |              |

87990940 John.

05/2/18.

Mohd Rasul (LEX Auto Consultants) 67418434 Total: 2066.2 Spays (4) 10%: 1366.2

Part by put.

After repair plutos.

Cano Qiania - 828802 Third party survey is on a "Wilhout Prejudice" basis on the supplementary item's) must be supplementary item's must be supp

- Supplementary item(s) must be resurveyed and is subject to linal approval from Insurance Company

Acknowledged by Repairer Signature: Date:

#### LKK Auto Consultants Pte Ltd (Co. Reg. No: 199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

#### VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/SMO18021886/GSBN2

Date:

08/04/2019

REFERENCE

Handling Insurer:

Sompo Insurance Singapore Pte.

Policy No: Insured Vehicle D18MTMC01001083

Claimant

FBC3737Z Vehicle No:

No:

FW2782X

Date of Loss:

29/11/2018

Nature of Claim:

TP

Claim No:

CMTD1805328

NC42E1001541

NC421001535

148268 km

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

Colour:

FBC3737Z

Make & Model: Reg. Date:

HONDA CB400A8J, 399cc 26/02/2008 (Man. Year: 2008)

Blue 399 cc

Engine Capacity: Market Value/New Car

N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable): Pre-accident Condition:

Engine No:

Chassis No:

Odometer:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side:

120/60ZR17 Metzeler 5 mm Rear Tyre Size: Rear Left Side:

160/60ZR17 Shinko 5 mm

Front Right Side:

0 mm

0 mm

Rear Right Side:

The above values represent the remaining tyre treads depth

| COST OF CLAIMS Parts          | Repairer's<br>2,300.00 | Adjuster's<br>1,366.20 | Difference<br>933.80 | <b>Diff</b> % 40.60 |
|-------------------------------|------------------------|------------------------|----------------------|---------------------|
| Miscellaneous Items<br>Labour | 1,070.00               | 0.00<br>700.00         | 0.00<br>370.00       | 34.58               |
| Paintwork Labour              | 0.00                   | 0.00                   | 0.00                 |                     |
| Towing                        | 0.00                   | 0.00                   | 0.00                 |                     |
| Nett Amount (S\$)             | 3,370.00               | 2,066.20               | 1,303.80             | 38.69               |

INSPECTION

Date of Assignment:

04/12/2018

Date Inspected:

05/12/2018 Inspected At:

O.m. Motor Services (HQ) 10 KAKI BUKIT ROAD 2, #01-36

Singapore 417868

Estimated Period of Repair:

3.0 days

Adjuster: XING GUO QIANG

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

#### REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 08 Apr 2019)

Parts: N/A HONDA CB400A8J 399cc (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for FBC3737Z)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk \*.

| Recommend        | led | Parts  |
|------------------|-----|--------|
| 1 CCCCIIIII CIIC | Cu  | I dito |

| No.   | Qty     | Part No.         | Particulars               | Condition               | Repairer's | Amount       |
|-------|---------|------------------|---------------------------|-------------------------|------------|--------------|
| 1     | 1       |                  | *EXHAUST PIPE             | Bent                    | 1,700.00 F | *1,200.00 FL |
| 2     | 1       |                  | *SIGNAL (2 SET)           | Distorted               | 80.00 F    | *80.00 FL    |
| 3     | 1       |                  | *CRASH BAR                | Bent                    | 80.00 F    | *80.00 FL    |
| 4     | 1       |                  | *FOOTREST BRACKET         | Broken                  | 220.00 F   | *58.00 FL    |
| 5     | 1       |                  | *HANDLEBARS               | Repair                  | 120.00 F   | *- FL        |
| 6     | 1       |                  | *CLUTCH LEVER (LEFT)      | Cut                     | 40.00 F    | *40.00 FL    |
| 7     | 1       |                  | *MIRROR (LEFT)            | Cut                     | 60.00 F    | *60.00 FL    |
| F=Fra | inchise | part. L=ListItem | Disc.                     |                         |            | D01-0-0      |
|       |         |                  |                           | Sub Total (S\$)         | 2,300.00   | 1,518.00     |
|       |         |                  | - List Item Discount on L | Items 0.00/10.00% (S\$) | 0.00       | 151.80       |
|       |         |                  |                           | Total Parts (S\$)       | 2,300.00   | 1,366.20     |

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

| Recommended | d Labour |
|-------------|----------|
| Recommende  | Labour   |

| No  | Particulars          | Lab.Type                                  | Repairer's | Amount |
|-----|----------------------|---|------------|--------|
| Lab | our Items            |   |            |        |
| 1   | FRONT FORK ALIGNMENT | New                                       | 120.00     | 120.00 |
| 2   | PAINTWORK FOR TANK   | New                                       | 550.00     | 350.00 |
| 3   | LABOUR               | New                                       | 320.00     | 180.00 |
| 4   | TOWING               | New                                       | 80.00      | 50.00  |
|     |                      | Gross Labour Cost (S\$)                   | 1,070.00   | 700.00 |
|     | Renor                | rt was unsubmitted during this print-out. |            |        |

< END OF ESTIMATES >