

ASS. REC. BY:

REF: CS3/FCI18022387/Jcd3³²

Special Instruction:

Surveyor: Hwee Jee ASSIGNMENT (Office)

From (Person): Eileen Lee of FCI Date/Time: 2.05pm @ 12/12/18

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: FBM 8856C Insured: SHC 6585

at Workshop m/s: Bike Dynamic Tel: 6749 6637

of Blk 6 Deft Lane 10# 01554

Policy No: _____ Claim No: 018008733MP&H

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08/12/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS ^{Wp}

H.O.D. Endorsement: _____

Date/Time: 3.36pm @ 12/12/18 Person Contacted: Edmund Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	FBM8856C - X
	SHC06585 - X

REF: FCI

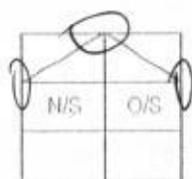
HWEE JIE

PRS

ASSIGNMENT

From: 12/12/18
 Estimated Cost:
 OD: WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FBM 8856C
 at Workshop n/s: Bike Dynamic
 of Blk 6 Defu Lane 10 #01-554
 Insured:
 Policy No.
 Claims No.
 Sum Insured: Excess:
 (Client's Record)
 Make of Veh:

Veh No: FBM 8856C Vr Regn: 27 Apr 2018
 Type: M/Car / M/ycp / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Yamaha TFX 150 cc: 150
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 9793 T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No: MH3R63710HK025655
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Normal / Jammed / Leaked / Burnt or
 Brake: Normal / Jammed / Leaked / Burnt or
 Mod: Nil / SRM / STD A/Rim or
 Tyre Size: F: 110/70 R17
 R: 140/70R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Timsun



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value:
 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 1up
 Date: Person Contacted: Vehicle: IN / OUT

Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. mm L/Bal. mm
 D.O.A. 8/12/18 D.O.I. 12/12/18 4.49pm
 Survey held at Bike Dynamic
 Des. of Damages Fr / Rear / O/S / H/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MV - \$10,500
	PV - \$6,665
	NV - \$3,835
	<i>[Signature]</i>
	<u>17/12/2018</u>

Date/Time, File Pass to? : Preli. Report Days Of Repair:
 : Final Report Resurvey No. of Trip: - Survey Fee:
 Date/Time, File Return to? Transportation
 2) Add Fee: Site Insp (\$) \$ - RS, ST
 Interview (\$) Photos
 Tech. Invs (\$) Others
 Weekend (\$)
 Report Format: PRS
 Lump Sum / I.B.I: (\$) TOTAL

MOTOR SURVEY ASSIGNMENT

Date	10-12-2018	Our Ref No. D18008733MFSH
Accident Date	08-12-2018	Claim Type. Third Party
Insured Vehicle	SHC0658S	Third Party Vehicle. FBM8856C
Survey Location	BLK 6 DEFU LANE 10 #01-554	
Contact Person.	EILEEN	
Contact No.	67496637/ 0	Fax No. 67496120
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	BIKE DYNAMIC CENTRE	Attention. NIL
Cc : TP Solicitor	CATHERINE LIM LLC	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

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.

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 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. 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	10/12/2018 12:47
Date Of Accident	08/12/2018 02:45
Exact Location Of Accident	CAIRNHILL CIRCLE TO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8856C
Insured/Policyholder	
Name Of Registered Owner	SNG TIAN RUI TERENCE
NRIC No	S9601954H
Email Address	TERENCESTR96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84887283
Alternative Phone No	OFFICE-84887283

Vehicle Particulars

Manufacturer	YAMAHA
Model	XABRE TFX150

Exact Purpose for which vehicle was being used at time of accident

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 SOMPO INSURANCE SINGAPORE PTE. LTD.

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number

Cover Note Number

Driver

Name of Driver SNG TIAN RUI TERENCE

NRIC No S9601954H

Date Of Birth 16/01/1996

Occupation INDOOR

Date Of Driving Pass 23/04/2018

Driving Experience 0 YEAR AND 7 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84887283

Fax Number

Contact Number OFFICE-84887283

EMail Address TERENCESTR96@GMAIL.COM

Address	BLK 481 PASIR RIS DRIVE 4 #03-405
Postcode	510481
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	COLLISION - HEAD TO REAR
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?	NO
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20181208/2057.

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	RAVI
Phone Number	87503841
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC658S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	LIM AH BENG
NRIC/Passport Number	S1824833F
Contact Number	96341733

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SNG TIAN RUI TERENCE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBM8856C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

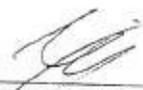
SKETCH PLAN

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 Authorized 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:

- (i) 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.

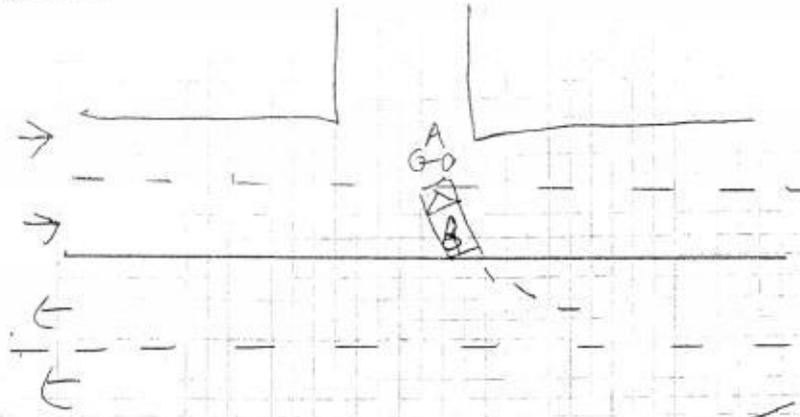


Policyholder's Signature
Date & Time:

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

refer to police report

DECLARATION

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


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

8/12/18 f 2.20 AM
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181208/2057

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20181208/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2018 12:38	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: SNG TIAN RUI, TERENCE		Address: APT BLK 481 PASIR RIS DRIVE 4 #03-405 SINGAPORE 510481	
ID Type / ID No.: NRIC NO / S9601954H		Contact No.: Home/Office: Mobile: 84887283	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 16/01/1996	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Chef		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2018 02:45	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 CAIRNHILL CIRCLE CENTRAL EXPRESSWAY ALONG CAIRNHILL CIRCLE TOWARDS CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8856C	Motorcycle	YAMAHA	XABRE TFX150	Silver	Slightly Damaged	0
SHC658S	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8856C	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100230 6	27/04/2018	26/04/2019



**SINGAPORE
POLICE FORCE**



T/20181208/2057

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20181208/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SNG TIAN RUI, TERENCE	ID No.	S9601954H
Related Vehicle	FBM8856C (Motorcycle)	Contact No.	84887283
Hospital/Clinic	SINGHEALTH POLYCLINICS - PASIR RIS	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	08/12/2018	Date Discharge	08/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 08/12/2018 at about 0245hrs, I was riding my motorbike bearing the registration number FBM8856C along Cairnhill Circle towards CTE, travelling straight, and the traffic light was already green. When I was at the T-junction, a Comfort Delgro taxi bearing the registration number SHC658S from the opposite traffic, was turning right, upon seeing my motorbike he immediately applied emergency brake. However, it was too late and I ended up colliding onto the right bumper of the taxi. As such, I was flung off from my motorbike. The taxi driver came to me and admitted that it was his fault. An SCDF vehicle drove past and checked on us, they also assisted to call for the Traffic Police. When they asked if I needed any ambulance, I declined as I felt that it was unnecessary as I only saw bruises on my left knee. No one else was injured at that point of time. After I exchanged particulars with the taxi driver, and agreed on insurance claims, we carried on with our journey.

This morning, I went to see a doctor at Pasir Ris Polyclinic to do an x-ray. I am having several abrasions and bruises on both my knees. I was also given 3 days MC. I have not fully assessed the damages on my motorbike, as of now, I could see that my right fork suspension is damaged, left handler bar and mirror are bent, scratches on my side fairing.

I wish to inform that there was a passenger inside the said taxi, and he was willing to be my witness. The witness is Ravi, HP: 87503841. There was also another vehicle travelling along Cairnhill Road whose in-car camera captured the whole accident. He had also provided me with his footage.

The particulars of the taxi driver as follows:

Lim Ah Beng
S1824833F
HP: 96341733



SINGAPORE
POLICE FORCE



T/20181208/2057

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3
Report No. T/20181208/2057

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G/ Sgt 2 REGINA LUI YU TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2018 12:38
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP188	 SINGAPORE POLICE FORCE SIGNATURE

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1954H
Vehicle Details	
Vehicle No.:	FBM8856C
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Dec 2018
Vehicle Make:	YAMAHA
Vehicle Model:	XABRE TFX150
Primary Colour:	Silver
Secondary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	G3G8E0034673
Chassis No.:	MH3RG3710HK025655
Maximum Power Output:	-
Open Market Value:	\$2,581.00
Original Registration Date:	27 Apr 2018
First Registration Date:	27 Apr 2018
Transfer Count:	1
Actual ARF Paid:	\$388.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Apr 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$7,114.00
COE Rebate Amount:	\$6,665.00
Total Rebate Amount:	\$6,665.00

The information contained herein is correct as at 13 Dec 2018

OK



Share This Listing



Public Comments

Be the first to write a public comment. Ask a question or @mention a friend to check this

Post a New Comment

8

Sold

Yamaha Xabre TFX150

 9 months ago by gngmotor

 8 Likes

 Used

 In Class 2B

 Price: \$11,800 (with nice number plate)
COE Expiry: Mar 2027

Installment Plans Available.

Do proceed down and view the bike to get a closer look.

Kindly look for Mr Ong for further negotiation.

GNG Motor

Blk 6 Defu lane 10

#01-564

Singapore 539187

Tel: 6283 6560 / 6280 5065

8

Sold



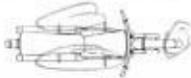
LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607196R GST Reg No: 19-9607196-R

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18022387/Jcd3s2 Date: 20-12-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 658S	Veh. Inspected	FBM 8856C
Policy No.		Coverage (\$)	0.00
Claim No.	D18008733MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	12/12/2018
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA TFX150	c.c	150
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	MH3RG3710HK025655	Colour	SILVER
Odometer	9793 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	110/70 R17	TIMSUN	6 mm
L/H Front Tyre			mm
R/H Rear Tyre	140/70 R17	TIMSUN	6 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION, O/S AND N/S BODY.			
5. General Information			
Accident Date	08/12/2018	Inspect Date / Time	12/12/2018 (04:49 PM)
Survey held at	BIKE DYNAMIC CENTRE BLK 6 DEFU LANE 10 #01-55 SINGAPORE 539187		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) MARKET VALUE \$10,500.00			

Report Ref No. CS3/FCI18022387/Jcd3s2

Inspected By



ONG HWEE JIE

Automotive Assessor



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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