

22/03/1992

ASS. REC. BY:

REF:

es/FCI19003720/RLSd3

Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

CWS

From (Person):

Meina chiu

of

FCI

Date/Time: 5.41pm 27/2/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBH 6554

Insured:

SHB 3415L

at Workshop m/s

Southern Motor

Tel:

62723892

of

B1K1006, # 01-10 Bukit Meruh Lane 2

Policy No:

Claim No:

D19001381MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

15/2/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp

H.O.D. Endorsement:

Date/Time:

9.16am 27/2/19

Person Contacted:

Mr. km

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

FBH 6554 - NBA / INC 19003182/Y

DUA: 15/2/19

SHB 3415L - NBA / INC 19003182/Y

DUA: 15/2/19

Form

REF

Vehicle No.

FBH 6554

2013 PCB

From: Date:
Insured: () WSTP RES / OD RES / EVA / INV / MV

To Inspect / Vehicle No: FBH 6554
at Workshop n/a: Southern Motor
of 1006, BUKIT MERAH B3 # 01-10
Insured: FCI

Policy No:

Claim No:

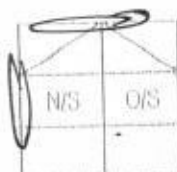
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

HK 3.5K

IDAC Accident Report

Consistent? Yes or No

GIA / PR Seen

Consistent? Yes or No

Est. Repairs:

days: Res: Yes or No

Loss Sum:

%: 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Vehicle

Type: M/C () Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: SYM JOYRIDE 2002 EVU 171

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

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

Eng/No:

ChNo: RFGLF18W 405011828

Gen. Cond: Good / () Poor / Burnt

Steering: () order / Jammed / Leaked / Burnt or

Brake: () order / Jammed / Leaked / Burnt or

Mod: Nil / () Rim / STD A/Rim or

Tyre Size: F: 110/90-13
R: 120/90-13

BS / DUN / EXNOVA / GY / FS / LIZA / () MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal: 16 mm R/Bal: 4 mm

L/Bal: mm L/Bal: mm

D.O.A: 15/02/19 D.O.I: 22/02/19

Survey held at: Southern Motor

Des. of Damages: () Fr / Rear / O/S / () N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time: Action / Instruction

MOTOR CYCLE IS UNECONOMICAL TO REPAIR

Submit Total Loss as uneconomical to repair.

MV - \$ 3,500/-

LTA - \$ 603

NCH - \$ 2,897.00

RECEIVED 01 MAR 2019

Date/Time: File Pass 9/7

01/03/19

By: Typist

Date/Time: File Return 10/7

☐ : Proli. Report

☒ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

1. \$ + R.R. 12

2. Diesel

3. Other

4. Total

TOTAL

Add Fee: ☐ Site Insp. (\$)

☐ Interview (\$)

☐ Tech. Insp. (\$)

☐ Other (\$)

Report Format: Total Loss - E

Temp Sum / LTA / NCH

380

MOTOR SURVEY ASSIGNMENT

Date	25-02-2019	Our Ref No. D19001381MFSH
Accident Date	15-02-2019	Claim Type. Third Party
Insured Vehicle	SHB3415L	Third Party Vehicle. FBH655U
Survey Location	BLK 1006 #01-10 BUKIT MERAH LANE 2	
Contact Person.	NA	
Contact No.	62730369/ 0	Fax No. 62746614
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	SOUTHERN MOTOR	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MERINA CHIA SAN SAN	

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.

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Friday, 1 March 2019 3:08 PM
To: 'Merina Chia San San'; 'CWS Motor Claims'
Cc: 'assignments'; 'SUR'; 'Admin-D (LKKAuto)'
Subject: RE: SURVEY ASSESSMENT - D19001381MFSH/1
Attachments: FBH 655U - Preli Advise.pdf

Dear Merina,

Please be inform that the vehicle recommended total loss due to uneconomical for repair.

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: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 27 February 2019 9:23 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Merina Chia San San' <MerinaChia@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19001381MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Tuesday, 26 February 2019 5:41 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia San San <MerinaChia@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19001381MFSH/1

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.

Note: All the accident reports are uploaded into CWS for your perusal.

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.



This email has been checked for viruses by AVG antivirus software.

www.avg.com



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: D19001381MFSH

Date: 01 March 2019

Our Ref: CS/FCI19003720/R1sd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

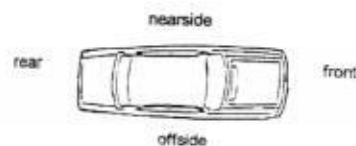
INITIAL INSPECTION REPORT OF VEHICLE NO. FBH 655U .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 27/02/2019 at the premises of M/s Southern Motor and have the following to report:-

Workshop Estimate Amount	: <u>S\$ TOTAL LOSS</u> .
Revised Estimate Amount	: <u>S\$ TOTAL LOSS</u> .
"Check" Items Amount	: <u>S\$</u> .
Total	: <u>S\$ TOTAL LOSS</u> .
Market Value	: <u>S\$ 3,500.00</u> .
LTA Reimbursement Value	: <u>S\$ 603.00</u> .
Nett Value	: <u>S\$ 2,897.00</u> .

Description of Damage:

The vehicle sustained damages at the rear portion & n/s body.



Comments/ Present Status:

Damages Consistent.

Vehicle recommended total loss due to uneconomical for repair.

Repair days: -

Yours faithfully,
Mohammed Rasul
Automotive Assessor

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	20/02/2019 14:59
Date Of Accident	15/02/2019 20:30
Exact Location Of Accident	ALONG TELOK BLANGAH RD TOWARDS HENDERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH655U
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	GS.DANETAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91689260
Alternative Phone No	OFFICE-91689260

Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200 I-175CC
Exact Purpose for which vehicle was being used at time of accident	DELIVER FOOD (GRAB)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100726122
Cover Note Number	

Driver

Name of Driver	TAN KOK SOON
NRIC No	S9438434F
Date Of Birth	13/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91689260
Fax Number	
Contact Number	OTHERS-91689260
E Mail Address	GS.DANETAN@GMAIL.COM

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KOK SOON

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH655U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Address	BLK 663A PUNGGOL DRIVE #09-272
Postcode	821663
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) involved in the accident	2
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190218/2197

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	SHB3415L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOI MENG YEE
NRIC/Passport Number	S1210165A
Contact Number	98153763
Address	
Postcode	
Insurance Company Name	

First Capital Insurance Ltd
36 Robinson Rd #16-01
City House
Singapore 068877
Tel 65073242
Email: motorclaims@msfirstcapital.com.sg

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 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.



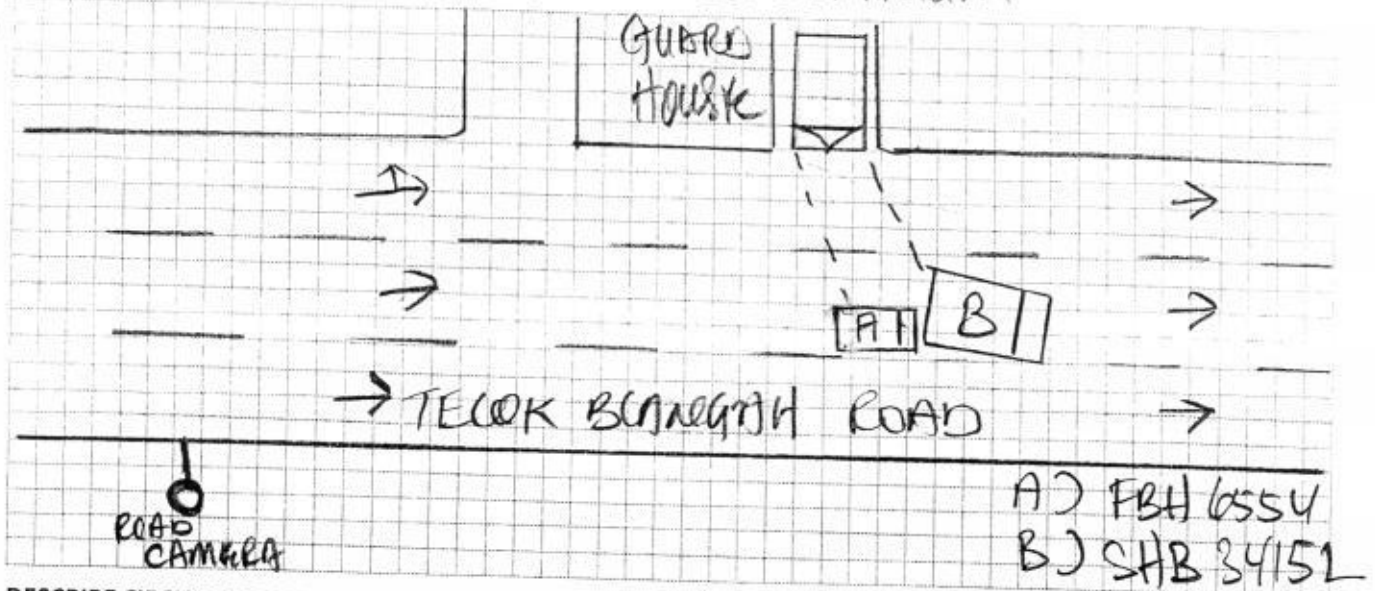
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Roshan*
NRIC/FIN No.:

SKETCH PLAN

SKYLINE CONDOMINIUM

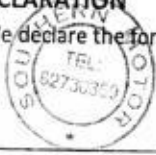


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Referral to Police Report
7/2019 02/18/2019

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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190218/2197

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2019 20:11		Vide Report No.:		Station Diary No.: 94	
Informant's Particulars					
Name of Informant: TAN KOK SOON			Address: APT BLK 663A PUNGGOL DRIVE #09-272 SINGAPORE 821663		
ID Type / ID No.: NRIC NO / S9438434F			Contact No.: Home/Office: Mobile: 91689260		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 13/10/1994	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY MAN			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/02/2019 20:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TELOK BLANGAH ROAD				
Along Telok Blangah Road towards Henderson Road outside Skyline Residences				
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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH655U	Motorcycle				Totally Damaged	0
SHB3415L	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Rider			
Name	TAN KOK SOON	ID No.	S9438434F
Related Vehicle	FBH655U (Motorcycle)	Contact No.	91689260
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	16/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LOI MENG YEE	ID No.	S1210165A
Related Vehicle	NIL	Contact No.	98153763
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/02/19 at about 2030hrs, I was riding my motorcycle, bearing VRN FBH655U, along the middle lane of Telok Blangah Road towards Henderson Road outside of Skyline Residences, when suddenly a ComfortDelGro yellow taxi which had two passengers bearing VRN SHB3415L drove out of Skyline Residences. Subsequently, the taxi abruptly switched lane from the left lane into my lane. I immediately jammed brake, however as I could not brake in time my motorcycle collided into the rear of the taxi. My motorbike then skidded and suffered serious damages overall. I also fell off the bike and suffered abrasions on both arms, both knees and both feet. The taxi suffered minor dents on the exhaust pipe. I then stopped at the side of the road and exchanged particulars with the taxi driver. The taxi had a front facing in-car camera. I also wish to state that there is a camera on the opposite side of the road outside of Skyline Residences.

The incident was attended by traffic police however I did not take note of their call sign nor did I receive any case card. I refused to be conveyed to hospital by ambulance as my friend was coming to pick me up. I did not go to the doctor that day.

On 16/02/19, as I felt that my injuries were deteriorating, I went to Sengkang General Hospital A&E to receive treatment. I suffered severe abrasions and was given 3 days of MC (16/2/19-18/2/19).

On 18/2/19, as I felt that the pain has not gone away I went to Punggol Polyclinic to receive treatment and was given another 4 days of MC. In total, I am on medical leave from 16/2/19 to 22/2/19.



**SINGAPORE
POLICE FORCE**



T/20190218/2197

3 of 4

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20190218/2197

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190218/2197

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

4 of 4

Report No. T/20190218/2197

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:

D /

Sgt 2 CHOW YUN NI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No: 65476213

Signature Of Informant:

Date/Time:

18/02/2019 20:11

Classification Of Case:

Authentication Stamp

NP168

Registration Detail Information

enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:

23414700L

Owner ID Type:

Business

Owner Name:

SOUTHERN MOTOR

Registered Address:

BLK 1006 BUKIT MERAH LANE 2 #01-10 ALEXANDRA VILLAGE IND'L ESTATE
SINGAPORE 159762

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

FBH655U

Previous Vehicle No.:

-

Effective Date of Ownership:

08 Dec 2018

Original Regn Date:

26 Feb 2013

Registration Date:

26 Feb 2013

Year of Manufacture:

2013

Vehicle Type:

Passenger Scooter

Vehicle Scheme:

-

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Vehicle Make:

SYM

Vehicle Model:

JOYRIDE 200I EVO CVT

Primary Colour:

Silver

Secondary Colour:

-

Passenger Capacity:

1

Chassis No.:

RFGLF18WYDS011828

Engine No.:

KB215293

Engine Capacity / Power Rating:

171 cc / -

Maximum Power Output:

-

Propellant:

Petrol

Max Unladen Weight:

155 kg

Maximum Laden Weight:

315 kg

Open Market Value:

\$2,353.00

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

No. of Transfers:

4

IU Label No.:

713499681

COE No.:

2013030106000696G

COE Expiry Date:

25 Feb 2023

COE Category:

D - Motorcycle

COE Registration Category:

D - Motorcycle

Quota Premium (QP) / Prevailing Quota

\$1,512.00 / -

Premium:

Actual QP Paid:

\$1,512.00

QP (Regn Cat):

\$1,512.00

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$1,512.00

Additional Registration Fee Rate:

15.00 %

Actual ARF Paid:

\$353.00

Vehicle Lifespan Expiry Date:

No Lifespan

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Print

OK

Save as PDF

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	4700L
Vehicle Details	
Vehicle No.:	FBH655U
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2019
Vehicle Make:	SYM
Vehicle Model:	JOYRIDE 200I EVO CVT
Primary Colour:	Silver
Manufacturing Year:	2013
Engine No.:	KB215293
Chassis No.:	RFGLF18WYDS011828
Maximum Power Output:	-
Open Market Value:	\$2,353.00
Original Registration Date:	26 Feb 2013
First Registration Date:	26 Feb 2013
Transfer Count:	4
Actual ARF Paid:	\$353.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	25 Feb 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,512.00
COE Rebate Amount:	\$603.00
Total Rebate Amount:	\$603.00

The information contained herein is correct as at 28 Feb 2019

OK

3,500
603
2897



南方摩托
SOUTHERN MOTOR

Block 1006, Bukit Merah Lane 2, #01-10
Singapore 159762 Tel. 62730369 Fax: 62746614

Repair & Dealing in New & Second-hand Motor-cycles, Scooters & Insurance Agent

Date: 24th February 2019

Motor Claims Department
First Capital Insurance Ltd
36 Robinson Rd #16-01
City House
Singapore 068877

Dear Sirs

Re: SYM Joyride 200i - FBH 6JTH

Please be informed that the above motorcycle bearing registration No FBH 6JTH was met in accident with a taxi No SHB3415L along Telok Blangah Road towards Henderson Road on 15-02-2019 at 20.30.

The above said motorcycle was seriously damaged. It was beyond economic repair and not rendered in roadworthy condition.

We suggest you would consider it for a total loss.

Thank you

Yours faithfully,
SOUTHERN MOTOR

Rasul CLKK
Rul

27/02/19 @1710

VEHICLE IS UNECONOMICAL
TO REPAIR

Tel 65073848

Email: motorclaims@firstcapital.com.sg