

ASS. REC. BY:

REF:

CS3 / PC119004235 / Gcd 3rd

Special Instruction:

Survivor:

ASSIGNMENT (Office)From (Person): MERINA CHIA of PC1 Date/Time: 02/3/19

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: FBC 7885C Insured: SAC 913Eat Workshop m/s MOTOPLEX PTE LTD Tel: 6747 6774 / 0of 10 KKKI BUKIT RD 2 #01-74 FIRST EAST CENTREPolicy No: _____ Claim No: D19001646MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/12/18

(Client's Record)

CA / REV / REP. / REV 24 HRS LWP 2/3/2019 H.O.D. Endorsement: _____Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time	Action/Instruction () Estimate
	<u>FBC 7885C - X</u>
	<u>SAC 913E - X</u>

MOTOR SURVEY ASSIGNMENT

Date	07-03-2019	Our Ref No. D19001646MFSH
Accident Date	15-12-2018	Claim Type. Third Party
Insured Vehicle	SHC0913E	Third Party Vehicle. FBC7885C
Survey Location	10 KAKI BUKIT ROAD 2 #01-24 FIRST EAST CENTRE	
Contact Person.	LENA	
Contact No.	67476774/ 0	Fax No. 65322007
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	MOTOPLEX PTE LTD	Attention. NIL
Cc : TP Solicitor	KURU & CO	TP Solicitor Fax No. NA
Officer Incharge	MERINA CHIA SAN SAN	

(in)
 x EST
 V. Out

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	17/12/2018 12:29
Date Of Accident	15/12/2018 12:15
Exact Location Of Accident	JUNCTION OF CHANCERY LANE AND DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7885C
Insured/Policyholder	
Name Of Registered Owner	RAZEENA FARVEEN BINTE SULIMAN
NRIC No	S9205598A
Email Address	RAZEENA.F@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83232376
Alternative Phone No	OFFICE-83232376

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX1300RK8
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC201800003647
Cover Note Number	

Driver

Name of Driver	RAZEENA FARVEEN BINTE SULIMAN
NRIC No	S9205598A
Date Of Birth	10/02/1992
Occupation	INDOOR
Date Of Driving Pass	29/02/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83232376
Fax Number	
Contact Number	OFFICE-83232376
Email Address	RAZEENA.F@HOTMAIL.COM

Address NIL
 Postcode
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 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 [OTHER] KAMPONG JAVA NPC
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181215/2130 LODGED AT KAMPONG JAVA NPC. ON 15/12/2018 AT ABOUT 1215HRS, I WAS RIDING MY MOTORCYCLE BEARING REGISTRATION PLATE NUMBER FBC7885C, TRAVELLING ALONG DUNEARN ROAD HEADING TOWARDS BUKIT TIMAH ROAD. THERE WAS AN ONCOMING WHITE VAN TRAVELLING ALONG BALMORAL TURNING TOWARD NEWTON ROAD. THE TRAFFIC LIGHT WAS GREEN, I WANTED TO TURN RIGHT INTO BALMORAL ROAD. I COLLIDED INTO THE SAID VAN ON THE REAR LEFT SIDE, NEAR TO THE BREAK LIGHTS. I AM NOT SURE OF THE VEHICLE REGISTRATION NUMBER AND MODEL. AFTER THE COLLISION, THERE WERE PASSERBY THAT ASSISTED TO CALL FOR AMBULANCE. I GAVE MY PARTICULARS TO THE TRAFFIC POLICE AND WAS CONVEYED TO TTSH SUBSEQUENTLY. I SUSTAINED A DISLOCATION ON MY RIGHT THUMB. I WAS GIVEN OUTPATIENT SICK LEAVE FOR 8 DAYS FROM 15/12/2018 TO 22/12/2018. MY MOTORCYCLE WAS BADLY DAMAGES AT THE FRONT AND SIDES. THE DRIVER DID NOT SUSTAIN ANY INJURIES AT THE MATERIAL TIME. I HAD A WITNESS NAMED TIMOTHY, HE CAN BE CONTACTED AT 8441 2454. I DO NOT HAVE ANY FOOTAGE CAPTURED FROM THE ACCIDENT.

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 TIMOTHY
 Phone Number 84412454
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC913E
 Vehicle Make/Model/Colour MERCEDES BENZ/VIANO 2.2/WHITE
 Details Of Properties

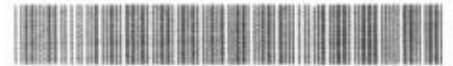
Vehicle Category	PRIVATE CAR
Name of Driver	RENGAH VENKATESALU
NRIC/Passport Number	S2668462E
Contact Number	81576147
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	RAZEENA FARVEEN BINTE SULIMAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBC7885C
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



SINGAPORE POLICE FORCE



T/20181215/2130

1 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181215/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2018 23:40		Vide Report No.: E/20181215/0143		Station Diary No.: 160	
Informant's Particulars					
Name of Informant: RAZEENA FARVEEN BINTE SULIMAN			Address: APT BLK 642 JURONG WEST STREET 61 #09-60 SINGAPORE 640642		
ID Type / ID No.: NRIC NO / S9205598A			Contact No.: Home/Office: Mobile: 8323 2376		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 26	Date of Birth: 10/02/1992	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: CUSTOMS OFFICER			Driving Licence Information: Class: 2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/12/2018 12:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 DUNEARN ROAD BUKIT TIMAH ROAD Junction of Chancery Ln and Dunearn Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBC7885C	Motorcycle	SUZUKI	GSX1300RK 8	Orange	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBC7885C	FWD Singapore Pte. Ltd	PNMC2018- 00003647	28/08/2018	27/08/2019



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181215/2130

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAZEENA FARVEEN BINTE SULIMAN	ID No.	S9205598A
Related Vehicle	FBC7885C (Motorcycle)	Contact No.	8323 2376
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	15/12/2018	Date Discharge	15/12/2018
No. of Days granted Medical Leave	08	Degree of Injury	Serious
Driver			
Name	RENGIAH VENKATESALU	ID No.	S2668462E
Related Vehicle	NIL	Contact No.	8157 6147
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 15/12/2018 at about 1215hrs, I was riding my motorcycle bearing registration plate number FBC7885C, travelling along Dunearn Road heading towards Bukit Timah Road.

There was an oncoming white van travelling along Balmoral turning toward Newton Road. The traffic light was green, I wanted to turn right into Balmoral Road. I collided into the said van on the rear left side, near to the break lights. I am not sure of the vehicle registration number and model.

After the collision, there were passerby that assisted to call for ambulance. I gave my particulars to the traffic police and was conveyed to TTSH subsequently.

I sustained a dislocation on my right thumb. I was given outpatient sick leave for 8 days from 15/12/2018 to 22/12/2018. My motorcycle was badly damages at the front and sides.

The driver did not sustain any injuries at the material time. I had a witness named Timothy, he can be contacted at 8441 2454. I do not have any footage captured from the accident.



**SINGAPORE
POLICE FORCE**



T/20181215/2130

3 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181215/2130

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20181215/2130

4 of 4

Report No. T/20181215/2130

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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:

E /

Sgt 2 TRICIA NG CHU ER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/12/2018 23:40

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Classification Of Case:

Authentication Stamp

NP168



Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

3. Please insert directly the details of this incident as stated on the claim form below.
4. This Form must be completed by the Policyholder and/or the Authorized Signer.
5. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect insurance coverage to reimburse policy liability.
6. The cause and circumstances of this form by the insured concerned is not an admission of policy liability on the part of insured or concerned.
7. Any false reporting may be referred to the Police for investigation.
8. The report will be forwarded by the insured to the GAA Regional Management Centre established by the General Insurance Association of Singapore (GIAS) for assessing and that copies of the report will for a fee be made available upon request by interested parties.
9. The signatory of this report warrants the insured, who hereby consents to the accuracy of this report at the time and in place of the signature made available to the insured.
10. Consent under the Personal Data Protection Act (PDPA)
- I, the undersigned, acknowledge, agree and warrant that:
- (a) My consent, my warrant and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, store and disseminate my personal (especially) information set out in this Form and any other personal information passed to me or possessed by me (herein referred to as the "Personal Information") and disclose and transfer such Personal Information to all insurers with whom I should be involved (referred to as the "Insured All Insurers") who have insured vehicles involved in the accident which is collectively referred to as the "Insured All Insurers" and the Insurance Firm, the Monetary Authority of Singapore and any relevant government agency/authority such as the police, for the purposes of:
- (i) necessary 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) settling and/or dealing with my claim/claims in responding to any enquiries by the;
- (iv) administering my claims (including the making of correspondence, statements, inquiries or claims to the Insured, which could involve disclosure of certain personal data about me to bring about delivery of the claim as well as to the external courts or non-personnel (delegates) and/or;
- (v) carrying out, with assistance in administering, processing handling and/or dealing with my claims including the purposes:
- (a) As Insurers who have insured vehicles involved in this accident and the Insurers' representative firms, may be permitted to collect, use, disseminate and/or process my Personal Information for one or more of the above Purposes; and
- (b) My Personal Information may also be disclosed by any of the Insurers and/or GAA to their third party service providers or Agents performing their representative firms, which may be based outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARK
REPORTING OFFICER

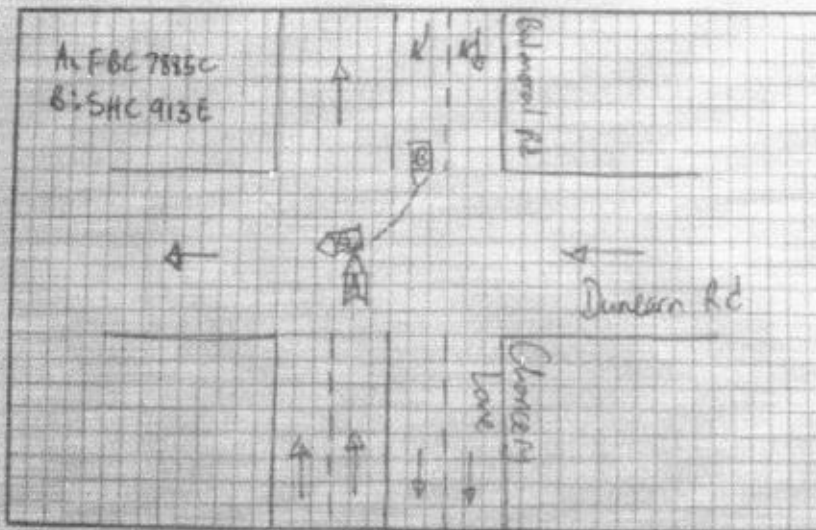
ALZAHN BIN ATAN

 Participant's Signature / Date & Time

(Drawn's Signature, if drawn is not the registrant) / Date & Time

Whitened by Rastafarian Culture
Perspective

Sketch Plan



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5598A
Vehicle Details	
Vehicle No.:	FBC7885C
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Mar 2019
Vehicle Make:	SUZUKI
Vehicle Model:	GSX1300RK8
Primary Colour:	Orange
Secondary Colour:	Black
Manufacturing Year:	2008
Engine No.:	X704112620
Chassis No.:	JS1CK111100101969
Maximum Power Output:	-
Open Market Value:	\$13,602.00
Original Registration Date:	27 Jun 2008
First Registration Date:	27 Jun 2008
Transfer Count:	4
Actual ARF Paid:	\$2,041.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jun 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$7,360.00
COE Rebate Amount:	\$6,963.00
Total Rebate Amount:	\$6,963.00

The information contained herein is correct as at 11 Mar 2019

OK

MENU

HIGHLIGHTS

DESCRIPTION
Get the app

SPECS

Login

Sign up FREE

SELLER INFO

Suzuki GSX 1300R Hayabusa

Price S\$25500.00



2014



30000km

Singapore
BIKES.

FBJ-****-M



Class 2

[\(https://www.singaporebikes.com/bikemart/sg/\)](https://www.singaporebikes.com/bikemart/sg/)

CHAT

(MESSAGES/U/48095)

Description

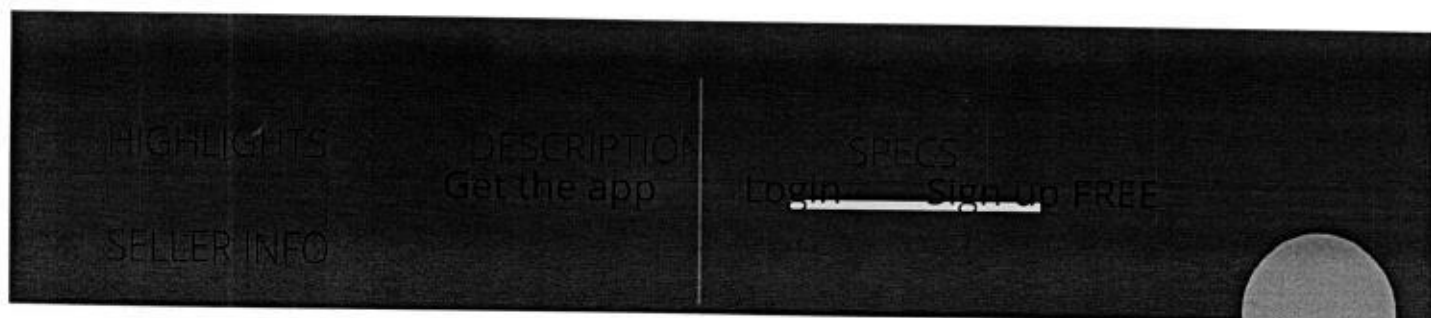
Bike registered: JAN 2015

Coe expiry : JAN 2025

Mileage : 30k +

One owner only

MENU



Bike Make Suzuki

Bike Model GSX 1300R Hayabusa

Bike Class Class 2

Bike Type Sports Tourer **Singapore BIKES.**



Transmission Manual

(<https://www.singaporebikes.com/bikemart/sg/>)

Engine Capacity 1350 cc

Under Hire Purchase No

Additional

First Owner Yes

Effective Date Ownership 10-01-2015

Original Reg. Date 10-01-2015



**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI19004235/Gcd3s2	
36 ROBINSON ROAD		Date: 22-03-2019	
#16-01 CITY HOUSESINGAPORE 068877			
		Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHC 913E	Veh. Inspected	FBC 7885C
Policy No.		Coverage (\$)	0.00
Claim No.	D19001646MFSH	Excess (\$)	0.00
Assign From	MERINA CHIA	Assign Date	07/03/2019
2. Vehicle Particulars & Condition			
Make & Model	SUZUKI GSX1300RK8	c.c	1340
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JS1CK111100101969	Colour	BLUE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	120/70ZR17	BRIDGESTONE	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	190/50ZR17	BRIDGESTONE	4 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION AND O/S BODY.			
5. General Information			
Accident Date	15/12/2018	Inspect Date / Time	08/03/2019 (05:30 PM)
Survey held at	MOTOPLEX PTE LTD 10 KAKI BUKIT ROAD 2 #01-24 FIRST EAST CENTRE SINGAPORE 417868		
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: \$35,000.00			

Report Ref No. CS3/FCI19004235/Gcd3s2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

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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