

ASS. REC. BY:

REF: CS | FC19011057/UtD352

Special Instruction:

Envelope: Marius

ASSIGNMENT (Office)

CWS

From (Person):

Joanne Yang

of

FCI

Date/Time:

21/06/2019 @ 5:56pm

Estimated Cost:

Bill to:

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

To inspect Vehicle No.:

FBH 8110Y

Insured:

SHC 3977B

at Workshop m/s

Gen Hock Hin

Tel:

6281 6520

of

No. 6 Defu Lane 1

Policy No.:

Claim No.:

D19003948MPSH

Sum Insured:

Excess:

Make of Vehr:

(Client's Record)

D.O.A.

15/06/2019

CA / REV / REP. / REV 24 HRS

lup

H.O.P. Endorsement:

Date/Time:

9:31am @ 21/6/19

Person Contacted:

Raymond

Vehicle IN/OUT

Date/Time

Action/Instruction

1-shawald ✓

FBH8110Y ✓

SHC 3977B: CS | FC19007152 | R1 & 302 D.O.A: 16/04/2019

37 @ 4:26pm - revert via preli advise email.

(28/11/13) wef
ASS. REC. BY: Marcus

REF: Fu/

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: FBH 8110Y
at Workshop m/s: 3111 Dan
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: FBH 8110Y Yr Regn: 7.10
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Yamaha XT1200Z c.c. 1199
Colour: Blk A/C: Insured / Std / NI / NA
Sp. Reading: 94219 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JYADP01100000245
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: (Nil) / S/Rim / STD A/Rim or
Tyre Size: F: 110 / 80 R 19
R: 150 / 70 R 17

(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIB / SUMI /
TOYO / YOKO or _____
Front 6 mm Rear 6 mm
R/Bal. mm L/Bal. mm
D.O.A. 15/6/19 D.O.I. 2/7/19
Survey held at _____
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
MS Body
The UIC / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: 10k.
IDAC Accident Rpt: _____ Consistent?: Yes or No
GIA / PR Seen: f Consistent?: Yes or No
Est. Repairs: 3 days Res.: Yes or No
Lum Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Date / Time Action / Instruction
MA 141
4/9/19 contact L/S @ 400 w/c Raymond.
(led: 2548, 86%)

RECEIVED 05 SEP 2019

Date/Time, File Pass to? : Preli. Report
1) 519 Typst : Final Report
Date/Time, File Return to?

Days Of Repair: 3
Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	<u>110</u>
Transportation:	<u>50</u>
_____ S + RS _____ SI	<u>50</u>
Photos	<u>42</u>
Others	
TOTAL	<u>252</u>

Report Format: TP
Lump Sum / I.B.I. (\$ 400/-)

MOTOR SURVEY ASSIGNMENT

Date	17-06-2019	Our Ref No. D19003948MFSH
Accident Date	15-06-2019	Claim Type. Third Party
Insured Vehicle	SHC3977B	Third Party Vehicle. FBH8110Y
Survey Location	NO. 6 DEFU LANE 4	
Contact Person.	RAYMOND	
Contact No.	62816520/ 0	Fax No. 62842969
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	BAN HOCK HIN CO. PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19003948MFSH

Date: 3/7/2019

Our Ref: CS/FCI19011057/Utd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

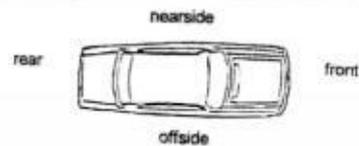
INITIAL INSPECTION REPORT OF VEHICLE NO. FBH 8110Y

Please be informed that we had conducted the inspection of the abovementioned vehicle 2/7/2019 at the premises of M/s Ban Hock Heng have the following to report: -

Workshop Estimate Amount	: S\$	<u>2,948.00</u>
Revised Estimate Amount	: S\$	<u>633.30</u>
"Check" Items Amount	: S\$	<u>603.90</u>
Market Value	: S\$	<u> </u>
LTA Reimbursement Value	: S\$	<u> </u>
Nett Value	: S\$	<u> </u>

Description of Damage:

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



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Marcus

Automotive Assessor

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Wednesday, 3 July 2019 4:26 PM
To: Admin-D (LKKAuto); 'CWS Motor Claims'; assignments
Cc: 'Joanne Yong Lai fong'; SUR
Subject: RE: SURVEY ASSESSMENT - D19003948MFSH/1
Attachments: PRELI ADVISED FBH 8110Y.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **FBH 8110Y**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Monday, 24 June 2019 10:07 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Joanne Yong Lai fong' <Joaneyong@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19003948MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Friday, 21 June 2019 5:56 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong Lai fong <Joaneyong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003948MFSH/1

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 willful 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	15/06/2019 11:45
Date Of Accident	15/06/2019 00:30
Exact Location Of Accident	JUNCTION OF JLN KAYU AND JLN TARI LILIN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8110Y
Insured/Policyholder	
Name Of Registered Owner	EDDI BIN ATAN
NRIC No	S7321821G
Email Address	EDAT750@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94565490
Alternative Phone No	OFFICE-94565490

Vehicle Particulars

Manufacturer	YAMAHA
Model	XT1200Z-1.2
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00508340
Cover Note Number	

Driver

Name of Driver	EDDI BIN ATAN
NRIC No	S7321821G
Date Of Birth	06/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1990
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94565490
Fax Number	
Contact Number	OFFICE-94565490
Email Address	EDAT750@HOTMAIL.COM

Address	NO
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ACCIDENT STATEMENT IN THE SKETCH PLAN 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	SHC3977B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.
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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:

15-06-19

10:45am

Driver's Signature

(if driver is not the policyholder)

Date & Time:



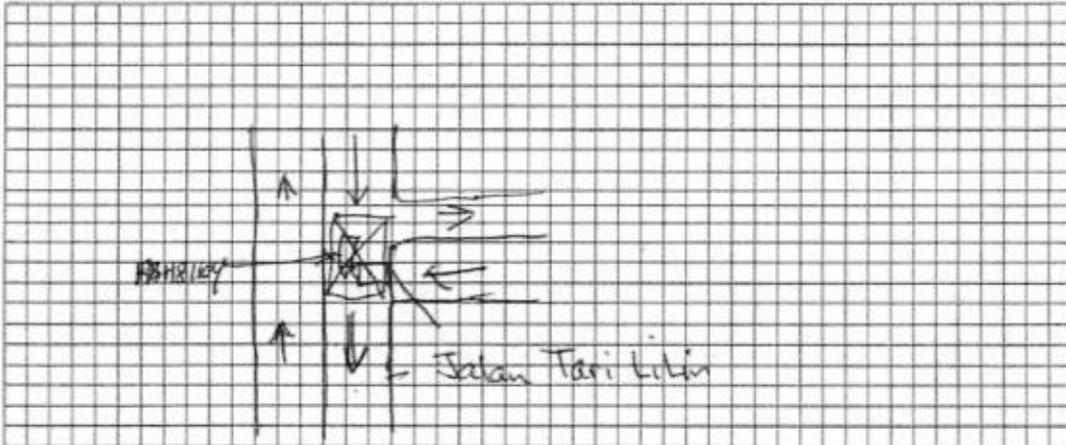
Reporting Centre Personnel's Signature

Name: Jan Choke Lok

NRIC/FIN No.: G7715235R

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/06/2019 @ 0030hrs, while I was traveling along Jalan Tari Lilin, suddenly a taxi # S11C3771B drove off from the minor road and hit onto the left side of my bike F011810Y.

DECLARATION

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

 15-06-19

Policyholder's Signature @ 1045 am
Date & Time:

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



Reporting Centre Personnel's Signature
Name: Tan Choe Loo
NRIC/FIN No.: 677153-352

Enquire Transfer Fee

Vehicle Details			
Vehicle No.:	FBH8110Y		
Vehicle Type:	P00 - Passenger Motorcycle/Autocycle/Moped		
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme:	Normal		
Vehicle Make:	YAMAHA		
Vehicle Model:	XT1200Z		
Chassis No.:	JYADP011000002745		
Propellant:	Petrol		
Engine No.:	P401E003139		
Engine Capacity:	1199 cc		
Maximum Power Output:	-		
Maximum Laden Weight:	-		
Unladen Weight:	261 kg		
Year Of Manufacture:	2010		
Original Registration Date:	26 Jul 2010		
Lifespan Expiry Date:	-		
COE Category:	D - Motorcycle		
Quota Premium:	\$1,290.00		
COE Expiry Date:	25 Jul 2020		
Road Tax Expiry Date:	02 Aug 2019		
Inspection Due Date:	02 Aug 2019		
Intended Transfer Date:	21 Jun 2019		
CO2 Emission:	-		
CO Emission:	-		
HC Emission:	-		
NOx Emission:	-		
PM Emission:	-		
The current road tax expiry is 02 Aug 2019. You may renew the road tax from 03 May 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 02 Aug 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 03 Aug 2019 to 02 Feb 2020)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	172.00	-	172.00
Total Amount Payable:			197.00
Amount Payable (From 03 Aug 2019 to 25 Jul 2020)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Sub Total:			25.00
Nett Road Tax Amount (After Offsetting Over Payment):	337.00	-	337.00
Total Amount Payable:			362.00
Message			
From 18 Feb 2019, the Government has further reduced the annual special tax by \$100 and \$850 for diesel and diesel-hybrid cars and taxis respectively. The Government will also grant road tax rebates for diesel and diesel-hybrid buses and goods vehicles for a 3-year period from 1 Aug 2019. The current enquiry result does not include the revised special tax reduction and road tax rebate commencing 1 Aug 2019. Please refer to the Press Release for more information.			

You may print this page for reference.

OK Print

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1821G
Vehicle Details	
Vehicle No.:	FBH8110Y
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jul 2019
Vehicle Make:	YAMAHA
Vehicle Model:	XT1200Z
Primary Colour:	Blue
Manufacturing Year:	2010
Engine No.:	P401E003139
Chassis No.:	JYADP011000002745
Maximum Power Output:	-
Open Market Value:	\$16,065.00
Original Registration Date:	26 Jul 2010
First Registration Date:	26 Jul 2010
Transfer Count:	4
Actual ARF Paid:	\$2,410.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$3,267.00
COE Rebate Amount:	\$141.00
Total Rebate Amount:	\$141.00

The information contained herein is correct as at 02 Jul 2019

OK

Bike model

Yamaha XT1200Z

Type

Any



Price From

Any



Price To

Any



Class

Any



MORE SEARCH OPTIONS ▼

Q SEARCH

VIEW ALL (/LISTING/USEDBIKES/LISTING/)

Q SEARCH ▼

Yamaha XT1200Z Super Tenere (/listing/usedbike/yamaha-yamaha-xt1200z-super-tenere/10889/)



(/listing/usedbike/yamaha-yamaha-xt1200z-super-tenere/10889/)

SGD\$17500

Reg : 20/01/2012

Type: Sport Tourers

1199cc

COE Jan 2022. In good condition. Well maintained bike. Touring ready bike with many accessories. Trade in available. Lowest down-payment and interest rate. Any enquiries, please call 81291192.

Posted on : 02/07/2019

★ PAID AD ★ DEALER AD

■ COMPARE

DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-XT1200Z-SUPER-TENERE/10889/)

Yamaha XT1200Z Super Tenere (/listing/usedbike/yamaha-yamaha-xt1200z-super-tenere/10341/)