

ASS. REC. BY: menmen REF: CS3/SM019002042/GSD3 1-1
Surveyor: (Luo Bing) ASSIGNMENT (Office)
From (Person): Chen shu hui agnes of SMO Date/Time: 01/7/19
Estimated Cost: _____ Bill to: _____

OD (TP) WS/TP RES / OD RES / EVA / INV / MV / CS
To Inspect Vehicle No: FBN 3885X Insured: YN753R
at Workshop no: M1 Motoring Tel: 6266 7030 / 97988118
of 34 Toh Guan Rd East # 01-29
Policy No: 018M74CVC 002627 Claim No: CMTD1900652
Sum Insured: _____ Excess: _____
Make of Veh: _____ D.O.A: 27/01/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS ^{up}
Date/Time: 10:36am @ 31/1/19 Person Contacted: Albert H.O.D. Endorsement: _____
Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate	Insp: 411 Cheng Road
	<u>FBN 3885X - X</u>	
	<u>YN753R - NU/MC 14023367/111vbk3</u>	<u>DUA 16/12/2014</u>
	<u>deduct MV - \$27K</u>	
	<u>\$1700, 3 Days.</u>	

(\$ 4,950/- Red - 74%)

menmen
23/7/2019

MV - \$ 27K
LTA - \$ 3,391.00
NRA - \$ 23,629.00

RECEIVED 23 JUL 2019

450 - 100 = 350

PRS
Xhd.

REF: SMO

ASSIGNMENT

From

Date

Estimated Cost

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

To inspect Vehicle No.

at Workshop m/s

of

Insured

Policy No.

Claims No.

Sum Insured

Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lump Sum

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

FBN 3885 X

Vt Reg:

Sep 18

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Yamaha TMAX530 c.c. 530

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

-

T/Race: Insured / Std / NI / NA

Eng/No:

C/No:

JYASTI45 000013519

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: M / S/Rim / STD A/Rim or

Tyre Size:

F:

120/70R15

R:

160/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal

5

mm

R/Bal

5

mm

L/Bal

5

mm

L/Bal

5

mm

D.O.A

D.O.I

31-01-19

Survey held at

w/s

12:15

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

and

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

\$2000 - \$3000

COC: 3371

Date/Time: File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

-

Survey Fee

Transportation

) \$ + RT \$

) Photo

) Other

)

TOTAL

100

10

110

Report Format:

PRG

Lump Sum / I.B.I: (\$

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

Nivitha (LKK Auto)

From: Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg>
Sent: Monday, 1 July 2019 2:06 PM
To: 'sur@lkkauto.com'; 'assignments' (assignments@lkkauto.com)
Subject: ACC INL YN753R/ FBN3885X ON 27.01.2019; OUR REF: CMTD1900652; YOUR REF: CS3/SMO19002042/GCD3E2
Attachments: repair bill.pdf; TP survey report.pdf; SAS2551189.pdf; SAS2543933.pdf

Dear LKK

We refer to the above matter.

We herewith enclosed GIA reports, the repair bill for your attention.

Please prepare the paper resurvey of FBN3885X.

Please forward the report with the market value status within 5 days.

Thank you.

Best Regards

Agnes Chan

Claims Divison

D: 6329 5327 | T: 6461 6555 | F: 6221 3147



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M1 MOTORING

411 CHANGI ROAD , SINGAPORE 419860
TEL : 67437030 FAX : 67437556

17/05/2019

RE : Final repair bill for vehicle no.FBN3885X

Receipt No :201905-00232

S/N	ITEM	UNIT	PRICE
01			\$6,650

01 Repair the above motorcycle on a lump sum (Muhammad Farhan Bin Aman)

Address	BLK 318 UBI AVENUE #07-481
Postcode	400318
Was driver an employee of the Insured's Company	YES
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	COLLIDED INTO MOTORCYCLIST
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

PLEASE REFER TO ATTACHMENT

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	FBN3885X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 written 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 lodging 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.

Company Stamp & Sign



Insured Person's
Date & Time

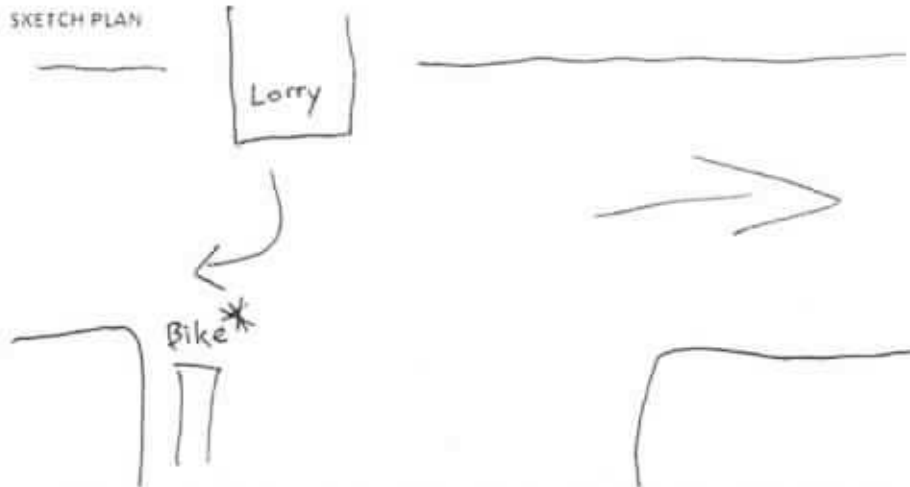
Driver's Signature
(Signature and Name of Driver)
Date & Time



Witness (GIA Personnel) Signature
Name
Date & Time

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27.1.2019 at around 10pm, my lorry is parked at open space carpark at B11c 828A Tampines St 81 as i can't see at the back of my lorry and suddenly ~~at~~ my back of the lorry accidentally hit the bike FBW 3885x while i was reversing as the lorry is too big and i can't see at the rear of my lorry as i was getting out. When i hit the bike fall off and the owner happens to be a distance away from his bike. And so i we did exchange particulars after the accident.

DECLARATION

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

Policyholder's signature
Date & Time


Driver's signature
If driver is not the policyholder
Date & Time



Reporting Center Personnel's initials
Name
NINC/FIN NO

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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	28/01/2019 20:04
Date Of Accident	27/01/2019 23:00
Exact Location Of Accident	BLK 828A TAMPINES STREET 81 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN3885X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN AMAN
NRIC No	S8627100A
Email Address	FARHANAMANOKGO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93363144
Alternative Phone No	OFFICE-93363144

Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX530(DX)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMMPHQ18-000766
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN AMAN
NRIC No	S8627100A
Date Of Birth	25/09/1986
Occupation	INDOOR
Date Of Driving Pass	06/09/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93363144
Fax Number	
Contact Number	OFFICE-93363144
EEmail Address	FARHANAMANOKGO@GMAIL.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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

My vehicle FBN3885X was stationary parked at BLK 828A TAMPINES STREET 81 as I heard a lot of commotion and noises I heard public shouting at a lorry when I went over and see then I realised the lorry YN753R reversed and collided onto my vehicle FBN3885X rear and my vehicle FBN3885X fall on the left side. No injuries involved

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	YN753R
Vehicle Make/Model/Colour	ISUZU/NHR85AUE4A
Details Of Properties	NA
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NUR IZWAN BIN NASRUDIN
NRIC/Passport Number	S9026484B
Contact Number	91863573
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. The 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 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 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.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) 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.
 - (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 Purpose(s); and
 - (c) my Personal Information may/are 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 Purpose(s).

[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohamed Saifulah S/O Syed
Masood
Witnessed by Reporting Centre
Personnel

Sketch Plan

UNAWARE OF ACCIDENT!

ACCIDENT STATEMENT (2000 characters)

My vehicle FBN3885X was stationary parked at BLK 828A TAMPINES STREET 81 as I heard a lot of commotion and noises I heard public shouting at a lorry when I went over and see then I realised the lorry YN763R reversed and collided onto my vehicle FBN3885X rear and my vehicle FBN3885X fall on the left side. No injuries involved

Taxi Voucher No.:

DECLARATION

We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

28 January 2019 at 12:40 PM

Date/Time:

28 January 2019 at 12:40 PM

Susan

From: Farhan Aman <farhanamanokgo@gmail.com>
Sent: Monday, 28 January 2019 10:56 PM
To: Mayury
Cc: group@ajaxmars.com
Subject: Re: GIA Report - FBN3B85X

Hi, the lorry plate number in the report is wrong .. the correct lorry plate number is YN 753 R.

Thank you

On Mon, 28 Jan 2019 at 8:12 PM, Mayury <mayury@ajaxmars.com> wrote:

Dear Sir/Madam,

Please find attached file, the GIA Accident Report for your perusal.

If you require any further clarification on the matter, please do not hesitate to contact us at 6333 2222.

Thank You.

Mobile Accident Response Service (MARS)
Tel: 6333 2222

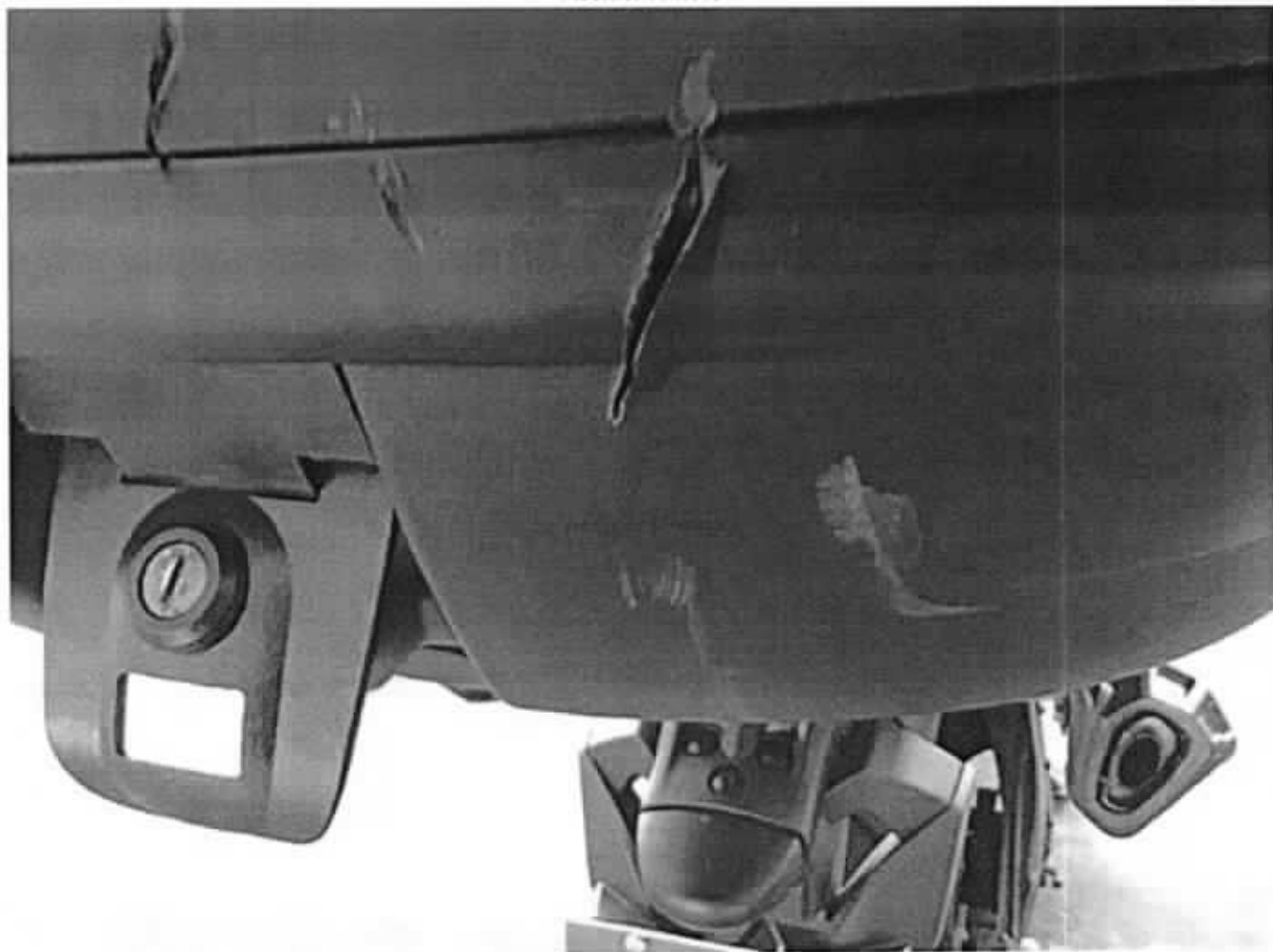
Accident Photo



Accident Photo



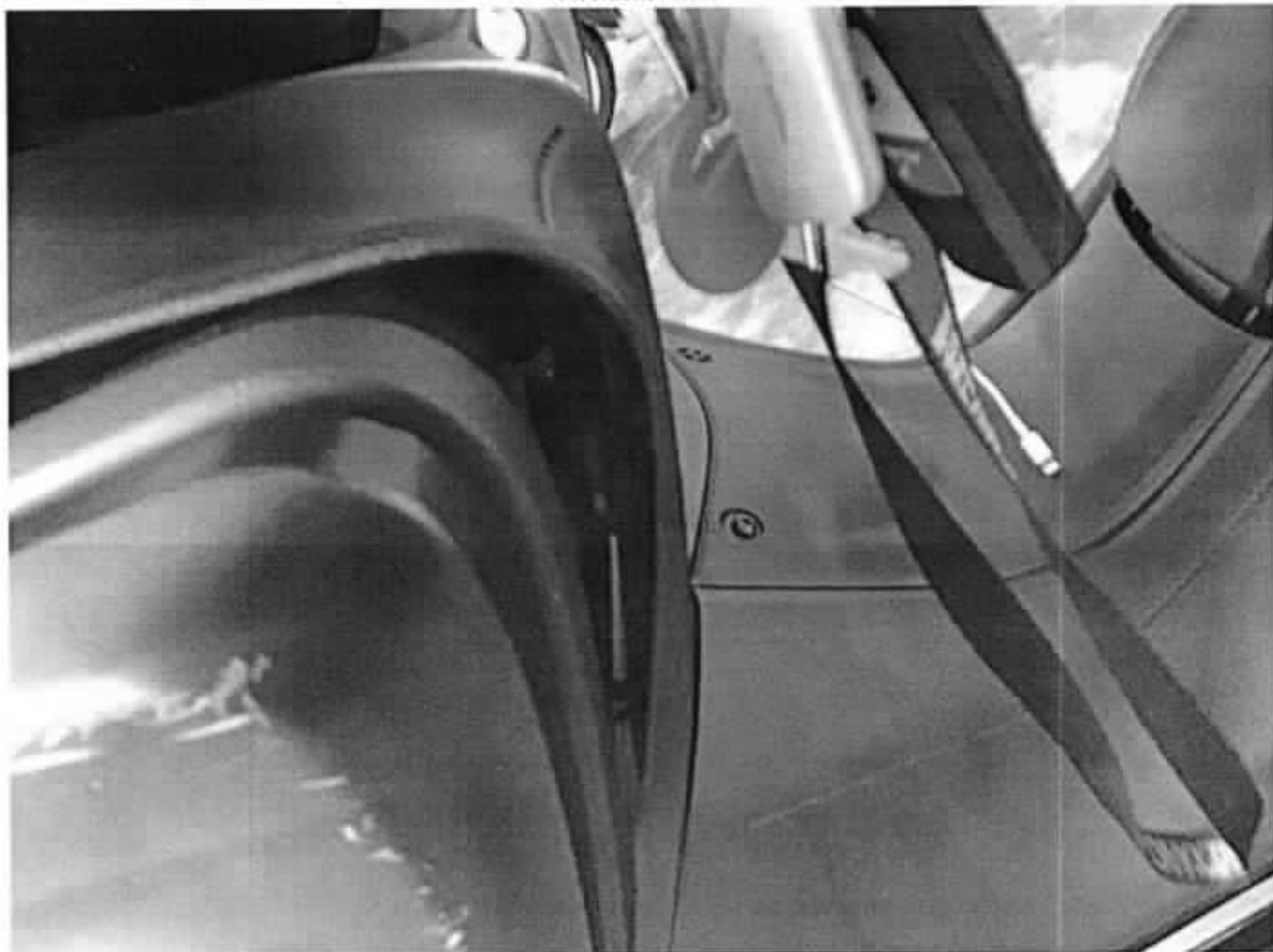
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Accident Photo



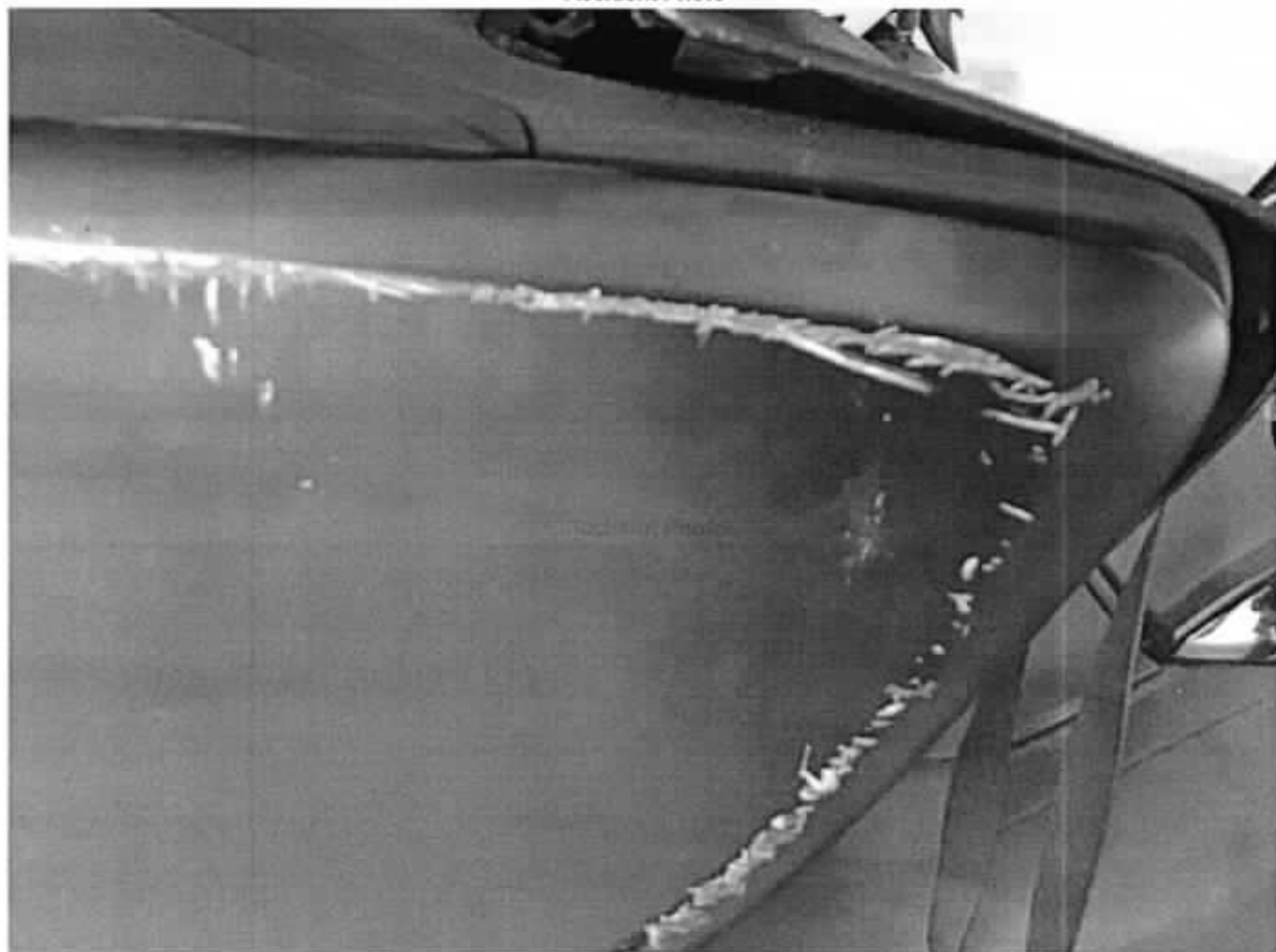
Accident Photo



Accident Photo



Accident Photo



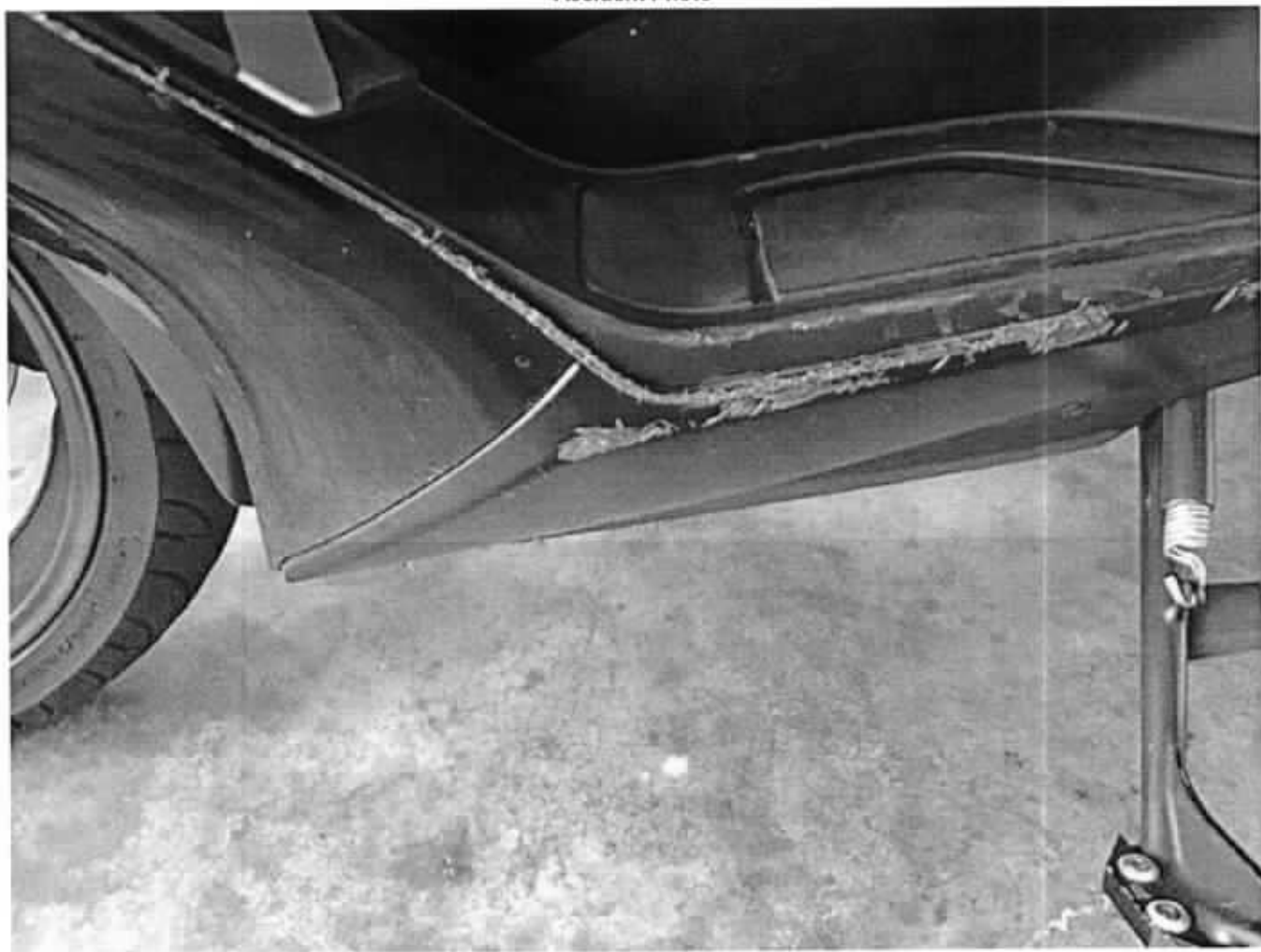
Accident Photo



Accident Photo



Accident Photo



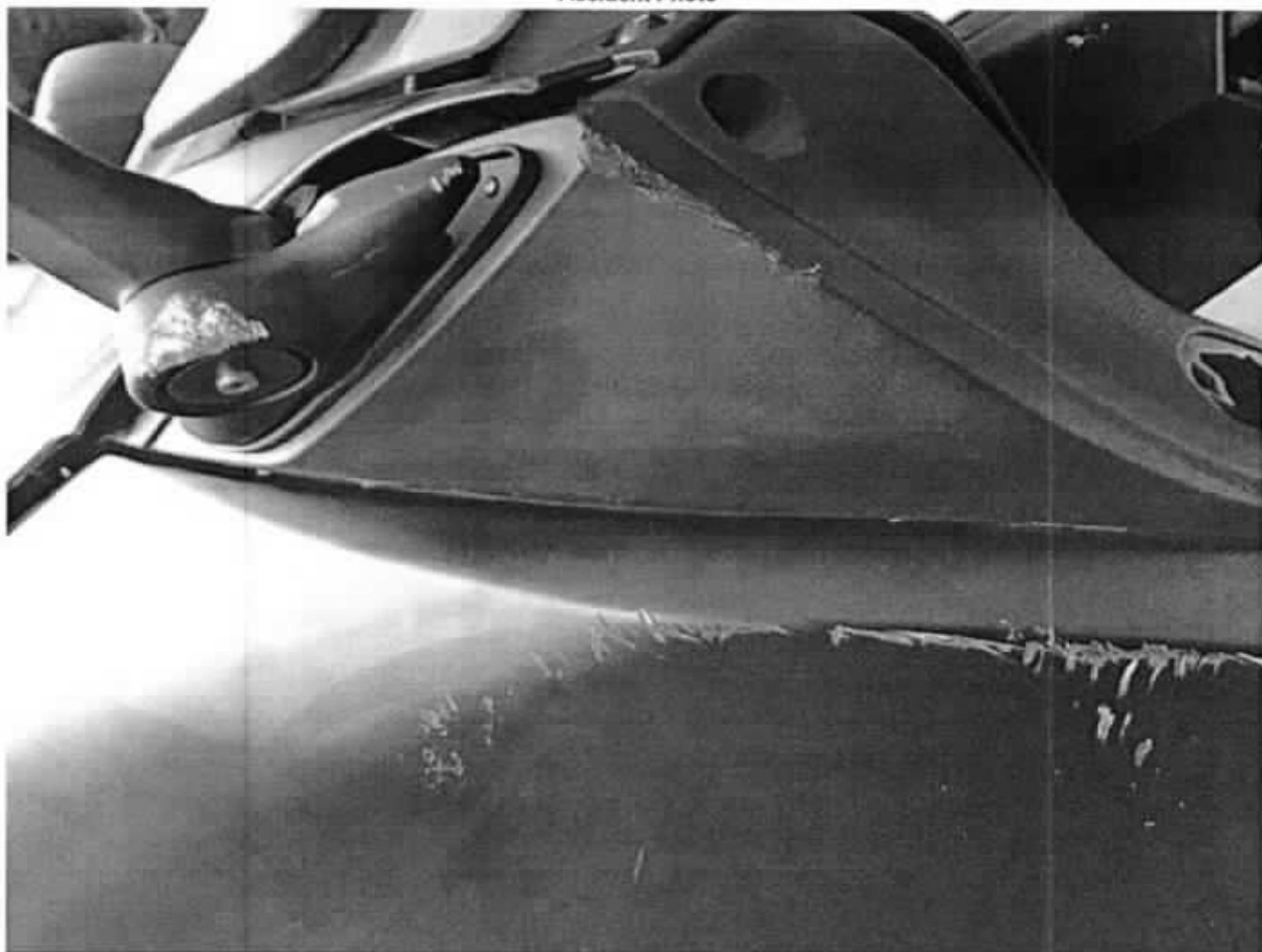
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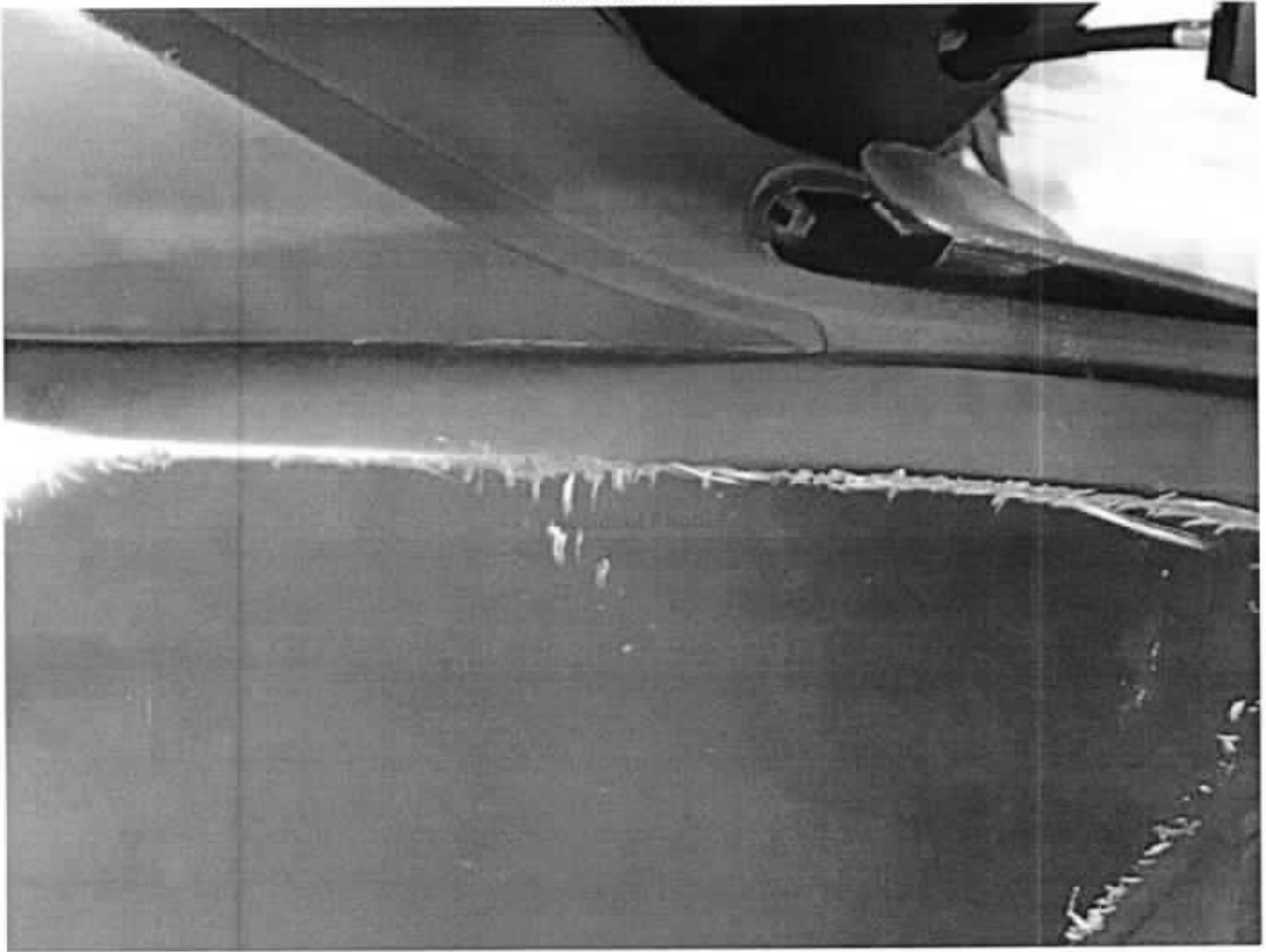
Accident Photo



Accident Photo



Accident Photo



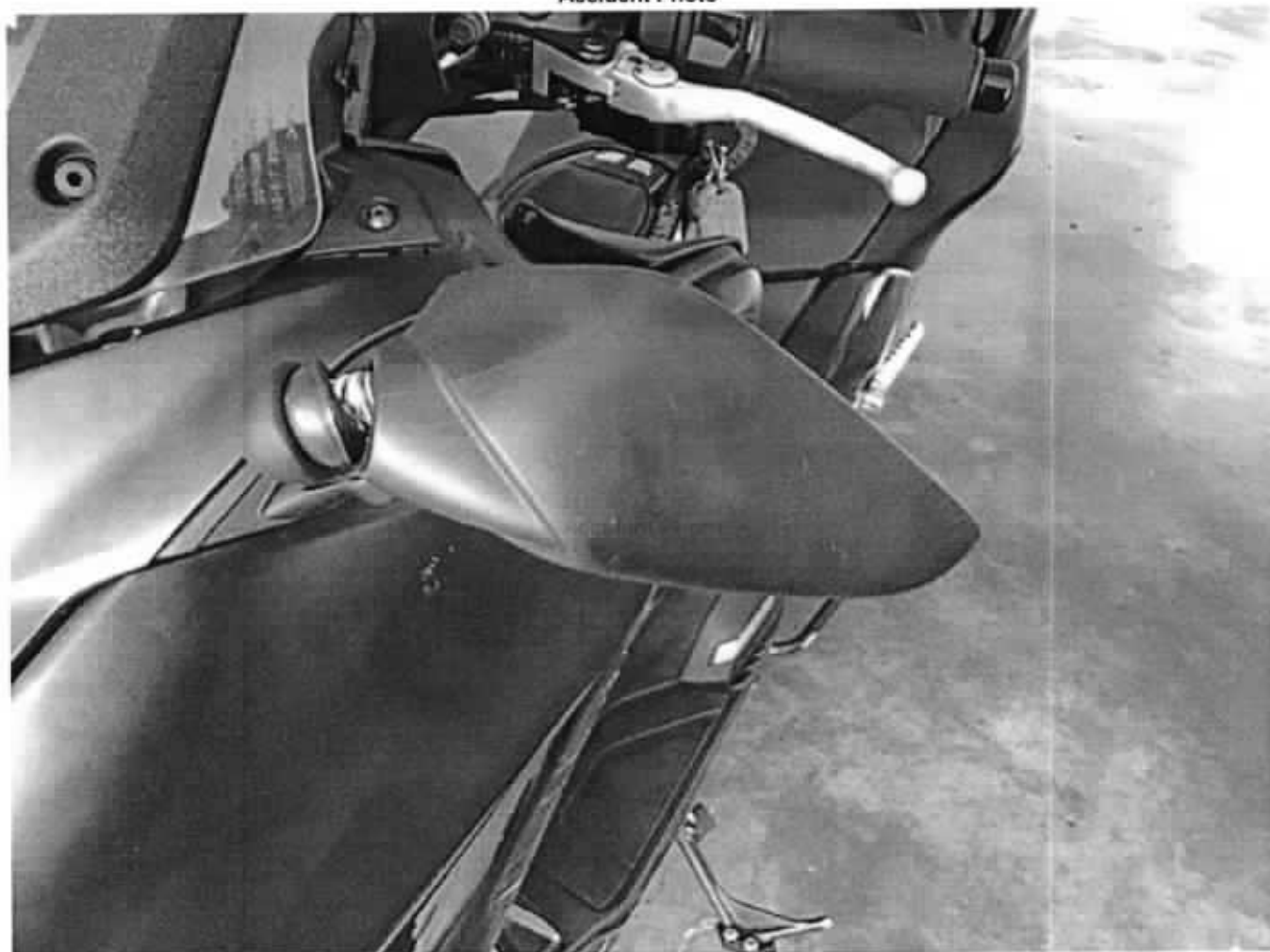
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 cc	06 Sep 2007
Class 2A	Motorcycles between 201 cc and 400 cc	02 Jun 2009
Class 2	Motorcycles $>$ 400 cc	15 Mar 2011
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	10 Jun 2011
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	14 Oct 2015

Driving License



Licence No: S8627100A

NP 428A

5671696



MRIC No. S8627100A




Date of issue

16-11-2016

Address


APT BLK 766 BEDOK RESERVOIR VIEW
#01-237
SINGAPORE 470766

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S8627100A**
Name:
MUHAMMAD FARHAN BIN AMAN


Driving License
Birth Date: **25 Sep 1986**
Issue Date: **14 Oct 2015**



002483391H

SG
50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8627100A





Name:
MUHAMMAD FARHAN BIN AMAN

Race:
MALAY

Date of birth: **25-09-1986**

Sex:
M

Country/Place of birth:
SINGAPORE





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S68530200 / GST Reg. No.: MM0017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH19013469 Vehicle Registration No: FBN3885X
Name (as shown in NRIC) : MUHAMMAD FARHAN BIN AMAN NRIC/FIN/Passport No : S8627100A
[*Vehicle Driver / Vehicle Owner] (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 93363144
Email Address : farhanamanokgo@gmail.com
Date of Accident : 27/01/2019 Time of Accident : 23:00
Place of Accident : BLK 828A TAMPINES STREET 81 OPEN SPACE CARPARK
Insurance Company: EQ INSURANCE COMPANY LIMITED

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND 3RD PARTY VEHICLE NUMBER

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: SABITRA
NRIC/FIN No.: G261300K
Date: 29/01/2019

PRUDENT ADJUSTORS SERVICES

BLOCK 607 ELIAS ROAD #05-192

SINGAPORE (510607)

BUSINESS REGN. No. 53193457L

Hp 96699986

INVOICE

Mr. Muhammad Farhan Bin Aman
C/o Goh JP & Wong Advocates & Solicitors
133 New Bridge Road # 16-09
Chinatown Point
Singapore 059413

Invoice No : PA/19050006/G
Our Ref : PA/FBN3885/0119/tpw
Date : 10 May 2019

Claim Type	Third Party	Date of Accident	: 27 January 2019
Vehicle No.	FBN 3885 X	Date of Inspection	: 31 January 2019
No	Description		Amount (S\$)
1	Survey fees inclusive of Transportation and Photographs (48) copies		\$508.00
		Total	\$508.00
Singapore Dollar: Five Hundred And Eight Only			
All payments made payable to : Prudent Adjustors Services			


Prudent Adjustors Services

PRUDENT ADJUSTORS SERVICES

BLOCK 607 ELIAS ROAD #05-192

SINGAPORE 510607

BUSINESS REGN. No. 53193457L

HP 96699986

VEHICLE DAMAGE INSPECTION REPORT

Mr. Muhammad Farhan Bin Aman
C/o Goh JP & Wong Advocates & Solicitors
133 New Bridge Road # 16-09
Chinatown Point
Singapore 059413

Our Ref : PA/FBN3885/0119/tpw
Date : 10 May 2019

REFERENCES

Claim Type	: Third Party	Date of Accident	: 27 January 2019
Vehicle No.	: FBN 3885 X	Date of Assignment	: 31 January 2019
Make	: Yamaha	Date of Inspection	: 31 January 2019
Model	: TMAX530(DX)	Date of Re-inspn	: 24 April 2019
Reg. Date	: 21 September 2018	Chassis No	: Blocked
Color	: Black	Engine No	: J415E024435
Odometer	: 2979km		

TYRE CONDITION

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front	Dunlop	120/70-15	6mm
Rear	Dunlop	160/60-15	6mm

GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

The vehicle sustained damage at rear and left side portion.

Please refer to photographs and assessment of repairs for details

Enclosed (48) photographs depicting damage and after motor cycle being repaired

INSPECTION AND ADJUSTMENT

Original Quotation : \$8,218.60 Revised Assessment \$6,650.00 Lump sum

Survey conducted at M 1 Motoring (Changi)

In accordance to your instruction, we have not authorized repairs.

In normal circumstances, repairs to the vehicle would take approximately
Eight (8) days to complete.

This survey was conducted on a "WITHOUT PREJUDICE" basis.

Note:

The workshop has agreed to undertake the repair on a lump sum basis, and or the use of ex-stock
Reconditioned parts whichever is possible

PRUDENT ADJUSTORS SERVICESVehicle No: **FBN 3885 X**

our ref: PA/FBN3885/0119/tpw

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

S/N	Description Material	Qty	Condition	Original Quotation	Revised Quotation	
1	Handle bar complete	1 pc	Distorted	345.30	/ 345.30	90
2	Handle bar balancer	1 set	Cut	104.00	X 104.00	X NN
3	Brake lever LH	1 pc	Bent	94.00	/ 94.00	70
4	Brake lever RH	1 pc	Usable	94.00	NN	
5	Windshield	1 pc	Scratch/cut	344.50	X 344.50	X
6	Upper Air Intake Ram Cover	1 pc	Deformed	211.80	X 211.80	X NN
7	Front centre cover	1 pc	Hdr Broken	429.60	X 429.60	X
8	Mirror assy	1 set	Grazed/broken	351.40	/ 351.40	120
9	Instrument gauge cover	1 pc	Deformed	556.30	X 556.30	X NN
10	Front console	1 pc	Deformed	674.10	X 674.10	X
11	Front console LH cover	1 pc	Deformed	147.80	/ 147.80	/
12	Front fender frontal	1 pc	Usable	181.80	NN	
13	Front side panel LH	1 pc	Cut	231.10	/ 231.10	/
14	Body panel LH	1 pc	Cut	155.80	/ 155.80	/
15	Front flash light assy LH	1 pc	Cut	142.90	X 142.90	X NN
16	Bally pan	1 pc	Cut	492.40	/ 492.40	326
17	Footrest board LH	1 pc	Cut	285.60	/ 285.60	130
18	Footrest board mat LH	1 pc	Usable	49.30	NN	
19	Main Stand	1 pc	Cut	237.60	/ 237.60	180
20	Pillion footrest complete LH	1 pc	Cut	105.00	/ 105.00	65
21	Tail cover LH	1 pc	Cut	429.80	/ 429.80	338
22	Rear mud guard	1 pc	Bent	126.50	X 126.50	
23	Rear mud guard holder	1 pc	Bent	129.40	X 129.40	NN
				5,920.00	5,567.90	1853.7
List price less 10%				592.00	556.79	
				5,328.00	5,011.11	1668.33
<u>Special nett items</u>						
24	Rear number plate	1 pc	Bent	20.00	X 18.00	NN
25	Body panel emblem LH	1 pc	Necessary	55.60	/ 55.60	30
26	Tail cover (TMAX) emblem LH	1 pc	Necessary	85.00	/ 85.00	60
27	Rear box	1 pc	Cut	450.00	/ 380.00	180
28	Rear box rack with base	1 pc	Bent	200.00	X 180.00	NN
29	Swing arm bushes	1 set	Necessary	180.00	X 90.00	NN
				990.60	808.60	270

PRUDENT ADJUSTORS SERVICES

Vehicle No: **FBN 3885 X**

our ref: PA/FBN3885/0119/tpw

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

Labours

Align rear sub frame	300.00	250.00	X
Rear swing arm repair & align	450.00	380.00	X
Body frame repair & align	650.00	550.00	X
To remove & renew damaged parts	500.00	400.00	200
	1,900.00	1,580.00	
 Total Parts & Labour Concluded	 <u>8,218.60</u>	 <u>7,399.71</u>	
 Lump Sum Repair Adjustment		 <u>6,650.00</u>	

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Prudent Adjustors Services
Bok Jee Tan

2138.33

20% : 1700

3 Days.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 7100A

Vehicle Details

Vehicle No.: FBN3885X
Vehicle to be Exported: Yes
Intended Deregistration Date: 31 Jan 2019
Vehicle Make: YAMAHA
Vehicle Model: TMAX530(DX)
Primary Colour: Black
Manufacturing Year: 2017
Engine No.: J415E024435
Chassis No.: JYASJ145000013519
Maximum Power Output: -
Open Market Value: \$9,541.00
Original Registration Date: 21 Sep 2018
First Registration Date: 21 Sep 2018
Transfer Count: 0
Actual ARF Paid: \$3,021.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 20 Sep 2028
COE Category: D - Motorcycle
COE Period(Years): 10
QP Paid: \$4,214.00
COE Rebate Amount: \$3,371.00
Total Rebate Amount: \$3,371.00

The information contained herein is correct as at 31 Jan 2019

OK

Yamaha Yamaha Tmax 530 DX

Price S\$26500.00

MENU

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HIGHLIGHTS

DESCRIPTION

SPECS

SELLER INFO



CHAT (MESSAGES/U/47195)

Description

Bike is 3 months + old, fully paid for, colour : blue. Fully serviced at local agent HL. Still under warranty by local agent HL. Fully stock. Please source for your own financing/loan. Slightly negotiable for sincere buyer only . Please pm for viewing of bike.

Specifications

General Info.

Bike Make	Yamaha
Bike Model	TMAX 500
Bike Class	Class 2
Bike Type	Scooters
Transmission	Automatic
Engine Capacity	530 cc
Under Hire Purchase	No

Singapore
BIKES



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

Additional

First Owner	Yes
Effective Date Ownership	29-07-2017
Original Reg. Date	29-07-2017
Bike Color	
COE Expiry Date	N/A



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

Affiliated to Federation Internationale Des Experts En Automobile				
SOMPO INSURANCE SINGAPORE PL			Ref : CS3/SMO19002042/Gsd3e2-1	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623			Date : 23-07-2019	
			Code : SMO	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YN 753R	Veh. Inspected	FBN 3885X	
Policy No.	D18MTHCVE002627	Coverage (\$)	0.00	
Claim No.	CMTD1900652	Excess (\$)	0.00	
Assign From	AGNES CHAN	Assign Date	01/07/2019	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA TMAX530	c.c	530	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JYASJ145000013519	Colour	BLACK	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	120/70 R15	DUNLOP	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	160/60 R15	DUNLOP	5 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/01/2019	Inspection Date	31/01/2019	
Survey held at	34 TOH GUAN RD EAST #01-29			
Repairer	M 1 MOTORING			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBN 3885X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	HANDLE BAR COMPLETE	DISTORTED	345.30	90.00
1	SET HANDLE BAR BALANCER	NOT NECESSARY	104.00	-
1	BRAKE LEVER LH	BENT	94.00	70.00
1	BRAKE LEVER RH	NOT NECESSARY	94.00	-
1	WINDSHIELD	NOT NECESSARY	344.50	-
1	UPPER AIR INTAKE RAM COVER	NOT NECESSARY	211.80	-
1	FRONT CENTRE COVER	NOT NECESSARY	429.60	-
1	SET MIRROR ASSY	GRAZED / BROKEN	351.40	120.00
1	INSTRUMENT GAUGE COVER	NOT NECESSARY	556.30	-
1	FRONT CONSOLE	NOT NECESSARY	674.10	-
1	FRONT CONSOLE LH COVER	DEFORMED	147.80	147.80
1	FRONT FENDER FRONTAL	NOT NECESSARY	181.80	-
1	FRONT SIDE PANEL LH	CUT	231.10	231.10
1	BODY PANEL LH	CUT	155.80	155.80
1	FRONT FLASH LIGHT ASSY LH	NOT NECESSARY	142.90	-
1	BALLY PAN	CUT	492.40	326.00
1	FOOTREST BOARD LH	CUT	285.60	130.00
1	FOOTREST BOARD MAT LH	NOT NECESSARY	49.30	-
1	MAIN STAND	CUT	237.60	180.00
1	PILLION FOOTREST COMPLETE LH	CUT	105.00	65.00
1	TAIL COVER LH	CUT	429.80	338.00
1	REAR MUD GUARD	NOT NECESSARY	126.50	-
1	REAR MUD GUARD HOLDER	NOT NECESSARY	129.40	-
	LESS 10% DISCOUNT		-592.00	-185.37
			5,328.00	1,668.33
SPECIAL NETT ITEMS				
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	20.00	-
1	BODY PANEL EMBLEM LH (SN)	NECESSARY	55.60	30.00
1	TAIL COVER (TMAX) EMBLEM LH (SN)	NECESSARY	85.00	60.00
1	REAR BOX (SN)	CUT	450.00	180.00

Report Ref No. CS3/SMO19002042/Gsd3e2-1

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Page No.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BOX RACK WITH BASE (SN)	NOT NECESSARY	200.00	-
1	SET SWING ARM BUSHES (SN)	NOT NECESSARY	180.00	-
			990.60	270.00
	LABOUR			
	ALIGN REAR SUB FRAME.	NOT NECESSARY	300.00	-
	REAR SWING ARM REPAIR & ALIGN.	NOT NECESSARY	450.00	-
	BODY FRAME REPAIR & ALIGN.	NOT NECESSARY	650.00	-
	TO REMOVE & RENEW DAMAGED PARTS.		500.00	200.00
			1,900.00	200.00
GRAND TOTAL			8,218.60	2,138.33
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,700.00

Report Ref No. CS3/SMO19002042/Gsd3e2-1

MARKET VALUE: \$27,000.00(EST)-LTA REIMBURSEMENT VALUE: \$3,371.00=NETT VALUE: \$23,629.00

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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