

21/07/2019

ASS. REC. BY:

REF: CS3/FCT/19012269/Get3⁵⁷

Special Instruction

Summary: Quotation

ASSIGNMENT (Office)

CWS

From (Person): Sitharan

of FCT

Date/Time: 12:39pm @ 11/7/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: FX 9813P

Insured: SHA 8193Z

at Workshop m/s: My Car Consultant

Tel: 8866 8832

of 53 ubi ave 1 # 01-33

Policy No:

Claim No: D19004500MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 5/7/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time: 2:37pm @ 11/7/19

Person Contacted: Hui Qin

Vehicle IN OUT

Date/Time	Action/Instruction
	<u>3 items X Inspection: 25 kaki Bukit Road 4 #01-68 synergy</u>
	<u>FX 9813P-X SHA 8193Z-X.</u>
<u>18/6/19</u>	<u>@ 09:06 am. checked with Hui Qin, No estimate.</u>
	<u>Disassemble: 15/7/2019</u>
	<u>After repair: 18/7/2019</u>

MOTOR SURVEY ASSIGNMENT

Date	09-07-2019	Our Ref No. D19004500MFSH
Accident Date	05-07-2019	Claim Type. Third Party
Insured Vehicle	SHA8193Z	Third Party Vehicle. FX9813P
Survey Location	53 UBI AVE 1 #01-33 PAYA UBI INDUSTRIAL PARK	
Contact Person.	KAI LING	
Contact No.	0/ 98686000	Fax No. 69255219
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	MY CAR CONSULTANT	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

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	08/07/2019 17:25
Date Of Accident	05/07/2019 21:00
Exact Location Of Accident	TAMPINES MALL TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX9813P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIDUAN BIN NOH
NRIC No	S9523767C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96335317
Alternative Phone No	OFFICE-96335317

Vehicle Particulars

Manufacturer	YAMAHA
Model	Y125Z
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P2228618
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIDUAN BIN NOH
NRIC No	S9523767C
Date Of Birth	30/06/1995
Occupation	OUTDOOR
Date Of Driving Pass	10/02/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96335317
Fax Number	
Contact Number	OFFICE-96335317
E-Mail Address	NOEMAIL

Address	BLK 878 TAMPINES AVE 8 #03-320
Postcode	520878
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)	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

ON THE STATED DATE AND TIME, I WAS AT TAMPINES MALL. SUDDENLY, I SAW A TAXI (SHA8193Z) COLLIDED ONTO MY BIKE (FX9813P). MY BIKE WAS STATIONARY.

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	SHA8193Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any 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. 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.



Policyholder's Signature
Date & Time:



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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time & date
I was at Tampines mall, suddenly I saw a taxi SHAB193Z
collided to my bike FX9813P. My bike was stationary.

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.:

Sketch Plan #3 Pg. 1

I/We, MUHAMMAD RIQUAS BIAS NOH, the owner of vehicle no. FX 9813P

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

3 dy
.....
Nric no. & signature of policyholder

.....
Company stamp

02/07/2029
.....
Date

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	767C
Vehicle Details	
Vehicle No.:	FX9813P
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jul 2019
Vehicle Make:	YAMAHA
Vehicle Model:	Y125Z
Primary Colour:	Red
Secondary Colour:	White
Manufacturing Year:	2004
Engine No.:	E101EK010893
Chassis No.:	PMYKE060030010893
Maximum Power Output:	-
Open Market Value:	\$2,037.00
Original Registration Date:	27 Apr 2004
First Registration Date:	27 Apr 2004
Transfer Count:	8
Actual ARF Paid:	\$306.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Feb 2024
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$1,952.00
COE Rebate Amount:	\$901.00
Total Rebate Amount:	\$901.00

The information contained herein is correct as at 17 Jul 2019

OK



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 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19012269/Gcf3s2 Date: 25-07-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHA 8193Z	Veh. Inspected	FX 9813P
Policy No.		Coverage (\$)	0.00
Claim No.	D19004500MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	11/07/2019
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA Y125Z	c.c	125
Engine No.	HIDDEN	Year of Reg.	2004
Chassis No.	PMYKE060030010893	Colour	BLACK
Odometer	5150 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	70/90-17	CHEETAH	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	70/90-17	CHEETAH	4 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY.			
5. General Information			
Accident Date	05/07/2019	Inspect Date / Time	11/07/2019 (04:30 PM)
Survey held at	25 KAKI BUKIT RD 4 #01-68 SYNERGY@ KB S(417800)		
Repairer	MY CAR CONSULTANT PTE LTD		
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:\$3,200.00			

Report Ref No. CS3/FCI19012269/Gcf3s2

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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