

# NATIONAL Assessment Centre Services

[wef 1 Jan 03] MUA 119127813

Date In: 22/11/19-10:35	Job description	Date & Time Completed	Done by
Ref No: NA1908847	SAS e-filing		
Veh No: PM 6753	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/11/19-08:15	i-Motor Claim Form	NA11063887-000	22/11/19 10:46
<input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: sm44103	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% (Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%)	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions
19/11/19	Amend reporting > OD claim
22/11/19	Reopen file to bill DA to NTUC. <i>for people</i>
22/11/19	reopen ref only & 1st close date 31/11/19

NA1908847	Invoice Preparation Checklist	Am (\$)	Am (\$)
		In Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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## 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	27/09/2019 10:35
Date Of Accident	24/09/2019 08:15
Exact Location Of Accident	UPP CHANGI RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6763A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VAIDIYAM KANDASAMY VENKATESAN
NRIC No	S7261106C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93873515
Alternative Phone No	OFFICE-93873515

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097929359-01
Cover Note Number	

### Driver

Name of Driver	VAIDIYAM KANDASAMY VENKATESAN
NRIC No	S7261106C
Date Of Birth	23/12/1972
Occupation	INDOOR
Date Of Driving Pass	30/12/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93873515
Fax Number	
Contact Number	OFFICE-93873515
EEmail Address	NOEMAIL

Address	BLK 773 WOODLANDS DRIVE 60 #05-198
Postcode	730773
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 - CHANGE/CROSS LANE
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190926/2126.

#### 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	SMA4201B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name VAIDIYAM KANDASAMY VENKATESAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBM6763A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode



## Accident Sketch Plan

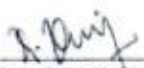
### SKETCH PLAN

#### 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.
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:  
NRIC/FIN No.:

## 1

Upper (Anterior) Cervical Region

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/90/26/2006.

## 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 Report



**SINGAPORE  
POLICE FORCE**



T/20190926/2126

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No: T/20190926/2126

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2019 16:04	Vide Report No.: G/20190924/0048	Station Diary No.:
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## Informant's Particulars

Name of Informant: VAIDIYAM KANDASAMY VENKATESAN			Address: 773 WOODLANDS DRIVE 60 #05-198 SINGAPORE 730773	
ID Type / ID No.: NRIC NO / S7261106C			Contact No.:	Mobile: 93873515
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 46	Date of Birth: 23/12/1972	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class:	
			Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/09/2019 08:15	Type of Location:
Location: Along Road 1 UPPER CHANGI ROAD EAST				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM6763A	Motorcycle	HONDA	CBF190WH	Orange		0
SMA4201B	Car	HONDA	FREED HYBRID 1.5G AUTO			0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



SINGAPORE  
POLICE FORCE



T/20190926/2126

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190926/2126

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:  
TP /  
MUHAMMAD SYUKRI BIN ZAINI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR HIDAYU BINTE ABDUL  
SAMAD  
Contact No: 65476423

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
26/09/2019 16:04

Classification Of Case:

Signature of Informant:



**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 : MNA119127893 Vehicle Registration No: FBM6763A

VAIDIYAM KANDASAMY VENKATESAN

Name(as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : S7261106C

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore(

Contact (Tel) : \_\_\_\_\_ Mobile No.: 93873515

Email Address : \_\_\_\_\_

Date of Accident : 24/09/2019 Time of Accident : 08:15

Place of Accident : UPP CHANGI RD EAST

Insurance Company: NTUC

(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 REVERT FROM REPORTING TO OWN DAMAGE CLAIMS

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R. Quij 16 Nov '19  
Policyholder / Driver's Signature  
Date:

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

ASS. REC. BY:

REF:

Assessor:

Mobile: YES / NO

## ASSIGNMENT (IDAC)

COE Expm = 04/02/2018

## By CSO- Nature of Accident:

## 1) Vehicle hit Vehicle:

- a) Motorcar ( )  
b) M/cycle ( )  
c) Bicycle ( )

## 2) Vehicle hit ??

- a) Pedestrian ( )  
b) Animal ( )

## 3) Vehicle hit Road Side Objects:

- a) Govn. Property ( )  
(Eg: signboard, barrier, tree etc)

- b) Road Work Object ( )  
c) Private Property ( )

## 4) Vehicle drop into drain ( )

## 5) Damage due to Act of God:

- a) Fallen Object ( )  
c) Other, \_\_\_\_\_

- b) Flood ( )

## 6) Parked &amp; Found Damaged:

- a) Vandalism ( )

- b) Hit by Moving Object ( )

## 7) Theft Case

- a) Stolen ( )

- b) Damage found ( )
- 
- when recovered.

## 8) Fire

- a) Whilst driving ( )

- b) Parked ( )

## 9) Accident date more than 24hrs ( )

## Remarks for internal information

MV - 6000

PV - 4919

NV - 1000

## Remarks to appear in Works Order &amp; Assessment report

1) Potential Total Loss ( )

2) SRS Light on ( )

3) ABS Light on ( )

## By Assessor- 1) Vehicle Information

Veh No: FBM 6763A Yr Regn: 5/02/2018Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV  
/ Truck / Trailer orMake & Model: H. CBF190WH c.c. 184Colour: orange Transmission Type: Auto / ManualEng/No: \_\_\_\_\_ Sp. Reading: 25018kmC/No: LWBM C4699J130085Gen. Cond: Good / Fair / Poor / Burnt orSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 110/70/R17R: 140/70/R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO orFront RAOIAL RearR/Bal. 5 mm R/Bal. 5 mm

L/Bal. mm L/Bal. mm

Parallel Import: Yes / No Towed-In: Yes / NoRepair Type: LS / I.B.I. partly Towing Required: Yes / NoNo of Repair Days: 2 day Vehicle in Idac: Yes / NoD.O.I. 19/11/17 Time: 11.15A

## By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle ( ) b. Motorcycle ( ) c. Bicycle ( ) d. Pedestrian ( )  
e. Animal ( ) f. Govrn Object ( ) g. Road Work Object ( )  
h. Private Property ( ) i. Drain ( ) j. Road Kerb/Grass/Verge ( )

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object ( ) b. Flood ( ) c. Vandalism ( ) d. Fire ( )  
e. Moving Object ( ) f. Stolen ( ) g. Stolen & Recovered ( )

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:



4. Most  $C_{24}$  is  $10\% \pm 1\%$  (NFC)

Vehicle No:

NAC	INC	Item	CON	AC	Qty
	995074	Radiator			
	992738	Radiator Cowling			
3046	994146	Scal Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
	990219	Battery			
	990224	Battery Cover			
	990223	Battery Bracket			
3049	991144	Foot Brake <i>R/H</i>	<i>BT</i>	<i>✓</i>	<i>1</i>
3050	991154	Front Foot Rest	<i>CR4</i>	<i>✓</i>	<i>1</i>
3051	991779	Front Foot Rest Bracket	<i>BT</i>	<i>✓</i>	<i>1</i>
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter			
3058	993500	Rear Foot Rest			
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield			
3061	991058	Exhaust Muffler Assy	<i>CR4</i>	<i>✓</i>	<i>1</i>
	993719	Rear LH Shock Absorber			
	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp			
	993626	Rear Number Plate			
3076	994192	Side Box <i>R/H</i>	<i>cut</i>	<i>✓</i>	<i>1</i>
3077	992927	Rear Box	<i>CR4</i>	<i>✓</i>	<i>1</i>
3078	992928	Rear Box Bracket		<i>R</i>	<i>1</i>
3079	991328	Emblem			
	990247	Sticker <i>R/H</i>	<i>rec</i>	<i>✓</i>	<i>1</i>
		<i>fuel starter cable</i>	<i>CR4</i>	<i>✓</i>	<i>1</i>
		<i>gear box extension</i>			
		<i>gear box outer housing</i>	<i>SCR</i>	<i>✓</i>	<i>1</i>
		<i>R/H</i>			
		<i>fuel throttle cable</i>	<i>cut</i>	<i>✓</i>	<i>1</i>

ASSESSOR:

1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	106C
<b>Vehicle Details</b>	
Vehicle No.:	FBM6763A
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Nov 2019
Vehicle Make:	HONDA
Vehicle Model:	CBF190WH
Primary Colour:	Orange
Manufacturing Year:	2017
Engine No.:	MC46E5049218
Chassis No.:	LWBMCMC4699J1300885
Maximum Power Output:	-
Open Market Value:	\$2,350.00
Original Registration Date:	05 Feb 2018
First Registration Date:	05 Feb 2018
Transfer Count:	1
Actual ARF Paid:	\$353.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	04 Feb 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$5,992.00
COE Rebate Amount:	\$4,919.00
<b>Total Rebate Amount:</b>	<b>\$4,919.00</b>

The information contained herein is correct as at 19 Nov 2019

OK



Advertisement

Home &gt; Motorbikes &gt; Motorbikes for Sale &gt; Class 2B



hengahmok\_796

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## Honda Cb190r

📍 Blk 346 Ubi Avenue 1

📍 Mailing · Meetup

📌 Used

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Coe still 28-8-2027

Or cal my hp 91080563 Or WhatsApp

1 week ago In Class 2B

✔️ Honda

✔️ Scooter

Advertisement

MV - 6000  
 PV - 4919  
 NV - 1000

## Insurance

## Meet-up

📍 Blk 346 Ubi Avenue 1 🔗

## Shipping

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⚡ Very Responsive



Check seller profile

## Reviews for hengahmok\_796



smiling\_assassin

2019 Jun

36

18 -&gt; Stop.

## Claim Handling

Task Transfer Exit

IDS SAI SUN

## Accident MT/1063887

Policy No.	5097929359-01	Vehicle No.	FBM6763A	GST Registration No.	
Certificate No.					
Policyholder Name	VAIDHYAM KANDASAMY VENKATESAN			Policyholder NRIC	S7261106C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KYC	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

## Accident Details

Report Date	25/09/2019 09:46	Accident Report Within 24 hrs	No	Accident Type	Collision - Change / Cross lane
Date of Accident	24/09/2019	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	Yes	ICM No.	4203945
Accident Location	ALONG UPPER CHANGI ROAD EAST				

## Excess

Own damage Excess	300.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 773 #05-198	Address 2	WOODLANDS DRIVE 60	Address 3	SINGAPORE 730773
Address 4		Address Type	Singapore address	Post Code	730773
Unit No.	05-198	Related Policy Number	5097929359-01		

## O1 Driver Info

Driver Name	VAIDHYAM KANDASAMY VENKATESAN	Driver Type	Main Driver	Driver DOB	23/12/1972
Unnamed driver Name		Driver NRIC	S7261106C	Driving Experience	8
Register Date of Driver License	30/12/2010	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	93873515	Contact No.(Office)		Address 3	SINGAPORE 730773
Address 1	BLK 773 #05-198	Address 2	WOODLANDS DRIVE 60	Post Code	730773
Address 4		Address Type	Singapore address		
Unit No.	05-198				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg.	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Modification History	30/09/2019 15:00 s018940 Modify Driver Name(-->VAIDHYAM KANDASAMY VENKATESAN) 30/09/2019 15:00 s018940 Modify Driver Type(-->Main Driver) 30/09/2019 15:00 s018940 Modify Driver NRIC(-->S7261106C)		

## Investigation

## Claim 002 OD-MD

## Claim Case Officer Yap Chee Ling

IDS SAI SUN

Claim Type	OD-MD	Insured Name	VAIDHYAM KANDASAMY VENKAT	Insured NRIC	S7261106C
Contact No.(Mobile)	93873515	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	vayven@hotmail.com	O1 Vehicle Number	FBM6763A	TP Vehicle Number	SMA4201B
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	FBM6763A / SMA4201B ON 24 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	19/11/2019 09:35
Date Registered	27/09/2019 10:48	Claim Close Date		Total Loss but Repaired	
Report Taken By	Jackson	Workshop Repairer		OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					
Modification History	19/11/2019 09:31 s069588 Modify Claim Type(OD-MD)-->OD-MD)				

## Special Claim Creation Approval

Approval	Reason
Remarks	

## damage assessment Activity Handling Attachment

## Vehicle Info

Vehicle Make	HONDA	Vehicle Model	CBF 190WH	Engine Capacity	
Date of Registration	05/02/2018	Class No.	LW@MC46901300885	Parallel Import *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Survey Current Status	
Type of Tender *	Own Damage	Assessor Name *	MOCK AN		
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTRE	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Market Value(\$)		Scrap Value(\$)		Economical Repair Value(\$)	



Remark

REMARK: NO OF REPAIR DAY: 2 DAYS. 1 X FRT FORK ASSY - REPAIR. 1 X FRT HEADLAMP - REPLACE. 1 X FRT HEADLAMP FAIRING - UNCONFIRM. 1 X COWLING SLAY - REPAIR. 1 X SIDE FAIRING - REPLACE. 1 X SIDE FAIRING TOP GARNISH - REPLACE. 1 X SIDE FAIRING INNER GARNISH - UNCONFIRM. 1 X FOOT BRAKE - REPLACE. 1 X RH STICKER - REPLACE. 1 X FRT STARTER CABLE - REPLACE. 1 X RH GEAR BOX OUTER HOUSING - REPLACE. 1 X FRT THROTTLE CABLE - REPLACE.

Remark for Supplementary

## Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	262005	FORK (M/C) OIL SEAL	1	Replace	X
ABS	2	45300101	WING MIRROR (LEFT)	1	Replace	X
ABSORBER	3	386001	SIGNAL (M/C) LAMP	1	Replace	X
ACCELERATOR	4	27400202	HANDLE BAR (M/C) BALANCER (RIGHT)	1	Replace	X
ACTUATOR	5	273005	HAND BRAKE LEVER	1	Replace	X
ADVERTISEMENT STICKER	6	261001	FOOT REST (M/C)	1	Replace	X
AIR BAG	7	261002	FOOT REST (M/C) BRACKET	1	Replace	X
AIR BLOWER	8	247014	EXHAUST MUFFLER	1	Replace	X
AIR BOX	9	15100103	BOX (M/C) (RIGHT)	1	Replace	X
AIR CHAMBER BOX	10	15100102	BOX (M/C) (REAR)	1	Replace	X
AIR CLEANER	11	1520	BOX BRACKET (M/C)	1	Repair	X
AIR COMPRESSOR						
AIR CON						
AIR CON (VAN)						
AIR CUDLER						
AIR DISTRIBUTOR						
AIR FILTER						
AIR FLOW						
AIR GRILLE						
AIR HORN						

Save Submit

## LKK Paya Ubi

---

**From:** Yap Chee Ling <CheeLing.Yap@income.com.sg>  
**Sent:** Wednesday, 20 November 2019 3:25 PM  
**To:** LKK Paya Ubi  
**Subject:** FW: FBM6763A | MT/1063887 - Honda CBF190WH

**Importance:** High

Hi IDAC,

Please release the bike to Boon Siew Motor

Thank you.

**Yap Chee Ling (Ms)**

Executive

Operations, Motor and Personal Lines (PL)

T +65 6430 7893

[www.income.com.sg](http://www.income.com.sg)



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---

**From:** Yap Chee Ling  
**Sent:** Wednesday, 20 November 2019 3:25 PM  
**To:** 'Toh Boon Wah' <bwttoh@boonsiewhonda.com.sg>  
**Subject:** FBM6763A | MT/1063887 - Honda CBF190WH  
**Importance:** High

Hi Boon Wah,

We refer to the above claim.

Please pick up the above bike from NAC Paya Ubi, raise estimate on the damages (with pricing) and to arrange a survey via [mtsurvey@income.com.sg](mailto:mtsurvey@income.com.sg) one day in advance (before 430pm) for the survey to be conducted the next working day.

Kindly email the surveyor's markings to me after the bike has been surveyed.

Thank you.

**Yap Chee Ling (Ms)**

Executive

Operations, Motor and Personal Lines (PL)

T +65 6430 7893

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NATIONAL ASSESSMENT CENTRE SERVICES  
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,  
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

NAC  
NATIONAL  
ASSESSMENT  
CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: PSM 6763A Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: Boon Siew

Collection Date: 22/11/19 Time: 15:30 with Keys: Yes ~~No~~

Tow Truck No: YP60525 Tow Man: Wong NRIC: 73141474

Signature: [Signature]

*For office use*

Attended by: Jackson

Approved by: \_\_\_\_\_

Workshop Return of Vehicle

Workshop: \_\_\_\_\_

Returned Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

\* Tow In / Drive In

Tow Man / Workshop Representative: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Owner Collection of Vehicle

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ with Key: Yes / No

Owner: \_\_\_\_\_ NRIC: \_\_\_\_\_

Signature: \_\_\_\_\_

*For office use*

Attended by: \_\_\_\_\_

Approved by: \_\_\_\_\_