NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA1191209V0

Date In: 3/10/19 - 12:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC190134161/HZY	SAS e-filing		
Veh No: PBQ2781C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 1/10/19 - 12:30	i-Motor Claim Form	MM1065197-001	3/10/19 13:34
(OD) / 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: 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%. F: 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:- (INC hotline: 6788 6616)	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

NA190755 40

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt 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	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 03/10/2019 12:53

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 witholding 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	03/10/2019 12:26
Date Of Accident	01/10/2019 12:10
Exact Location Of Accident	ANCHORVALE DR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBQ2781C
Insured/Policyholder	
Name Of Registered Owner	SOH WAI MUN
NRIC No	S1225100I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87179055
Alternative Phone No	OFFICE-87179055
Vehicle Particulars	
Manufacturer	HONDA
Model	CB150R
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	5112288619
Cover Note Number	
Driver	
Name of Driver	SOH WAI MUN
NRIC No	S1225100I
Date Of Birth	09/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1993
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87179055
Fax Number	
Contact Number	OFFICE-87179055
EMail Address	NOEMAIL

Address	BLK 195A PUNGGOL ROAD #8-510
Postcode	821195
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	NO COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 2 SENGKANG SQUARE #01-02 SINGAPORE , **POSTCODE:** 545025 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800 - 3438999 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191002/2019.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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.

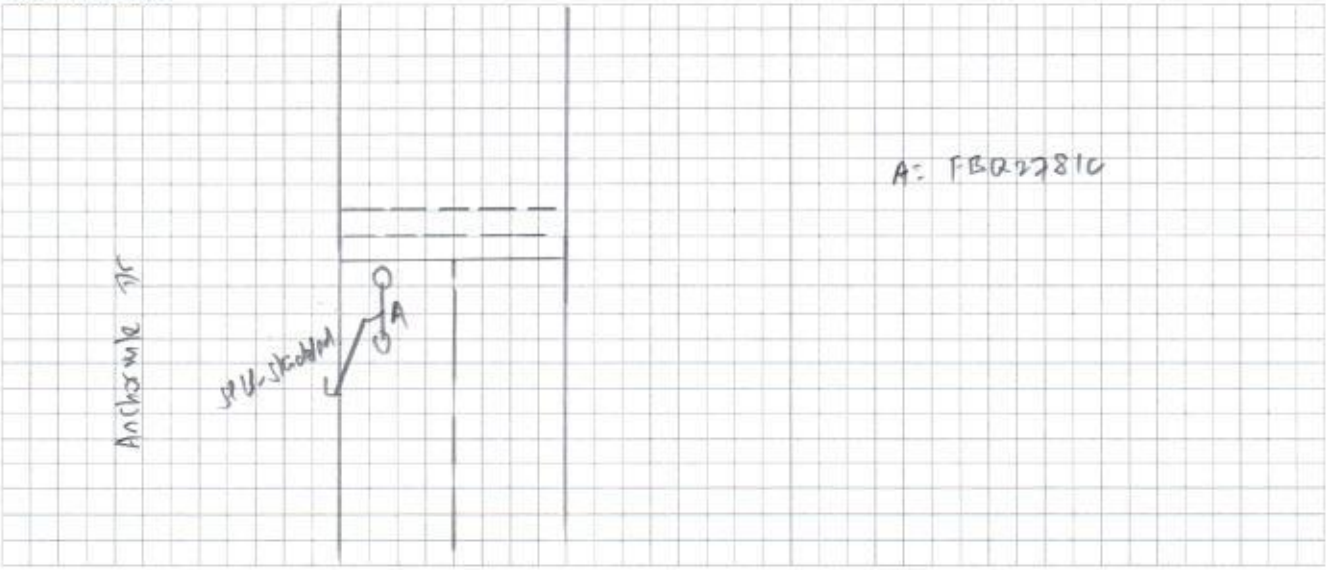
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7pro19100221019.

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.:

SINGAPORE POLICE FORCE

T/20191002/2019

Report No. T/20191002/2019

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/10/2019 09:28		42

Informant's Particulars

Name of Informant: SOH WAI MUN .			Address: APT BLK 195A PUNGGOL ROAD #08-510 SINGAPORE 821195	
ID Type / ID No.: NRIC NO / S1225100I			Contact No.: Home/Office:	Mobile: 87179055
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 62	Date of Birth: 09/03/1957	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: CRANE OPERATOR			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2019 12:10	Type of Location:

Location:
Along Road 1
ANCHORVALE DRIVE

ANCHOR GREEN PRIMARY SCHOOL ON THE LEFT SIDE

Weather:	Road Surface:	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume:
Type of Collision:		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ2781C	Motorcycle	HONDA	CB150R	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ2781C	NTUC Income Insurance Co-Operative Limited	5112288619	29/08/2019	28/08/2020

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SOH WAI MUN	ID No.	S1225100I
Related Vehicle	FBQ2781C (Motorcycle)	Contact No.	87179055
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	01/10/2019	Date Discharge	02/10/2019
No. of Days granted Medical Leave	11	Degree of Injury	NIL

Brief Details.

On 1 October 2019 at about 1210hrs, I was travelling along Anchorvale Drive and was attempting to stop at the red light when I fell off my bike (FBQ2781C).

SINGAPORE POLICE FORCE

T/20191002/2019

Report No. T/20191002/2019

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999

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: F / Insp ANNA YOR SIEW FUNG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2019 09:28
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No: 65476236	Classification Of Case:

Authentication Stamp
NP168

SN 085

Signature:

Singapore Police Force

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 01/10/2019 12:10

Vehicle No.(For Motor) FBQ2781C

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5112288619		SOH WAI MUN	S1225100J	GMC	Comprehensive	FBQ2781C	FBQ2781C	29/08/2019	28/08/2020

Continue

Policy Information

Policy No.	5112288619	Policyholder Name	SOH WAI MUN	Policyholder NRIC	S1225100I
Certificate No.					
Address	BLK 195A #08-510 PUNGGOL ROAD SINGAPORE 821195				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/08/2019	Effective Date	29/08/2019 00:00	Expiry Date	28/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	300	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	WTT INSURANCE AGENCIES PTI	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 195A #08-510	Address 2	PUNGGOL ROAD	Address 3	SINGAPORE 821195
Address 4		Address Type	Singapore address	Post Code	821195
Unit No.		Related Policy Number	5112288619		

Insured Object: FBQ2781C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:56	SAS		Normal	SAS 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:56	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:56	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:55	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:55	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:55	Photos		Normal	Photos 2019-10-3	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:54	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:54	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:54	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:54	Photos		Normal	Photos 2019-10-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Oct 2019 13:54	Photos		Normal	Photos 2019-10-3	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

Claim Handling

Accident MT/1065197

Policy No.	S112288619	Vehicle No.	FBQ2781C	GST Registration No.	
Certificate No.					
Policyholder Name	SOH WAI MUN			Policyholder NRIC	S1225100I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	87179055	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N
KPK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	03/10/2019 13:52	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	01/10/2019	Time of Accident hh:mm	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANCHORVALE DR				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	300.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	300.00	Total TP Excess Applicable	0.00		

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 195A #08-510	Address 2	PUNGGOL ROAD	Address 3	SINGAPORE 821195
Address 4		Address Type	Singapore address	Post Code	821195
Unit No.		Related Policy Number	S112288619		

OI Driver Info

Driver Name	SOH WAI MUN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1225100I	Driver DOB	09/03/1957
Register Date of Driver License	25/08/1993	Driver Age	62	Driving Experience	26
Contact No.(Mobile)	87179055	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 195A	Address 2	PUNGGOL ROAD	Address 3	SINGAPORE 821195
Address 4		Address Type	Singapore address	Post Code	821195
Unit No.	08-510				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No

Modification History

Claim 001 **New**

Claim Type *	DO-MD	Insured Name	SOH WAI MUN	Insured NRIC	S1225100I
Contact No.(Mobile)	87179055	Contact No.(Home)	NIL	Contact No.(Office)	62712071
Email Address		OI Vehicle Number	FBQ2781C	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	FBQ2781C ON 1 Oct 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	income to assign workshop	GIA report	Received
Date Registered	03/10/2019 13:54	Claim Close Date		Date Received	03/10/2019 00:00
Report Taken By	Jackson				
☑ Print AK letter				OD Excess Collected by Workshop	

Save Submit

Attachment

Accident No.	MT/1065197	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	03/10/2019 13:56

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	100I
Vehicle Details	
Vehicle No.:	FBQ2781C
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Oct 2019
Vehicle Make:	HONDA
Vehicle Model:	CB150R
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	KC32E0028664
Chassis No.:	MLHKC2882J5028664
Maximum Power Output:	-
Open Market Value:	$3,703.00
Original Registration Date:	29 Aug 2019
First Registration Date:	29 Aug 2019
Transfer Count:	1
Actual ARF Paid:	$556.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Aug 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$3,602.00
COE Rebate Amount:	$3,566.00
Total Rebate Amount:	**$3,566.00**

The information contained herein is correct as at 03 Oct 2019

DOA = 1/10/2019 OK Balance 9 yr 10 months

MV – 9000
PV – 3566
NV – 5400

mv – 9k

A Singapore Government Agency Website

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
FBQ2781C

Make / Model
HONDA / CB150R

Vehicle Type :
P00 - Passenger Motorcycle/Autocycle/Moped

Vehicle Scheme :
Normal

Propellant :
Petrol

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
255 kg

Year Of Manufacture :
2018

Lifespan Expiry Date :
-

Quota Premium :
$3,602.00

Road Tax Expiry Date :
28 Aug 2020

Inspection Due Date :
28 Aug 2022

CO2 Emission :
-

CO Emission :
-

NOx Emission :
-

Vehicle Attachment 1 :
No Attachment

Chassis No. :
MLHKC2882J5028664

Engine No. :
KC32E0028664

Engine Capacity :
149 cc

Maximum Power Output :
-

Unladen Weight :
123 kg

Original Registration Date :
29 Aug 2019

COE Category :
D - Motorcycle

COE Expiry Date :
28 Aug 2029

PARF Eligibility Expiry Date :
-

Intended Transfer Date :
03 Oct 2019

CEV/VES Rebate Utilised Amount :
-

HC Emission :
-

PM Emission :
-

Fees To Be Paid For Transfer

(/)

Bike model | Type: Any | Price From: Any | Price To: Any | Class: Any

MORE SEARCH OPTIONS ∨ SEARCH VIEW ALL (/LISTING/USEDBIKES/LISTING/)

REPORT (ERROR ?) (/LISTING/LISTING/ERROR/USEDBIKE/14329/)

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Honda CB150R ExMotion

Listing Type	Paid Ad
Brand	Honda (/listing/usedbike/brand/honda/)
Model	Honda CB150R ExMotion (/listing/usedbike/model/honda-cb150r-exmotion/)
Engine Capacity	149cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	02/01/2019
COE Expiry Date	01/01/2029 (9 years 2 months left)
Mileage	5000km
No. of owners	1
Type of Vehicle	Street Bikes (/listing/usedbike/model/motorcycle-for-sale/street-bikes/)

Price: SGD$9350

SELLER INFORMATION

Name	Contact
Karthik	+65 98005807

FORMS TO DOWNLOAD

Agreement Form (/static/forms/agreement_pdf/static/forms/handing_over.pdf) Handing Over Form
Deposit Receipt (/static/forms/deposit_receipt.pdf/static/forms/M01.pdf) LTA Transfer Form
Private Settlement Form (/static/forms/private-settlement-agreement.pdf)

BOON SIEW SINGAPORE
The Official Distributor of Honda Motorcycles
(https://www.sgbikemart.com.sg/directory/c
siew-s-pte-ltd/35)

The Official Distributor Of Honda Motorcycles (https://www.sgbikemart.com.sg/director
siew-s-pte-ltd/35)
Boon Siew Singapore Pte Ltd is the exclusive distributor of Honda motorcycle and scooter for more...

DETAILS

Seldom Used Bike For Weekend Leisure Rides. Condition Tip Top. Very Well Maintained. Best Bike For New 2B Riders. Bike Always Serviced Below 1500Km. Bike Is Fully Paid. Looking To Let My Bike Go As I Had Upgraded.

SIMILAR BIKES

VIEW ALL (/LISTING/USEDBIKES/LISTING/)

Honda CB150R ExMotion (/listing/usedbike/honda-honda-cb150r-exmotion/14437/)

Honda CB150R ExMotion (/listing/usedbike/honda-honda-cb150r-exmotion/14329/)

Honda CB150R ExMotion (/listing/usedbike/honda-honda-cb150r-exmotion/14300/)

Honda CB150R ExMotion (/listing/usedbike/honda-honda-cb150r-exmotion/14414/)

Honda CB150R ExMotion (/listing/usedbike/honda-honda-cb150r-exmotion/14384/)

Honda CB150R ExMotion (/listing/usedbike/honda-honda-cb150r-exmotion/14366/)

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Sgbike, short form for SGbikemart. Our mission is to share and united Singaporebikes to bikers and fulfil their dreams. We aim to organize and assist all riders and bikers on everything relates to motorcycling to become every biker one portal and motorcycle app.
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Advertisement

S$9,000 Share 24

Honda CB150R coe 2029

Kovan MRT Station (NE13)

Meetup

Used

Selling my bike as I have upgraded.

Been serviced with oil change every 1,000km

Current mileage : 3900km

Coe : March 2019 - March 2029

Coe : 2029

Road tax : Mar 2020

Will install new air filter for the new owner

Has original mirrors and number plate holder included

3 days ago in Class 2B

Honda Road Bike

Insurance

Meet-up

Kovan MRT Station (NE13)

Listed by wwwkh

Mostly Responsive Verified

Check seller profile

Reviews for wwwkh

kwtoh
2019 Jul

Friendly guy, nice chat! hope to deal with you again!

Read all 9 reviews

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English

ASS. REC. BY:

REF: NTUC - own

Assessor:

Mobile: YES / NO

ASSIGNMENT (IDAC)

COE Expiry = 28/08/2029

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) Govrn.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 ( )

b) Flood ( )

c) Other,

6) Parked & 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

Remarks to appear in Works Order & Assessment report

1) Potential Total Loss ( )

2) SRS Light on ( )

3) ABS Light on ( )

By Assessor- 1) Vehicle Information

Veh No: FBQ 2781 C Yr Regn: 29/08/2019

Type: M.Car / (M.Cycle) / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or

Make & Model: Honda CB150R c.c 149

Colour Black Transmission Type: Auto / (Manual)

Eng/No: Sp.Reading: 2549 km

C/No: MLHKC2882J5028664

Gen. Cond: Good / (Fair) / Poor / Burnt or

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi : Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 110/70/R17

R: 150/60/R17

BS / (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front and Rear same Brand (Dunlop)

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

Parallel Import: Yes / No

Repair Type: LS / (I.B.I)

No of Repair Days: 4

D.O.I. 3/10/19

Towed-In: Yes / (No)

Towing Required: Yes / (No)

Vehicle in Idac: (Yes) / No

Time: 6.05pm

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:

(01)Damaged (03)Shifted (07)Buckled (10)Broken (11)Necessary (12)Missing (13)Torn (14)Discolouned (15)Not Working

FOR MOTORCYCLE

4. Not On Hand (NO)

Motorcycle

Vehicle No: FBQ 2781 C

NAC	INC	Item	CON	AC	Qty
3000	991886	Front Number Plate	MIS	✓	1
3001	995065	Front Tyre			
3002	995095	Front Rim			
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard	SCR	R	1
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy	SCR	R	1
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp	CRA	✓	1
3015	992337	Front Headlamp Bracket	CRU	✓	1
3016	992345	Front Headlamp Fairing	CRU	✓	1
3017	992130	Front Windshield			
3018	992134	Front Wing Mirror LH/RH	OM	✓	2pc
3019	995245	Front LH Signal Lamp	SCR	✓	1
3020	995246	Front RH Signal Lamp	SCR	✓	1
3021	992556	Meter Casing	CRA	✓	1
3022	992553	Meter Assy	CRA	✓	1
	991019	ERP Bracket	BT	✓	1
	991020	ERP Unit	CRU	✓	1
3023	992446	Ignition Switch	CRU	✓	1
3024	992442	Ignition Key Assy	BT	✓	1
3025	990706	Cowling Stay	SCR	✓	1
3026	994470	Steering Stem	CRU	R	1
3027	994427	Steering Cone	CRU	R	1
3028	992299	Handle Bar	CRU	R	1
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip R/H	SCR	✓	1
3031	995184	Handle Bar Balancer LH			
3032	992300	Handle Bar Balancer RH	SCR	✓	1
	992179	Fuel Tank	SCR	R	1
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever			
3035	992293	~~Hand Brake Lever~~ Brake Handle R/H	BT	✓	1
3036	991119	Side Fairing R/H	SCR	✓	1
3037	994220	Side Fairing Top Garnish		?	1
3038	994219	Side Fairing Inner Garnish		?	1
3039	991118	Fairing Shield			
3040	992047	Front Top Fairing Inner Garnish			
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing			
3043	993378	Rear Fairing			
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower			

NAC	INC	Item	CON	AC	Qty
	995074	Radiator		?	1
	992738	Radiator Cowling			
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
	990219	Battery			
	990224	Battery Cover			
	990223	Battery Bracket			
3049	991144	Foot Brake R/H	BT	✓	1
3050	991154	Front Foot Rest R/H	BT	✓	1
3051	991779	Front Foot Rest Bracket R/H	BT	✓	1
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 R/H	inf	✓	1
3059	993501	Rear Foot Rest Bracket R/H	BT	✓	1
3060	992581	Exhaust Muffler Heat Shield	SCR	✓	1
3061	991058	Exhaust Muffler Assy		?	1
	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		?	1
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc		?	1
3068	992936	Rear Brake Caliper		?	1
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm	SCR	R	1
	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp		?	1
3075	995251	Rear Taillamp			
	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box	CRU	✓	1
3078	992928	Rear Box Bracket	BT	✓	1
3079	991328	Emblem R/H	acc	✓	1
	990247	Sticker CBISOR (R/H)	acc	✓	1
*		Engine casing R/H	SCR	✓	1

No of Items: _____ Assessor: H ANN

Claim Handling

· Task Transfer · Exit

Accident MT/1065197

LOS SAL SUB

Policy No.	5112288619	Vehicle No.	FBQ2781C	GST Registration No.	
Certificate No.					
Policyholder Name	SOH WAI MUN			Policyholder NRIC	S1225100I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	87179055	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	300.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	300.00	Total TP Excess Applicable	0.00		

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 195A #08-510	Address 2	PUNGGOL ROAD	Address 3	SINGAPORE 821195
Address 4		Address Type	Singapore address	Post Code	821195
Unit No.		Related Policy Number	5112288619		

OI Driver Info

Driver Name	SOH WAI MUN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1225100I	Driver DOB	09/03/1957
Register Date of Driver License	25/08/1993	Driver Age	62	Driving Experience	26
Contact No.(Mobile)	87179055	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 195A	Address 2	PUNGGOL ROAD	Address 3	SINGAPORE 821195
Address 4		Address Type	Singapore address	Post Code	821195
Unit No.	08-510				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No

Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

LOS SAL SUB

Claim Type	OD-MD	Insured Name	SOH WAI MUN	Insured NRIC	S1225100I
Contact No.(Mobile)	87179055	Contact No.(Home)	NIL	Contact No.(Office)	62712071
Email Address		OI Vehicle Number	FBQ2781C	TP Vehicle Number	
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	FBQ2781C ON 1 Oct 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	income to assign workshop	GIA report	Received
Date Registered	03/10/2019 13:57	Claim Close Date		Date Received	03/10/2019 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☑ Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval	Reason

Remarks

damage assessment | **Attachment**

Vehicle Info

Vehicle Make	HONDA	Vehicle Model	CB	Engine Capcity	
Date of Registration	29/08/2019	Classis No.	MLHKC288215028664		
Towing Required *	◉ Yes ○ No	Vehicle in IDAC *	◉ Yes ○ No	Parallel Import *	○ Yes ◉ No
Type of Tender *	Own Damage	Assessor Name *	HOCK AN	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA		
Windscreen Parts & Labour Cost		Total Loss *	○ Yes ◉ No		
Market Value($)		Scrape Value($)		Economical Repair Value($)	

Remark

REMARK:NO OF REPAIR DAY:4 DAYS. 1 X FRT FENDER WHEEL GUARD - REPAIR. 1 X FRT FORK ASSY - REPAIR. 1 X FRT HEADLAMP - REPLACE. 1 X METER CASING - REPLACE. 1 X IGNITION KEY ASSY - REPLACE. 1 X RH BRAKE HANDLE - REPLACE. 1 X SIDE FAIRING TOP GARNISH - UNCONFIRM. 1 X SIDE FAIRING INNER GARNISH - UNCONFIRM. 1 X RH FOOT BRAKE - REPLACE. 1 X EXHAUST MUFFLER HEAT SHIELD - REPLACE. 1 X REAR FENDER WHEEL GUARD - UNCONFIRM. 1 X REAR RH SIGNAL LAMP - UNCONFIRM. 1 X RH STICKER - REPLACE. 1 X RH ENGINE CASING - REPLACE.

Remark for Supplementary

Damage Listing

Find a Part

root
- Not Applicable
- ABS
- ABSORBER
- ACCELERATOR
- ACTUATOR
- ADVERTISEMENT STICKER
- AIR BAG
- AIR BLOWER
- AIR BOX
- AIR CHAMBER BOX
- AIR CLEANER
- AIR COMPRESSOR
- AIR CON
- AIR CON (VAN)
- AIR COOLER
- AIR DISTRIBUTOR
- AIR FILTER
- AIR FLOW
- AIR GRILLE
- AIR HORN
- AIR INTAKE
- AIR RESONATOR BOX
- AIR THROTTLE BODY AND SENSOR
- ALARM
- ALTERNATOR
- ALUMINIUM PANEL - SIDE
- AMPLIFIER
- ANTENNA
- ANTI ROLL
- APRON
- ARCH
- ARM REST
- ASH TRAY
- AUTO CLUTCH
- AUTO COOLER PIPE
- AUTO CRUISE MOTOR
- AUTO TRANSMISSION
- AXLE
- BACK REST (M/C)
- BACK SEAT
- BALANCER
- BATTERY

No.	Part No.	Description	Qty *	Repair Code *	
1	32200101	NUMBER PLATE (FRONT)	1	Replace	X
2	278002	HEAD LAMP (M/C) BRACKET	1	Replace	X
3	278004	HEAD LAMP (M/C) FAIRING	1	Replace	X
4	45300101	WING MIRROR (LEFT)	1	Replace	X
5	45300102	WING MIRROR (RIGHT)	1	Replace	X
6	386001	SIGNAL (M/C) LAMP	2	Replace	X
7	315001	METER (M/C)	1	Replace	X
8	245002	ERP UNIT	1	Replace	X
9	245001	ERP BRACKET	1	Replace	X
10	289004	IGNITION SWITCH	1	Replace	X
11	216001	COWLING STAY	1	Replace	X
12	40103501	STEERING STEM (LOWER)	1	Repair	X
13	402002	STEERING (M/C) CONE	1	Repair	X
14	27400101	HANDLE BAR (M/C) (FRONT)	1	Repair	X
15	27400601	HANDLE BAR (M/C) GRIP (FRONT)	1	Replace	X
16	27400202	HANDLE BAR (M/C) BALANCER (RIGHT)	1	Replace	X
17	264008	FUEL TANK	1	Repair	X
18	25200106	FAIRING (RIGHT)	1	Replace	X
19	344001	RADIATOR	1	Unconfirm	X
20	261001	FOOT REST (M/C)	2	Replace	X
21	261002	FOOT REST (M/C) BRACKET	2	Replace	X
22	247014	EXHAUST MUFFLER	1	Unconfirm	X
23	15701004	BRAKE DISC (REAR RIGHT)	1	Unconfirm	X
24	15700803	BRAKE CALIPER (REAR LEFT)	1	Unconfirm	X
25	4160	SWING ARM (M/C)	1	Repair	X
26	15100102	BOX (M/C) (REAR)	1	Replace	X
27	1520	BOX BRACKET (M/C)	1	Replace	X
28	24200101	EMBLEM (FRONT)	1	Replace	X

Save Submit

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Friday, 4 October 2019 5:11 PM
To: looisworkshop@gmail.com; NAC
Subject: FBQ2781C, OD claim no : MT/1065197

Importance: High

Dear Mr Leong of Looi's Motor,

Pls assist to collect bike from IDAC.

Kindly put up detailed estimate to arrange for survey personally at mtsurvey@income.com.sg

Once survey done, you have to forward surveyor's marking to my email for our approval.

Pls forward a copy of bike's purchase invoice to my email for our reference.

Dear IDAC – pls release bike to Looi's Motor, owner Mr Soh (tel : 87179055) had been informed accordingly too.

Regards.

Tan Siew Choo
Senior Executive
Motor Insurance
T +65 6430 7882
www.income.com.sg

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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

NATIONAL ASSESSMENT CENTRE

Vehicle Movement Form

Vehicle Check-In

Vehicle No: PBQ2781C Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Lo 9's motor

Collection Date: 7/10/2019 Time: 16-45 with Keys: (Yes) / No

Tow Truck No: YP4301A Tow Man: Ah Leng NRIC: S6835160I2

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:* _____