

ASS. REC. BY:

REF:

CSA FC1 19018777/Ggf3²

Special Instruction:

Surveyor: GA

ASSIGNMENT (Office)

From (Person): merina chia San San

of FC1

Date/Time: 22.10.19 4:59 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: FV 9386R

Insured: SHB 3588X

at Workshop m/s Friendship Motor

Tel: 68153273

of BIK 1005 Bukit merah Lam 2 #101-18

Policy No:

Claim No: D9006707 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 21.10.2019

CA / REV / REP. / REV 24 HRS

map

28.10.2019

H.O.D. Endorsement:

Date/Time: 23.10.19 1.19 p.m

Person Contacted:

Terry

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	FV 9386R - NBA / MSG N018605 / F ROA - 21/10/2019
	SHB 3588 - NBA / MSG 19018605 / F D.O.A - 21/10/2019
28/10/19 @ 4.15pm	XGA said w/esp will engage lawyer.
08/11/19	Submit PRS.

MOTOR SURVEY ASSIGNMENT

Date	22-10-2019	Our Ref No.	D19006707MFSH
Accident Date	21-10-2019	Claim Type.	Third Party
Insured Vehicle	SHB3588X	Third Party Vehicle.	FV9386R
Survey Location	BLK 1005 BUKIT MERAH LANE 2 # 01-18		
Contact Person.	MENAKA KHEMLANI		
Contact No.	68153273/ 0	Fax No.	68153273
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	FRIENDSHIP MOTOR CO	Attention.	NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No.	NA
Officer Incharge	MERINA CHIA SAN SAN		

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	21/10/2019 18:31
Date Of Accident	21/10/2019 08:10
Exact Location Of Accident	JALAN EUNOS TURNING TO EUNOS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV9386R
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD NORAZWAN BIN SAZALI
NRIC No	S9226249I
Email Address	PSYCHOROMEO19922@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91820240
Alternative Phone No	OFFICE-91820240

Vehicle Particulars

Manufacturer	HONDA
Model	SONIC
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VNT/19-999357-WTT
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NORAZWAN BIN SAZALI
NRIC No	S9226249I
Date Of Birth	29/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91820240
Fax Number	
Contact Number	OFFICE-91820240
Email Address	PSYCHOROMEO19922@GMAIL.COM

Address	BLK 683A EDGEDALE PLAINS #02-707 SINGAPORE
Postcode	821683
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SHB3588X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY GEK PENG
NRIC/Passport Number	S0799935F
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD NORAZAN BIN SAZALI

Approximate Age

Injuries Sustain

Injured person in which vehicle? FV9386R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PUTERI SHERRYNNA BINTE MARK ABDULLAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? FV9386R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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)**

(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.

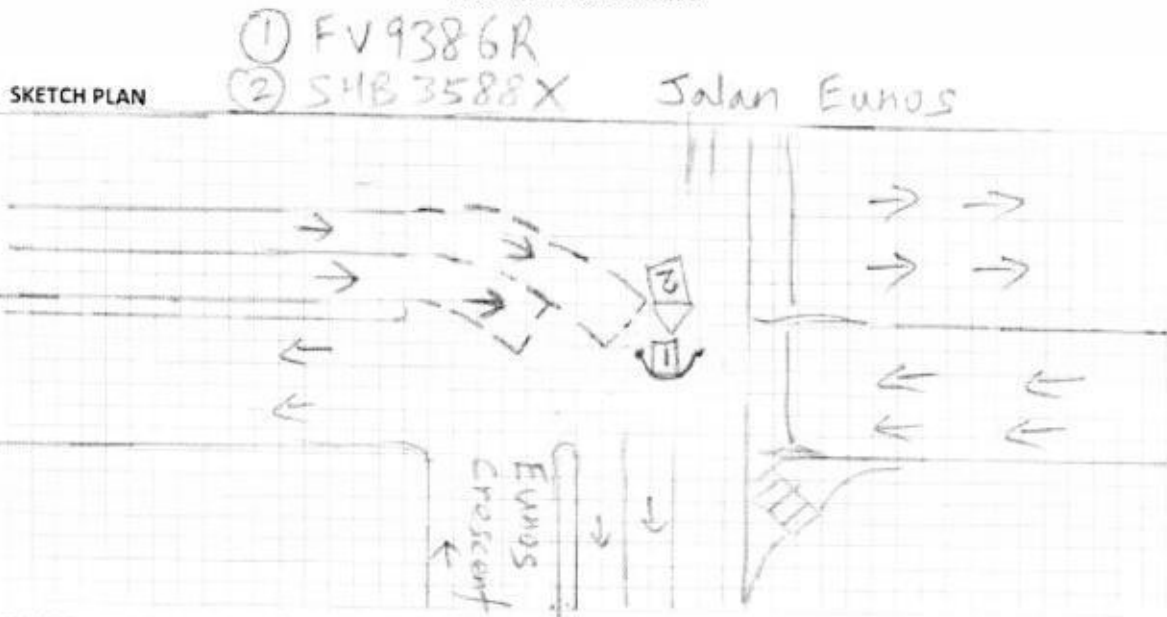
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(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.

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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO
POLICE REPORT

DECLARATION

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

Policyholder's Signature

Date & Time: 21/10/2019
1644 hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Owner ID Type:	Singapore NRIC
Owner ID:	249I
Vehicle No.:	FV9386R
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Oct 2019
Vehicle Make:	HONDA
Vehicle Model:	SONIC 125
Primary Colour:	Grey
Manufacturing Year:	2002
Engine No.:	FS125ME0009672
Chassis No.:	FS125M0009672
Maximum Power Output:	-
Open Market Value:	\$1,898.00
Original Registration Date:	10 Dec 2002
First Registration Date:	10 Dec 2002
Transfer Count:	9
Actual ARF Paid:	\$285.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	31 Mar 2022
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$1,739.00
COE Rebate Amount:	\$423.00
Total Rebate Amount:	\$423.00

Please note that the National Environment Agency (NEA) is offering an incentive for the owner of this motorcycle to deregister the motorcycle on or before 5 April 2023.

This motorcycle is currently eligible for an incentive of \$3,500 from NEA. If the COE is renewed from now till its deregistration on or before 5 April 2023, the incentive will be reduced to \$2,000. The last registered owner of this motorcycle will receive the incentive from NEA.

This motorcycle will no longer be allowed for use on Singapore's roads after 30 June 2028.

For more information, please visit <http://www.nea.gov.sg/mtc incentive> or contact NEA at 1800-2255-632.

The information contained herein is correct as at 23 Oct 2019

OK

VEHICLE NO: FV 9386R

HONDA SONIC 125

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)	SURVEYOR'S ADJUSTMENT
PARTS (LIST ITEMS)				
1	Front fender			
1	Front Headlamp Assembly		210.00	
1	Front Headlamp cover - CNA		450.00	
1	Front headlamp stay		78.00	
2	RHS & LHS Front fairing @140.00 RH - CNA / LHX NN		95.00	
1	RHS Seat side fairing (outer cover) - CNA		280.00	140
2	Front spring fork RH & LH @450.00		250.00	
1	Front fork under bracket		900.00	
1	Front steering stem upper X		98.00	
1	Front steering stem lower X		150.00	
2	Front steering bearing (upper & lower) - REC.		230.00	
1	Handle bar - BT.		140.00	
1set	Handle bar grips		150.00	
1set	Handle bar balancer - CNA		50.00	
1	Brake lever		75.00	
1	Brake pedal - CNA		90.00	
1	RHS Foot rest bracket - BT.		75.00	
1	RHS Foot rest rubber - CNA		60.00	
1	RHS Foot rest lower plate		48.00	
1	RHS Rear view mirror - CNA		52.00	
1	RHS pillion Foot rest - CNA		90.00	
1	Rear fender		120.00	60
1	Rear exhaust silencer assy - DD.		240.00	
1	Rear exhaust protector guard		580.00	480
1	Chain case (cover)		175.00	
1	Rear swing arm		65.00	
1	Rear swing arm bush		280.00	
1	Rear swing arm shaft		120.00	
			58.00	1744
		less 10%	5209.00	
			520.90	10%
			4688.10	
SPECIAL NETT ITEMS				
1	Rear number plate - BT			
1	Rear sports rim		50.00	15 1569.6
2	RHS & LHS Front fairing sticker @80.00 RH - CNA / LHX NN		280.00	
1	Front box w/speaker		160.00	80
1	Front box support bracket		450.00	
1	IU Unit (incl.cost of refix)		30.00	
1	RHS Seat side fairing (sticker) - CNA		200.00	
1	Rear box unit w/bracket - CNA		200.00	80
			480.00	280
	TOTAL PARTS		6538.10	

455

VEHICLE NO: FV 9386R

HONDA SONIC 125

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$\$)	SURVEYOR'S ADJUSTMENT
	LABOUR		
1	To remove and replace damaged parts and components	450.00 200	150
2	To remove, refix wiring system at accident damaged areas	60.00 X	
3	To align front left & right fork	60.00 ✓	
4	Transport motorcycle to workshop for repairs	60.00 40	
Labour Total :		630.00	300
TOTAL (PARTS & LABOUR):		7168.10	

NOTE: The parts listed in this preliminary estimate will be checked for damage after the vehicle is disassembled (dismantle). Additional damaged parts (if any) will be submitted as supplementary parts

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

3 Days.

Lumpsum repair.

After repair photos.

Guo Qiang - 82880282


22/10/19.

Guo Qiang @ lkk auto. com.

Terry - 96617318.

2274.6
20%: 1800



PRE-REPAIR INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI19018777/Gqf3s2		
36 ROBINSON ROAD		Date: 15-11-2019		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHB 3588X	Veh. Inspected	FV 9386R	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19006707MFSH	Excess (\$)	0.00	
Assign From	MERINA CHIA SAN SAN	Assign Date	22/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA SONIC 125	c.c	125	
Engine No.	HIDDEN	Year of Reg.	2002	
Chassis No.	FS125M0009672	Colour	GREY	
Odometer	20575 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	MAXXIS	4 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	90/80-17	MAXXIS	4 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION AND O/S BODY.				
5. General Information				
Accident Date	21/10/2019	Inspect Date / Time	23/10/2019 (04:30 PM)	
Survey held at	FRIENDSHIP MOTOR CO BLK 125 BUKIT MERAH LANE 1 #01-168 SINGAPORE 150125			
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: \$2,800.00(EST)				

Report Ref No. CS3/FCI19018777/Gqf3s2

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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