

ASS. REC. BY:

REF: CS3 / FC1 19019458 / Hkf327 Special Instruction:

Surveyor: Hock Ann ASSIGNMENT (Office)From (Person): Jason Tqa Chu kiat of PCZ Date/Time: 4.11.19 3.30p.m.

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: PBD 993P Insured: SHB 40795at Workshop m/s My Car Consultants Tel: 986 86000of 53 ubi Ave 1 #01-33 Daga ubiPolicy No: _____ Claim No: D19006668 mfs4

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16.10.2019
(Client's Record)CA / REV / REP. / REV 24 HRS ^{myo}

H.O.D. Endorsement: _____

Date/Time: 4.11.19 3.30p.m. Person Contacted: Eai Uy Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate Inspection: 25 kiasi Bureau Rd 4 #01-68 synergyn
	PBD 993P - NA / INC 19018697/24 DOA - 16/10/2019
	SHB 40795 - NA / INC 19018697/24 DOA - 16/10/2019
	Dismantle: 12/11/2019
	After repair: 18/11/2019

ASS. REC. BY:

H-AN

REF: PC1

ASSIGNMENT

From:

Date:

5.11.2019

Estimated Cost:

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

To Inspect Vehicle No:

FBD 993D

at Workshop m/s

my car consultant (TuckLife)

of

25 Paki Bukit rd 4 #01-62 synergy

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

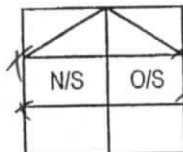
(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

my

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBD 993 P

Yr Regn:

21/10/2008

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

Truck / Trailer or

Make:

Yamaha T135

C.C

135 135

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

184/70

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NON to open chasis for

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

80/90-17

R:

80/90-17

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

TOYO / YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

16/10/19

D.O.I.

4/11/19 0912pm

Survey held at

my car consultant (TuckLife)

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	FBD 993D
	PRS call
	* All Document (TuckLife)
	can't not given, coz
	sup contributor
	need required
	my car consultant
	3500
	MV - 3000
	PV - 2110
	NV - 890

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

2

Survey Fee:

150

Transportation:

S + RS. SI

Photos

Others

TOTAL

150

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Rep. Format:

PRS

Lump Sum / L.B.C. (\$

MOTOR SURVEY ASSIGNMENT

Date	18-10-2019	Our Ref No. D19006668MFSH
Accident Date	16-10-2019	Claim Type. Third Party
Insured Vehicle	SHB4079S	Third Party Vehicle. FBD993P
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: NO ESTIMATE GIVEN, SURVEY ON WP BASIS.	
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 PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JASON TEA CHEE KIAT	

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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	240G

Vehicle Details

Vehicle No.:	FBD993P
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Nov 2019
Vehicle Make:	YAMAHA
Vehicle Model:	T135
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	5YP009230
Chassis No.:	5YP009230
Maximum Power Output:	-
Open Market Value:	\$1,666.00
Original Registration Date:	21 Oct 2008
First Registration Date:	21 Oct 2008
Transfer Count:	7
Actual ARF Paid:	\$250.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date:	20 Oct 2023
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$2,643.00
COE Rebate Amount:	\$2,110.00
Total Rebate Amount:	\$2,110.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 07 Nov 2019

OK

Advertisement

Home > Motorbikes > Motorbikes for Sale > Class 2B



soonhinmotors

★★★★★ 3

Chat

Make
Offer

S\$3,850

Share

13

Yamaha jupiter T135 for sale

📍 Soon Hin @ Yishun Industrial Park A

📍 Meetup

📌 Used

Coe till 11 July 2023.

Able to renew coe

Viewing at Soon Hin Motors Pte Ltd.

Address: Yishun Industrial Park A Block 1018 S768760.

Tel 67524893.

We accept Trade in and many other brands new and used models available for sale.

Installment plans available

No early settlement penalty.

22 hours ago In Class 2B

✔️ Yamaha

✔️ Cub

Insurance

Meet-up

📍 Soon Hin @ Yishun Industrial Park A 📍

Listed by soonhinmotors

⚡ Very Responsive



Ve



Check seller profile

Reviews for soonhinmotors



nkestar

2019 Apr

Friendly Seller! Shop got alot of cool bikes!

Read all 3 reviews

★★★★★

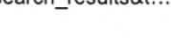
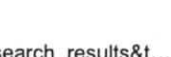
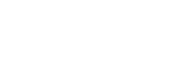
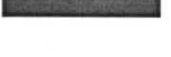
Advertisement

mv - 3000
pv - 2110
nv - 890

Advertisement



DEVIALET



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	22/10/2019 15:58
Date Of Accident	16/10/2019 22:30
Exact Location Of Accident	CAIRNHILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD993P
Insured/Policyholder	
Name Of Registered Owner	MD SHAHRUL PAHRULANAM
NRIC No	S9414240G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87535878
Alternative Phone No	OFFICE-87535878

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110921184
Cover Note Number	

Driver

Name of Driver	MOHAMMAD SHAHRUL BIN PAHRULANAM
NRIC No	S9414240G
Date Of Birth	13/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87535878
Fax Number	
Contact Number	OFFICE-87535878
Email Address	NOEMAIL

Address	BLK 196B PUNGGOL FIELD #07-505
Postcode	822196
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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/20191022/7011.

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	SHB4079S
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD SHAHRUL BIN PAHRULANAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD993P
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 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 rescind its 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 report 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 this 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 (a) 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.

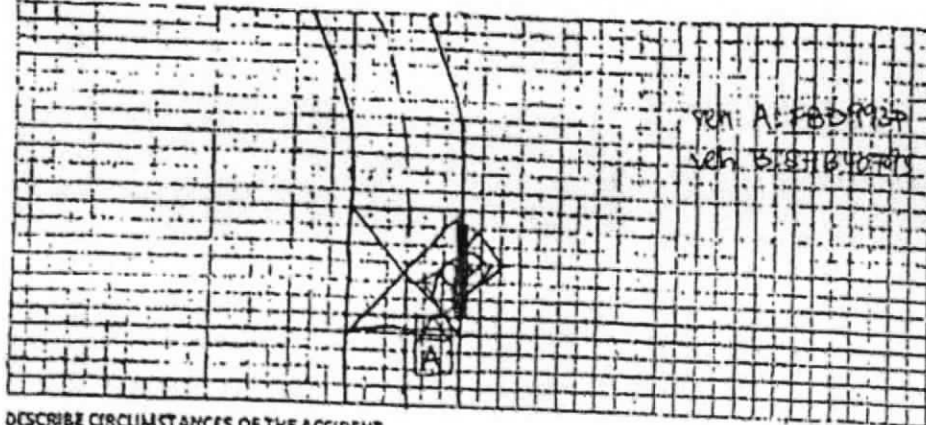

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

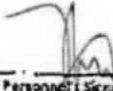
Refer to police report.

DECLARATION

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


Policyholder's Signature
Date & Time:


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


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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191022/7011

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

1 of 3

Report No. T/20191022/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2019 13:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD SHAHRUL BIN PAHRULANAM			Address: APT BLK 196B PUNGGOL FIELD #07-505 SINGAPORE 822196		
ID Type / ID No.: NRIC NO / S9414240G			Contact No.: Home/Office: Mobile: 87535878		
Nationality: SINGAPORE CITIZEN			Email: Mohammad.Shahrul@live.com		
Sex: Male	Age: 25	Date of Birth: 13/04/1994	Type of Informant: Rider		
Race: Boyanes			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/10/2019 22:30	Type of Location: Straight Road
Location: CAIRNHILL ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD993P	Motorcycle	YAMAHA	T135	Black		0
SHB4079S	Car	HYUNDAI	I40	Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD993P	NTUC Income Insurance Co-Operative Limited	5110921184	04/07/2019	03/07/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20191022/7011

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

2 of 3

Report No. T/20191022/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD SHAHRUL BIN PAHRULANAM	ID No.	S9414240G
Related Vehicle	FBD993P (Motorcycle)	Contact No.	87535878
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/10/2019	Date Discharge	17/10/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the stated date and time i was travelling along cairnhill road towards orchard road before mount elizaberth link heading straight when suddenly a taxi bearing vehicle number SHB4079S made a u-turn from the opposite side of the road into the direction im travelling towards. I honk to warn the taxi but he still initiate a full u-turn crossing into my path infront of me and collided onto me head on. I fall on top of the taxi and roll down to the road. I wish to state that i was convey to the hospital by ambulance and was ward for 1 day and given 7 days mc.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20191022/7011

3 of 3

Report No. T/20191022/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
22/10/2019 13:11

Classification Of Case:



**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/FCI19019458/Hcf3e2 Date: 03-12-2019 Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SHB 4079S	Veh. Inspected	FBD 993P	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19006668MFSH	Excess (\$)	0.00	
Assign From	JASON TEA CHEE KIAT	Assign Date	04/11/2019	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA T135	c.c	135	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	5YP009230	Colour	BLACK	
Odometer	184170 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	80/90-17	NORTON	4 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	80/90-17	NORTON	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	16/10/2019	Inspect Date / Time	04/11/2019 (05:17 PM)	
Survey held at	MY CAR CONSULTANT PTE LTD 53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934			
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:\$3,500.00				

Report Ref No. CS3/FCI19019458/Hcf3e2

Inspected By

LEE HOCK ANN

Asst. 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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