

22/01/2003

ASS. REC. BY:

REF: CS3/PCI 20001280/FSD300

Special Instruction:

Signature: Ram

ASSIGNMENT (Office)

From (Person): Karen Tan

of

PCI

Date/Time:

21-1-2020 12:15pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PBL 545H

Insured:

84 6526T

at Workshop in/s

My Car Consultant

Tel:

88668832

of

53 Ubi Avenue 1 # 01-33

Policy No:

Claim No:

D20000409 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

15/01/2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 12:59pm @ 21/1/2020

Person Contacted:

Hui Qian

Vehicle IN OUT

Date/Time	Action/Instruction
	Inform (X) Insp: TeleLife (22/01/2020)
	PBL 545H - X
	84 6526T - CS3/TM1 19000975/tlg km2 km - 14/06/2020



**MOTOR SURVEY ASSIGNMENT**

Date	16-01-2020	Our Ref No. D20000409MFSH
Accident Date	15-01-2020	Claim Type. Third Party
Insured Vehicle	SH6526T	Third Party Vehicle. FBL545H
Survey Location	53 UBI AVE 1 #01-33 PAYA UBI INDUSTRIAL PARK	
Contact Person.	HUIQIN	
Contact No.	88668832/ 88668832	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

**FOR DIRECT SETTLEMENT**

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**THIRD PARTY SURVEY REQUEST**

Cc : Workshop	MY CAR CONSULTANT PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

**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:	461G
Vehicle Details	
Vehicle No.:	FBL545H
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Jan 2020
Vehicle Make:	YAMAHA
Vehicle Model:	SNIPER T150
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	G3E6E0199293
Chassis No.:	MH3UG0740G0017675
Maximum Power Output:	-
Open Market Value:	\$1,886.00
Original Registration Date:	24 May 2016
First Registration Date:	24 May 2016
Transfer Count:	3
Actual ARF Paid:	\$283.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 May 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,303.00
COE Rebate Amount:	\$4,029.00
Total Rebate Amount:	\$4,029.00

The information contained herein is correct as at 23 Jan 2020

OK

6-4.2



REPORT ERROR [➤](#) [\(/LISTING/LISTING/ERROR/USED/BIKE/15535/\)](#) [★ SHORTLIST](#) [Share 0](#)  
[📱 SHARE \(WhatsApp: /SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USED/BIKE/YAMAHA-YAMAHA-MXI-T150-SNIPE/15535/\)](#)

## Yamaha Mxi T150 Sniper

Listing Type	Paid Ad
Brand	Yamaha (/listing/usedbike/brand/yamaha/)
Model	Yamaha Mxi T150 Sniper (/listing/usedbike/model/yamaha-mxi-t150-sniper/)
Engine Capacity	150cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	07/01/2017
COE Expiry Date	06/01/2027 (6 years 11 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Cubs (/listing/usedbike/model/motorcycle-for-sale/cubs/)

Price: SGD\$6900

### 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	18/01/2020 11:58
Date Of Accident	15/01/2020 08:40
Exact Location Of Accident	SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL545H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR FIRZANAH BINTE RASHID
NRIC No	S9825461G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94879788
Alternative Phone No	OFFICE-94879788
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2316313
Cover Note Number	
<b>Driver</b>	
Name of Driver	NUR FIRZANAH BINTE RASHID
NRIC No	S9825461G
Date Of Birth	01/08/1998
Occupation	INDOOR
Date Of Driving Pass	04/03/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94879788
Fax Number	
Contact Number	OFFICE-94879788
Email Address	NOEMAIL

Address	BLK 485 JURONG WEST AVE 1 #08-69
Postcode	640485
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 - U-TURN
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
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/20200116/7008.

#### 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	SH6526T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	POH CHEE WEE
NRIC/Passport Number	
Contact Number	97454170
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	NUR FIRZANAH BINTE RASHID
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL545H
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:

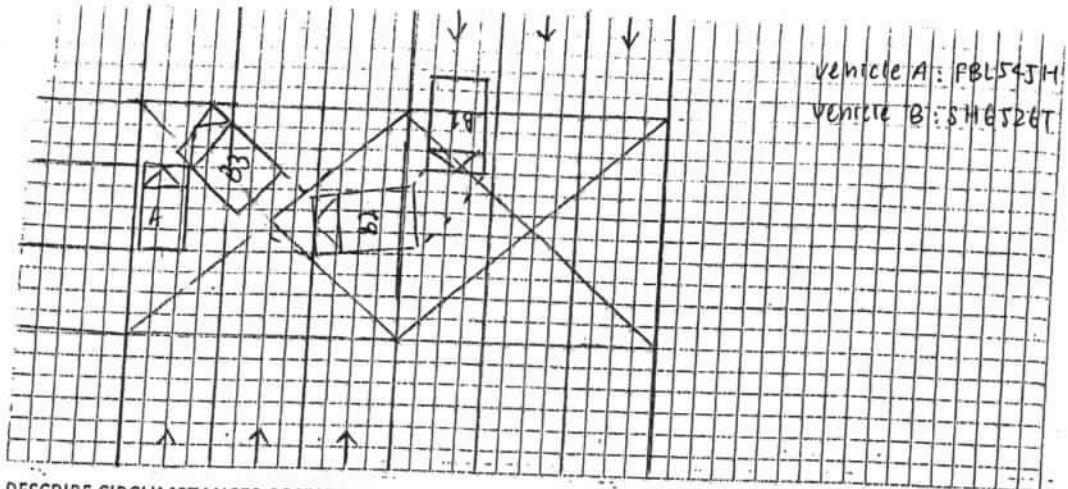
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

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

my car

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

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

\* [Signature]  
Policyholder's Signature  
Date & Time:

01/01/2020 10:00:00 AM

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

17/1/2020 5.05 PM  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20200116/7008

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

1 of 3

Report No. T/20200116/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2020 11:44		Vide Report No.: F/20200115/0060		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NUR FIRZANAH BINTE RASHID			Address: APT BLK 485 JURONG WEST AVENUE 1 #08-69 SINGAPORE 640485		
ID Type / ID No.: NRIC NO / S9825461G			Contact No.: Home/Office: Mobile: 94879788		
Nationality: SINGAPORE CITIZEN			Email: firzanahaha@gmail.com		
Sex: Female	Age: 21	Date of Birth: 01/08/1998	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Auxiliary police officer			Driving Licence Information: Class: 2B Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/01/2020 08:40	Type of Location: X-Junction
Location:  ANCHORVALE DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL545H	Motorcycle	YAMAHA	SNIPER+T1 50	Blue		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL545H	AXA INSURANCE SINGAPORE PTE LTD	AN3176226	11/07/2019	10/07/2020



**SINGAPORE  
POLICE FORCE**



T/20200116/7008

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

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Report No. T/20200116/7008

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR FIRZANAH BINTE RASHID	ID No.	S9825461G
Related Vehicle	FBL545H (Motorcycle)	Contact No.	94879788
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	15/01/2020
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver			
Name	POH CHEE WEE	ID No.	S7530579F
Related Vehicle	NIL	Contact No.	97454170
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

## Brief Details.

On 15/01/20 at 0840hrs, I was riding my motorcycle bearing plate number FBL545H along Sengkang East Rd. I was approaching a junction of Sengkang East Rd and the light was green in my favour. I observed ahead that the road was clear and as I got near to the yellow box, there was a blue ComfortDelgro taxi bearing plate number SH6526T making a u-turn into the left lane. I did not manage to break in time and hit the side of the taxi. I then flew off my bike and sustained injuries. My right toe is dislocated, my left foot is swollen and I have a few abrasions on both of my arms and foot. I was conveyed to Khoo Teck Phuat hospital to receive treatment. I received a 14 days hospital leave and was discharged after 12hrs. The taxi driver claimed that there is a camera in the taxi.



**SINGAPORE  
POLICE FORCE**

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



T/20200116/7008

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Report No. T/20200116/7008

**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 / TPIB /  
CHONG GUAN FATT  
Contact No.: 65476083

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:  
16/01/2020 11:44

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		Ref: CS3/FCI20001280/Fsd3e2		
36 ROBINSON ROAD #16-01 CITY		Date: 03-02-2020		
HOUSE SINGAPORE 068877		Code: FCI2		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SH 6526T	Veh. Inspected	FBL 545H	
Policy No.		Coverage (\$)	0.00	
Claim No.	D20000409MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	21/01/2020	
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA SNIPER	c.c	150	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	MH3UG0740G0017675	Colour	BLUE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	70/90 R17	MAXXIS	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	110/70 R17	MAXXIS	5 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	15/01/2020	Inspect Date / Time	22/01/2020 ( 10:57 AM )	
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: \$5,700.00				

Report Ref No. CS3/FCI20001280/Fsd3e2

Inspected By

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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