Date In: 3/2/20- 14:47	Jeb description	Date & Time Completed	Done	p).
	SAS e-filing			
Ref No: Na JUCZOUDIARI CZY	E-mail (within Shrs, AIC 2hrs)			**
Veh No: FBH 361874	i-Motor Claim Form	M711082646-001	Thha r	201
D.O.A: 71/12 - 11/17		DATE OF THE PARTY	JOIN V	
OP / TP / Reporting Only	i-Motor W/O (Within: OD 2)	irs, 11' 4tirs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	1		
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			ax:	
TP Particulars: Veh No:	. INC	( )/Non-INC( ).		Ho- me-
Owner / Driver: (		Tel:		
Policy No: (	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-	100%]	
	) Warranty: YES ( )/NO(	)		
Excess: (\$ ) Loading:	\$1,000( )/\$2,000( )		TOPE CONT. TO	
General Remarks:			Carlo Maria	(2 ° 3
1) Apply for Transport Allowance (	) / Courteev Car ( )	230-5		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	) / Courtesy Car ( ) ( ) > \$3000] ( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	( )			- Annual Carlot
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	( ) > \$3000] ( )	eparation Checklist	Anit (5). The Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions	( ) > \$3000] ( )  Invoice Pr  1) AR: Accide 2) DA: Damag	eparation Checklist; nt Reporting (\$30); to Assessment (\$100); INC (\$	Anit (S) Îst Bill	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Alapolan  stimant's Particulars:-  iver/Owner:	Invoice Property   Invoice Property   Invoice Property   1) AR: Accide   2) DA: Damage   3) TF: Towing   4) FT: Follow   5) FT: Fullow   For claiming   1)	eparation Checklist.  Int Reporting (\$30);  Int Resease (\$100);  INC (	Amt (5).  Tst Bill  80)  10/\$45  \$120  \$30	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Actions  Lumant's Particulars:-  iver/Owner:	Invoice Product   Invoice Pr	eparation Checklist.  nt Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4  Through Survey (Resurvey) asainst INC Only (wef 10 Jan 200 ection A + SMRT Survey	Anit (5).  Tst Bill  180) 10/\$45 \$120 \$30 \$)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Actions  Laimant's Particulars:-  river/Owner:	Invoice Pr	cparation Checklist;  nt Reporting (\$30); ;c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) ; against JNC Only (wef 10 Jan 200) section	Anit (5).  Tst Bill  80) 10/\$45  \$120  \$30  \$5)  \$75	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Limant's Particulars:-  river/Owner:  ontact No:  maged Portion:  C Checked by (Engr-In-Charge):	Invoice Pr	cparation Checklist.  Int Reporting (\$30);  Inc Assessment (\$100);  Fee \$4  Through Survey  Through Survey (Resurvey)  In against INC Only (wef 10 Jan 200  Incetton  A + SMRT Survey  Itional Services:  Sy Car / Tpt Allowance  Co-ordination  epair Inspection  Collect Excess Coordination	Anit (5). Tst Bill  880) 10/\$45 \$120 \$30 \$5) \$75 \$160  \$51 \$510 \$25 \$55	Amt()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions	Invoice Pr	cparation Checklist.  Int Reporting (\$30);  In Assessment (\$100); INC (\$20);  Fee \$40;  Through Survey  Through Survey (Resurvey)  In A + SMRT Survey  Itional Services:  Itional Services:  Sy Car / Tpt Allowance  Co-ordination  Epair Inspection  Collect Excess Coordination  TP (Non INC) against INC	Amt (5).  Tst Bill  80)  10/\$45  \$120  \$30  5)  \$75  \$160  \$5  \$10  \$25  \$35  \$20  \$30	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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

ACCIDENT STATEMENT
03/02/2020 14:47
23/01/2020 20:15
2 LIANG SEAH ST
SINGAPORE
DETAILS OF OWN VEHICLE
FBH3618H
HAIRULNARASHID BIN ABDUL RAHMAN
SXXXX878J
NOEMAIL
(LOCAL) +65-88765994
OFFICE-88765994
BAJAJ
PULSAR 200 NS MANUAL
t PRIVATE USE
YES
MOTORCYCLE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
THIRD PARTY FIRE AND/OR THEFT
NO
5084576862-03
AISY BAZLI BIN HAIRULNARASHID
SXXXX061J
21/07/1998
OUTDOOR
26/09/2016
3 YEARS AND 3 MONTHS
3 YEARS AND 3 MONTHS MALE

OFFICE-96691751

NOEMAIL

BLK 312 BUKIT BATOK STREET 32 Address

#04-65

650312 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

1

NO

1

General Information of the Accident

FIRE, EXPLOSION OR LIGHTNING Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

CENTRAL POLICE DIVISIONAL HQ (A DIVISION) Police Station Name

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT Police Station Address COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - A/20200124/7001.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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

NIDIC/EIN

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			344378			
Refer to	po/10	report.	grosony	12001.		
	1	1				
			/			
					111 12	

## 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.:





1 of 2

Report No. A/20200124/7001

## POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made	Vide Re	Station Diary No.				
24/01/2020 02:15						
Name Of Informant	Address					
AISY BAZLI BIN HAIRULNARASHID	APT BLK 312 BUKIT BATOK STREET 32 #04-65 SINGAPORE 650312					
ID Type / ID No. NRIC NO / S9823061J	Contact Home/C					
Nationality SINGAPORE CITIZEN	Email A	ddress i98@gmail.	com			
Occupation Aircraft engine mechanic	Sex Male	Age 21	Date of Birth 21/07/1998	Race Malay		
Institution/School Name	Languag English	Language				
Date/Time Of Incident 23/01/2020 20:00 - 23/01/2020 20:30	Location Of Incident 2 LIANG SEAH STREET SINGAPORE 189023					
Briof dotails						

Brief details.

On 23 Jan 20 @ around 8:15pm, I (Aisy Bazli Bin Hairulnarashid) was handling a food order (Grabfood) and returning to my Bike (Pulsar NS200 FBH3618H) that was parked near the pavement (along an alley next to 2 Liang Seah St, When I get on my bike and started my engine, suddenly I saw fire coming from the set between my legs. I immediately get off from my bike and ran for help and to avoid any injury, I then called 995 for assistance, A chinese man from a coffeeshop kitchen ran with a fire extinguisher and assist to put out the fire. After everything settled down I gave my details to SCDF as requested.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2020 02:15
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

## CONTINUATION OF REPORT

Report No. A/20200124/7001

Victim			
Person Name	AISY BAZLI BIN HAIRULNARA	ASHID	
ID Type	NRIC NO	ID No	S9823061J
Gender	Male	Age	21
Race	Malay	Language	English
Occupation	Aircraft engine mechanic	Address Type	
Address	APT BLK 312 BUKIT BATOK STREET 32 #04-65 SINGAPORE 650312	Mobile No	96691751
ls Informant A Victim?	Yes		
Person Name	AISY BAZLI BIN HAIRULNARA	0000 (1.7	1

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2020 02:15
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	AND DESCRIPTION OF THE PARTY OF		· Change	Language	· Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	Vo.				Date of	Accident	23	/01/2020 20	15	
	Vehicle	No.(For Motor)	<b>ГВНЗ6</b>	518H		Certifica	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084576862- 03		HAIRULNARASHID BIN ABDUL RAHMAN	574138783	GMC	Third Party, Fire & Theft		FBH3618H	27/11/2019	26/11/2020
					Con	itinue					

Policy No.	5084576862-03	Policyholder Name	HAIRULNAR	ASHID BIN ABDUL R	Policyholder NRIC	S7413878)	
Certificate No.							
Address	BLK 312 #04-65 BUKIT BATOK 5	STREET 32 SI	NGAPORE 65	0312			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	26/11/2019	Effective Date	27/11/2019	00:00	Expiry Date	26/11/2020 23	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 312 #04-65	Addre	ss 2	BUKIT BATOK STRE	ET 32	Address 3	SINGAPORE 650312
Address 4		Addre	ss Type	Singapore address		Post Code	650312
Unit No.		Relate Numb	d Policy er	5084576862-03			
▶ Insured	Object: FBH3618H						
Tendorse	ements						
Segueno	e Date of Endorsement	. 1	Indorsement	Type	Endorsement	Status	Endorsement Content

Claim Handling										
Accident MT/1082646										
Policy No.	5084576862-03	Vehicle No.		внасавн			OST Registrati	on No.		
Certificate No.										
Policyholder Name	HAIRULNARASHID BIN ABDUL RAHMAN						Policyholder N	RIC	574136	762
Product Code	MOTORCYCLE INSURANCE	Cover Type	4	Third Party	, Fire & Theft		Loading		0	
Contact No.(Mobile)	887659940	Contact No.(Office)	0	1			Contact No.(h	ome).	0	
Email Address		Special Remark					еСобе		1 ×	
KFK	No ○Yex	TCA	- 3	® No.⊜Y	65		eCode Reason			
NCD Protection	No	WCD Entitlement(%)		20			Private Hire		No	
Accident Details		1000								
Report Date	03/02/2020 15:20	Accident Report Within	34 har W	es			Accident Type		Free res	loson or lightning
Date of Accident	23/01/2020	Time of Accident hhim	2	20:15			Country of Acc	ident	Singapo	•
Reporting Centre		Orange Force					ICM No.			
Accident Location	2 LIANG SEAH ST									
→ Total Excess Applicable	E.									
Excess Type	Per Accident	Windschien Excess								
zarzenen auro-sus	THANAN	0.2521900000000000000000000000000000000000			992					
OD Standard Excess	0.00	TP Standard Excess			0.00					
YIED OD Excess	0.00	YIED TP Excess			0.00		Driver is Cove	res/	Not Cov	ired
Additional Excess										
Total OD Excess Applicable	0.00	Total TP Excess Applica	able		0.00					
▼ Benefits										
□ GST Registered Inform	ation									
ST Registered	No				Registration Date					
SST Registration No.				G51	Status Verified		Yes			
Apdification History										
Policyholder Mailing Ar	ddress									
Address 1	BLK 312 #04-65	Address 2	8	SUKIT BAT	OK STREET 32		Address 3		SINGAP	CRE 650312
Address 4		Address Type	9	ingapore a	address		Post Code		650312	
Unit No.		Related Policy Number	5	508457686	2-03					
⊕ OI Driver Info										
Driver Name	AISY BAZLI BIN HAIRULNARASHID	Driver Type		fain Driver	85					
Unnamed driver Name		Driver NR3C	5	19823061			Driver DOB		21/07/1	990
Register Date of Driver License	25/09/2016	Driver Age	- 3	23			Driving Expeni	ence	3	
Contact No.(Mobile)	96691751	Contact No.(Office)		1			Contact No.(H	ome)	0	
Address 1	BLK 212	Address 2	E	BUKIT BAT	OK STREET 32		Address 3		SINGAP	ORE 650312
Address 4		Address Type	s	ingapore a	address		Post Code		650312	
unit No.	04-65									
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.					Driver Insurer	Company		
Registered cer?	0.123.40							551455416		
Declaration										
Breathalyser or Blood Test		Any injury?	- 9	O Yes ⊕ #	<u>.</u>					
Reading?	0 mg	with tolars.	3	C) res (G)	***					
Modification History										
Service State N										
Claim 001 New										
Daim Type *	00-MX	Insured Name	9	-MIRULNAF	RASHOD BON ABOUL R		Insured NRIC		574138	783
Contact No.(Mobile)	58765994	Contact No.(Home)	7	VIL			Contact No.(C	Mice)		
Email Address	MARINA HAIRUU@GMAIL.COM	Of Vehicle Number	- 7	танза18н	0		TP Vehicle Nur	yper		
Claimant Type Claimant Type *		Type of Benefit +	Ē	Please Sek	ect 🗸					
Claimant Name *	>>	Claiment NRIC +	- 1							
Claimant Address		STATISTICS OF STATES	-							
Claim Description	FBH3618H ON 23 Jan 2020						Name of Prefe	rred Worksho	g	
Preferred Workshop Contact	100000000000000000000000000000000000000	450 204 (1544)			2 1521		To the same of the	The same of	15	
No.		Insured Liability *	-	Not at Faul					-	
Require Finalisation	Yes	Preferend Repair Option	on	income to	assign workshop	V	GIA report		Receive	Section Control of the Control of th
Date Registered	03/02/2020 15:22	Claim Close Date	- 1		- 3		Date Received		03/02/2	020 00:00
Report Taken By	Jackson									
Print AK letter										
			100	nue la c	mir I					
			54	ave Sub	mit.					
Attachment										
19										
	AFT (1007615	Company of the Compan			001					
Accident No.	MT/1082646	Claim No.								
Last Doc. Received	● Yes ○ No	Upload De	DE .		03/02/2020 15:23					
	Path *			Lucymore	Category *		Confidenti	-	euck .	Description *
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r Video List						0		
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		ONAL ASSESSMENT CENTRE SERVI Feb 2020 15:22	Photos		Normal	Phot	os 2020-2-3	
		ONAL ASSESSMENT CENTRE SERVI Feb 2020 15:32	Photos		Normal	Phot	os 2020-2-3	
	NAC_PAYA_UBI_800601( NATI) CES) on 0.3	ONAL ASSESSMENT CENTRE SERVI Feb 2020 15:22	Photos		Normal	Phot	ow 2020-2-3	
	NAC_PAYA_UB1_800601( NATIO CES) on 03	ONAL ASSESSMENT CENTRE SERVE Feb 2020 15:22	Photos		Normal	Phot	ps 2020-2-3	
		ONAL ASSESSMENT CENTRE SERVE Feb 2020 15:22	Photos		Normal	Phot	os 2020-2-3	
N.		ONAL ASSESSMENT CENTRE SERVI Feb 2020 15:22	Photos		Normal	Phot	os 2020-2-3	
-6		ONAL ASSESSMENT CENTRE SERVI Feb 2020 15:22	Photos		Normal	Phot	os 2020-2-3	
		ONAL ASSESSMENT CENTRE SERVE Peb 2020 15:22	Photos		Normal	Phot	es 2020-2-3	
1	NAC_PAYA_UB1_800601( NATIO	ONAL ASSESSMENT CENTRE SERVI Peb 2020 15:22	Photos		Normal	Phot	os 2020-2-3	
52		ONAL ASSESSMENT CENTRE SERVI Feb 2020 15:22	Photos		Normal	Phot	os 2020-2-3	
19		ONAL ASSESSMENT CENTRE SERVI Feb 2020 15:23	SAS		Normal	sas	\$ 2020-2-3	
- 21		ONAL ASSESSMENT CENTRE SERVI Feb 2020 15:23	NRIC/ Driving License	Y	Normal	NRIC/ Drive	g License 2020-2-3	
Attachment	Uploade	ed By/Date	Category	9	Urgency	D	escription	Msg Sent? (CO)

				FBH	17616	14	2 May	2018
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5) Damage due to Act of God.				Steering foorder				
of Fallers Object. [ ]	by Florid	0		/	/ Januared / Le			
c) Office,				Modi Nit / 5	I STEAM	Rim or		
6) Parled & Found Damaged. **				Tyro Size E:	11017	20		
aj Vandalism ( )	b) this by bloomy of par	1		R	1401	( )		
7) Theft Case				BS DUN / EXNC	OVA/GY/FS	LIZATMIC	/ OHTSUT PIR /	SUMIT
a) Stolen ( )	b) Damage found when recovered	Y		TOYO / YOKO	Of	Feor		
8) Fire				P/Bal.	4	na PMO-a	9	3000
on Whilest detailing to 1	b) Parted	1	j.	L/Bal /	-	rija t/Brit	· .	
			- 6	1.54	0			
9) Accident date more than 24hrs		(		Parallel Import: Y Repair Type	10 LB.1	Town	TReputed E	) to ) 10
W				Ho of Repair Day			~ ~ ~	<u> </u>
Remarks for internal information	\$3,00	2		001 3/2		Time	7 5	Som
-m. V.	total lost		-	1	<i>J</i>		-, .	)
- Recommend	The second secon	-	D	By Assessor-	714 annine	nts		
the new bod	y frame al	26	0)	1) Damages not				
danaged by	tire.			2) Damagos do				
Remarks to appear in Works Ord	or 2. Assessment renov	1		R CAROLINE SALES				
	er a Maaraamem repo	1.		The second secon			and West Object	
1) Potential Total Less (	1						load Fertil Gress	
2) SRS Light on (	<i>Y</i>			3) Vehicle does				
3) ABS Light on (	1						negalisan F. 15. d.	1.00
							ham Process	
				1				

## Bike model

Type Of Vehicle

Any

Price From

Any

Price To

Any

Class

Any

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# > Back to OneMotoring

Bol: 342 A./W.Z.

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Classes - NDIC
Owner ID:	Singapore NRIC
Vehicle Details	878J
Vehicle No.:	FBH3618H
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Feb 2020
Vehicle Make:	BAJAJ
Vehicle Model:	PULSAR 200 NS MANUAL
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	JLZCDL62674
Chassis No.:	MD2A36FZ2DCL66593
Maximum Power Output:	**************************************
Open Market Value:	\$1,730.00
Original Registration Date:	27 May 2013
First Registration Date:	27 May 2013
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$260.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	26 May 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,663.00
COE Rebate Amount:	\$549.00
Total Rebate Amount:	\$549.00

The information contained herein is correct as at 03 Feb 2020

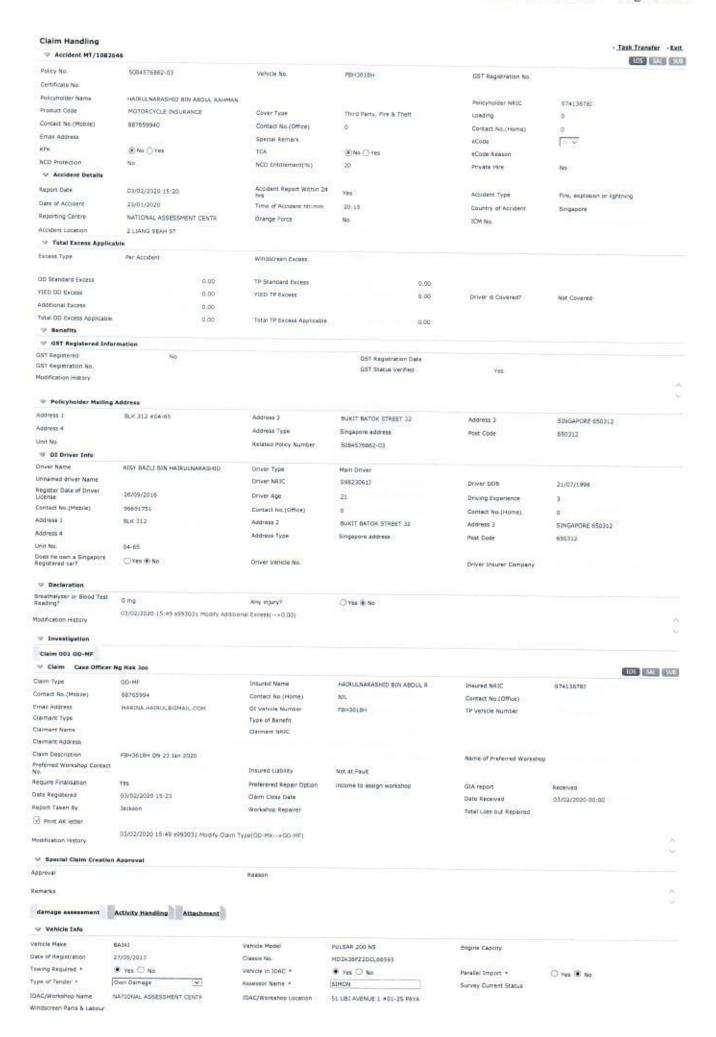
M-1- \$3,000

OK

- \$.24

Net value

\$ 5'42) ( tobour // mit





## LKK Paya Ubi

From:

Zuraimee Bin Mantau <zuraimee.mantau@income.com.sg>

Sent:

Friday, 21 February 2020 3:52 PM

To:

tender@huahong.com.sg

Cc:

ODsupport; LKK Paya Ubi; Ng Hak Joo

Subject:

Wreck tender award FBH3618H, MT/1082646-001

Our Ref: MT/CA/OD/077/1082646-001/NHJ/ZBM

21 Feb 2020

HUA HONG PTE LTD

25D SUNGEI KADUT STREET 1

SINGAPORE 729332

Dear Sir

CLAIM NUMBER: MT/1082646-001 VEHICLE NUMBER: FBH3618H

We are pleased to inform you that you are successful in your tender for the wreck vehicle. The details are

as follows:

Award Date: 21 Feb 2020

Make: BAJAJ

Model: PULSAR 200 NS

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

If you have any queries, please contact Ng Hak Joo at N or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President Motor Insurance

Thank you

#### Zuraimee Bin Mantau

Senior Executive Operations, Motor & Personal Lines (PL) T+65 6430 7891 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

## Vehicle Movement Form

Vehicle Check-In		
Vehicle No: 181+36181+	Date In: Time In:	with Keys: Yes No
	For Office use	
	Attended by:	
Workshop Collection of Vehicle		
Workshop: Hva hong		
Collection Date: 202 &	Time: with Keys: Yes / No	¥
Tow Truck No: EDF 3377D	TOW Man: HAH GEE JUNNRIC:	8810 94606
Signature:	98578851	
For office use		
Attended by: Ros linda.	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	
	NRIC:	<u>= 40</u>
Signature:		
For office use		
Attended by:	Approved b	y: