

NATIONAL Assessment Centre Services. [Part 1 Jan 09] MMA 120019870.

Date In: 13/12/20 13:17	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 20002514144	SAS e-filing		
Veh No: FBP 1830G	E-mail (within 3hrs, AIC 2hrs)		
IP: 6/12/20 17:40	I-Motor Claim Form	MTI 1084305-001	14/12/20 09:06
IP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
IP Particulars: Vch 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% P: 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 rep/rep.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC Ref No: 67006016)	Date: ( )	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	Action

MA2001844		Invoice Information	
Client's Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)	80.00
QC Checked by (Engr-In-Charge):		3) TP: Towing Fee \$40/\$45	
Auditors' Comments:		4) FT: Follow-Through Survey \$120	
		5) PT: Follow-Through Survey (Resurvey) \$30	
		For claiming against INC Only (w/c 10 Jan 2009)	
		6) TR: Re-inspection \$75	
		7) NI: Idea DA + SMRT Survey \$160	
		8) NTUC Additional Services:	
		ON:	
		*N5: Courtesy Car / Tpt Allowance \$5	
		*N6: Repair Co-ordination \$10	10.00
		*N7: Post Repair Inspection \$25	
		*N8: DV / Collect Excess Coordination \$5	
		TP (N11): TP (Non INC) against INC \$20	
		9) N12: Idea Mobile \$0	
		Invoice dated	Fee Charged
		Invoice dated	Fee Charged



## 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	13/02/2020 13:17
Date Of Accident	06/02/2020 17:40
Exact Location Of Accident	CTE (SLE) 9.1KM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1830G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD NURFAKHRI BIN MISLAM
NRIC No	SXXXX382J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93393463
Alternative Phone No	OFFICE-93393463

### Vehicle Particulars

Manufacturer	BMW
Model	G310GS ABS MANUAL
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	5107584337
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD NURFAKHRI BIN MISLAM
NRIC No	SXXXX382J
Date Of Birth	30/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93393463
Fax Number	
Contact Number	OFFICE-93393463
Email Address	NOEMAIL

Address	BLK 613 BUKIT PANJANG RING ROAD #04-854
Postcode	670613
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	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	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)	2
Passenger 1	NAME: : LIYANAH GENDER: : FEMALE

#### 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/20200212/2080

#### 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 INJURED PERSON 1

Name	MUHAMMAD NURFAKHRI BIN MISLAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBP1830G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

**DETAILS OF INJURED PERSON 2**

Name	LIYANAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBP1830G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## 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: 12/02/23 / 3.15 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Diagram illustrating a sequence of events:

- A car is shown moving towards a person labeled 'A'.
- Person 'A' is shown moving towards a taxi.
- The taxi is shown moving towards a person labeled 'Shirley'.

Equation:

$$A = \text{FBP } 1830 \text{ G.}$$

Refer to Police Report

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

Date & Time: 12/02/20 / 3.15 pm

Driver's Signature

Reporting Centre Personnel's Signature



## ACCIDENT STATEMENT

ACCIDENT DATE: 6 / 2 / 20 (DD/MM/YYYY), TIME: 17 : 40 (HH:MM)

LOCATION: CTE CSE) 9.1 Km

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 1830 G  
 b) INSURANCE COMPANY: IME  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Muhammad Murfaqhri Bin Mislam (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93393463  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES / NO)  
 7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: traffic Police

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

by Liyanah (F).

iamfakhri

email = iamfakhri@gmail.com

fax =

video = No.

\* photo

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )



# SINGAPORE POLICE FORCE



T/20200212/2080

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

1 of 3  
Report No. T/20200212/2080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2020 14:20	Vide Report No.: E/20200211/0098	Station Diary No.:
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### Informant's Particulars

Name of Informant: MUHAMMAD NURFAKHRI BIN MISLAM			Address: APT BLK 613 BUKIT PANJANG RING ROAD #04-854 SINGAPORE 670613		
ID Type / ID No.: NRIC NO / S9050382J			Contact No.: Home/Office: Mobile: 93393463		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 30/12/1990	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: Driving instructor/tester			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/02/2020 17:40	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY CTE (SLE) 9.1KM				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: SELF SKIDDED				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1830G	Motorcycle	BMW	G310GS ABS MANUAL	Black	Slightly Damaged	2

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1830G	NTUC Income Insurance Co-Operative Limited	5107584337	16/02/2019	15/02/2020





**SINGAPORE  
POLICE FORCE**



T/20200212/2080

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

2 of 3

Report No. T/20200212/2080

**CONTINUATION OF REPORT**

**Brief Details.**

On the above stated date time and place,

I was travelling on the right most lane and when I was switching lanes to the 2nd most right lane, I noticed a vehicle from the left most lane making a lane change to the 2nd most right lane beside me. In order to avoid collision, I swerved to my right and saw a taxi close to me therefore I swerved back to the left and skidded. I was unsure if there was any collision with both vehicles and both vehicles did not stop. My passenger and I was conveyed to TTSH and was given total of 7 days MC. That is all.



**SINGAPORE  
POLICE FORCE**



T/20200212/2080

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

3 of 3

Report No. T/20200212/2080

**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:  
TP /  
CHUA YUEJUN GLADWYN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Signature Of Informant:

Date/Time:  
12/02/2020 14:20

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/02/2020 15:02"/>	
Vehicle No.(For Motor)	<input type="text" value="FBP1830G"/>	Certificate Number	<input type="text"/>	
<input type="button" value="Search"/>				

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107584337		MUHAMMAD NURFAKHRI BIN MISLAM	S90503823	GMC	Comprehensive	FBP1830G	FBP1830G	16/02/2019	15/02/2020

## Claim Handling

Accident MT/1084305

Policy No.	5107584337	Vehicle No.	FBP1830G	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NURFAKHRI BIN MISLAM	Cover Type	Comprehensive	Policyholder NRIC	S9050382J
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93393463	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	14/02/2020 08:57	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	06/02/2020	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (SLE) 9.1KM				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	500.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 613 #04-854	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 670613
Address 4		Address Type	Singapore address	Post Code	670613
Unit No.		Related Policy Number	5107584337-01		
<b>01 Driver Info</b>					
Driver Name	MUHAMMAD NURFAKHRI BIN MISLAM	Driver Type	Main Driver	Driver DOB	30/12/1990
Unnamed driver Name		Driver NRIC	S9050382J	Driving Experience	10
Register Date of Driver License	31/08/2009	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	93393463	Contact No.(Office)		Address 3	SINGAPORE 670613
Address 1	BLK 613 #04-854	Address 2	BUKIT PANJANG RING ROAD	Post Code	670613
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History:

Claim 001 **New**

Claim Type *	OD-MD	Insured Name	MUHAMMAD NURFAKHRI BIN MISLAM	Insured NRIC	S9050382J
Contact No.(Mobile)	93393463	Contact No.(Home)	63103021	Contact No.(Office)	
Email Address	IAMFAKHRI@GMAIL.COM	Vehicle Number	FBP1830G	TP	
Claim Description	FBP1830G ON 6 Feb 2020			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Partially at Fault		
Report No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	14/02/2020 09:04	Date Received	14/02/2020
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter				OD Excess Collected by Workshop	
<div>Save</div> <div>Submit</div>					

## Attachment

Accident No.	MT/1084305	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2020 09:06		
Path *		Category *	Confidential	Urgency *	Desc
<div>Choose File</div>	No file chosen	<div>Clear</div>	Please Select	NO	Normal
<div>Choose File</div>	No file chosen	<div>Clear</div>	Please Select	NO	Normal
<div>Choose File</div>	No file chosen	<div>Clear</div>	Please Select	NO	Normal
<div>Choose File</div>	No file chosen	<div>Clear</div>	Please Select	NO	Normal
<div>Choose File</div>	No file chosen	<div>Clear</div>	Please Select	NO	Normal
<div>Choose File</div>	No file chosen	<div>Clear</div>	Please Select	NO	Normal
<div>Message Read</div>		<div>Clear</div>	Please Select	NO	Normal
<b>Attachment List</b>					



2/2

# ASSESSMENT (100-10)

## By Assessor- 1) Nature of Accident:

- 1) Vehicle hit Vehicle:
  - a) Pedestrian ( )
  - b) Pedestrian ( )
  - c) Bicycle ( )
  - d) Animal ( )
- 2) Vehicle hit Road Side Object:
  - a) Govt Property ( )
  - b) Road Work Object ( )
  - c) Private Property ( )
- 3) Vehicle drop into drain ( )
- 4) Damage due to Act of God:
  - a) Fallen Object ( )
  - b) Flood ( )
  - c) Other ( )
- 5) Parked & Found Damaged:
  - a) Vandalism ( )
  - b) Hit by Moving Object ( )
- 6) Theft Case:
  - a) Stolen ( )
  - b) Damage found when recovered ( )
- 7) Fire:
  - a) Whilst driving ( )
  - b) Parked ( )
- 8) 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

Vehicle: **FBP 1830 G** Date: **16 Feb 2019**

Type: MC Car / Motorcycle / Bus / Van / Light / Taxi / Prime Mover / Truck / Trailer or

Make & Model: **BMW G30GS** Year: **313**

Colour: **Black** Transmission Type: Auto / Manual

Engine: **8486** Tip / Roading

Chassis: **WB30G 020 XKR 813678**

Gen: Good / Fair / Poor / Burnt or

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **110/80** R: **150/70**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Metzeler**

Front: **7** Rear: **7**

R/Bal: **---** mm P/Bal: **---** mm

L/Bal: **---** mm L/Bal: **---** mm

Parallel Import: Yes / No Towed-In: Yes / No

Repair Type: LS / LB.I Towing Required: Yes / No

No of Repair Days: **3** Vehicle in Use: Yes / No

D.O.I: **13/2/2020** Time: **4.05pm**

## 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) Govt 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:

100-10

100-10

To End of operation / Completed Time



## Condition (CON)

(01) Bent (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched  
 (07) Deformed (08) Shifted (09) Buckled (10) Broken (11) Necessary  
 (12) Missing (13) Torn (14) Unconfirmed (15) Not Working

## FOR MOTORCYCLE

## ACTION (AC)

1. Replace (✓) 2. Repair (X) 3. Check (?)  
 4. Not Consistent (NC)

May 2005

## Motorcycle

Vehicle No: **FBP 1830G**

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate			
3001	995065	Front Tyre			
3002	995095	Front Rim			
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard			
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy			
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			
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing			
3017	992130	Front Windshield			
3018	992134	Front Wing Mirror <b>RH</b>	<b>CUT</b>		
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp			
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar	<b>BT</b>		
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip	<b>NEC</b>		
3031	995184	Handle Bar Balancer LH			
3032	992300	Handle Bar Balancer RH	<b>CUT</b>		
1252	992179	Fuel Tank <b>Crash Bar</b>	<b>CUT</b>		
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever			
3035	992293	Hand Brake Lever	<b>CUT</b>		
3036	991119	Side Fairing			
3037	994220	Side Fairing Top Garnish			
3038	994219	Side Fairing Inner Garnish			
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			
		<b>RH Tail Board</b>	<b>SCR R</b>		

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator			
1053	992738	Radiator Cowling			
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar	<b>CUT</b>		
3048	990928	Engine Guard			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake	<b>CUT</b>		
3050	991154	Front Foot Rest <b>RH</b>	<b>CUT</b>		
3051	991779	Front Foot Rest Bracket			
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 <b>RH</b>	<b>CUT</b>		
3059	993501	Rear Foot Rest Bracket <b>RH</b>	<b>CUT</b>		
3060	992581	Exhaust Muffler Heat Shield	<b>DD</b>		
3061	991058	Exhaust Muffler Assy			
1405	993719	Rear LH Shock Absorber			
1445	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			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm <b>RH Cover</b>	<b>CUT</b>		
1420	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp			
1137	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box	<b>CUT</b>		
3078	992928	Rear Box Bracket			
3079	991328	Emblem			
1136	990247	Sticker			

No of Items: \_\_\_\_\_ Assessor: \_\_\_\_\_



> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	382J
<b>Vehicle Details</b>	
Vehicle No.:	FBP1830G
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Feb 2020
Vehicle Make:	B.M.W.
Vehicle Model:	G310GS ABS MANUAL
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	A82A03A30180194
Chassis No.:	WB30G020XKR813678
Maximum Power Output:	-
Open Market Value:	\$7,348.00
Original Registration Date:	16 Feb 2019
First Registration Date:	16 Feb 2019
Transfer Count:	1
Actual ARF Paid:	\$1,924.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	15 Feb 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,709.00
COE Rebate Amount:	\$3,339.00
<b>Total Rebate Amount:</b>	<b>\$3,339.00</b>

The information contained herein is correct as at 13 Feb 2020

OK



## Claim Handling

Task Transfer Exit

## Accident MT/1084305

LOS SAL SUB

Policy No.	5107584337	Vehicle No.	FBP1830G	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NURFAKHRI BIN MISLAM			Policyholder NRIC	S9050382J
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93393463	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	14/02/2020 08:57	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	06/02/2020	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	CTE (SLE) 9.1KM				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	500.00	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	500.00	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 613 #04-854	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 670613
Address 4		Address Type	Singapore address	Post Code	670613
Unit No.		Related Policy Number	5107584337-01		

## OI Driver Info

Driver Name	MUHAMMAD NURFAKHRI BIN MISLAM	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9050382J	Driver DOB	30/12/1990
Register Date of Driver License	31/08/2009	Driver Age	29	Driving Experience	10
Contact No.(Mobile)	93393463	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 613 #04-854	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 670613
Address 4		Address Type	Singapore address	Post Code	670613
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

## Investigation

## Claim 001 OD-MD

## Claim Case Officer Yap Chee Ling

LOS SAL SUB

Claim Type	OD-MD	Insured Name	MUHAMMAD NURFAKHRI BIN ME	Insured NRIC	S9050382J
Contact No.(Mobile)	93393463	Contact No. (Home)	63103021	Contact No. (Office)	
Email Address	IAMFAKHRI@GMAIL.COM	OI Vehicle Number	FBP1830G	TP Vehicle Number	
Claim Description	FBP1830G ON 6 Feb 2020			Name of Preferred Workshop	0
Preferred Workshop	0				
Continuing Repair Option	Yes				
Preferred Repair Option	Preferred Workshop, Name unknown				
Insured Liability report	Partially at Fault				
Date Registered	14/02/2020 09:07	Claim Close Date		Date Received	14/02/2020 09:47
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

## Special Claim Creation Approval

Approval	Reason
Remarks	

## damage assessment Attachment

## Vehicle Info

Vehicle Make	BMW	Vehicle Model	OTHERS	Engine Capacity	
Date of	16/02/2019	Classis No.	WB30G020XXR813678		

Registration			
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle In IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	SIMON
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA
Windscreen		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Parts & Labour Cost			
Market Value(\$)		Scrape Value(\$)	
		Economical Repair Value(\$)	
Remark	REMARK: NO OF REPAIR DAYS: 3 DAYS. 1X FUEL TANK CRASH BAR - REPLACE. 1X RH TAIL BOARD - REPAIR. 1X ENGINE CRASH BAR - REPLACE. 1X FOOT BRAKE - REPLACE. 1X FRT RH FOOT REST - REPLACE. 1X REAR RH FOOT REST - REPLACE. 1X REAR RH FOOT REST BRACKET - REPLACE. 1X EXHAUST MUFFLER HEAT SHIELD - REPLACE. 1X SWING ARM RH COVER - REPLACE.		

Remark for Supplementary

## ▼ Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Code *	
root						
Not Applicable	1	45300102	WING MIRROR (RIGHT)	1	Replace	X
ABS	2	38500202	SIGNAL LAMP (FRONT RIGHT)	1	Unconfirm	X
ABSORBER	3	27400101	HANDLE BAR (M/C) (FRONT)	1	Replace	X
ACCELERATOR	4	27400601	HANDLE BAR (M/C) GRIP (FRONT)	1	Replace	X
ACTUATOR	5	27400202	HANDLE BAR (M/C) BALANCER (RIGHT)	1	Replace	X
ADVERTISEMENT STICKER	6	273005	HAND BRAKE LEVER	1	Replace	X
AIR BAG	7	247014	EXHAUST MUFFLER	1	Unconfirm	X
AIR BLOWER	8	15100102	BOX (M/C) (REAR)	1	Replace	X
AIR BOX	9	40103501	STEERING STEM (LOWER )	1	Unconfirm	X
AIR CHAMBER BOX	10	40103502	STEERING STEM (UPPER)	1	Unconfirm	X
AIR CLEANER						
AIR COMPRESSOR						
AIR CON						
AIR CON (VAN)						
AIR COOLER						
AIR DISTRIBUTOR						
AIR FILTER						
AIR FLOW						
AIR GRILLE						
AIR HORN						

Save Submit





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: FBP1830 G Date In: \_\_\_\_\_ Time In: \_\_\_\_\_ with Keys: Yes / No

*For Office use*

Attended by: \_\_\_\_\_

Workshop Collection of Vehicle

Workshop: Tanaro Bikes

Collection Date: 17/2/20 Time: 16:30 with Keys: Yes ~~No~~

Tow Truck No: GZ5568B Tow Man: Mohan NRIC: S165777412

Signature:  92953047

*For office use*

Attended by: Shan Hui.

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: \_\_\_\_\_

## LKK Paya Ubi

---

**From:** PanEuroBikes <paneurobikes@singnet.com.sg>  
**Sent:** Monday, 17 February 2020 4:35 PM  
**To:** rspu@lkkauto.com  
**Subject:** FW: FBP1830G | MT/1084305 - BMW G310GS ABS MANUAL  
  
**Importance:** High

Pan Euro Bikes Pte Ltd  
Tel : +65 6299-4929  
Fax : +65 6299-4430  
Mobil : +65 9731-7133, +65 8121-2173  
Email : paneurobikes@singnet.com.sg

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**From:** Yap Chee Ling [mailto:CheeLing.Yap@income.com.sg]  
**Sent:** Monday, February 17, 2020 11:16 AM  
**To:** PanEuroBikes  
**Subject:** FBP1830G | MT/1084305 - BMW G310GS ABS MANUAL  
**Importance:** High

Hi Kin Wah,

We refer to the above claim.

Please pick up the above bike from NAC Paya Ubi, raise estimate on the damages (with pricing) and to arrange a survey via [mtsurvey@income.com.sg](mailto:mtsurvey@income.com.sg) one day in advance (before 430pm) for the survey to be conducted the next working day.

Kindly email the surveyor's markings to me after the bike has been surveyed.

Thank you.

**Yap Chee Ling (Ms)**  
Executive  
Operations, Motor and Personal Lines (PL)  
T +65 6430 7893  
[www.income.com.sg](http://www.income.com.sg)

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**in** with you



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