

ASS. REC. BY:

REF: CS 3 / FC1 20003404 / HV f3b Special Instruction:

Surveyor: Hock An ASSIGNMENT (Office)From (Person): Murina Chin San San of FC1 Date/Time: 21/3/2020 2.20p.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: FB 2 6309J Insured: SH C 7133Tat Workshop m/s my car consultant Tel: 88668832of 53 Ubi Ave 1 #01-33 Paya Ubi Industrial ParkPolicy No: _____ Claim No: D20001217 MPST

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25.2.2020
(Client's Record)CA / REV / REP. / REV 24 HRS imp 3/3/2020 H.O.D. Endorsement: _____Date/Time: 21/3/2020 2.19p.m Person Contacted: Hui Qin Vehicle: IN/OUT

Date/Time	Action/Instruction (X) Estimate
	FB 2 6309J - N/A / IN (20003353/24) D.O.A. - 26/01/2020
	SH C 7133T - N/A / IN (20003353/24) D.O.A. - 26/01/2020
6/3/20	Submit PRS report - mv: \$6000 (EST)

ASS. REC. BY: H ANNREF: FCI

PRS

ASSIGNMENT

From: _____

Date: 3/3/2020

Estimated Cost: _____

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

To Inspect Vehicle No: FB L 6309Jat Workshop m/s my car consultantof 53 Wai Ave / #01-33 Paya Ubi Industrial Park

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 up

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBL 6309JYr Regn: 20/01/2012

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

Truck / Trailer or

Make: honda cbfc.c. 184Colour: orange

A/C: Insured / Std / NI / NA

Sp. Reading: 86744 km

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: w/plate 4678 H/1 040 88

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 110/70-17R: 140/70-17

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mmR/Bal. 5 mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 25/2/20D.O.I. 3/3/20

1124AM

Survey held at my car consultant

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

repair days → 3 daysPRS case

RECEIVED 3 MAR 2020

MV - 6000PV - 4161UV - 18004/3/2020

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 613 - typist

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

Survey Fee: 150

Transportation: _____

S + RS: 51

Photos _____

Others _____

TOTAL

150

Rep. Form: _____

Lump Sum / L&S: _____

MOTOR SURVEY ASSIGNMENT

Date	27-02-2020	Our Ref No. D20001217MFSH
Accident Date	25-02-2020	Claim Type. Third Party
Insured Vehicle	SHC7133T	Third Party Vehicle. FBL6309J
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	MERINA CHIA SAN SAN	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
 This is a computer generated letter, no signature required.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	169Z
Vehicle Details	
Vehicle No.:	FBL6309J
Vehicle to be Exported:	No
Intended Deregistration Date:	03 Mar 2020
Vehicle Make:	HONDA
Vehicle Model:	CBF190WH
Primary Colour:	Orange
Manufacturing Year:	2016
Engine No.:	MC46E5014662
Chassis No.:	LWBMC4698H1104088
Maximum Power Output:	-
Open Market Value:	\$2,997.00
Original Registration Date:	20 Jan 2017
First Registration Date:	20 Jan 2017
Transfer Count:	1
Actual ARF Paid:	\$450.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	19 Jan 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,052.00
COE Rebate Amount:	\$4,161.00
Total Rebate Amount:	\$4,161.00

The information contained herein is correct as at 03 Mar 2020

OK



69

Bike model

Type Of Vehicle

Any

Price From

Any

Price To

Any

Class

Any

MORE SEARCH OPTIONS

Q SEARCH [VIEW ALL \(/listing/usedbikes/listing/\)](#)

(/listing/usedbike/gallery/honda-honda-cbf190x-fighthawk/16264/)

6 yrs 11 months

[REPORT ERROR \(/listing/usedbike/gallery/honda-honda-cbf190x-fighthawk/16264/\)](#)
[SHORTLIST](#)
[SHARE \(WHATSAPP/WHOTEXT/HTTPS://WWW.SGBIKEMART.COM/Listing/usedbikes/honda-honda-cbf190x-fighthawk/16264/\)](#)

Honda CBF190X Fighthawk

Listing Type	Paid Ad
Brand	Honda (/listing/usedbike/brand/honda/)
Model	Honda CBF190X Fighthawk (/listing/usedbike/model/honda-cbf190x-fighthawk/)
Engine Capacity	184cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	11/07/2017
COE Expiry Date	10/07/2027 (7 years 4 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Sport Tourers (/listing/usedbike/model/motorcycle-for-sale/sport-tourers/)

Price: SGD \$7200

6000/L

[DETAILS](#)

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	28/02/2020 15:39
Date Of Accident	25/02/2020 19:10
Exact Location Of Accident	JUNC LOR BAKAR BATU & KALLANG SECTOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6309J
Insured/Policyholder	
Name Of Registered Owner	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL
NRIC No	SXXXX169Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94461195
Alternative Phone No	OFFICE-94461195

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097522761-02
Cover Note Number	

Driver

Name of Driver	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL
NRIC No	SXXXX169Z
Date Of Birth	09/05/1986
Occupation	INDOOR
Date Of Driving Pass	28/05/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94461195
Fax Number	
Contact Number	OFFICE-94461195
Email Address	NOEMAIL

Address	BLK 220 PETIR ROAD #06-343
Postcode	670220
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 - CROSS JUNCTION
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 - 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/20200226/2088.

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	SHC7133T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG WEE KET
NRIC/Passport Number	SXXXX019C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL6309J
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 Authorised 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 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:

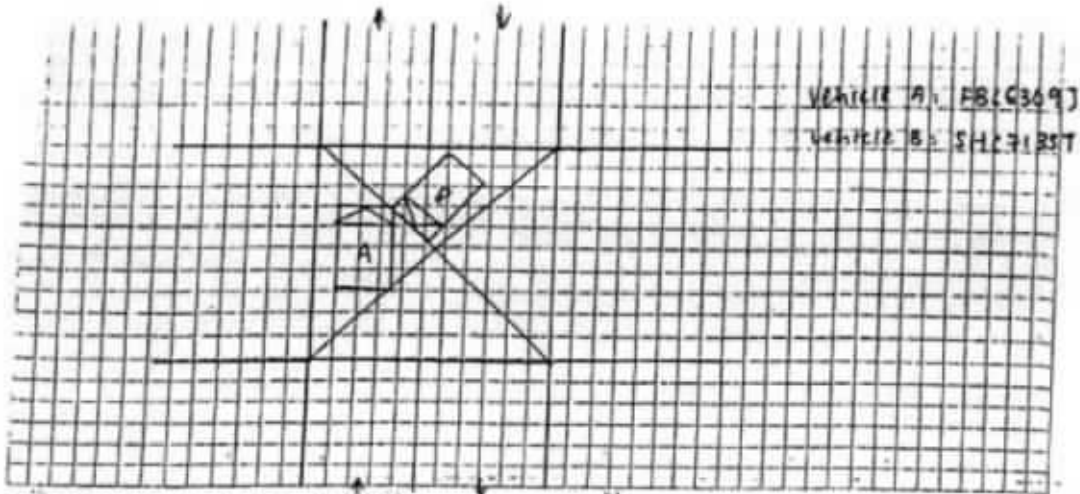
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


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

Accident Sketch Plan



Vehicle A: FB203097

Vehicle B: SH231257

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT ATTACHED

DECLARATION

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:
NIC/VIN No.:

2019/04/17 10:00:00 AM of Page 1 of 1

Police Report



**SINGAPORE
POLICE FORCE**



T/20200226/2088

1 of 3

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

Report No. T/20200226/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2020 15:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL			Address: APT BLK 220 PETIR ROAD #06-343 SINGAPORE 670220		
ID Type / ID No.: NRIC NO / S8673189Z			Contact No.: Home/Office: Mobile: 94461195		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 09/05/1986	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2020 19:10	Type of Location: T-Junction
Location: Along Road 1 LORONG BAKAR BATU KALLANG SECTOR AT THE T JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBL6309J	Motorcycle	HONDA	CBF190WH	Orange	Seriously Damaged	0
SHC7133T	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6309J	NTUC Income Insurance Co-Operative Limited	5097522761-02	20/01/2020	19/01/2021

Police Report



**SINGAPORE
POLICE FORCE**



T/20200226/2088

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000

Report No. T/20200226/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	R RAGU RAJA GOPAL @R RAGU S/O RAJA GOPAL	ID No.	S8673169Z
Related Vehicle	FBL6309J (Motorcycle)	Contact No.	94461195
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/02/2020	Date Discharge	26/02/2020
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Driver			
Name	NG WEE KET	ID No.	S1280019C
Related Vehicle	SHC7133T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS RIDING MY BIKE WHEN A TAXI MADE A RIGHT TURN. I WAS GOING STRAIGHT AND THE TAXI DIDNT NOTICE ME AND HE COLLIDED AGAINST ME. I THEN FELL FROM MY VEHICLE AND SUFFERED INJURIES SUCH AS CONTUSION OF CHEST WALL, KNEE AND RIGHT SHOULDER. I TOOK PARTICULARS FROM THE CAB DRIVER. THE CAB DRIVER THEN HELP TO CALL FOR AMBULANCE AND I WAS CONVEYED TO TTSH.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20200226/2088

3 of 3

Report No. T/20200226/2088

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 /
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE
Contact No.: 65476195

Authentication Stamp
NP188

Signature Of Informant:

Date/Time:
26/02/2020 15:21

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

**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 REPORTMS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD #16-01 CITY
HOUSE SINGAPORE 068877

Ref: CS3/FCI20003404/Hvf3e2

Date: 10-03-2020



Code: FCI2

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SHC 7133T	Veh. Inspected	FBL 6309J
Policy No.		Coverage (\$)	0.00
Claim No.	D20001217MFSH	Excess (\$)	0.00
Assign From	MERINA CHIA SAN SAN	Assign Date	02/03/2020

2. Vehicle Particulars & Condition

Make & Model	HONDA CBF	c.c	184
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	LWBMC4698H1104088	Colour	ORANGE
Odometer	86244 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	110/70-17	CORSA	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	140/70-17	BRIDGESTONE	5 mm
L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S, N/S BODY AND FRONT PORTION.	
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5. General Information

Accident Date	25/02/2020	Inspect Date / Time	03/03/2020 (11:24 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 \$6,000.00
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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Report Ref No. CS3/FCI20003404/Hvf3e2

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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