

22/03/2021

ASS. REC. BY:

REF: CS/CTI20004793/d3 Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Adeline chng of CTI Date/Time: 1/4/2020 @ 5:06pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FV 8883 D

Insured:

SLA 1440J

at Workshop m/s

Automobile Hub

Tel:

9786 4483.

of

1 Kaki Bukit Avenue 6 #02-11 Autobay

Policy No:

Claim No:

SNM20D201571/SLA1440J/CECILIA

Sum Insured:

Excess:

D.O.A 27/03/2020

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

(cup)

H.O.D. Endorsement:

Date/Time: 9:24am @ 2/4/2020

Person Contacted:

Mr. Lim

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate

FV 8883D - X

SLA 1440J - X

400005

REF:

CT1

ASSIGNMENT

Date:

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

ated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

LT A 3782

6/4/20

confmt H/S \$500 with AH X-ray  
(\$ 4,017.20 Red - 89%)

Date/Time, File Pass to?

1) 16/04/20

Typ: 4

Date/Time, File Return to?

2)

☐

: Preli. Report

☒

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) \$ + RS. \$

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 500/- 45 )

## Back to OneMotoring

## Require PARF/COE Rebate for Registered Vehicle

## Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 255G

## Vehicle Details

Vehicle No.: FV8883D

Vehicle to be Exported: No

Intended Deregistration Date: 03 Apr 2020

Vehicle Make: YAMAHA

Vehicle Model: MX KING T150 MANUAL

Primary Colour: Blue

Manufacturing Year: 2019

Engine No.: G3E6E0520940

Chassis No.: MH3UG0750KK033050

Maximum Power Output: -

Open Market Value: \$2,381.00

Original Registration Date: 27 Nov 2019

First Registration Date: 27 Nov 2019

Transfer Count: 1

Actual ARF Paid: \$358.00

## Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

## Intended COE Rebate Details

COE Expiry Date: 26 Nov 2029

COE Category: D - Motorcycle

COE Period(Years): 10

QP Paid: \$3,921.00

COE Rebate Amount: \$3,782.00

**Total Rebate Amount: \$3,782.00**

The information contained herein is correct as at 03 Apr 2020

OK

## Yamaha MX King 150

Listing Type	Paid Ad
Brand	Yamaha (/listing/usedbike/brand/yamaha/)
Model	Yamaha MX King 150 (/listing/usedbike/model/yamaha-mx-king-150/)
Engine Capacity	150cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	23/03/2020
COE Expiry Date	22/03/2030 (9 years 11 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Cubs (/listing/usedbike/model/motorcycle-for-sale/cubs/)

**Price: SGD\$8700**

### DETAILS

Visit United Cycles Now! Trade In/Loan Available! Price Nego For Sincere Buyers! Bike Age Less Than 1month! Mileage Less Than 5km! Call Now!

### SIMILAR BIKES

[VIEW ALL \(/LISTING/USEDBIKES/LISTING/\)](#)

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	31/03/2020 16:55
Date Of Accident	27/03/2020 19:20
Exact Location Of Accident	IN FRONT OF COURTS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV8883D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA YEONG SHENG
NRIC No	SXXXX255G
Email Address	GUESSLAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90601688
Alternative Phone No	OFFICE-90601688

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
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	MOTORCYCLE

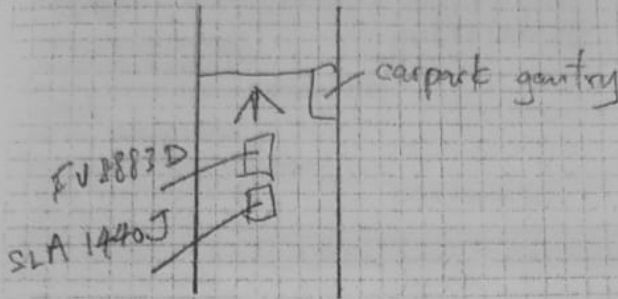
Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MTMC1009666
Cover Note Number	

Driver

Name of Driver	CHIA YEONG SHENG
NRIC No	SXXXX255G
Date Of Birth	08/05/1980
Occupation	INDOOR
Date Of Driving Pass	10/09/2002
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90601688
Fax Number	
Contact Number	OFFICE-90601688
Email Address	GUESSLAH@GMAIL.COM

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see police report -

Insurance Co.	
Vehicle No.	Date of Accident
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	

@ other w/s

## 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.:




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20200329/2056

1 of 4

Report No. T/20200329/2056

guess/eh@gmail.com

## REPORT OF A TRAFFIC ACCIDENT\*

Date/Time Report Made: 29/03/2020 23:42	Vide Report No.:	Station Diary No.: 121
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## Informant's Particulars

Name of Informant: CHIA YEONG SHENG	Address: APT BLK 126 ANG MO KIO AVENUE 3 #08-1929 SINGAPORE 560126
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ID Type / ID No.: NRIC NO / S8013255G	Contact No.: Home/Office: Mobile: 90601688
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Nationality: SINGAPORE CITIZEN	Email:
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Sex: Male	Age: 39	Date of Birth: 08/05/1980	Type of Informant: Rider
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Race: Chinese	Language:	Institution / School Name:
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Occupation: DISPATCH RIDER	Driving Licence Information: Class: Date of Expiry:
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## General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 27/03/2020 19:20	Type of Location: Straight Road
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Location:  
Along Road 1  
ANG MO KIO CENTRAL 2

Exiting Carpark Gantry in front of Courts AMK

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
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Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No
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## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FV8883D	Motorcycle	YAMAHA	MX KING T150 MANUAL	Blue		0
SLA1440J	Car					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20200329/2056

2 of 4

Police Station Of Origin:  
Ang Mo Kio South N.P.C.  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20200329/2056

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FV8883D	TENET SOMPO INSURANCE PTE. LTD.	D19MTMC0100966 6	28/11/2019	27/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIA YEONG SHENG	ID No.	S8013255G
Related Vehicle	FV8883D (Motorcycle)	Contact No.	90601688
Hospital/Clinic	HEALTHWAY MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/03/2020	Date Discharge	28/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLA1440J (Car)	Contact No.	88604088
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 27/03/2020 at about 1922hrs, I was at Ang Mo Kio Central 2, carpark gantry in front of Ang Mo Kio Courts. At that point of time my motorcycle(FV883D) was stationary waiting for the barrier to lift up. Once the barrier lifted up, I felt something collided onto my motorcycle. I turned back and discovered a vehicle(SLA1440J) collided on to me. Both of us then stopped at one side and checked for the damages. The driver then told me that he will only pay for the damage of my motorcycle plate, however I told him that I do not know how much does it cost. Hence I told him that I will liaised with him again and I requested for him contact number. He complied and gave it to me and he drove off.

On 28/03/2020, I felt discomfort on my neck and spine area. I then went to see doctor and was given 3 days of MC.

I wish to state that I checked on my motorcycle damage, I discovered there were more damages. I then contacted the person and informed him about this matter. However his attitude was bad and I decided to come and lodge a report.





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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20200329/2056

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Report No. T/20200329/2056

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

POLICE REPORT Pg. 1

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20200329/2056

4 of 4

Report No. T/20200329/2056

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:

F /  
Sgt 3 ELAINE ONG EE LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2020 23:42

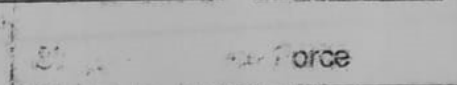
Officer In Charge Of Case:

TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Six

Authentication Stamp  
NP158



Repair Estimate

# Automobile Hub Enterprise

1 Kaki Bukit Avenue 6 #02-11 Autobay @ Kaki Bukit Singapore 417883  
Tel: (65) 9786 4483 Fax: (65) 6509 6584 Email: autohub325@gmail.com

Make/Model: YAMAHA MX KING T150 MANUAL  
Engine/Chassis No.: MH3UG0750KK033050  
Date of accident: 27/03/2020  
Damaged area: Rear

Date: 01/04/2020  
Claim Type: TP  
VRN: FV8883D

not authorized  
here  
3/4/20  
1/5 \$500  
2 hrs.

## List items

S/N	Parts description	QTY	UNIT PRICE	AMOUNT
1	Rear mudguard	1	\$ 178.00	\$ 178.00
2	Tail light	1	\$ 310.00	\$ 310.00
3	Tail board	1	\$ 235.00	\$ 235.00
4	Rear signal lamp n/s	1	\$ 65.00	\$ 65.00
5	Licence plate lamp	1	\$ 126.00	\$ 126.00
6	Rear absorber	1	\$ 314.00	\$ 314.00
7	Pillion footrest n/s	1	\$ 85.00	\$ 85.00
8	Pillion footrest bracket n/s	1	\$ 130.00	\$ 130.00
9	Rider footrest n/s	1	\$ 85.00	\$ 85.00
10	Rider footrest bracket n/s	1	\$ 130.00	\$ 130.00
11	Gear shifter	1	\$ 95.00	\$ 95.00
12	Swing arm	1	\$ 740.00	\$ 740.00
13	Rear wheel shaft	1	\$ 120.00	\$ 120.00
14	Chain guard	1	\$ 210.00	\$ 210.00
15	Seat side cover n/s	1	\$ 85.00	\$ 85.00
Subtotal				\$ 2,908.00
List discount				10.00%
Total				\$ 2,617.20

## Special nett items

No.	Parts description	QTY	UNIT PRICE	AMOUNT
1	Box carrier bracket	1	\$ 250.00	\$ 250.00
2	Top box	1	\$ 350.00	\$ 350.00
3	Rear licence plate	1	\$ 20.00	\$ 20.00
4	Rear sport wheel	1	\$ 400.00	\$ 400.00
5	Rear tyre	1	\$ 150.00	\$ 150.00
6	Seat cover	1	\$ 50.00	\$ 50.00
7	Seat side cover sticker set	1	\$ 40.00	\$ 40.00
8	Sundries	1	\$ 20.00	\$ 20.00
Total				\$ 1,280.00

# Repair Estimate

Labour		Description	Work unit	Amount	
1		Towing service.	1	\$	50.00 X
2		To realign rear wheel swing arm and chassis.	1	\$	100.00 X
3		To check wiring system.	1	\$	30.00 X
4		To remove and refix rear box and bracket.	1	\$	40.00 X
5		To dismantle / renew accident damaged portion. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	1	\$	200.00 150
6		Supply spray paint material and necessary items to respray affected area / panel.	1	\$	200.00 120
Total labour			\$	620.00	
Estimate Grand Total			\$	4,517.20	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

P-388  
170  
7,349.20  
S. 2-10-00  
L-270-00  
629.20  
202  
503

X KING T150 MANUAL  
JG0750KK033050  
020

06/04/20  
shelley

$$\begin{array}{r} 178 \cdot + \\ 210 \cdot + \\ \hline 388 \cdot * \end{array}$$
$$\begin{array}{r} 388 \cdot \times \\ 90 \cdot \% \\ 349 \cdot 2 * \end{array}$$

1

$$\begin{array}{rcl} 10 \cdot & + & \\ & = & \\ 10 \cdot & * & \end{array}$$

15.

### Parts description

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$$\begin{array}{r} 629 \cdot 2 \times \\ 80 \cdot \% \\ 503 \cdot 36 * \end{array}$$

4/5

\$ 500/-

ts description

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