From: Date: 3. 4. 2020	Veh No. FBF 1717 Yr Regn. 30/12/2
Estimated Cost:	Veh No: FRF 1717 Yr Regn: 30/12/2  Type: M.Car J.M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No: PBF 1717	11 1 12 -
at Workshop m/s Global moto	Make: Harda CBF 150 c.c 14
of BIX 53. Wis By 1 #01-12	Colour Black A/C: Insured / Std / N
Insured:	Sp.Reading 087415 T/Radio; Insured / Std / N
Policy No.	Eng/No:
Claims No.	C/No: LALKCIIATA3348040
	Gén. Cond: Good Fair Poor / Burnt
	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)  Make of Veh: ARV II.A AM	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh: All II. am	Modi: Nil/1 S/Rim/ STD A/Rim or
	Tyre Size: F: 70/80 R/8
(Policy Condition)	R: 90/90 RIV
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
2000	TOYO/YOKO or peestone
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal mm R/Bal
GIA / PR Seen: Consistent? : Yes or No	L/Bal mm L/Bal
Est. Repairs:days Res.: Yes or No	D.O.A. 29/03/2020 D.O.I. 3/04/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Slobal motoR
CA / REV / REP. / 24 HRS	Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to c
Pane: \$1000-\$1500	STEVEN: 82884488
Repair days; grapairdes 3	120200000000000000000000000000000000000
14 <sub>2</sub>	
MV: \$1200	
PV;\$105	
NV :\$ 1095)=	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fe	-
	: Interview (\$ ) Photos
Report Format:	: Tech. Invs (\$ ) Others
Lump Sum / I.B.J: (\$	:Weel:end (\$
	a succession to

77	ASS. REC. BY: REF. CS3 M	\$20004835/td3	Special Instruction:
Minm		MENT (Office) MSIG	30/09/2020 Date/Time: // > // OLA M
PRS	Estimated Cost:	Bill to:	
· · · · · · · · · · · · · · · · · · ·	OD TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: FB F 1717	7 CS	Insured: 0m   7 792]
	at Workshop m/s Global Motor of BICS 345 Ave 1 # 01-12		Tel: 8788 4488
70 1 %)	Policy No: 2917347mCx	Claim No:	
	Sum Insured:	Excess:	0
_ =	Make of Veh: (Client's Record)	3/4/202	D.O.A. 29.3. 2020
8-	CA / REV / REP. / REV 24 HRS  Date/Time: 4   Sp. M Person Contacte	Claven	H.O.D Endorsement:
		nte 004681/h4	D. CA - 24/03/2020
	SMP 792J-NA/ MSG 20	UU4121/44	D. OA 201/ 07/2020

### 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 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 aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	30/03/2020 16:42	
Date Of Accident	29/03/2020 18:45	
Exact Location Of Accident	TANAH MERAH KECHIL AVE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

DETAILS OF OWN VEHICLE			
Vehicle Registration Number	FBF171J		
Insured/Policyholder			

Name Of Registered Owner	LUM CHEE FAI	
NRIC No	SXXXX543I	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96195972	

Mobile Phone No (LOCAL) +65-96195972

Alternative Phone No OFFICE-96195972

	上海1000年1月1日 · 日本教 · 日本成功 · 日本日
Manufacturer	HONDA
Model	CBF150

Exact Purpose for which vehicle was being used at time of accident WORKING

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

MOTORCYCLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number MSD/VMT/19-501653-WTT

Cover Note Number

Vehicle Particulars

Driver

Name of Driver

LUM CHEE FAI

NRIC No SXXXX543I

Date Of Birth

Apple Of Birth

NRIC No SXXXX543I
Date Of Birth 10/08/1964
Occupation OUTDOOR
Date Of Driving Pass 28/02/1984

Driving Experience 36 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96195972

Fax Number

Contact Number OFFICE-96195972

EMail Address NOEMAIL

Address

BLK 547 BEDOK NORTH ST 3 #10-1464

Postcode

460547

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident

**COLLISION - U-TURN** 

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO

2

Was any body injured in the Accident?

NO

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)

NO 1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO STATEMENT.

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

Vehicle Make/Model/Colour

SMP792J

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

C SIVAKANDAN

NRIC/Passport Number

SXXXX601G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.
- 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.
- 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 invoive 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.

46

Policyholder's Signature Oste & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centire Personnel's Signature Name: NRIC/FIN No.:

CIABING Sensitivasiforms, Vi

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## **Accident Sketch Plan**

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SERVICE SENSORITANEOUS VI

Face 6 43 2 0/1/

## > Back to OneMotoring

# **Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Pa	rticulars
------------------	-----------

Owner ID Type:

Owner ID:

**Vehicle Details** 

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

**Intended PARF Rebate Details** 

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

**Total Rebate Amount:** 

Singapore NRIC

5431

FBF171J

No

06 Apr 2020

HONDA

CBF150

Black

2010

KC11E2014740

LALKC11A7A3348040

-

\$1,602.00

30 Dec 2010

30 Dec 2010

3

\$241.00

No

=

\$0.00

29 Dec 2020

D - Motorcycle

10

\$1,452.00

\$105.00

\$105.00

The information contained herein is correct as at 06 Apr 2020

ОК

REPORT ERROR ➤ (/LISTING/LISTING/ERROR/USEDBIKE/16594/) + SHORTLIST

© SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/HONDA-HONDA-CBF150/16594/)

# Honda CBF150

Paid Ad **Listing Type**  Honda (/listing/usedbike/brand/honda/)

Honda CBF150 (/listing/usedbike/model/honda-cbf150/)

149cc

**Engine Capacity** 

Model Brand

Classification

Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)

01/11/2011

Registration Date

COE Expiry Date

31/10/2021 (1 years 6 months left)

Mileage

No. of owners

Street Bikes (/listing/usedbike/model/motorcycle-for-sale/street-bikes/) Type of Vehicle

Price: SGD \$2500

DETAILS