ringfor : _	TAUFIKH	ASSIGNMENT (Office)	ادهد ادا
rom (Person)	Gerald Poh	of LPC -	Date/Time:27/7/2020 1:13 PM
Estimated Cos		Bill to:	
		S/EVA/INV/MV/CS	
To Inspect Ve		BQ 8395U	Insured: GBE 943D
The second second	M1 Motor		Tel: _6743 7030
	ngi Road Singapo	re	
Policy No:		Claim No:	19/20/20/VC00/023445
Sum Insured:		Excess:	T
Make of Veh: (Client's Record			D.O.A. 01 7 7070
	REP. / REV 241		H.O.D. Endorsement:
		Person Contacted: Xiao Long (X) Estimate	H.O.D. Endorsement:
Date/Time: 2	REP. / REV 24 I 7-7-20 2.19P.M	Person Contacted: Xiao Long (X) Estimate	H.O.D. Endorsement:
Date/Time: 2	REP. / REV 24 I 7-7-20 2.19P.M Action/Instruction FBQ 8395U- GBE 943D-	Person Contacted: Xiao Long (X) Estimate	H.O.D. Endorsement: Vehicle IN LOUT
Date/Time: 2	REP. / REV 24 I 7-7-20 2.19P.M Action/Instruction FBQ 8395U-) GBE 943D-X	IRS Person Contacted: Xiao Long (X) Estimate. K inal document from Gerald	P.O.D. Endorsement: Vehicle INLOUT
Date/Time: 2	REP. / REV 24 I 7-7-20 2.19P.M Action/Instruction FBQ 8395U-) GBE 943D-X	IRS Person Contacted: Xiao Long (X) Estimate. K inal document from Gerald their original documen	P.O.D. Endorsement: Vehicle INLOUT
Date/Time: 2	REP. / REV 24 I 7-7-20 2.19P.M Action/Instruction FBQ 8395U-) GBE 943D-X	IRS Person Contacted: Xiao Long (X) Estimate. K inal document from Gerald	P.O.D. Endorsement: Vehicle INLOUT
Date/Time: 2	REP. / REV 24 I 7-7-20 2.19P.M Action/Instruction FBQ 8395U-) GBE 943D-X	IRS Person Contacted: Xiao Long (X) Estimate. K inal document from Gerald their original documen	P.O.D. Endorsement: Vehicle INLOUT
Date/Time: 2	REP. / REV 24 I 7-7-20 2.19P.M Action/Instruction FBQ 8395U-) GBE 943D-X	IRS Person Contacted: Xiao Long (X) Estimate. K inal document from Gerald their original documen	H.O.D. Endorsement: Vehicle INLOUT on 1/2/2021. t 8 photos to 49C. (Red \$ 2000, 3,7.)

CS3/LPC 20007697/T1993-REF: ASSIGNMENT LPC EGG 83954 Yr Regn: Zoig, Dec Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Make: Hunda (B190) To Inspect Vehicle No: Insured / Std / NI / NA Colour et Would hap mile T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: C/No: Gen. Cond: Good Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: (Hth / S/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / NIS OIS Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Rear Front Bal, or Market Value: R/Bal. R/Bal. Consistent?: Yes or No IDAC Accident Rport: L/Bal. ∐Bal. mm Consistent?: Yes or No GIA / PR Seen: D.O.A. Res.: Yes or No Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages (Fit) Rear 1/0/9 1 CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time No GLA Days Of Repair: : Prell. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Add Fee: : Site Insp (\$ S+RS Interview (\$ **Photos** Tech. Invs 13 Pep Former: Cillians.

Weellend (\$

Lunar Sum H.B.A. C:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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	化是其代表的证明
Date Of Report	15/07/2020 12:55	
Date Of Accident	01/07/2020 14:00	
Exact Location Of Accident	ANG MO KIO AVENUE 1	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

	DETAILS OF OWN VEHICLE	
Marie Designation Number	FBQ8395U	
Vahicle Pegistration Number	LDG03330	

Vehicle Registration Number

Insured/Policyholder

PYRO LEASING PTE. LTD. Name Of Registered Owner

2XXXXXX120G Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-85000420 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

CB190X MANUAL 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 MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5116807932-000097 COMP Policy Number

Cover Note Number

Driver

DYLAN JAMES SCULLY Name of Driver

SXXXX368F NRIC No 03/09/1994 Date Of Birth OUTDOOR Occupation 15/03/2018 Date Of Driving Pass

2 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-87799394 Mobile Number

Fax Number

Contact Number

SCULLY.DYLAN.JAMES@OUTLOOK.COM EMail Address

BLK 722 TAMPINES STREET 72 #15-17 Address

520722 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged? 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

BEDOK POLICE DIVISIONAL HQ (G DIVISION)

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: Police Station Address

SINGAPORE TEL NO: 1800-2440000 - FAX NO: 64443009

Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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

GBE943D

Vehicle Make/Model/Colour

TOYOTA DYNA 150 MANUAL

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

DYLAN JAMES SCULLY

Approximate Age

25

Injuries Sustain

Injured person in which vehicle?

FBQ8395U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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 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)

Lunderstand, 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 insurar (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:
 - (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:

- 3 JUL 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature Name:

NRIC/FIN No :

KETCH PLAN	
ESCRIBE CIRCUMSTANCE	Amk AVE I
I was riday	on in my lane when GBF 943D cut into
my fore with	f signal colding with me
DECLARATION /We declare the foregoing pa	IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 41593-
	Tel: 67416697 Fax: 674923 Email: vackb@vicom.com.sg
Policyholder's Signature Date & Timer R 517	Orwer's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name
A STATE	Date & Time: - 3 JUL 2020 NRIC/FIN No.





1 of 3

Report No. T/20200706/7020

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

DEDODT	OF A	٨	TRAFFIC	Δ	CCIDENT

	0ate/Time Report Made: 6/07/2020 23:25		Vide Report No.: G/20200702/7036	Station Diary No.:
Informa	nt's Particu	ulars		
	Informant: JAMES SC		Address: APT BLK 722 TAMPINES STI 520722	REET 72 #15-17 SINGAPORE
ID Type NRIC NO	/ ID No.:) / S943136	68F	Contact No.: Home/Office:	Mobile: 87799394
National SINGAP	ity: ORE CITIZ	EN	Email: scully.dylan.james@outlook.c	om
Sex: Male	Age: 25	Date of Birth: 03/09/1994	Type of Informant: Rider	
Race: Eurasian			Language: English	Institution / School Name:
Occupat F&B MA	ion: NAGER		Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2020 14:00	Type of Location Straight Road
Location: ANG MO KIC Weather: Clear	AVENUE 1	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis	sion: ring Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBQ8395U	Motorcycle	Mario				0
GBE943D	Van			White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200706/7020

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

CONTINUATION OF REPORT

Rider	Wile In The Section	Market No. 7 ha	Med School		The Control	· 中国
Name	DYLAN JAMES SCU	JLLY		ID No		S9431368F
Related Vehicle	FBQ8395U (Motorcycle)			Contact No.		87799394
Hospital/Clinic	CHANGI GENERAL	NL .	Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	01/07/2020		Date Disc			//2020
No. of Days gran	ted Medical Leave	07	Degree of	Injury	Serio	us
Driver					SEE AND	
Name	LI XIANG HUA			ID No		NIL
Related Vehicle	GBE943D (Van)			Conta	ict No.	83719286
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	fInjury	NIL	

Brief Details.

I was riding (FBG2086D) along AMK ave 1 towards AMK ave 10 in lane 3 when (GBE943D) suddenly cut into my lane from lane 2 without any signal or caution. I am on 7 days Hospitalisation leave.





3 of 3

Report No. T/20200706/7020

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

CONTINUATION OF REPORT

Sketch Plan		
Informant is n	ot able to provide sketch to	olan

Date/Time: 06/07/2020 23:25
Classification Of Case:

Authentication Stamp

NP168

BLOCK 607 ELIAS ROAD #05-192 SINGAPORE 510607 BUSINESS REGN. No. 53193457L Hp: 96699986

VEHICLE DAMAGE INSPECTION REPORT

Ms

Pyro Leasing Pte Ltd

Our Ref

: PA/FBQ8395/0720/tpw

c/o

Goh JP & Wong Advocates & Solicitors

Date

: 14 October 2020

133 New Bridge Road # 16-09 Chinatown Point

Singapore 059413

REFERENCES

Claim Type

: Third Party

Date of Accident

: 01 July 2020

Vehicle No.

: FBQ 8395 U

Date of Assignment

: 23 July 2020 : 23 July 2020

Make Model : Honda : CB190X Manual Date of Inspection
Date of Re-inspection

: 02 October 2020

Reg. Date

: 24 December 2019

COE Expiry

: 23 December 2029

Color

: Red

Chassis No

: LWBPCL1A1K1000431

Odometer

: 4,737 km

Engine No

: Blocked

TYRE CONDITION

Make

Size

Thread Balance

Front Rear Radial Radial

110/70-17 140/70-17 5mm 6mm

GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

The vehicle sustained damage at front and left side.

Please refer to photographs and assessment of repairs for details Enclosed (62) photographs depicting damages and after repaired

INSPECTION AND ADJUSTMENT

Original Quotation

: \$8,039.35

Revised Assessment

\$6,400.00 Lump sum

Survey conducted at M1 Motoring (Changi)

In accordance to your instruction, we have not authorized repairs.

In normal circumstances, repairs to the vehicle would take approximately Seven (7) days to complete.

This survey was conducted on a "WITHOUT PREJUDICE" basis.

Note:

The workshop has agreed to undertake the repair on a lump sum basis, and or the use of ex-stock Reconditioned parts whichever is possible

Vehicle No: FBQ 8395 U

Our Ref: PA/FBQ8395/0720/tpw

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

				Original	Revised	
S/N	Description Material	Qty	Condition	Quotation	Quotation	
1	Windscreen set	1 pc	Scratches	286.00	286.00	
2	Handle bar	1 pc	Bent	140.00	140.00	
3	Handle bar balancer	1 set	Cut	80.00	80.00	
4	Handlebar holder upper	1 pc	Usable	153.80	~	
5	Clutch lever	1 pc	Cut	36.00	36.00	
6	Brake lever	1 pc	Bent	42.00	42.00	
7	Mirror assy	1 set	Cut	160.00	160.00	
8	Headlight cowling	1 pc	Cut	380.00	380.00	
9	Headlight cowling lower	1 pc	Grazed	209.00	209.00	
10	Headlight assy (LED)	1 pc	Scratches	680.00	455 680:00	
11	Front signal light assy (LED)@ \$125/-	2 pcs	Grazed	250.00	250.00	
12	Front fork assy @ \$480/- 2 80	2 pcs	Bent	960.00	560,960.00	
13	Stem steering	1 pc	Distorted	210.00	210.00	
14	Front fender	1 pc	Cracked	151.20	151.20	
15	Fuel tank side cover (silver) @ \$240/- 2 00	2 pcs	Deformed/cut	480.00	400 480.00	
16	Fuel tank top side cover (red) @ \$105/-	2 pcs	LH cracked	210.00	105.00	
17	Front side shroud cowling set @ \$285/-2-4	2 pcs	Cracked LH	570.00	2 40 285.00	
18	Front footrest assy LH	1 pc	Bent	60.00	60.00	
19	Footrest bracket LH	1 pc	Bent	95.00	95.00	
20	Gear pedal	1 pc	Cut	48.00	48.00	
21	Rear fairing LH	1 pc	Cut	120.50	120.50	RY
			3906.50	5,321.50	4,777.70	
	List price less 10%		2515185	532.15	477.77	_
	CONTRACTOR ACCORDED ASSAULT		5 71 31 51	4,789.35	4,299.93	
	Special Nett Items					
22	Steering cone & bearing	1 set	Necessary	160.00	160.00	
23		1 set	Bent/cut	500.00	420.00	
24		2 pcs	Cut	440.00	440.00	400
25		1 pc	Necessary	20.00	18.00	
26		1 set	Cut	300.00	280.00	200
27		1 set	Bent	280.00	250.00	
28		1 pc	Cut	350.00	280.00	250
2.0			-	2,050.00	1,848.00	1.12
					11/00	

1408

Vehicle No: FBQ 8395 U

Our Ref: PA/FBQ8395/0720/tpw

Labours			
Transportation (2 trips)	150.00	120.00	
Body chassis repair & alignment	550.00	450.00 2	00
Remove & renew damage parts	500.00	400.00	100
	1,200.00	970.00	620
Total parts & labours concluded	8,039.35	7,117.93	
Lump sum repair adjustment (less 10% due to no used parts)		6,400.00	

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Prudent Adjustors Services Bok Jee Tan

3515.85 1408 620 5543.85 2/5\$4400 6dey3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 120G

Vehicle Details

Vehicle No.: FBQ8395U

Vehicle to be Exported: Yes

Intended Deregistration Date: 23 Jul 2020

Vehicle Make: HONDA

Vehicle Model: CB190X MANUAL

Primary Colour: Red

Manufacturing Year: 2019

Engine No.: WH161FMK19C00010

Chassis No.: LWBPCL1A1K1000431

Maximum Power Output: -

Open Market Value: \$2,537.00

Original Registration Date: 24 Dec 2019

First Registration Date: 24 Dec 2019

Transfer Count: 2

Actual ARF Paid: \$381.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 23 Dec 2029

COE Category: D - Motorcycle

COE Period(Years): 10

QP Paid: \$3,658.00

COE Rebate Amount: \$2,926.00

Total Rebate Amount: \$2,926.00

The information contained herein is correct as at 23 Jul 2020





♥ 1 Likes

REPORT ERROR > (/LISTING/LISTING/ERROR/USEDBIKE/17272/)

SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/HONDA-HONDA-CB190X-TOURISM/17272/)

Honda CB190X Tourism

Free Ad Listing Type

Honda (/listing/usedbike/brand/honda/) Brand

Honda CB190X Tourism

(/listing/usedbike/model/honda-cb190x-Model

adventure/)

Engine Capacity 184cc

Class 2B (/listing/usedbike/model/motorcycle-for-Classification

sale/class/class-2b/)

Registration Date 21/02/2019

20/02/2029 (8 years 6 months left) **COE Expiry Date**

7098km Mileage

No. of owners

Sport Tourers (/listing/usedbike/model/motorcycle-Type of Vehicle

for-sale/sport-tourers/)

Price: SGD\$13000

RECEIVED

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 ONPAC
- 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	02/07/2020 16:28	
Date Of Accident	01/07/2020 14:00	
Exact Location Of Accident	ANG MO KIO AVE 1 TOWARDS BISHAN	
Country/State of Loss	SINGAPORE	
Country/State of Loss	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE943D	
Insured/Policyholder		
MORNOCHE SE	FIRST OCEAN FOODS PTF LTD	

FIRST OCEAN FOODS PTE LTD Name Of Registered Owner

201408766M Co Reg No

SALES@FIRSTOCEAN.COM.SG Email Address

Mobile Phone No

OFFICE-62828884 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

DYNA 150 D-3.0 D (M) Model

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY

NO

If No, Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

LONPAC INSURANCE BHD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Z/19/VC00/104411 Policy Number

Cover Note Number

Driver

LI XIANG HUA Name of Driver G3921941M Passport No/FIN 23/12/1982 Date Of Birth OUTDOOR Occupation 22/09/2017 Date Of Driving Pass

2 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-83719286 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

171 KAMPUNG AMPAT #01-03 Address

368330 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

NO COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO 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

MACPHERSON NEIGHBOURHOOD POLICE POST Police Station Name

1

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-7449999 - FAX NO: 65476366 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ATTACHED POLICE REPORT NO: T/20200702/2093.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

FBQ8395U

Vehicle Registration Number

Vehicle Make/Model/Colour

MOTORCYCLE **Details Of Properties** MOTORCYCLE Vehicle Category

SCULLY DYLAN JAMES Name of Driver

NRIC/Passport Number

87799394 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBQ8395U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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.
- 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.
- 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)
 - (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.

CEAN

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

5.10

Reporting Centre Personnel's Signature Name

NRIC/FIN No.

	A	A GEE 9450
		B FE 6 8345 U
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3.000 7		
DESCRIBE CIRCUMS	THE FORT ME TIDECT	7. 8

Isanibul Tuni	* Fefort ME 7/20002-02/2013	
A POST OF THE PARTY OF THE PART		
	Control of the Contro	

DECLARATION

I/We decare the force oing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's signature 570 (If driver is not the policybolder)
Date & Time:

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

POLICE REPORT-1 Pg. 1





1 of 3

Report No. T/20200702/2093

SINGAPORE POLICE FORCE

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE Tel No: 1800-7449999

Date/Time 02/07/202	e Report M 20 20:41	ade:	Vide Report No.: Station Diary N E/20200701/0100 95		
informar	ıt's Particu	lars		And the second second second	
	Informant:		Address: 59 LASIA AVENUE SINGAPO	RE 277866	
ID Type / ID No.: FIN NO / G3921941M			Contact No.: Home/Office:	Mobile: 83719286	
Nationality: CHINESE			Email:		
Sex: Male	Age:	Date of Birth: 23/12/1982	Type of Informant: Driver	To all the Albama Nama:	
Race: Chinese			Language: Institution / School Na		
Occupat	tion:		Driving Licence Information: Class:	Date of Expiry:	

Seneral Information Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2020 14:00	Type of Location Straight Road
Location: Along Road ' ANG MO KIC	AVENUE 1	Road Surface:	2	Road Speed Limit:
V/eather: Clear		Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Colli NO COLLIS				Anyone conveyed by ambulance: No

	ehicle Involve	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	IVIANG	10.000		Slightly	0
FBQ8395U	Motorcycle				Damaged	70
		-			No	0
GBE943D	Lorry				No Damage	0

Lictails of V	ehicle Insurance		T tto obliga	Expiry Date
Vahicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE943D	LONPAC INSURANCE BHD.			

POLICE REPORT-2 Pg. 1





2 of 3

Report No. T/20200702/2093

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No					NIA
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian	Crossi	ng: NA
Driver	1 1 1 1 1 1 1 1	The same of the sa	Lie Louis		37 64	2000101111
Name	me LI XIANGHUA		ID No.		G3921941M	
Related Vehicle			Contact No.		83719286	
				Class of		Class: NIL
Hospital/Clinic	NIL	IL		Driving	g	Date of Expiry: NIL
			Date Dis		NIL	
Date Treatment	NIL NIL DOUG	NIL	Degree o		-	
No. of Days gran	nted Medical Leave	TALL	Dog. oc.		-	

ON 1/67/2020 AT ABOUT 1400HRS, I WAS TRAVELLING STRAIGHT ON THE 3RD OUT OF 4 LANES FROM THE RIGHT ALONG ANG MO KIO AVE 1. SUBSEQUENTLY, I MADE A LANE CHANGE FROM 3RD OUT OF 4 LANES TO 4TH OUT OF 4 LANES DROM THE RIGHT AS I WANTED TO MAKE A RIGHT TURN AT THE CORSS-JUNCTION AHEAD. I THEN SIGNALLED TO LEFT, CHECKED MY BLINDSPOT, I THEN MAKE THE LANE CHANGE AFTER I DEEMED THAT IT IS SAFE FOR ME TO MAKE THE LANE CHANGE.

AFTER I COMPLETELY MADE MY LANE CHANGE, I THEN LOOK AT MY SIDE MIRROR AND I SAW A BIKE(FBQ8395U) FALL OFF ONTO THE ROAD. I THEN STOPPED MY VEHICLE AND DECIDED TO HELP. SUDDENLY THE RIDER ACCUSED ME THAT IT IS MY FAULT THAT I HAVE CAUSED HIM THE FALL. HOWEVER THERE IS NO COLLISION BETWEEN MY VEHICLE AND THE SAID BIKE. TRAFFIC POLICE WAS THERE TO ASSIST WITH THE ACCIDENT. THE RIDER SUFFERED ABRASIONS HOWEVER DID NOT CONVEYED BY AMBULANCE. WE THEN MADE AN AGREEMENT FOR INSURANCE CLAIMS. HOWEVER, MY INSURANCE COMPANY ASKED ME TO MAKE A REPORT FOR RECORD PURPOSES

POLICE REPORT-3 Pg. 1

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE



3 of 3

Report No. T/20200702/2093

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

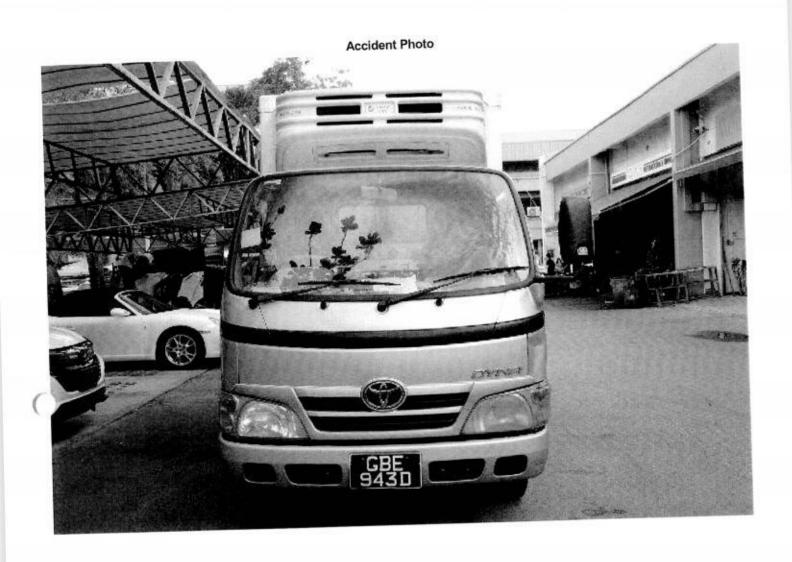
Tai No: 1800-7449999

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: G / Sgt 2 MUHAMMAD ABDURRAHMAN SUSARAK BIN ASMAWI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2020 20:41
Officer In Charge Of Case: SINGAPORE POLICE FORCE Contact No.:	Classification Of Case:
Authentication Stamp	

















Our Ref

: 19/20/20/VC00/023445

Your Ref

: CS3/LPC20007697T1sf3e2

21 January 2021

M/s LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Pk Singapore 408933

Dear Sirs/Madam

PAPER SURVEY OF FBQ8395

We refer to the above matter.

We enclose the following documents:-

- a) Survey report & photos of FBQ8395T
- b) GIA report FBQ8395T
- c) GIA report and photos of GBE943D

Kindly study the documents and let us have your report by 4 February 2021.

Yours faithfully

W

GERALD POH SENIOR EXECUTIVE (CLAIMS)

Email: mt_claim@lonpac.com

BLOCK 607 ELIAS ROAD #05-192 SINGAPORE 510607 BUSINESS REGN. No. 53193457L Hp: 96699986

VEHICLE DAMAGE INSPECTION REPORT

Ms c/o Pyro Leasing Pte Ltd

Goh JP & Wong Advocates & Solicitors

133 New Bridge Road # 16-09

Chinatown Point Singapore 059413 Our Ref

: PA/FBQ8395/0720/tpw

Date

: 14 October 2020

REFERENCES

Claim Type Vehicle No.

Make

Front

Rear

: Third Party

: FBQ 8395 U

: Honda

Model Reg. Date : CB190X Manual : 24 December 2019

Color : Red Odometer : 4,737 km Date of Accident

Date of Assignment Date of Inspection Date of Re-inspection

COE Expiry Chassis No

Engine No

: 01 July 2020

: 23 July 2020 : 23 July 2020

: 02 October 2020 : 23 December 2029 : LWBPCL1A1K1000431

: Blocked

TYRE CONDITION

Make

Radial

Radial

Size 110/70-17

140/70-17

Thread Balance 5mm

6mm

GENERAL DESCRIPTION OF DAMAGE (PHOTOGRAPHS ATTACHED)

The vehicle sustained damage at front and left side.

Please refer to photographs and assessment of repairs for details Enclosed (62) photographs depicting damages and after repaired

INSPECTION AND ADJUSTMENT

Original Quotation

: \$8,039.35

Revised Assessment

\$6,400.00 Lump sum

Survey conducted at M1 Motoring (Changi)

In accordance to your instruction, we have not authorized repairs.

In normal circumstances, repairs to the vehicle would take approximately Seven (7) days to complete.

This survey was conducted on a "WITHOUT PREJUDICE" basis.

Note:

The workshop has agreed to undertake the repair on a lump sum basis, and or the use of ex-stock Reconditioned parts whichever is possible

Vehicle No: FBQ 8395 U

ADJUSTMENT ON REPAIR COST AND REPLACEMENT OF PARTS

				Original	Revised
S/N	Description Material	Qty	Condition	Quotation	Quotation
1	Windscreen set	1 pc	Scratches	286.00	286.00
2	Handle bar	1 pc	Bent	140.00	140.00
3	Handle bar balancer	1 set	Cut	80.00	80.00
4	Handlebar holder upper	1 pc	Usable	153.80	~
5	Clutch lever	1 pc	Cut	36.00	36.00
6	Brake lever	1 pc	Bent	42.00	42.00
7	Mirror assy	1 set	Cut	160.00	160.00
8	Headlight cowling	1 pc	Cut	380.00	380.00
9	Headlight cowling lower	1 pc	Grazed	209.00	209.00
10	Headlight assy (LED)	1 pc	Scratches	680.00	680.00
11	Front signal light assy (LED)@ \$125/-	2 pcs	Grazed	250.00	250.00
12	Front fork assy @ \$480/-	2 pcs	Bent	960.00	960.00
13	Stem steering	1 pc	Distorted	210.00	210.00
14	Front fender	1 pc	Cracked	151.20	151.20
15	Fuel tank side cover (silver) @ \$240/-	2 pcs	Deformed/cut	480.00	480.00
16	Fuel tank top side cover (red) @ \$105/-	2 pcs	LH cracked	210.00	105.00
17	Front side shroud cowling set @ \$285/-	2 pcs	Cracked LH	570.00	285.00
18	Front footrest assy LH	1 pc	Bent	60.00	60.00
19	Footrest bracket LH	1 pc	Bent	95.00	95.00
20	Gear pedal	1 pc	Cut	48.00	48.00
21	Rear fairing LH	1 pc	Cut	120.50	120.50
				5,321.50	4,777.70
	List price less 10%			532.15	477.77
				4,789.35	4,299.93
	Special Nett Items				
22	Steering cone & bearing	1 set	Necessary	160.00	160.00
23	Enginre guard	1 set	Bent/cut	500.00	420.00
24	Fog lamp (LED) @ \$220/-	2 pcs	Cut	440.00	440.00
25	Front number plate	1 pc	Necessary	20.00	18.00
26	Handle bar guard	1 set	Cut	300.00	280.00
27	Rear box rack with base	1 set	Bent	280.00	250.00
28	Rear box	1 pc	Cut	350.00	280.00
				2,050.00	1,848.00

Our Ref: PA/FBQ8395/0720/tpw

Vehicle No: FBQ 8395 U

Our Ref : PA/FBQ8395/0720/tpw

Labours		
Transportation (2 trips)	150.00	120.00
Body chassis repair & alignment Remove & renew damage parts	550.00	450.00
	500.00	400.00
	1,200.00	970.00
Total parts & labours concluded	8,039.35	7,117.93
Lump sum repair adjustment (less 10% due to no used parts)		6,400.00

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Prudent Adjustors Services Bok Jee Tan

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 120G

Vehicle Details

Vehicle No.: FBQ8395U

Vehicle to be Exported: Yes

Intended Deregistration Date: 23 Jul 2020

Vehicle Make: HONDA

Vehicle Model: CB190X MANUAL

Primary Colour: Red

Manufacturing Year: 2019

Engine No.: WH161FMK19C00010

Chassis No.: LWBPCL1A1K1000431

Maximum Power Output:

Open Market Value: \$2,537.00

Original Registration Date: 24 Dec 2019

First Registration Date: 24 Dec 2019

Transfer Count: 2

Actual ARF Paid: \$381.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 23 Dec 2029

COE Category: D - Motorcycle

COE Period(Years): 10

QP Paid: \$3,658.00

COE Rebate Amount: \$2,926.00

Total Rebate Amount: \$2,926.00

The information contained herein is correct as at 23 Jul 2020





♥1 Likes

REPORT ERROR > (/LISTING/LISTING/ERROR/USEDBIKE/17272/)

SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/HONDA-HONDA-CB190X-TOURISM/17272/)

Honda CB190X Tourism

Listing Type Free Ad

Brand Honda (/listing/usedbike/brand/honda/)

Honda CB190X Tourism

Model (/listing/usedbike/model/honda-cb190x-

adventure/)

Engine Capacity 184cc

Classification Class 2B (/listing/usedbike/model/motorcycle-for-

sale/class/class-2b/)

Registration Date 21/02/2019

COE Expiry Date 20/02/2029 (8 years 6 months left)

Mileage 7098km

No. of owners

Type of Vehicle Sport Tourers (/listing/usedbike/model/motorcycle-

for-sale/sport-tourers/)

Price: SGD\$13000