Tech. Invs (\$

Weelland (\$

Reputermat:

Lump Sum/LBJ: (%

Others

TOTAL

### Motor Stop Services Pte Ltd 8 Kaki Bukit Ave 4 #01-07 Premier @ Kaki Bukit Singapore 415875

Tel: 6385-1838 / 9725-4442 Fax: 6386-1838 Email: motorstopoffice@gmail.com / motorstopservices@gmail.com

SJE:	Vehicle Nos:	FBQ 5420A
Date of Survey :	Model:	FS 150
Contacts:	Year:	2017

Amount:	Working Day:	
Amount.	Manager and the second	

Nos.	and the second of the second o	Qty		Unit S\$	TOTAL S\$
1	Front headlamp assy	1	\$	385.00	\$ 3 <del>85.00</del>
2	Front headlamp cowling	1	\$	185.00	\$ 1 <del>85.00</del>
3	Front headlamp stay	1	\$	45.00	\$ 45.00
#REF!	Front left signal lamp	1	\$	85.00	\$ 48.00 85.00
#REF!	Front right signal lamp	1	\$	85.00	\$ 48.00 85.00
#REF!	Front left wing mirror	1	\$	95.00	\$45.00 95.00
#REF!	Front right wing mirror	1	\$	95.00	\$45.00 -95.00
#REF!	Front handle bar	1	S	295.00	\$ <del>295.00</del>
#REF!	Front left handle balancer	1	\$	35.00	\$ \sqrt{35.00}
#REF!	Front right handle balancer	1	\$	35.00	\$ \sqrt{35.00}
#REF!	Front handle grip	1 set	\$	155.00	\$ 155.00
#REF!	Front left clutch lever	1	\$	125.00	\$ 85.00 125.00
#REF!	Front right brake lever	1	\$	125.00	\$ 95.00 125.00
#REF!	Front brake disc	1	\$	205.00	\$ 205.00
#REF!	Front fender	1	\$	175.00	\$ 1 <del>75.00</del>
#REF!	Front left fairing	1	\$	655.00	\$ 655.00
#REF!	Front right fairing	1	\$	655.00	\$ 655.00
#REF!	Front right fairing emblem	1 set	\$	60.00	\$ \( \sqrt{60.00} \)
#REF!	Front honda emblem	1	\$	55.00	\$ \sqrt{55.00}
#REF!	Front fork assy	1 set	\$	1,072.00	\$ 579.16 1,072.00
#REF!	Front fork bearing assy	1 set	\$	105.00	\$ \( \sqrt{105.00} \)
#REF!	Front fork stem	1 set	\$	65.00	\$ \( \sqrt{65.00} \)
#REF!	Front wheel shaft	1	\$	125.00	\$ 125.00
#REF!	Front wheel rim	1	\$	550.00	\$ 550.00
#REF!	Front fuel tank	1	\$	883.00	\$ -883.00
REF!	Front meter assy	1	\$	755.00	\$ <del>755.00</del>
REF!	Front engine block	1	\$	1,450.00	\$ <del>1,450.00</del>
	Front gear box outer casing	1	\$	250.00	\$ 250.00
	Rear right side fairing	1	\$	296.00	\$ 189.00 296.00

#REF!	Rear right brake pedal	1	\$	65.00	\$ 65.00
#REF!	Rear right brake foot rest	1	\$	75.00	\$ √75.00
#REF!	Rear right brake foot rest peg	1	\$	115.00	\$ 115.00
#REF!	Rear right pillion foot rest	1	\$	75.00	\$ 75.00
#REF!	Rear right signal lamp LH	1	\$	65.00	\$ 48,50 65.00
#REF!	Rear wheel rim	1	\$	350.00	\$ 350.00-
#REF!	Rear exhaust muffler assy	1	\$	765.00	\$ √765.00
#REF!	Rear exhaust muffler protector	1	\$	125.00	\$ √125.00
		2492	- 16	Parts Sub Total :	\$ 10,736.00
	@1090	249	.22	Discount 10%:	\$ 1,073.60
		2242	2.94	PARTS TOTAL:	\$ 9,662.40

Nos.	<b>国主要的基本的</b>	Qty		Unit S\$	Т	OTAL S\$
1	Front no plate	1	\$	20.00	\$	20.00
2	ERP IU	1	\$	156.00	\$	156.00
3	ERP IU bracket	1	\$	25.00	\$	25.00
4	Front fork oil	1	\$	20.00	\$	✓ 20.00
5	Helmet	1	\$	80.00	\$	80.00
6	Rear box assy	304 1	\$	250.00	\$ 150.	00 250.00
7	Rear box carrier	1	\$	180.00	\$	180.00
8	Rear no plate	1	\$	20.00	\$	20.00
			SPECI	AL NETT TOTAL :	\$ 17	751.00

los.		Qty	S\$	
1	Labour to repair and replace accident affected area.		\$ 30000 600.00	
2	To conduct chassis alignment.		\$ 140.00	NN
3	To check wheel alignment		\$ 30.00 50.00	1
4	To transport bike to workshop.		\$ 80.00	HN
5	To balance front wheel.		\$ 30.00	JNI
6	To balance rear wheel.		\$ 30.00	7/"
7	To remove and install rear exhaust muffler		\$ 30.00	1
8	To focus front headlamp.		\$ 30.00	NN
			The second second second	

survey

Resurvey

Lump sum repair Repair days 4

PARTS

20%

SN

LABOUR TOTAL: \$

360:00

PARTS TOTAL: \$

9,662.40

SPECIAL NETT TOTAL: \$ 751.00 LABOUR TOTAL: \$ 1,040.00

170.00 OVERALL TOTAL: \$ 11,453.40 ABOUR 360.00

> 2,290.68 Deduct 20%: \$

> NETT TOTAL: 9,162.72

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

LIS 2,200/2

2242.94

2772194

554.59

2218.36

TOUN UM\_ 16/5/2021

Prepared By Desmond Ng - Page 2 of 2

#### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		-
Owner ID Type:	Singapore NRIC	
Owner ID:	945F	
Vehicle Details		
Vehicle No.:	FBQ5420A	
Vehicle to be Exported:	No	
Intended Deregistration Date:	15 May 2021	
Vehicle Make:	HONDA	
Vehicle Model:	FS150F	200777
Primary Colour:	Blue	
Manufacturing Year:	2017	-
Engine No.:	KC27E2017125	1
Chassis No.:	PMKKC27E0HB005209	
Maximum Power Output:	*	
Open Market Value:	\$2,474.00	-
Original Registration Date:	28 Jun 2017	
First Registration Date:	28 Jun 2017	-
Transfer Count:	3	
Actual ARF Paid:	\$372.00	-
Intended PARF Rebate Details		
PARF Eligibility:	No	
PARF Eligibility Expiry Date:		
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	27 Jun 2027	-
COE Category;		
COE Period(Years):	D-Motorcycle	
QP Paid:	10	
COE Rebate Amount:	\$6,001.00	
Total Rebate Amount:	\$3,670.00	
Information contained herein is correct as at 15 May 2021	\$3,670.00	

The information contained herein is correct as at 15 May 2021

ОК

MV 8,000p PV 3670/2 NV 4330/2

15/2021

# **PCV Accident Report**

(For Reporting only)



A STATE OF THE PARTY OF THE PAR	mpleted By	y Driver Who Is Invo	lved in The Ac	ccident	AND SELECTION OF THE SE
ate & Time of Accident	Date: 27	7 141 2021			2.00 Inamielo
ate & Time of Reporting	Date:	THAT .		Time:	Tablishedne of
ace of Accident	Kim	Tian Rd.	UM	Retinisti	in play swill state grist
ehicle Reg. No. :	FBQ	5420A	Make / Model :	UprayO alburfet	distant Mamber of Creek
		transportation / private usag	ge / others:	and vid bened	migany of Other Vericle C
ame : To the	1 5/2	Raja Gopal	NRIC / FIN No.	5269	9945F
- LA	6 Woole	1	46-30	32	
idress: BK 43		MAS -31 11	Date Of Birth :	28/7	1966
ostcode: 730	136		Handphone:	8815	5625
ome:			Gend	-	e / Female
mail: fullstop	p423@g	Mail-Com	ducation / Others		
		e / Housewife / Technical / E	0/1	THE REAL BY	Licence Pass Date :
ype of Claims : Third Party	-			91	311.1 .0
river Status :	Owner Non-	owner Years of Driving I	Experience :	a leas	21/1/2017
Relationship with Owner:	Yes (No	My Insurance Company:		4516	, and the state of
Police Reported ?	Yes/ No	Police Report Reference N		1 1	
			lo.:	1202100	+29/2080
	Yes (No	Insurance Policy No:	elV (q)		24 second 25
company's Vehicle ?	Yes (No		elV (q)		24 second 25
company's Vehicle ?	Yes (No)	Insurance Policy No:	elV (q)	ire & Theft / Thir	d Party Only
Company's Vehicle?  Oo you have witness?  If Yes, Witness Name & Co	Yes (No)	Insurance Policy No: Type of Policy: Comprehe	nsive / Third Party F	ire & Theft / Thir	d Party Only
company's Vehicle? On you have witness? If Yes, Witness Name & Co	Yes (No)	Insurance Policy No:  Type of Policy: Comprehe	nsive / Third Party F	Fire & Theft / Thir	d Party Only
company's Vehicle?  No you have witness?  If Yes, Witness Name & Co  Veather Condition  Road Condition	Yes (No)	Insurance Policy No:  Type of Policy: Comprehe  A / Cloudy / Light Rains / H  // Wet Was anyon	nsive / Third Party F	ident?	d Party Only
company's Vehicle?  To you have witness?  Yes, Witness Name & Co  Veather Condition  Road Condition  Other vehicle or property da	Yes (No) ontact No : : Cle : De	Insurance Policy No:  Type of Policy: Comprehe  // Cloudy / Light Rains / H  // Wet Was anyon  was Notice	nsive / Third Party F eavy Rains e injuried in the acci	ident?	d Party Only  (es) No  Yes (No)
company's Vehicle?  On you have witness?  If Yes, Witness Name & Conventher Condition  Road Condition  Other vehicle or property day  Describe How Accident Hap	Yes (No) ontact No : : Cle : OP amage ? Yes oppened : Please	Insurance Policy No:  Type of Policy: Comprehe  Ar / Cloudy / Light Rains / H  / Wet Was anyon  S / Was Notice  B use SKETCH PLAN for ac	eavy Rains e injuried in the accident description &	ident?	d Party Only  (es) No  Yes (No)
Company's Vehicle?  No you have witness?  If Yes, Witness Name & Convention  Road Condition  Other vehicle or property da  Describe How Accident Hap  Third Party's Details (U	Yes (No) ontact No : : Cle : OP amage ? Yes oppened : Please	Insurance Policy No:  Type of Policy: Comprehe  // Cloudy / Light Rains / H  // Wet Was anyon  was Notice	eavy Rains e injuried in the accident description &	ident? ution given?	d Party Only  (es) No  Yes (No)
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ompany's Vehicle? o you have witness?  f Yes, Witness Name & Co leather Condition toad Condition other vehicle or property da rescribe How Accident Hap third Party's Details (U	Yes (No) ontact No : : Cle : OP amage ? Yes oppened : Please	Insurance Policy No:  Type of Policy: Comprehe  Ar / Cloudy / Light Rains / H  / Wet Was anyon  S / Was Notice  B use SKETCH PLAN for ac	eavy Rains e injuried in the accident description & tachment)  Vehicle Reg. N NRIC No.	ident? ution given?	d Party Only  (es) No  Yes (No)
Company's Vehicle?  No you have witness?  If Yes, Witness Name & Convention  Road Condition  Other vehicle or property da  Describe How Accident Hap  Third Party's Details (U)  Vehicle Make / Model:	Yes (No) ontact No : : Cle : Del amage ? Yes oppened : Please	Insurance Policy No:  Type of Policy: Comprehence  Insurance Policy: Comprehence  Insurance Policy: Comprehence  Insurance Policy: Comprehence  Insurance Policy No:  Insurance	eavy Rains e injuried in the accident description & tachment)  Vehicle Reg. N NRIC No. Handphone	ident? ution given? sketch of accide	d Party Only  (es) No  Yes (No)
ompany's Vehicle?  In you have witness?  If Yes, Witness Name & Convention  Itoad Condition  Itoad Condition  Ither vehicle or property da  Ither Party's Details (University of the Condition of	Yes (No) ontact No: : Cle : De la	Insurance Policy No:  Type of Policy: Comprehence  Insurance Policy No:  I	eavy Rains e injuried in the accident description & tachment)  Vehicle Reg. N  NRIC No.  Handphone ten in this report a	ident? ution given? sketch of accide	d Party Only  West No  Yes No  Trect and
company's Vehicle?  It yes, Witness Name & Company's Vehicle & Company's Vehicle & Company & Company's Veather Condition  It was a Condition  Other vehicle or property day  Describe How Accident Happenscribe How Accident Happenscribe Make / Model:  It was a Company is a Company in the Company in the Company is a Company in the Company in the Company is a Company in the Company in the Company in the Company is a Company in the Company in	Yes (No) ontact No: : Cle : De la	Insurance Policy No:  Type of Policy: Comprehence    Cloudy / Light Rains / H   Was anyon   Was Notice   use SKETCH PLAN for according Collision as at the information given that the information given the story all consequences	eavy Rains e injuried in the accident description & tachment)  Vehicle Reg. N  NRIC No.  Handphone ten in this report a should any part g	ident? ution given? sketch of accide	d Party Only  West No  Yes No  Trect and
Company's Vehicle?  Do you have witness?  If Yes, Witness Name & Co Weather Condition  Road Condition  Other vehicle or property da  Describe How Accident Hap  Third Party's Details (U Vehicle Make / Model:  Name of Driver:	Yes (No) ontact No: : Cle : De la	Insurance Policy No:  Type of Policy: Comprehence  Insurance Policy No:  I	eavy Rains e injuried in the accident description & tachment)  Vehicle Reg. N  NRIC No.  Handphone ten in this report a should any part g	ident? ution given? sketch of accide	d Party Only  West No  Yes No  Trect and

icuscinia vendunali	FILE:	0.0000000000000000000000000000000000000	- Williams	005333	ADMINISTRAÇÃO
				a necessia	
VEH D	EC NO:				

MOTOR ACCIDENT REPAIR BASIC INFORMATION				40-20-0	
DATE OF ACCIDENT	The second second	77	104	1 202	1
TIME OF ACCIDENT (24HR FORMAT)	12	-00		1 202	
EXACT LOCATION OF ACCIDENT	Kim	Tian	Rd.		DESCRIPTION OF THE PARTY OF THE
OWN VEHICLE DETAILS					
NAME OF REGISTERED OWNER	Tamoto	aren S	la Rain	Ganal	
ID OF REGISTERED OWNER	5269	9945F	1000	soper	
OFFICE NUMBER	8815	5625		Gopal	
EMAIL ADDRESS	Tamotara	nralage	palsa	amail.com	
VEHICLE PARTICULARS (OWN VEHICLE)					
VEHICLE REG NUMBER	FBQ 59	20 A			
VEHICLE MAKE / MODEL					
EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT					
ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY	YES		3RD PTY		REPORT ONLY
VEHICLE CATEGORY	PRIVATE CAR	COMM VEH	GOODS VEH	MOTOR TRADE GOVERNMENT	GOVERN VEH
INSURANCE COMPANY (OWN VEHICLE)				AND DESCRIPTION OF THE PARTY OF	
INSURANCE COMPANY	MS/G				
TYPE OF COVERAGE					
FLEET POLICY					
POLICY NUMBER			COLUMN DE LE COLUM		
DRIVER PARTICULARS					
NAME OF DRIVER			bull shattar consu	The state of the same of	
ID OF DRIVER					
DATE OF BIRTH		Vilolerzowiea	1	1	
RELATIONSHIP WITH OWNER / OCCUPATION			he yan ku	INDOOR /	OUTDOOR
DRIVING PASS DATE	Somethy desired		1	1	
GENDER		MALE		FEMALE	
MOBILE NUMBER					
OFFICE / HOME / OTHER NUMBER					
HOME ADDRESS					
EMAIL ADDRESS					REAL STATE
WAS THE DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY		YES		NO	
DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES,	two control is a literal	YES	1	NO	
PLEASE INDICATE		163			

OWNER / DRIVER'S SIGNATURE:	auld
DATE / TIME:	

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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
- 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 vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured 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: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



T/20210429/2080

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

2 of 3 Report No. T/20210429/2080

#### CONTINUATION OF REPORT

#### Brief Details.

On the above mentioned date, time and location, I was riding along Kim Tian Road upon the changing of traffic light to green the above mentioned vehicle hit the back of my motorcycle, in which I fell to the left

The lorry driver (which I did not managed to get his name) came down to assist and checked on me. We then exchange contact details (Lorry driver, HP: 88990424) and decided to settle the matter between our vehicle insurance company.

Due to the accident my motorcycle's IU unit bracket and engine cover was damaged and I sustained an injury on my left feet. My left pinky toe sustained some abrasion due to the accident.

After which I went to the Geylang Polyclinic and received 3 days MC for my injuries.





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

1 of 3 A Report No. T/20210429/2080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2021 14:53			Vide Report No.:	Station Diary No.:	
intorma	int's Partic	ulars			
Name o	f Informant:	RAJA GOPAL	Address: APT BLK 436 WOODLANDS	S STREET 41 #10-392	
ID Type NRIC N	/ ID No.: O / S26999	45F	Contact No.:		
National MALAYS	ity: SIAN		Email: - Mobile: 88155625		
Sex: Male	Age: 54	Date of Birth: 26/07/1966	Type of Informant:		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Other crane, hoist and related equipment operators		nd related	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive:	Accident:		
Location:		No	27/04/2021 1:	2:00	
VIN TIAN DO					
KIM TIAN RO	AD				
Weather:		Road Surface:			
		Road Surface:		Roa	ad Speed Limit:
Clear		Dry			
Clear Traffic Flow:		Dry Traffic Control:	orking	Traf	ffic Volume:
Weather: Clear Traffic Flow: One Way Type of Collisi	on:	Dry	orking	Traf Ligh	ffic Volume:

Vehicle No	Type	Make	Model			
FBQ5420A	Motorcycle	HONDA	FS150F	Blue	Slightly	0
GBL125L	Lorry	ISUZU		White	Damaged Slightly	0

RVALTA VIEW CO.				1000年100日
vehicle No.	Instrance Commany			
FBQ5420A	MSIG INSURANCE (SINGAPORE)	MCDCMTO4404054	<b>高学校委員會民主的</b>	EXMIN HOR
	PTE. LTD	MSDSMT21421054	28/12/2020	27/12/2021

& Time:

GIARMIC SketchPlanForm\_V3

2

Name:

NRIC/FIN No .: