

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: FBK9308Y  
 at Workshop m/s: RHH  
 of \_\_\_\_\_  
 Insured: GAE1409J  
 Policy No. \_\_\_\_\_  
 Claims No. DM21H000802-59  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: FBK9308Y Yr Regn: 30/3/16  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or 3-Wheeler  
 Make: ADIWA / AR3 200 c.c. 171  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 33161 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: RGVTC40AAG1A000004  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or other  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.

*	/
N/S	O/S

Bal. or Market Value: 9k.  
 IDAC Accident Rport: Consistent?: Yes or No  
 GIA / PR Seen: Consistent?: Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS LTA3781  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Tyre Size: F: 120/70-14  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or TIMSEN  
 Front Rear  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. mm L/Bal. 6 mm  
 D.O.A. 24/5/24 D.O.I. 4/6/24  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
N/S frt.  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction NETT SUR  
16/7/14 confirmed t/s @ 1600 with Raymond (Red 1003, 399)

Date/Time, File Pass to?  : Preli. Report  
 : Final Report

Days Of Repair: 3  
 Resurvey No. of Trip: 1

Date/Time, File Return to?  
19/7 - typist

Add Fee:  : Site Insp (\$ )  
 : Interview (\$ )  
 : Tech. Invs (\$ )  
 : Weekend (\$ )

Report Format : TP  
 Lump Sum / I.B.I.: (\$ 1600 )

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 TOTAL \_\_\_\_\_

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	623M
Vehicle Details	
Vehicle No.:	FBK9308Y
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Jun 2021
Vehicle Make:	ADIVA
Vehicle Model:	AR3 200 3-WHEELER CVT
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	MA812015
Chassis No.:	RGVTC40AAGA000004
Maximum Power Output:	-
Open Market Value:	\$4,470.00
Original Registration Date:	30 Mar 2016
First Registration Date:	30 Mar 2016
Transfer Count:	1
Actual ARF Paid:	\$671.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Mar 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,503.00
COE Rebate Amount:	\$3,781.00
<b>Total Rebate Amount:</b>	<b>\$3,781.00</b>

The information contained herein is correct as at 05 Jun 2021

OK

## Vehicle Details

<i>Vehicle No.</i>	<i>Make / Model</i>
<b>FBK9308Y</b>	<b>ADIVA / AR3 200 3-WHEELER CVT</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>P01 - Passenger Scooter</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>RGVTC40AAGA000004</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>MA812015</b>
Motor No. :	Engine Capacity :
<b>-</b>	<b>171 cc</b>
Power Rating :	Maximum Power Output :
<b>-</b>	<b>-</b>
Maximum Laden Weight :	Unladen Weight :
<b>420 kg</b>	<b>254 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2015</b>	<b>30 Mar 2016</b>
Lifespan Expiry Date :	COE Category :
<b>-</b>	<b>D - Motorcycle</b>
Quota Premium :	COE Expiry Date :
<b>\$6,503.00</b>	<b>29 Mar 2026</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>12 Mar 2022</b>	<b>-</b>
Inspection Due Date :	Intended Transfer Date :
<b>12 Mar 2022</b>	<b>04 Jun 2021</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
<b>-</b>	<b>-</b>
CO Emission :	HC Emission :

## 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 Submission	25/05/2021 17:10 (SGT)
Date of Accident	24/05/2021 13:57 (SGT)
Exact Location of Accident	International Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9308Y
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE POST LIMITED
Company Reg No	1XXXXX623M
Email Address	afiqanuar@singpost.com
Mobile Phone No	(Phone) +65-83132048
Alternative Phone No	(Office) +65-68412000

#### VEHICLE PARTICULARS

Manufacturer	Adiva
Model	AR3 200 3-WHEELER CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	171

#### INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	V0107634-VMF
Cover Note Number	-

#### DRIVER

Name of Driver	FIZWAN BIN WAHAB
Passport No/FIN	GXXXX134U

Date Of Birth	23/03/1993
Occupation	Outdoor
Date Of Driving Pass	03/06/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83132048
Alt. Phone Number	-
Email Address	afiqanuar@singpost.com
Address	HOTEL 81, LORONG 8 GEYLANG
Address complement	-
Postcode	399121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 24/5/2021 AT ABOUT 1357HRS, I WAS DRIVING MOTORCYCLE A FBK9308Y ALONG INTERNATIONAL ROAD. SUDDENLY VEHICLE B GBC1409J FROM OPPOSITE ROAD (INTERNATIONAL) DIDN'T STOP AND TURN RIGHT INTO QUALITY ROAD. MY MOTORCYCLE LEFT HIT ONTO VEHICLE B REAR LEFT EVEN THOUGH I APPLIED BRAKE. UNABLE TO EXCHANGE PARTICULAR. NO INJURY.

#### 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	GBC1409J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
NRIC No	-1

Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

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 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.
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 be 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/postal 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 be 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.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

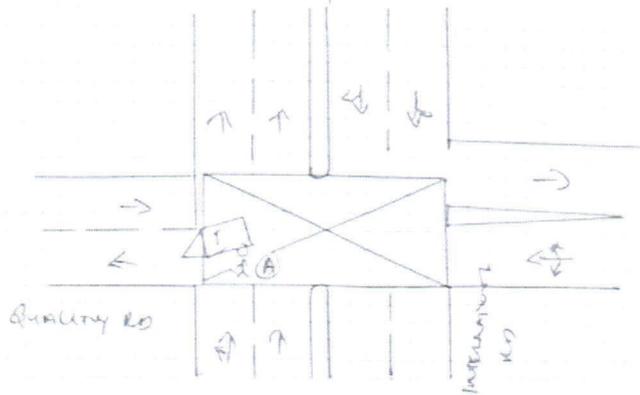
*[Handwritten Signature]*

24/12/21 / 1538hrs

Witnessed by Reporting Centre Personnel

*[Handwritten Signature]*

A FBK 9208Y  
B GBC 11003J



Describe Circumstances of the Accident

ON 24/05/21 AT APPROX 15:45 HRS I WAS RIDING MOTORCYCLE  
A FRK 93084 ALONG INTERNATIONAL RD. AND WANTED TO TURN  
LEFT INTO QUALITY RD. SUBORDINATE VEHICLE B (GAC1489) FROM  
OPPOSITE RD (INTERNATIONAL) ABOUT 50M STOP AND TURN RIGHT INTO  
QUALITY RD. MY MOTORCYCLE LEFT HIT ONE WHEEL OF VEHICLE B FROM LEFT  
EVEN THOUGH I APPLIED BRAKE. UNABLE TO REMEMBER PARTICULARS  
AS I WAS

Declaration

We declare the foregoing particulars are true in every respect

Policy holder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Resolving Centre Personnel

  
24/05/21 / 15:38 HRS

  
Barnes



**QUOTATION**

NO. : 38487

Customer :

EQ INSURANCE COMPANY LIMITED  
22 GEMMILL LANE  
SINGAPORE 069257

ATTN: MOTOR CLAIMS DEPT

VEHICLE NO. : FBK9308Y  
MAKE/MODEL : ADIVA / AR3 200

*not advised  
here  
h/s \$1600  
3 days  
4/6/21  
Edwin M. Athi's repair*

DATE : 28/05/2021  
CLAIM NO. : 11737  
POLICY NO. :  
FROM : RAYMOND

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	BALL SET P/N: 48814 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$19.00	19.00 <i>see</i>
2	BALL SET SMALL P/N: 48813 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$14.00	14.00 <i>see</i>
3	BOTTOM DUST GUARD P/N: 48811 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$27.00	27.00 <i>see</i>
4	COVER COMPARTMENT TANK P/N: 51182 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$42.00	42.00 <i>see</i>
5	FORK FRONT ASSY COMPLETE P/N: 48812 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$845.00	845.00 <i>see/see</i>
6	HEADLIGHT LH P/N: 49385 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$217.00	217.00 <i>see</i>
7	HEADLIGHT RH P/N: 51547 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$217.00	217.00 <i>see/see</i>
8	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	<i>*</i> Supply/Install	6.00	\$63.00	378.00 <i>280</i>
9	LEG SHIELD P/N: 51969 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$147.00	147.00 <i>see</i>

\*38487 \*

*bizSAFE<sub>3</sub>*



CERT NO. 2002-1-0383  
ISO 9001:2015

S/N	Description	Action	Qty	Unit Price	Amount
10	RACE STRG TOP COND P/N: 48807 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$28.00	28.00
11	SEAL DUST STRRING CONE P/N: 53166 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$7.00	7.00
12	SHIELD ASSY FRONT METALLIC (BLUE) P/N: 49437 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$528.00	528.00
13	TOP CAP <i>steering cone top</i> P/N: 48808 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$28.00	28.00
14	TOP CAP <i>steering cone bottom</i> P/N: 48810 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$28.00	28.00
15	TRANSPORT CHARGES (MOTORCYCLE) OVERSIZED P/N: 45837 - BIKE TOWED BACK TO BHH		1.00	\$98.00	98.00

SUB TOTAL	\$2,623.00
GST @ 7 %	\$183.61
<b>GRAND TOTAL (SGD)</b>	<b>\$2,806.61</b>

**50% deposit required before ordering of parts.**

Validity: 30 days

For & on Behalf of  
**BAN HOCK HIN CO PTE LTD**

Acknowledge & Accepted By



RAYMOND

*P-1930*  
*10%*  
*1737*  
*2052*

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.

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:

\*38487 \*

