

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/EQ121006975/Unf3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / 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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Check bike home fall?  
 Ccc int. 12-10-2023 MIA \$1216  
 NOP \$1584

19/7/21 4/5 \$1150 conf. with hecker (Red 4100.80, 789)

Veh No: FBD1088X

Yr Regn:

13/10/08

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

Truck / Trailer or

Make:

Yamaha

X-1R

c.c

135

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

21251

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

45330.1319

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

60-80-17 maxxys

R:

90-80-17

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

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

21/6/21

D.O.I.

24/6/21

Survey held at

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

Rear &amp; O/S Body

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

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

19/7-tylist

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

)

TOTAL

Report Format :

TP

Lump Sum / I.B.I. (\$

1150/2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

[> Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	847E

### Vehicle Details

Vehicle No.:	FBD1088X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Jun 2021
Vehicle Make:	YAMAHA
Vehicle Model:	X-1R
Primary Colour:	Red
Manufacturing Year:	2008
Engine No.:	4S3301319
Chassis No.:	4S3301319
Maximum Power Output:	-
Open Market Value:	\$1,764.00
Original Registration Date:	13 Oct 2008
First Registration Date:	13 Oct 2008
Transfer Count:	1
Actual ARF Paid:	\$265.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	12 Oct 2023
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$2,643.00
COE Rebate Amount:	\$1,216.00
<b>Total Rebate Amount:</b>	<b>\$1,216.00</b>

### Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 22 Jun 2021

OK

Advertisement

Motorcycles > Motorcycles for Sale > Class 2B



Share

8 likes

2 images

Yamaha X1R

S\$4,500

Used

Meetup

BLK 222A  
SUMANG LANE

## Description

Posted	Make	Type
13 hours ago	Yamaha	Cub

COE June 2023, non-renewable. Bike fully paid, no coi.

- Yoshimura exhaust gen 1 tricone with cert
- Upgraded to 6L tank
- Brembo calliper thai front & back
- Enkei FG510 rims
- Uma fast throttle

read more

## Meet-up

BLK 222A SUMANG LANE



ira redzuan @cutestrawberry

4.9 (33 reviews)

Chat

Write a custom message...

Send message to @cutestrawberry

S\$ 4500

Make Offer

Report this listing

Advertisement





**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co.Reg No. 200412212G GST Reg. No. 20-0412212G  
A Member of **MS&AD** INSURANCE GROUP

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORCYCLE**  
**Third Party Only**

Certificate No. A 300358834 VMP

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle  
FBD1088X

2. Name of Policyholder  
YE LIN THANT

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
15/10/2020

4. Date of Expiry of Insurance  
14/10/2021

5. Persons or Classes of Persons entitled to drive\*  
YE LIN THANT

\*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use \*  
Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. The Policy does not cover

- (1) Use for hire or reward.
- (2) Use for racing pace-making reliability trial or speed-testing.
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (4) Use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

**MSIG Insurance (Singapore) Pte. Ltd.**  
Approved Insurers

Craig Ellis  
Chief Executive Officer

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7066847E



Name  
**YE LIN THANT**

Race  
**CHINESE**

Date of birth  
**09-09-1970**

Sex  
**M**

Country of birth  
**MYANMAR**

S7066847E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7066847E**

Name  
**YE LIN THANT**

Birth Date: **09 Sep 1970**

Issue Date: **16 Jul 2008**

001627058C

8908651



NRIC No. **S7066847E**



Nationality  
**MYANMAR**

Date of issue  
**12-02-2008**

APT BLK 483 ANG MO KIO AVENUE 10 #08-1124  
SINGAPORE 560483

NRIC No: **S7066847E** Date: **19/11/2014**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles =< 200 cc	16 Jul 2008
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	16 Jul 2008

NP 428A

Licence No: **S7066847E**

## 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	22/06/2021 09:20 (SGT)
Date of Accident	21/06/2021 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Boundary Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1088X
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YE LIN THANT
NRIC No	SXXXX847E
Email Address	YELINTHANT70@GMAIL.COM
Mobile Phone No	(Phone) +65-91010034
Alternative Phone No	+65-91010034

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	X-1r
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	135

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	A300358834
Cover Note Number	-

#### DRIVER

Name of Driver	YE LIN THANT
NRIC No	SXXXX847E



Date Of Birth	09/09/1970
Occupation	Indoor
Date Of Driving Pass	14/07/2008
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91010034
Alt. Phone Number	+65-91010034
Email Address	YELINTHANT70@GMAIL.COM
Address	Apt Block 463 Ang Mo Kio Ave 10 #08-1124
Address complement	-
Postcode	560483
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the 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	SJL4091D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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



Describe Circumstances of the Accident

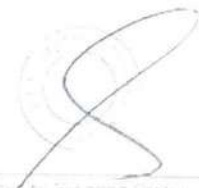
I am riding Anguilla Ave 10 toward Boundary Road. I saw traffic signal 'Green Arrow' for turn left was blinking and I stop at junction. Subsequently the car behind collided on the rear of my motorcycle.

Declaration

We declare that we give a true and correct statement in every respect.

  
Person 1 Signature (Print Name & Date)

  
Driver's Signature (Driver's full name, address, Date & time)

  
Witness by Reporting Officer (Print Name)

# SKETCH PLAN

## IMPORTANT NOTICE

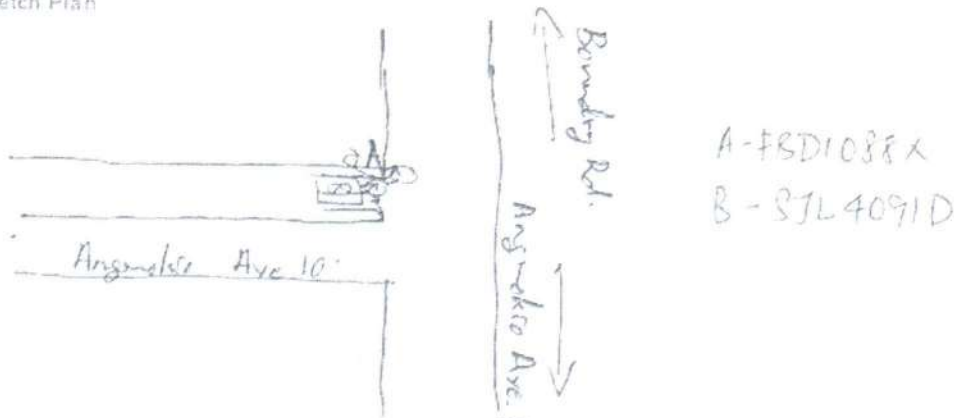
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation will result in material being may void. Insurer continues to regulate policy liability.
4. The insurance acceptance of this form by insurance broker will be not a guarantee 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 taken into the insurers of the ICA Records Management Centre established by the General Insurance Association of Singapore (GIA) for every report of this report and for a fee to 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 as follows:
8. Consent under the Personal Data Protection Act (PDPA)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My insurer, my broker and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and reproduce my personal data (personal information) on this form and any other personal information provided by me or published by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in the accident (an insured who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers law firms, the Ministry Authority of Singapore and any relevant government agency, authority (such as the police) for the purposes of:
      - (i) processing, handling and dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
      - (ii) investigating the accident and/or my claim;
      - (iii) carrying out work including writing instructions or responding to any enquiries by me;
      - (iv) administering my claims, including the making of correspondence, statements, invoices, receipts or notices to me, which could involve disclosure of other personal data about me to other about delivery of the same as well as on the external cover of envelopes and packages; and/or
      - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
    - (ii) All insurers who have insured vehicle(s) involved in the 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
    - (iii) my Personal Information may not 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 based outside of Singapore, for one or more of the above Purposes.





Policyholder's Signature Date & Time: \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) Date & Time: \_\_\_\_\_  
 Witnessed by Reporting Centre (Signature): \_\_\_\_\_

Sketch Plan



**BIKE RECOVERY SERVICE**

HP: 8298 6622

Business Reg. No: 201216510M

CASH SALE

NO: 01850

Date: 21/6/21

Particular: \_\_\_\_\_

Vehicle No: FBD 1088 X Model No: XIR

From: AN6 MO KID AVE 10 To: KAN Fook SING motor 1 dec. To  
Leah YEE SING KEE

Time: (Day/Night): \_\_\_\_\_

Others: \_\_\_\_\_

CASH \$: 50/-

NOTE: Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or others  
misdemeanour to your vehicle while being towed.



## (201202259N

Tel : 67527740 Fax : 67528669

E-mail: [erofia@singnet.com.sg](mailto:erofia@singnet.com.sg)

EQ

Accident Date : 21-Jun-21

Vehicle Model : Yamaha X-1R

### Estimated Repair Costs

Less 10%

### Special Net Items

Benf	\$	38.00	10
17	\$	380.00	X
17	\$	150.00	X
		<u>          </u>	

24/6/21  
L/S # 1150

Page 1 of 2

Page 1 of 2

Wh? After  
3 days.

• Paint Public Assistants 568.00 July  
 The components of the following:  
 • Paint on wet glass after spray painting  
 • Paint on damaged part(s) during resurvey  
 • Paint on damaged part(s) subject to confirmation  
 • Paint on survey is on a "Without Prejudice" basis  
 • Paint on damaged part(s) is allowed  
 • Paint on damaged part(s) must be resurveyed and  
 is subject to the approval from Insurance Company

**Acknowledged by Repairer**

Signature: \_\_\_\_\_

1

# EROFIA MOTOR TRADING PTE LTD<sup>(201202259N)</sup>

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883

Tel : 67527740 Fax : 67528669

E-mail: erofia@singnet.com.sg

Owner : Ye Lin Thant

Accident Date : 21-Jun-21

Vehicle No : FBD1088X

Vehicle Model : Yamaha X-1R

## Estimated Repair Costs

<u>S/No.</u>	<u>Labour</u>		
1	To provide towing service (LOD)	\$	50.00 ✓
2	To check electrical and headlamp focusing	\$	17 80.00 X
3	To check, repair and straight body frame	\$	17 380.00 X
4	To provide labour	\$	420.00
		\$	930.00 220
Grand Total		\$	5,270.80

Singapore Dollars: Five Thousand Two Hundred Seventy and Cents: Eighty only

  
EROFIA MOTOR TRADING PTE LTD

2-1331  
1477.9