	00		Wy	3	
(08/11/13) wef ASS. REC. BY: MCreu (REF: CS CT	12/0/	0257/4/69	3	· ·
, , , , , , , ,		GNMEN'			, /
From:	Date:	Veh No	FIGUS	9 V Yr Regn:	03/05/12
Estimated Cost:	Date.		/ M.Cycle / Bus / Var		
OD/1P WS / TP RES / OD RES / I	EVA / INV / MV			wheeler	
To Inspect Vehicle No:	FS6 22894	Make:	P. G. 0 T		c.c 148
at Workshop m/s	7/H	Colour	white		sured / Std / NI / NA
of		Sp.Reading	V .	T/Radio: Ins	sured / Std / NI / NA
Insured: SGM	6111	Eng/No:	5-6764		
DIADOONINAOOOOAF		-	DTIT	auc (C) r	1000206
01114045050505050		C/No:	Good Fair / Poor / B		2 10000
olainis 110.		190 00000000000000000000000000000000000	order / Jammed / Leal		
Sum Insured:	Excess:		order / Jammed / Leal		
(Client's Record)		-	S/Rim / STD A/Rin		
Make of Veh:			F:		70-12
Water to the second of		Tyre Size:	70775	1 10 / 1	0-10
(Policy Condition)	its N/S O/S	DC (DUN /	R: EXNOVA / GY / FS / L	IZA / MIC / OHTSI	/ PIR / SUMI /
Remark: The veh had commenced repair at the time of inspe		TOYO / YO			
4	1500		,	TIMS	u v
_		Front R/Bal.	6	R/Bal.	6 mm
IDAO Accident report.	onsistent? : Yes or No	L/Bal.	O mm	∟/Bal.	6 . mm
GIA / PR Seen: Co	onsistent? : Yes or No	200000000000000000000000000000000000000	/8/2/ ^{mm}	D.O.I.	elista 1
Est. Repairs:	Res.: Yes or No		. , ,		5/14/4
Lum Sum: 20 %	3 Val.: Yes or No	Survey held	ages: Frt / Rear / C	Ne I NIE I IIIC I	Poofton or
CA / REV / REP. / 24 HRS	c 623m	Des. of Dam	lages: Fit / Rear / C	DIST NIST UICT	Roonop of
Date: Person Conta	Vehicle: IN / OUT	The U/C	/ Chassis frame / E	Body Structure aff	ected due to collision.
Date.	2748107	1110 070	7 0111100101111111111111111111111111111		- Land and the same of the sam
Date / Time Action / Instruction	02-082022 50/7	7 mtlaste	c .		
Va coopered	1991 1/5	il Ro	ymund (Red	d 1724, 63%)	
10/21 - WILLIAMOR	2/3 3/000	•	2 = 1		
•					
Date/Time, File Pass to? : Pre		Days Of Re			
اط. _{Ein:}	al Report	Resurvey N	o. of Trip: 1	Survey Fee	
Date/Time, File Return to?			/	Transportatio	
2) 14/10/21-typist	Add Fee:		Insp (\$)S +RS,_	_SI
·· 21			view (\$) Photos	
Report Format : Merimen			n. Invs (\$) Others	
umn Sum / LR !: (\$ 1000)	: Wee	kend (\$)	

TOTAL

Lump Sum / I.B.I: (\$ 1000

MOTORCYCLE ACCESSORIES | SERVICE CENTRE MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

QUOTATION No. : 39253

Customer:

GREAT EASTERN GENERAL INSURANCE LTD

NO. 1 PICKERING STREET

#01-01 GREAT EASTERN CENTRE

SINGAPORE 048659

ATTN: MOTOR CLAIMS DEPT

Not Allhour

DATE CLAIM NO.

: 05/10/2021 : 11803

POLICY NO. : V0107634-VMF

5/10/2

FROM

: RAYMOND

VEHICLE NO. MAKE/MODEL : FBG2259Y

: PGO/TR3

Hdys.

(Page 1 of 2)

		• ,	70	12			(,,
<u>S/N</u>	Description		Action	١,	Qty	Unit Price		Amount
1	LABOUR		Supply/Insta	1	16.00	\$63.00	3001	1,008.00
	P/N: 06766 - LABOUR QUOTED FOR DISMANTLING INSTALLATION OF PARTS.	AND						~
2	LAMP SIGNAL FRONT RH UPPER P/N: 38333		REPLACE		1.00	, \$60.00	Cre	60.00
	- (REPORTED BY MECHANIC)						ule	
3	left body cover (star ash) - (REPORTED BY MECHANIC)		REPLACE		1.00	\$231.00	cm	231.00 X
4	MUDGUARD FRONT		REPLACE		1.00	,\$182.00	SNO	182.00
	P/N: 41795 - (REPORTED BY MECHANIC)							
5	PLATE STEP REAR RH		REPLACE		1.00	\$50.00	Su	^{50.00} χ
	P/N: 41286 - (REPORTED BY MECHANIC)	0.0	la l				a	, . V
6	REPAIR ON FRONT BODY ALIGNMENT	Refur to	Repair	4	1.00	\$490.00	Refer to le	490.00
	- (REPORTED BY MECHANIC)	[[[]					1/0	
7	Right body cover (star ash)	106	REPLACE		1.00	\$231.00	cre	231.00 🗶
	- (REPORTED BY MECHANIC)							/
8	STEERING CONE ASSY		REPLACE		1.00	\$125.00	nu	125.00 %
	P/N: 44043 - (REPORTED BY MECHANIC)							10
9	STICKER NUMBER PLATE FRONT (BLAC	K)	REPLACE	4	1.00	\$15.00	121	15.00 5/
	STRAIGHT P/N: 32921							ju
	FAN, OLOE I							

*39253

- (REPORTED BY MECHANIC)







CHINA TAIPING INSURANCE (S) PTE LTD

QUOTATION

NO. : 39292

Supplementary 1 To QTN: 39253

DATE : 12/10/2021 CLAIM NO. : 11803

POLICY NO. : V0107634-VMF

FROM : RAYMOND

VEHICLE NO.

Customer:

105 CECIL STREET #18-00 / 19-00

THE OCTAGON

S'PORE 069534

: FBG2259Y

MAKE/MODEL

1

: PGO / TR3

S/N Description

FORK FRONT ASSY

P/N: 68061

Action

Qty

1.00

Unit Price

\$735.00 Suf (tw)

Acknowledge & Accepted By

Amount 735.00

SUB TOTAL GST @ 7 %

101.

GRAND TOTAL (SGD)

\$735.00 \$51.45

\$786.45

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

BAN HOCK HIN CO PTE LTD

HIN

RAYMOND

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



<u>S/N</u>	Description	Action) Qty	Unit Price		Amount
10	TRANSPORT CHARGES (MOTORCYCLE) OVERSIZED		1.00	\$80.00	3.8	× 80.00
	P/N: 45837					
	- BIKE TOWED BACK TO BHH					
11	WINDSHIELD	REPLACE	1.00	\$252.00	11	252.00
	P/N: 39886					,
	- (REPORTED BY MECHANIC)					
		SUB TOTAL			\$	2,724.00
		GST @ 7 %				\$190.68
		GRAND TOTAL (SG	SD)		\$	2,914.68

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By



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:

- 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 "V."ithout 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:

*39253

191-80 345 1336.60

G CERT NO.: 2002-1-0380

SJ042198000F / JP Knights Pte Ltd ENTRY DATE & TIME: 08/09/2021 15:54 (SGT) SUBMITTED BY: Caymen VERSION: 1 (08/09/2021 15:54 (SGT))



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 a situality and accurate as possible. Any willful misrepresentation or witholding of material facts may allow insurance companies to repudiate configurations.

- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or winoiding or material table may enter a properly 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.
 Any false reporting may be referred to the Police for investigation.
 This report will be trovarded 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 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 Date of Accident Exact Location of Accident

Additional Location Information Country/State of Loss

08/09/2021 15:54 (SGT) 07/09/2021 18:35 (SGT) Jln Legundi, Singapore

Singapore

DETAILS OF OWN VEHICLE

Yes

Pgo

148

Vehicle Registration Number

FBG2259Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No.

1XXXXX623M afiqanuar@singpost.com (Phone) +65-84015611 (Office) +65-68412000

Singapore Post Limited

VEHICLE PARTICULARS

Manufacturer Model

Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

TR3-150 CVT

Employment

No - Claiming third party Motorcycle Auto

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number Great Eastern General Insurance Limited

ThirdParty Yes

V0107634-VMF

DRIVER

Name of Driver NRIC No

NAVANETHAN A/L VALAYUTHAM FXXXX956X

Accident report SJ042198000F

Page 1 of 9

Date Of Birth Occupation 13/07/1962 Date Of Driving Pass Outdoor Driving experience 17/07/1995 26 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-84015611 Alt. Phone Number Email Address Address afiganuar@singpost.com BLOCK 9 WOODLANDS WALK Address complement Postcode 738341 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Employee Vehicle Registration Number of Other Vehicle Owned by Driver No 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 07/09/2021 AT 18:35HRS, I WAS RIDING VEHICLE A (FBG2259Y) ALONG JALAN LEGUNDI. AFTER DELIVERY LETTER AT UNIT 15 JALAN LEGUNDI I ABOUT TO RIDE WHEN REALISE VEHICLE B (SGM611K) STOP IN FRONT VEHICLE A. WHILE VEHICLE B WAS STATIONARY VEHICLE B WAS REVERSE AND I HONK. VEHICLE B REVERSE AND COLLIDED ONTO VEHICLE A FRONT PORTION. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SGM611K

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 PAY ULLU

 NRIC No
 SXXXX845C

Contact Number	(Phone) +65-91266690
Address	
Address complement	
Postcode	
Insurance Company Name	_
Nature Of Damage	12
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
- 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 Formby 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)
- Lunderstand, acknowledge, agree and consent that
- (a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (i) processing handing 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (M) 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

sed by Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel 20001 Time Sketch Plan Vehicle B JIN PERUL

Describe Circumstances of the Accident

ON 07/09/2021 AT 18:35HRS, I WAS RIDING VEHICLE A (FBG2259Y) ALONG JALAN LEGUNDI. AFTER DELIVERY LETTER AT UNIT 15 JALAN LEGUNDI I ABOUT TO RIDE WHEN REALISE VEHICLE B (SGM611K) STOP IN FRONT VEHICLE A. WHILE VEHICLE A WAS STATIONARY VEHICLE B WAS REVERSE AND I HONK. VEHICLE B REVERSE AND COLLIDED ONTO VEHICLE A FRONT PORTION. EXCHANGED PARTICULARS. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date 8 Time 7 0 20 20 20 0 0 1 Witnessed by Reporting Centre Personnel



Vehicle Details

Vehicle No. FBG2259Y	Make / Model P.G.O. / TR3-150 CVT
Vehicle Type : P01 - Passenger Scooter	Vehicle Attachment 1: 3 Wheeler
Vehicle Scheme : Normal	Chassis No. : RFVTRUC52C1000206
Propellant : Petrol	Engine No. : C5H10344
Motor No. :	Engine Capacity:
Power Rating :	Maximum Power Output :
Maximum Laden Weight : -	Unladen Weight : 150 kg
Year Of Manufacture : 2012	Original Registration Date : 03 May 2012
Lifespan Expiry Date :	COE Category : D - Motorcycle
Quota Premium : \$1,902.00	COE Expiry Date: 02 May 2022
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
Inspection Due Date : 02 May 2022	Intended Transfer Date : 07 Oct 2021
CO2 Emission :	CEV/VES Rebate Utilised Amount :

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	623M	
Vehicle No.:	FBG2259Y	
Vehicle to be Exported:	No	
Intended Deregistration Date:	05 Oct 2021	
Vehicle Make:	P.G.O.	
Vehicle Model:	TR3-150 CVT	
Primary Colour:	White	
Manufacturing Year:	2012	
Engine No.:	C5H10344	
Chassis No.:	RFVTRUC52C1000206	
Maximum Power Output:	•	
Open Market Value:	\$2,665.00	
Original Registration Date:	03 May 2012	
First Registration Date:	03 May 2012	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$400.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	02 May 2022	
COE Category:	D - Motorcycle	
COE Period(Years):	10	
QP Paid:	\$1,902.00	
COE Rebate Amount:	\$109.00	
Total Rebate Amount:	\$109.00	

The information contained herein is correct as at 05 Oct 2021