



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	623M
Vehicle Details	
Vehicle No.:	FBF7963U
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Nov 2021
Vehicle Make:	SYM
Vehicle Model:	FIGHTER 150 A
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	DN061961
Chassis No.:	RFGHV15V0B5000071
Maximum Power Output:	-
Open Market Value:	\$1,883.00
Original Registration Date:	12 Dec 2011
First Registration Date:	12 Dec 2011
Transfer Count:	0
Actual ARF Paid:	\$283.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	11 Dec 2021
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$2,091.00
COE Rebate Amount:	\$13.00
<b>Total Rebate Amount:</b>	<b>\$13.00</b>

The information contained herein is correct as at 17 Nov 2021

OK

## Vehicle Details

Vehicle No.	Make / Model
<b>FBF7963U</b>	<b>SYM / FIGHTER 150 A</b>
Vehicle Type : <b>P01 - Passenger Scooter</b>	Vehicle Attachment 1 : <b>No Attachment</b>
Vehicle Scheme : <b>Normal</b>	Chassis No. : <b>RFGHV15V0B5000071</b>
Propellant : <b>Petrol</b>	Engine No. : <b>DN061961</b>
Motor No. : -	Engine Capacity : <b>150 cc</b>
Power Rating : -	Maximum Power Output : -
Maximum Laden Weight : <b>233 kg</b>	Unladen Weight : <b>123 kg</b>
Year Of Manufacture : <b>2011</b>	Original Registration Date : <b>12 Dec 2011</b>
Lifespan Expiry Date : -	COE Category : <b>D - Motorcycle</b>
Quota Premium : <b>\$2,091.00</b>	COE Expiry Date : <b>11 Dec 2021</b>
Road Tax Expiry Date : <b>11 Dec 2021</b>	PARF Eligibility Expiry Date : -
Inspection Due Date : <b>11 Jun 2022</b>	Intended Transfer Date : <b>19 Nov 2021</b>
CO2 Emission : -	CEV/VES Rebate Utilised Amount : -
CO Emission :	HC Emission :



**QUOTATION**

Customer :

MS FIRST CAPITAL INSURANCE LTD  
36 ROBINSON ROAD  
#16-01 CITY HOUSE  
SINGAPORE 068877

ATTN: MOTOR CLAIMS DEPT

VEHICLE NO : FBF7963U  
MAKE/MODEL : SYM / FIGHTER 150

*Not Attached  
see  
P/P #  
2 days.  
the photo attached*

NO. : 39500

DATE : 16/11/2021

CLAIM NO. : 11819

POLICY NO. :

FROM : RAYMOND

(Page 1 of 3)

S/N	Description	Action	Qty	Unit Price	Amount
1	COVER FRONT P/N: 40325 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$155.00	155.00 X
2	COVER SIDE LH ASSY (WHITE) P/N: 65409 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$82.00	82.00 X
3	COVER TOP P/N: 66165 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$94.00	94.00 X
4	COWLING FRONT (WHITE) P/N: 65538 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$168.00	168.00 X
5	FORK FRONT LH ASSY P/N: 69913 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$350.00	350.00 X
6	GASKET EXHAUST PIPE P/N: 38960 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$9.00	9.00 X
7	HEADLAMP ASSY LH P/N: 36552 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$287.00	287.00 X
8	HEADLAMP ASSY RH P/N: 36551 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$287.00	287.00 X
9	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	Supply/Install	8.00	\$63.00	504.00

\*39500 \*

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

**bizSAFE<sub>3</sub>**



S/N	Description	Action	Qty	Unit Price	Amount
10	LEVER BRAKE LH P/N: 38066 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$25.00	25.00 X
11	LEVER BRAKE RH P/N: 40634 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$27.00	27.00 X
12	METER VISOR ASSY BU-661S - (REPORTED BY MECHANIC)	REPLACE	1.00	\$84.00	84.00 X
13	MIRROR ASSY LH P/N: 53140 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$68.00	68.00 X
14	MIRROR RH P/N: 37494 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$70.00	70.00 X
15	MUDGUARD REAR P/N: 53361 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$32.00	32.00
16	PIPE EXHAUST ASSY P/N: 37965 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$645.00	645.00 X
17	PLATE NUMBER REAR (6.5 INCH X 9 INCH) P/N: 28951 - (REPORTED BY MECHANIC)	REPLACE X	1.00	\$27.00	27.00 <sup>15</sup> s/n
18	PROTECTOR CLUTCH COVER P/N: 38053 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$59.00	59.00 X
19	PROTECTOR MUFFLER P/N: 38032 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$43.00	43.00 X
20	R SIDE COVER ASSY WH-010C/BK-001U P/N: 65408 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$73.00	73.00 X
21	SPOILER UNDER P/N: 65539 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$147.00	147.00 X
22	SPRAY PAINT ON REAR BOX - (REPORTED BY MECHANIC)	Spray X	1.00	\$250.00	250.00 X
23	STICKER (SINGAPORE POST) BOX REAR P/N: 39656 - (REPORTED BY MECHANIC)	REPLACE X	1.00	\$70.00	70.00 X
24	TRANSPORT CHARGES P/N: 07169 - BIKE TOWED BACK TO BHH	X	1.00	\$55.00	55.00 X

SUB TOTAL  
GST @ 7 %

2-32

\$3,611.00  
\$252.77

\*39500 \*

bizSAFE<sub>3</sub>



<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
GRAND TOTAL (SGD)					\$3,863.77

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of  
BAN HOCK HIN CO PTE LTD

Acknowledge & Accepted By



RAYMOND

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

\*39500 \*

*bizSAFE<sub>3</sub>*



## 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 Authorized 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	08/11/2021 13:16 (SGT)
Date of Accident	06/11/2021 10:35 (SGT)
Exact Location of Accident	Sims Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7963U
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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) +65-82217415
Alternative Phone No	(Office) +65-68412000

#### VEHICLE PARTICULARS

Manufacturer	Sym
Model	FIGHTER 150 A
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	150

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	ANANTHARAJ A/L APPALASAMY
Work Permit No	GXXXX115K

Date Of Birth	17/10/1989
Occupation	Outdoor
Date Of Driving Pass	11/11/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-82217415
Alt. Phone Number	-
Email Address	afiqanuar@singpost.com
Address	BLK 654 JALAN TENAGA #01-78
Address complement	-
Postcode	410654
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
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 vehicle 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 06/11/21 AT ABOUT 1035HRS I WAS RIDING MOTORCYCLE A FBF7963U ALONG SIMS WAY AND WANTED TURN LEFT INTO GUILLEMARD ROAD,AS I WAS WAITING FOR MAJOR ROAD TO CLEAR SUDDENLY VEHICLE B GBG7643M REAR ENDED MY MOTORCYCLE.EXCHANGED PARTICULAR AND NO INJURIES AT POIN OF TIME

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7643M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-83613043

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## 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 or withholding of material facts may allow insurance companies to rescind its 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/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' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

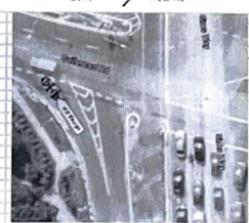
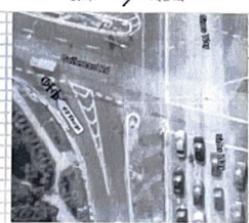
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) All Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 lawyer/law firms), which may be sited 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 Personnel

Sketch Plan

<p>A P20/1/13/11</p> <p>B G11/1/13/11</p>	 	 
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## Describe Circumstances of the Accident

ON 06/11/21 AT ABOUT 1035HRS I WAS RIDING MOTORCYCLE A FBF7963U ALONG SIMS WAY AND WANTED TURN LEFT INTO GUILLEMARD ROAD. AS I WAS WAITING FOR MAJOR ROAD TO CLEAR SUDDENLY VEHICLE B GBG7643M REAR ENDED MY MOTORCYCLE. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME

## Declaration

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

Policyholder's signature / Date & Time

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

Witnessed by Reporting Centre Personnel

6/11/21 / 10:35

SMY