

(08/11/13) wef

ASS. REC. BY: Roma

REF: CS/SMR22009790/Rvg3

722

CR: 2026/Jan

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / P / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: FBK 7270Jat Workshop m/s 3 IN BOON MOTORof 10, ADMIRALTY ST #01-10/11 NORTHLINK RDInsured: SMR

Policy No. _____

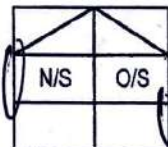
Claims No. _____

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: 6K

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBK 7270J Yr Regn: 2016 / JanType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda CB400SF Manual c.c. 399Colour MULTI A/C: Insured / Std / NI / NASp. Reading 56083 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NCV21604369Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 120/60Z17R: 160/60ZR17

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. mm L/Bal. mm

D.O.A. 29/01/22D.O.I. 06/10/22Survey held at 3 IN BOON MOTOR

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

N/S & O/S REAR

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

Date / Time Action / Instruction

REPAIR LIMIT - 3.5K

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS, SI☐ : Interview (\$ _____) ☐ : Photos☐ : Tech. Invs (\$ _____) ☐ : Others☐ : Weekend (\$ _____)

Report Format :

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

SIN BOON MOTOR CO
10 ADMIRALTY STREET,
#01-10/11, NORTHLINK BUILDING,
SINGAPORE 757695
TEL: 6257 8404, FAX: 6755 6214

DATE: 03/10/2022

FBK7270J - HONDA CB400SF MANUAL
VEHICLE REPAIR QUOTATION

1	1 PC FOOTGEAR LEVER <i>lt</i> ✓	\$130.00
2	1 PC L/S PILLION FOOT REST <i>sup</i> ✓	\$95.00
		\$225.00
		LESS 10% \$22.50
		\$202.50
3	1 SET CRASH BAR <i>lt</i> ✓	(NETT) \$160.00
4	1 SET CARGO ROUND CONTAINER <i>sup</i> ✓	(NETT) \$95.00
5	1 PC YOSHIMURA EXHAUST END CAN W/ CERTIFICATE <i>lt</i> ✓	(NETT) \$1,850.00
6	LABOUR CHARGE FOR PART REPLACEMENT	(NETT) \$160.00 <i>140</i>
		\$2,467.50
		GST 7% \$172.73
		\$2,640.23

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: _____

Ramu
Hp 90010068
2 days
45
06/10/22 @ 1410
Reg after repair

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 Actual 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	30/09/2022 18:52 (SGT)
Reported by	Both
Date of Accident	29/09/2022 15:00 (SGT)
Exact Location of Accident	756 Woodlands Ave 4, Block 756, Singapore 730756
Additional Location Information	SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7270J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD ROHAIZAT BIN OSMAN
NRIC No	S9347772C
Email Address	IZATLOKOLOKO@GMAIL.COM
Mobile Phone No	(Phone) +65-87800152
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400sf
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	Manual
CC	400

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5106626676-03

DRIVER

Name of Driver	MUHAMMAD ROHAIZAT BIN OSMAN
NRIC No	S9347772C
Date Of Birth	15/12/1993
Occupation	

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

11/02/2014
8 YEARS AND 7 MONTHS
Male
(Phone) +65-87800152
-
IZATLOKOLOKO@GMAIL.COM
BLK 760 #07-10
WOODLANDS AVENUE 6
730760
Yes
-
No
-
-

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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
Weather Conditions
Road Surface

Collided into Motorcyclist
Clear
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
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

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

I WAS TRAVELLING STRAIGHT ALONG THE SERVICE ROAD WHEN VEHICLE B FROM OPPOSITE DIRECTION MAKE A RIGHT TURN TOWARDS THE RUBBISH CHUTE AREA AND COLLIDED AGAINST MY VEHICLE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC4141P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver MOHAMED BIN ADAM

RIC No
Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

S1571692D

(Phone) +65-94874576

-

-

-

-

-

-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

B. 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' 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/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.

30092022 & 1900HRS

Policyholder's Signature / Date & Time

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

Mohammad Ikhsan Bin Abdul Aziz

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

A - FBK7270J
B - SHG4141P

Describe Circumstance of the Accident

Declaration

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


30/09/2022 & 1900HRS
Policyholder's Signature / Date & Time

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


Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	772C
Vehicle No.:	FBK7270J
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Oct 2022
Vehicle Make:	HONDA
Vehicle Model:	CB400SF MANUAL
Primary Colour:	White
Secondary Colour:	Red
Manufacturing Year:	2015
Engine No.:	NC42E1204375
Chassis No.:	NC421604369
Maximum Power Output:	-
Open Market Value:	\$7,580.00
Original Registration Date:	04 Jan 2016
First Registration Date:	04 Jan 2016
Transfer Count:	2
Actual ARF Paid:	\$1,137.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	03 Jan 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,600.00
COE Rebate Amount:	\$2,137.00
Total Rebate Amount:	\$2,137.00

The information contained herein is correct as at 07 Oct 2022

OK

Honda CB400F

Listing Type

Paid Ad

Brand

Honda

Model

Honda CB400F

Engine Capacity

399cc

Classification

Class 2A

Registration Date

15/01/2016

COE Expiry Date

14/01/2026

(3yrs 3mths 7days COE left)

Mileage

-

No. of owners

1

Type of Vehicle

Street Bikes

SGD **\$5900**