

ASS. REC. BY:

REF:

CS3/CT124080468/Tgh3

## 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.

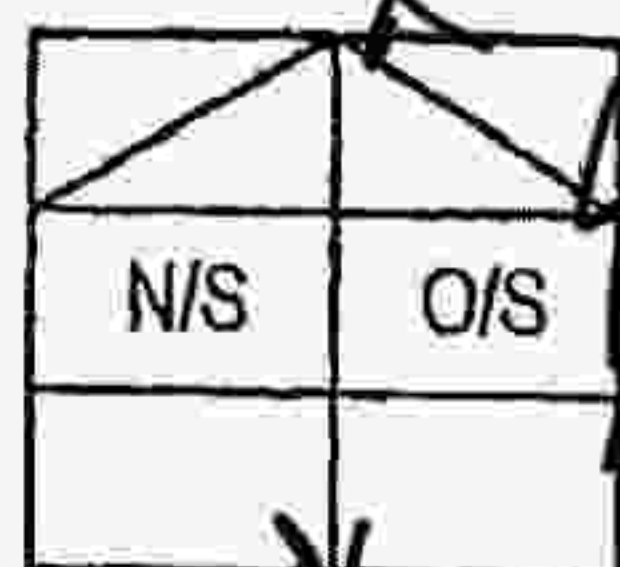
Sum Insured:

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:

\$14500

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

PR5

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBV 1074R

Yr Regn:

2023, 05

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

Truck / Trailer or

Make:

Yamaha Nmax

c.c

155

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MH35 9655 000-00 1638

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim or

Tyre Size:

F:

110 70R13

R:

130 70R13

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

27/8/24 @ 430pm

Survey held at

Sports Motor

Des. of Damages (Fr) / Rear / O/S / N/S / U/G / Rooftop or

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

Date / Time

Action / Instruction

Repair range : \$6500-7500 , 7 days

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL


Rep. Format:

Lump Sum / L.B.L. ( )



## 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 First Submission	23/08/2024 08:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/08/2024 12:16 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CANBERRA LINK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBV1074R

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD FADHLI BIN MOHAMED
NRIC No	S8802561Z
Email Address	FADHLI_SCUD@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97124920
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX155
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	160
Vehicle Fuel	Petrol
First Registration Date	22/05/2023
Chassis no	MH3SG655000001638
Effective Date/Time of Ownership	

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5136514045-01

#### DRIVER

Name of Driver	MUHAMMAD FADHLI BIN MOHAMED
NRIC No	S8802561Z
Date Of Birth	28/01/1988
Occupation	Indoor
Driving Pass Date	14/09/2016
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97124920
Alt. Phone Number	-
Email Address	FADHLI_SCUD@HOTMAIL.COM
Address	BLK 469A #03-107
Address complement	ADMIRALTY DRIVE
Postcode	751469
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SME6329H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WANG LU
NRIC No	S9176642F
Contact Number	(Phone) +65-97953630
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLU5243E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90999336
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

**INJURED PERSONS DETAILS****INJURED 1**

Name of injured person	MUHAMMAD FADHLI BIN MOHAMED
Gender	Male
Phone No	(Phone) +65-97124920
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	36
Injuries Sustained	MEDICAL LEAVE 3 DAYS
Injured person in which vehicle?	FBV1074R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

**Describe Circumstance of the Accident**

REFER TO POLICE REPORT FOR ACCIDENT  
STATEMENT

### Declaration

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

23/08/2024  
0840HRS

Purchaser's Signature / Date & Time

Driver's Signature of Driver is not the policyholder: \_\_\_\_\_ Date  
A time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC Card)

Suman Sukumar  
S990968

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 willful misrepresentation or withholding of material facts may allow insurers to deny claims for uninsured motor 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.

8. **Consent under the Personal Data Protection Act (PDPA)**

I/We, and I/We acknowledge, agree and consent that:

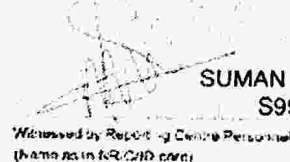
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information"), and disclose and transfer such Personal Information to all insurers (who have insured vehicles) involved in this accident (all insurers) who have insured vehicles 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 making 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 laws of development packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes");
- (b) all insurers who have insured vehicles 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.



23/08/2024-  
0840HRS

Policyholder's Signature / Date & Time

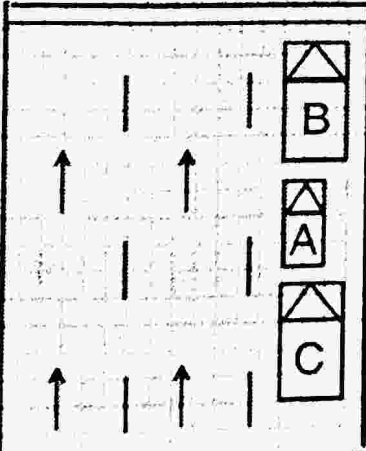
Driver's Signature (if driver is not the policyholder) / Date & Time



SUMAN SUKUMAR  
S990968

Witnessed by Reporting Centre Personnel  
(Name as in for CID card)

Sketch Plan

 <p>The diagram shows a rectangular area with a grid of dashed lines. On the right side, there are three vertical rectangles labeled B, A, and C from top to bottom. Each rectangle has a small triangle at the top. On the left side, there are three vertical rectangles. The top one has an upward arrow, the middle one has a vertical line, and the bottom one has an upward arrow. The bottom two rectangles have a vertical line and an upward arrow.</p>	<p>A : FBV1074R</p> <p>B : SLU5243E</p> <p>C : SME6329H</p>
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# SINGAPORE POLICE FORCE



T/20240822/7079

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20240822/7079

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2024 17:56	Vide Report No.:	Station Diary No.:
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## Informant's Particulars

Name of Informant: MUHAMMAD FADHLI BIN MOHAMED			Address: 469A ADMIRALTY DRIVE #03-107 SINGAPORE 751469		
ID Type / ID No.: NRIC NO / S8802561Z			Contact No.: Home/Office: Mobile: 97124920		
Nationality: SINGAPORE CITIZEN			Email: fadhli_scud@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 28/01/1988	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Motorcycle delivery man			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2024 12:16	Type of Location: X-Junction
Location: canberra link			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Moderate	
Type of Collision:	Anyone conveyed by ambulance: No		

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBV1074R	Motorcycle	YAMAHA		Black	Slightly Damaged	0
SME6329H	Motor car	BMW		Silver		0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240822/7079

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20240822/7079

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	MUHAMMAD FADHLI BIN MOHAMED	ID No.	S8802561Z
Related Vehicle	FBV1074R (Motorcycle)	Contact No.	97124920
Hospital/Clinic	WEN & WENG FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/08/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	NIL
<b>Driver</b>			
Name	WANG LU	ID No.	S9176642F
Related Vehicle	NIL	Contact No.	97953630
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On 22/08/24 at about 1216hrs, I was riding my motorcycle, FBV1074R along Canberra Link. I formed up on the right lane as I want to turn right towards Canberra Rd. While waiting for green arrow, a car behind me, SME6329H hit the rear of my motorcycle.

We then exchanged particulars. The car has minimal damage. My motorcycle fell and had scratches. As I hurt my back, I went to the clinic and receive 3 days MC.

I am making this report for insurance claim purposes also.





**SINGAPORE  
POLICE FORCE**



T/20240822/7079

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20240822/7079

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LOW MENG FATT  
Contact No.: 97577566

This report is lodged at Sembawang NPC Kiosk 1  
NP168

Signature Of Informant:

The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
22/08/2024 17:56

Classification Of Case: