

(08/11/13) Wef

ASS. REC. BY:

REF: CS3/LPC24090366/Rq^{h3}

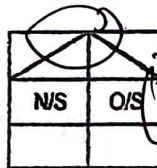
018B

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: FBS 6047C
 at Workshop m/s SOUTHERN MOTORS
 of 1006, BUKIT MERAH L2 #0-10
 Insured: LPC
 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: 13K
 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBS 6047C Yr Regn: 2021 JUN
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: YAMAHA MTN155 c.c. 155Colour: BLU AC: Insured / Std / NI / NASp. Reading: 107374 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH3R671100001058

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: 110/70-17R: 140/70-17

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

TOYO / YOKO or

CORSA SPORT

Front

Rear

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

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 13/09/14 D.O.I. 18/09/14Survey held at BUKIT MERAH

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

FR & O/S

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

Date / Time Action / Instruction

REPAIR LIMIT - 7K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 3 days

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

1)

Date/Time, File Return to?

Transportation: _____

2)

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

TOTAL

Report Format :

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

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	14/09/2024 08:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/09/2024 14:00 (SGT)
Exact Location of Accident	Tuas Ave 20, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS6047C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED BIN KELING
NRIC No	S1734018B
Email Address	mohamedkeling6194@gmail.com
Mobile Phone No	(Phone) +65-90268571
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mtn155
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	155
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122570973-03

DRIVER

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF2265J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WIN MAUNG AYE
NRIC No	S7669523G
Contact Number	(Phone) +65-90255653
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ISMETH FARITH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS6047C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MOHAMED BIN KELING
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS6047C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



**SINGAPORE
POLICE FORCE**



T/20240913/2073

3 of 3

Report No. T/20240913/2073

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Signature of Officer Recording The
G/

SGT 3 OH JIA KAI JACKIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

Signature Of Informant:

Date/Time:
13/09/2024 21:25

Classification Of Case:



SINGAPORE POLICE FORCE



T/20240913/2073

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20240913/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2024 21:25	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: MOHAMED BIN KELING			Address: 760 PASIR RIS STREET 71 #06-194 SINGAPORE 510760	
ID Type / ID No.: NRIC NO / S1734018B			Contact No.: Home/Office: Mobile: 90268571	
Nationality: SINGAPORE CITIZEN			Email: mohamedkeling6194@gmail.com	
Sex: Male	Age: 57	Date of Birth: 04/11/1966	Type of Informant: Rider	
Race: Malay			Language: English	
Occupation: SAFETY COORDINATOR			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2024 14:00	Type of Location: T-Junction
Location: TUAS AVENUE 20				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBS6047C	Motorcycle				Slightly Damaged	1
GBF2265J	Lorry					0



SINGAPORE POLICE FORCE



T/20240913/2073

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Pasir Ris N.P.C

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Sex: Male	Age: 57	Date of Birth: 04/11/1966	Type of Informant: Rider	
Race: Malay			Language: English	
Occupation: SAFETY COORDINATOR			Driving Licence Information: Class: Date of Expiry:	

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Details of Vehicle Involved

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FBS6047C	Motorcycle				Slightly Damaged	1
GBF2265J	Lorry					0



SINGAPORE POLICE FORCE



T/20240913/2073

Police Station Of Origin:

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CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 3 OH JIA KAI JACKIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

Signature Of Informant:

Date/Time:
13/09/2024 21:25

Classification Of Case:

Describe Circumstance of the Accident

Declaration

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

14092024 & 0900HRS
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](#)

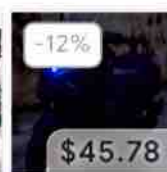
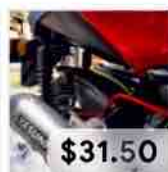
Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	018B
Vehicle Details	
Vehicle No.:	FBS6047C
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Sep 2024
Vehicle Make:	YAMAHA
Vehicle Model:	MTN155
Primary Colour:	Blue
Manufacturing Year:	2020
Engine No.:	G3R1E0001759
Chassis No.:	MH3RG711000001058
Maximum Power Output:	-
Open Market Value:	\$3,033.00
Original Registration Date:	14 Jun 2021
First Registration Date:	14 Jun 2021
Transfer Count:	1
Actual ARF Paid:	\$455.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jun 2031
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$8,703.00
COE Rebate Amount:	\$5,859.00
Total Rebate Amount:	\$5,859.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 20 Sep 2024

OK

Yamaha MT-15



Brand

Yamaha

Model

Yamaha MT-15

Type of Vehicle

Street Bikes

No. of owners

-

Mileage

-

Listing Type

Paid Ad

Engine Capacity

155cc

Classification

Class 2B

Registration Date

06/09/2022

COE Expiry Date

05/09/2032

(7yrs 11mths 16days COE left)