

(08/11/13) Wef

ASS. REC. BY:

REF:

CS/CTI24090405/Rnh3

420A

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: FBR 4841Uat Workshop m/s ROCKET RENTAL P/Lof S, SUND LEE ST #01-44Insured: CTI

Policy No. _____

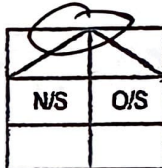
Claims No. _____

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: 10K

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. / 24HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBR 4841U Yr Regn: 2020 / JulyType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: YAMAHA MX KING TIGER c.c. 150Colour BLACK

A/C: Insured / Std / NI / NA

Sp. Reading: _____

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH3460750LKO66320Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 20/90-17

R: _____

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

TOYO / YOKO or

MAXXIS

Front

Rear

R/Bal. 3 mmR/Bal. 3 mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 01/08/24D.O.I. 24/09/24Survey held at S, SUND LEEDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

REPAIR LIMIT - 5.5KESTIMATE RANGE OF REPAIR / M. OF DAYS - (4K - 5.5K) / 5 days

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

) : S + RS \$ _____

☐ : Interview (\$ _____)

) : Photos

☐ : Tech. Invs (\$ _____)

) : Others

☐ : Weekend (\$ _____)

) : _____

Report Format :

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

TOTAL



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 09:56 (SGT)
Reported by	Actual Driver
Date of Accident	01/08/2024 21:30 (SGT)
Exact Location of Accident	775 Woodlands Cres, Singapore 730775
Additional Location Information	WOODLANDS AVE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4841U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FARHAN SHAH BIN ABDUL GHAFFA
NRIC No	S8538420A
Email Address	abgsheikhsheqal@gmail.com
Mobile Phone No	(Phone) +65-96167405
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mx king t150
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	150
Vehicle Fuel	Petrol
First Registration Date	18/07/2020
Chassis no	MH3UG0750LK066320
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MA042140

DRIVER



Name of Driver
NRIC No
Date Of Birth
Occupation
Driving Pass Date
Driving License Pass Class
Driving License Validity
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
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

SHEIK SHEQAL BIN MOHAMED FAZEL
T0412430D
10/05/2004
Indoor
24/07/2023
2B
Valid
1 YEAR AND 1 MONTH
Male
(Phone) +65-96167405
-
ABGSHEIKSHEQAL@GMAIL.COM
SINGAPORE
-
-
No
Relative
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Hit and run / Vandalism / Damaged whilst parked
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
Yes
Yes
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Traffic Police
(Phone) +65-65470000
(Fax) +65-65474900
10 Ubi Avenue 3 Singapore 408865
No
-

CIRCUMSTANCES OF ACCIDENT

Please refer to Police Report T/20240803/7073.

ATTACHMENT(S)

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	GBB5697Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHEIK SHEQAL BIN MOHAMED FAZEL
Gender	Male
Phone No	(Phone) +65-96167405
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR4841U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	NATASYA
Phone	(Phone) +65-88368624
Email	-

WITNESS 2

Name	ZUL
Phone	(Phone) +65-98531217
Email	-

WITNESS 3

Name	IZZ
Phone	(Phone) +65-81801773
Email	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report ~~quickly~~ 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 insurance companies to ~~rescindulate policy benefits~~.
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 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.

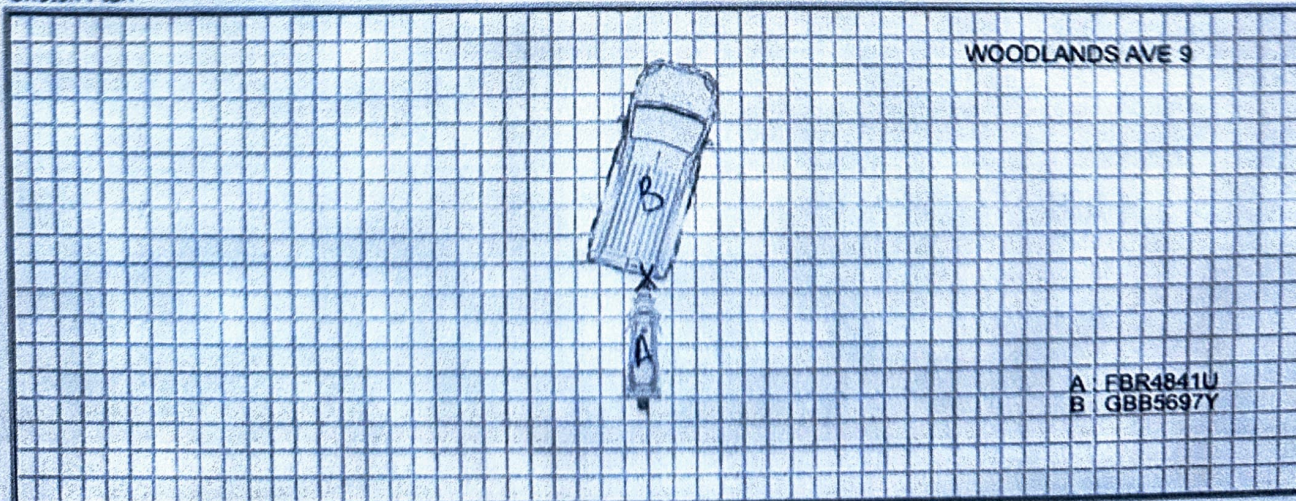


Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident
VEHICLE NO. FBR4841U **DATE OF ACCIDENT** 01/08/2024 **EMAIL** abgsheekhshesqa@gmail.com

Please refer to Police Report T/20240803/7073.

I am aware that there is a 14-day deadline from date of accident to decide to file an Own Damage claim.

☐ Reporting Only
 ☐ OD Claim
 ☐ TP Claim
 ☐ OD/TP Claim at Oher Workshop

Declaration

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



Policyholder's Signature / Date & Time

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

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:	420A
Vehicle Details	
Vehicle No.:	FBR4841U
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Sep 2024
Vehicle Make:	YAMAHA
Vehicle Model:	MX KING T150 MANUAL
Primary Colour:	Blue
Manufacturing Year:	2020
Engine No.:	G3E6E0581958
Chassis No.:	MH3UG0750LK066320
Maximum Power Output:	-
Open Market Value:	\$1,972.00
Original Registration Date:	18 Jul 2020
First Registration Date:	18 Jul 2020
Transfer Count:	3
Actual ARF Paid:	\$296.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Jul 2030
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$7,702.00
COE Rebate Amount:	\$4,465.00
Total Rebate Amount:	\$4,465.00
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 29 Sep 2024

OK

Yamaha MX King 150



Brand

Yamaha

Model

Yamaha MX King 150

Type of Vehicle

Cubs

No. of owners

1

Mileage

60000km

Listing Type

Paid Ad

Engine Capacity

150cc

Classification

Class 2B

Registration Date

12/03/2020

COE Expiry Date

11/03/2030

(5yrs 5mths 11days COE left)