

ASS. REC. BY:

REF: CS3/FCI19012667/FCd3 Special Instruction:

SURVIVOR: Ram ASSIGNMENT (Office)

From (Person): Joanne Yang of PCI Date/Time: 5:50pm @ 17/7/19

Estimated Cost: _____ Bill to: _____

OD TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: FU155E Insured: SH 93574

at Workshop m/s My car consultant Tel: 8866 8832

of 53 ubi Ave 1 #01-25

Policy No: _____ Claim No: D19004625MF5H

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14/7/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS 1up H.O.D. Endorsement: _____

Date/Time: 9:48am @ 18/7/19 Person Contacted: Hwi On Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate Insp: Tuck Life:
	<u>FU155E - NA/INC19012472/h1 25 Kaki Bukit Rd A # 01-68 DUA: 14/7/19</u>
	<u>SH 93574 - NA/INC19012472/h1 DUA: 14/7/2019</u>
	<u>Dismantle: 24/7/2019</u>

MOTOR SURVEY ASSIGNMENT

Date	15-07-2019	Our Ref No. D19004625MFSH
Accident Date	14-07-2019	Claim Type. Third Party
Insured Vehicle	SH9357U	Third Party Vehicle. FU155E
Survey Location	53 UBI AVE 1 #01-25 PAYA UBI INDUSTRIAL PARK	
Contact Person.	KAI LING	
Contact No.	0/ 98686000	Fax No. 69255219
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	MY CAR CONSULTANT	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
 This is a computer generated letter, no signature required.

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 Authorised 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 Report	15/07/2019 15:50
Date Of Accident	14/07/2019 14:55
Exact Location Of Accident	HOUGANG AVE 8 TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU155E
Insured/Policyholder	
Name Of Registered Owner	BONG FOOK ERN
NRIC No	S8560098B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83832742
Alternative Phone No	OFFICE-83832742

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091833167-02
Cover Note Number	

Driver

Name of Driver	BONG FOOK ERN
NRIC No	S8560098B
Date Of Birth	04/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	23/09/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83832742
Fax Number	
Contact Number	OFFICE-83832742
Email Address	NOEMAIL

Address	BLK 664A PUNGGOL DRIVE #18-212
Postcode	821664
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190714/7011.

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	SH9357U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH KIM SENG
NRIC/Passport Number	S1337642E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BONG FOOK ERN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FU155E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

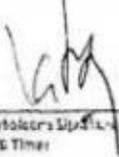
IMPORTANT NOTICE

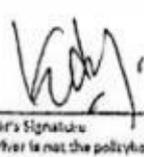
1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy.
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 lodgment 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.

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 situated outside of Singapore, for one or more of the above purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulation, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
KRIC/RIV No.:

Accident Sketch Plan

Houngauy Ave 2

A- F4155E
B- 9493574

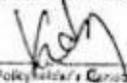
SKETCH PLAN

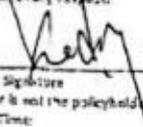
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer TO Police Report.

DECLARATION

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:


Reporting Centre Person's Signature
Name:
NIC/PAN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190714/7011

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

1 of 3
Report No. T/20190714/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2019 17:29	Video Report No.:	Station Diary No.:
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Informant's Particulars		
Name of Informant: BONG FOOK ERN		Address: APT BLK 664A PUNGGOL DRIVE #18-212 SINGAPORE 821664
ID Type / ID No.: NRIC NO / S8560098B		Contact No.: Home/Office: Mobile: 83832742
Nationality: MALAYSIAN		Email: admin@mycar.sg
Sex: Male	Age: 34	Date of Birth: 04/03/1985
Race: Chinese		Type of Informant: Rider
Occupation: grab delivery		Driving Licence Information: Class: Date of Expiry: 14/07/2019

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2019 14:55	Type of Location: Straight Road
Location: HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU155E	Motorcycle	YAMAHA	YZF-R15	Yellow		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FU155E	NTUC Income Insurance Co-Operative Limited	5091833167-02	10/06/2019	31/05/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190714/7011

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

2 of 3

Report No. T/20190714/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BONG FOOK ERN	ID No.	S8560098B
Related Vehicle	FU155E (Motorcycle)	Contact No.	83832742
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 14/07/2019
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/7/2019 at about 1454 pm , I was travelling on hougang ave 8 towards hougang ave 2 . I am riding a motor cycle. Suddenly taxi SH9357U cut into my lane and hit my bike FU155E . i fell off my bike and I was injured . The police and ambulance came and took the Emory card of the TAXI . We both exchange particular and agree to do a accident claim . I when to see a doctor and was given 3 days MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190714/7011

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

3 of 3
Report No. T/20190714/7011

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
CHONG GUAN FATT
Contact No.: 65476083

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/07/2019 17:29

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	098B
Vehicle Details	
Vehicle No.:	FU155E
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Jul 2019
Vehicle Make:	YAMAHA
Vehicle Model:	YZF-R15
Primary Colour:	Yellow
Manufacturing Year:	2010
Engine No.:	20P1025896
Chassis No.:	ME120P022A2005752
Maximum Power Output:	-
Open Market Value:	\$2,885.00
Original Registration Date:	29 Jul 2010
First Registration Date:	29 Jul 2010
Transfer Count:	3
Actual ARF Paid:	\$433.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jul 2020
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,253.00
COE Rebate Amount:	\$126.00
Total Rebate Amount:	\$126.00

The information contained herein is correct as at 23 Jul 2019

10A: 14/07/19
 $\$2500 - \$433 = \$2067$
 $\$2067 \div 12 = \172

OK

Bal: 12 months 14 days (12.4 months)
 $12.4 \times \$172 = \2132.80

MV: \$2132.80
 PV: 3.26
 MV: \$2000*

Bike model

Type

Any



Price From

Any



Price To

Any



Class

Any



MORE SEARCH OPTIONS

SEARCH

VIEW ALL (/LISTING/USEDBIKES/LISTING/)

SEARCH

Yamaha YZF-R15 (/listing/usedbike/yamaha-yamaha-yzf-r15/13516/)



(/listing/usedbike/yamaha-yamaha-yzf-r15/13516/)

SGD\$3000

Reg : 29/11/2011

Type: Sport Bikes

150cc

111000km

Current Condition 8/10 With Some Minor Scratches (Not Visible Due To Bike Fall Previously). No Dent No Accident Records. Servicing Done Every 3 Months. Only Pump V-Power Fuel. Tyre Just Chan...

Posted on : 22/07/2019

★ PAID AD ★ DIRECT SELLER

■ COMPARE

DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-YZF-R15/13516/)



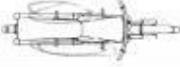
LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT			
MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI19012667/Fcd3s2 Date: 02-08-2019 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SH 9357U	Veh. Inspected	FU 155E
Policy No.		Coverage (\$)	0.00
Claim No.	D19004625MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	17/07/2019
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA R15	c.c	150
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	ME120P022A2005752	Colour	YELLOW
Odometer	073684 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	90/80 R17	TIMSUN	4 mm
L/H Front Tyre			mm
R/H Rear Tyre	110/70 R17	TIMSUN	4 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY.			
5. General Information			
Accident Date	14/07/2019	Inspect Date / Time	22/07/2019 (12:12 PM)
Survey held at	TUCK LIFE - 25 KAKI BUKIT RD 4 #01-68		
Repairer	MY CAR CONSULTANT PTE LTD		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) MARKET VALUE: \$1,300.00			

Report Ref No. CS3/FCI19012667/Fcd3s2

Inspected By

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.