

ASS. REC. BY:

REF: CS3/MSG20003990/Arv3

Special Instructions

Supervisor: Quo Xiang

ASSIGNMENT (Office)

Mentor:

From (Person): Irene Tan Geklingof MS14Date/Time: 13/3/2020 @ 13:42 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FL 9208A

Insured:

SKG 2330S

at Workshop m/s

K & T Accessory Trading

Tel:

67455463

of

Blk 3006 Ubi Road 1# 01-372Policy No: B28804724QMYClaim No: G21144

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 20/02/2020

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time: 2:33 pm @ 13/3/2020

Person Contacted:

ChrisVehicle IN/OUT

Date/Time	Action/Instruction	Estimate	(X)
	FL 9208A - NA / INC 20003713 / 24		D.O.A. 20/02/2020
	SKG 2330S - NA / INC 20003713 / 24		D.O.A. 20/02/2020

PRR

MSG

MSG

C-2024

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.

Ball. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

ASSIGNMENT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	\$ 7000 - \$ 8000 / 16/3/2020
	Two Qiang
	Pls work out net value

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Report Formed:

Emp: 2 min / 15.5.17

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Work (\$)

Survey Fee:

Transportation:

\$ + PS \$

Fuel

Other:

TOTAL

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj. Assigned	Adj. Rpt	Adj. Submitted	Ins. Auth'd	Status
Main	04 Mar 2020		13 Mar 2020 13:42 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	TAN LAY HWA, ID: S1775490D, Tel: +6593268021		
Main Claimant:	RIDHWAN BIN ABDUL RAHMAN, ID: S91311421		
Vehicle Reg. No.:	FL9208A	Date of Loss:	20/02/2020 08:00 - :59 [312 Months and 19 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 621144	Policy/Cover Note No.:	B28804724QMY (Comprehensive) Coverage: 14/08/2019 - 13/08/2020
Vehicle Reg. No. (Insured):	SKG23305	Policy No. (Claimant):	
		Excess:	S\$500.00
Repairer:	K & T Accessory Trading Pte Ltd (HQ) BLK 3006 UBI ROAD 1 #03-372, 590005 Ubi - Tel: 67455463		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541]		
Claimant's Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 14/03/2020]		
Driver/Custodian (Insured):	CHUA TECK HUAT (), NRIC: S13125263, Tel: +6590729613 Email:		
Adj. Asg. Remarks:	on WP. Bike in. Liab: unclear, Disagreed with SJE, lawyer's case, 67455463 Chris Please contact us ASAP if you cannot attend this assignment.		

ASSOCIATED MAIL RECEIVED

[View All](#)

[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)

[Search Tasks](#)

[Create New Task](#)

[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
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No results.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 142I

Vehicle Details

Vehicle No.: FL9208A
Vehicle to be Exported: No
Intended Deregistration Date: 16 Mar 2020
Vehicle Make: HONDA
Vehicle Model: CBR400RR
Primary Colour: Blue
Secondary Colour: White
Manufacturing Year: 1992
Engine No.: NC23E1423079
Chassis No.: NC291053079
Maximum Power Output: -
Open Market Value: \$11,151.00
Original Registration Date: 01 Feb 1994
First Registration Date: 08 Jun 1994
Transfer Count: 12
Actual ARF Paid: \$1,673.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 29 Feb 2024
COE Category: D - Motorcycle
COE Period(Years): 10
PQP Paid: \$1,952.00
COE Rebate Amount: \$847.00
Total Rebate Amount: \$847.00

Message

Please note that the National Environment Agency (NEA) is offering an incentive for the owner of this motorcycle to deregister the motorcycle on or before 5 April 2023.

This motorcycle is currently eligible for an incentive of \$3,500 from NEA. If the COE is renewed from now till its deregistration on or before 5 April 2023, the incentive will be reduced to \$2,000. The last registered owner of this motorcycle will receive the incentive from NEA.

This motorcycle will no longer be allowed for use on Singapore's roads after 30 June 2028.

For more information, please visit <http://www.nea.gov.sg/mtcincentive> or contact NEA at 1800-2255-632.

The information contained herein is correct as at 16 Mar 2020

OK

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	09/03/2020 09:37
Date Of Accident	20/02/2020 08:30
Exact Location Of Accident	JUNC AMK AVE 5 & AMK AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL9208A
Insured/Policyholder	
Name Of Registered Owner	RIDHWAN BIN ABDUL RAHIMAN
NRIC No	S9131142I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90273119
Alternative Phone No	OFFICE-90273119

Vehicle Particulars

Manufacturer	HONDA
Model	CBR400RR
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5080952544-03
Cover Note Number	

Driver

Name of Driver	RIDHWAN BIN ABDUL RAHIMAN
NRIC No	S9131142I
Date Of Birth	29/08/1991
Occupation	INDOOR
Date Of Driving Pass	11/05/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90273119
Fax Number	
Contact Number	OFFICE-90273119
Email Address	NOEMAIL

Address	BLK 157 ANG MO KIO AVENUE 4 #04-542
Postcode	560157
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 - CROSS JUNCTION
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?	YES
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?	YES
If Yes, against whom?	DRIVER OF SKG2330S

Circumstances of Accident

REFER TO POLICE REPORT - T/20200227/7006.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG2330S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RIDHWAN BIN ABDUL RAHIMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FL9208A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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 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. 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.
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.
- (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 (d) 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 regulations, laws or court orders.

Policyholder's Signature

Date & Time: 05/03/20

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/2002/7006.

DECLARATION

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

Policyholder's Signature

Date & Time: 05/03/22

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRC/FIN No.



SINGAPORE POLICE FORCE



T/20200227/7006

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

1 of 4

Report No. T/20200227/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2020 10:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: RIDHWAN BIN ABDUL RAHIMAN			Address: APT BLK 157 ANG MO KIO AVENUE 4 #04-542 SINGAPORE 560157		
ID Type / ID No.: NRIC NO / S9131142I			Contact No.: Home/Office: Mobile: 90273119		
Nationality: SINGAPORE CITIZEN			Email: ridhwan.bar@outlook.sg		
Sex: Male	Age: 28	Date of Birth: 29/08/1991	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Customer service manager			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/02/2020 08:30	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL9208A	Motorcycle	HONDA	CBR400RR	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL9208A	NTUC Income Insurance Co-Operative Limited	5080952544-03	23/07/2019	22/07/2020



SINGAPORE POLICE FORCE



T/20200227/7006

2 of 4

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

Report No. T/20200227/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RIDHWAN BIN ABDUL RAHIMAN	ID No.	S91311421
Related Vehicle	FL9208A (Motorcycle)	Contact No.	90273119
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/02/2020	Date Discharge	26/02/2020
No. of Days granted Medical Leave	35	Degree of Injury	Serious

Brief Details.

In the morning of 20/02/2020, I left my home located at Block 157 Ang Mo Kio Avenue 4 04-542 (S560157) to leave for work, Fokker Services located at 1800 West Camp Road, Seletar Aerospace Dr, Park, 797521. I left my home at approximately 0815HRS, riding my bike, a Honda CBR 400 RR (Blue) - FL9208A. I followed my normal route to work, where I would pass by a major intersection - cross junction, located at Ang Mo Kio Avenue 5 by Ang Mo Kio Avenue 8.

At approximately 0830HRS I was riding on Ang Mo Kio Avenue 5 towards CTE approaching the major intersection stated above, I was riding on the second lane (from the left). I intended to ride straight while the green light was showing. I did not notice any vehicles in front of me as I was nearing the intersection. I was riding at a constant speed - at approximately 45KM/H, while ensuring clear passage through the junction. Since it was clear and it was my right of way, I did not stop nor slow down while proceeding through the junction.

However, when I was at the stop line, I noticed a navy blue sedan car turning right from the same road on the opposite side of the junction. He failed to give me way and obstructed my path by making the right turn. As the driver in the blue sedan was turning, he abruptly stopped right in my lane, approximately 15 meters ahead of me. As I was riding at 45KM/H, I tried to maneuver left, towards the front of the car - past the hood, to avoid the vehicle. However, as I was about to maneuver left, the driver of the blue sedan moved the vehicle forward. As the car was moving forward, I then quickly abandoned the maneuver and maintained my direction, straightening my bike in my lane - I did this to avoid the projected collision. However the car did not drive forward, it merely jerked forward.

Upon this realisation, it was by then too late to avoid the blue sedan, I then collided into the blue sedan at the front passenger side door. I believe I was flung away from the collision point. I was conscious and landed on my right arm, a passerby approached me informing me not to move. A few moments later, as I was attempting to remove my helmet, an LTA officer approached me advising me not to remove my helmet.

I was informed by a passerby to not worry and that an AB was called. There was a passerby(91376184) who reassured me while I was sprawled on the road, I requested for him to call my wife to inform him about the incident at 0840HRS. I also requested the blue sedan driver(90729613) to call my colleague Arif (91996902) at 0854HRS. AB arrived shortly after and after casualty



**SINGAPORE
POLICE FORCE**



T/20200227/7006

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

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Report No. T/20200227/7006

CONTINUATION OF REPORT

management was complete at the site, I was loaded on the AB and conveyed to KTPH hospital -
A&E



**SINGAPORE
POLICE FORCE**



T/20200227/7006

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

4 of 4

Report No: T/20200227/7006

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 / TPHQ /
LIM ENG KUAN, CLARENCE
Contact No.: 65476195

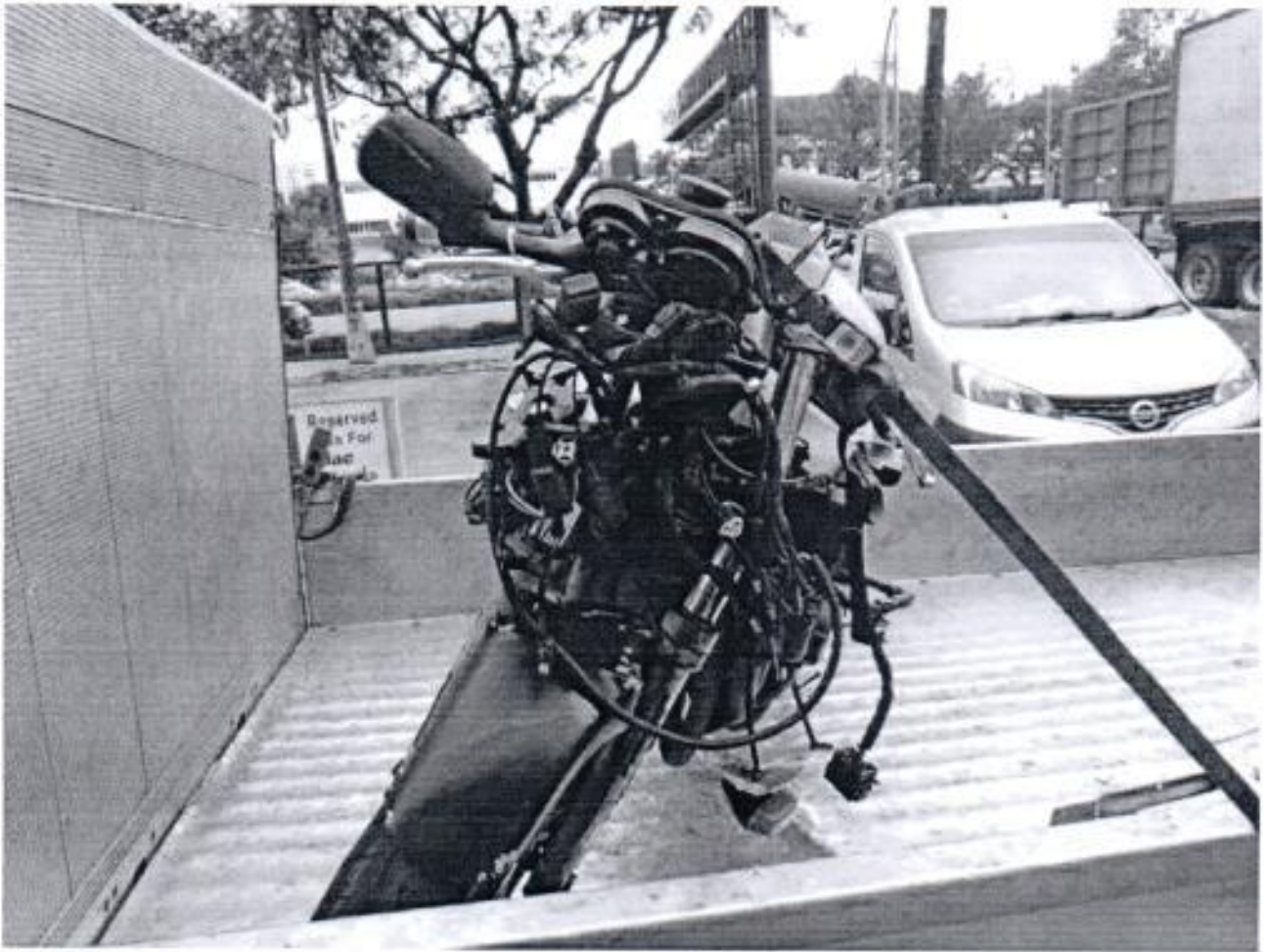
Authentication Stamp
NP168

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

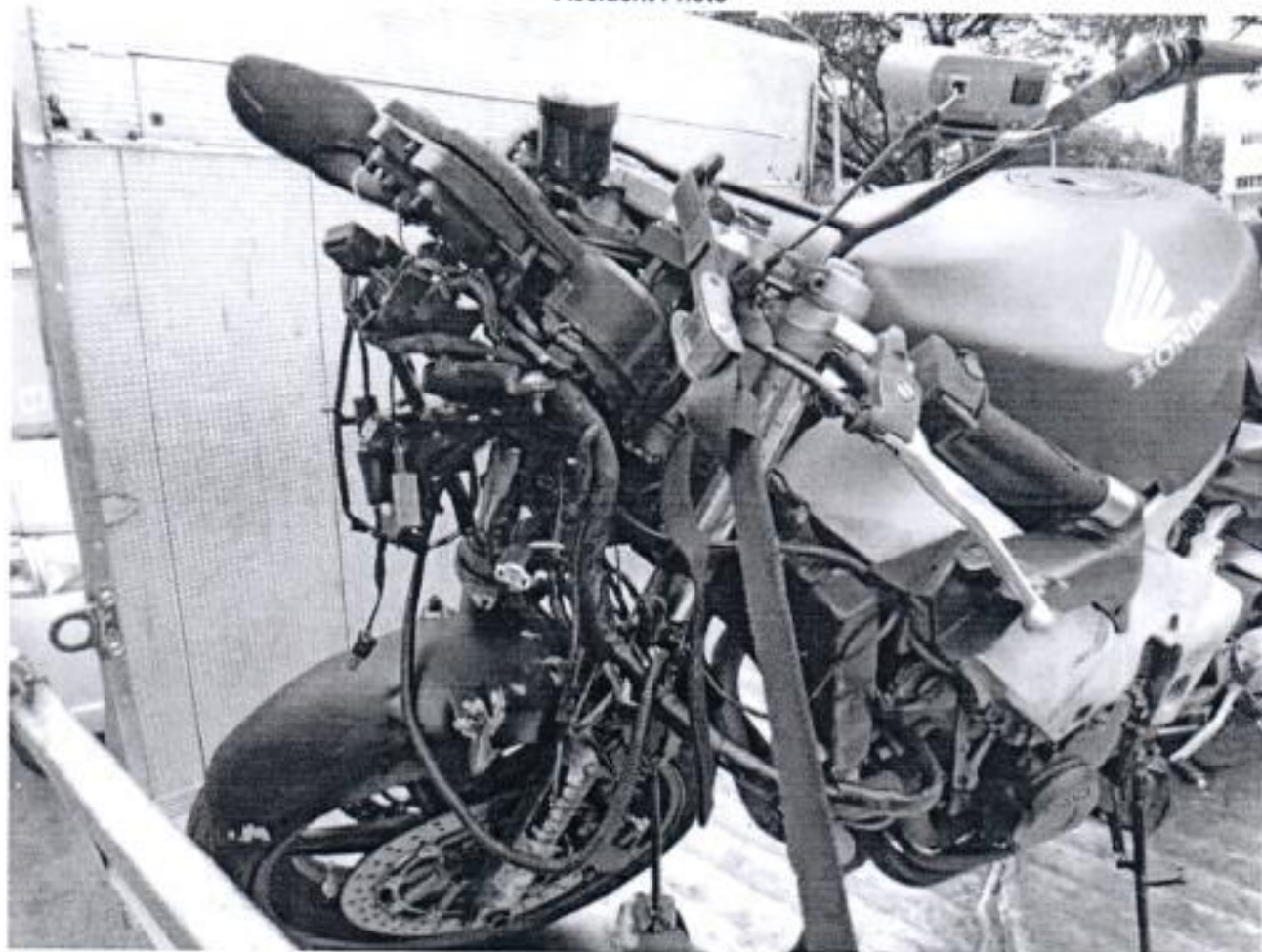
Date/Time:
27/02/2020 10:38

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



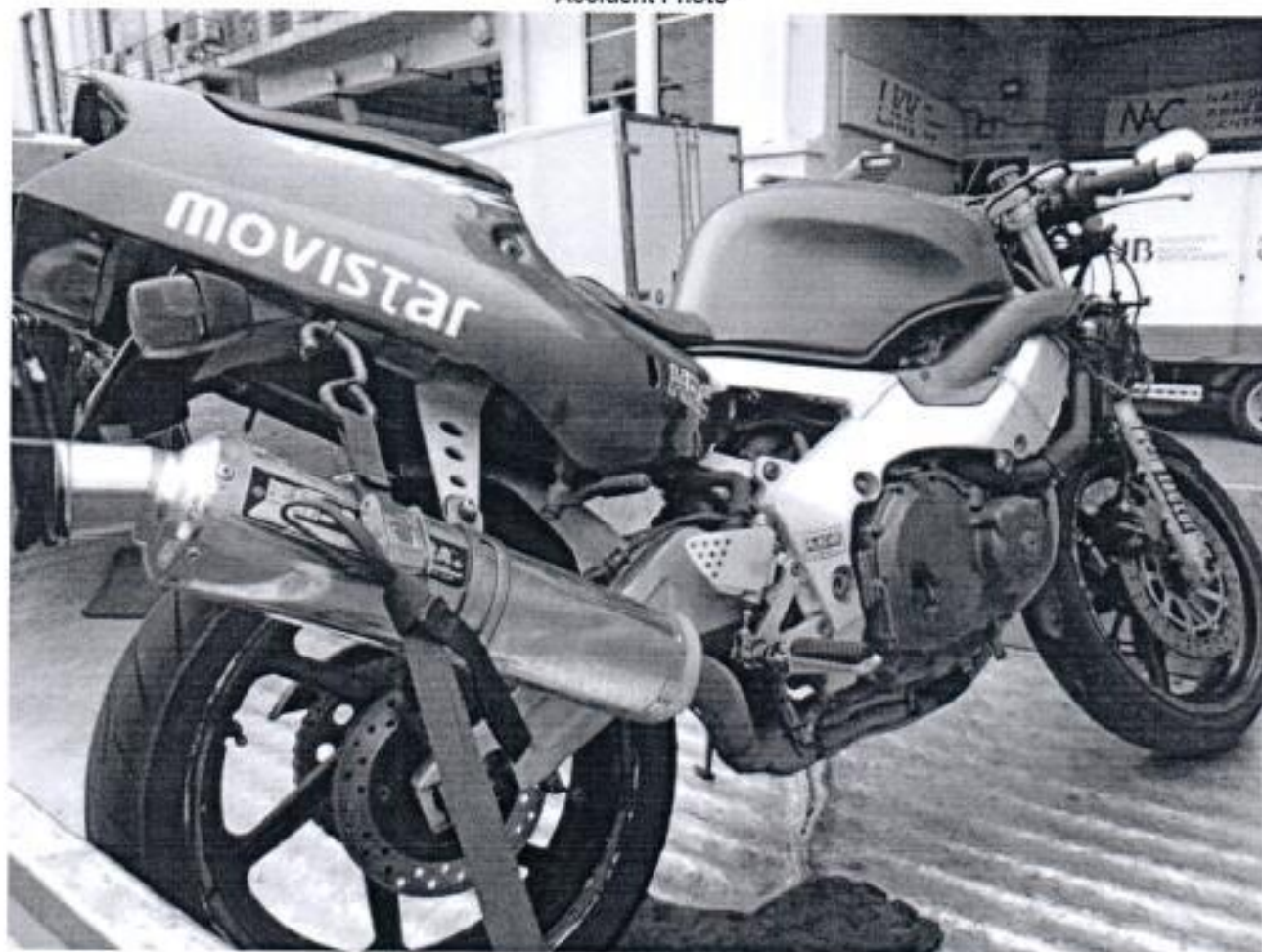
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120029662 Vehicle Registration No: FL9208A
Name (as shown in NRIC) : RIDHWAN BIN ABDUL RAHMAN NRIC/FIN/Passport No : SXXXX1421
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 157 ANG MO KIO AVENUE 4 #04-542 Singapore(560157)
Contact (Tel) : _____ Mobile No. : 90273119
Email Address : _____
Date of Accident : 20/02/2020 Time of Accident : 08:30
Place of Accident : JUNC AMK AVE 5 & AMK AVE 8
Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) Amend driver name _____
- 2) Amend was notice of intended prosecution given - yes _____

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____