Corneyor: Par	REF: CS3/A	IG20005746/	Fvf3		, () , (),
,		ASSIGNME	NT		-44
From:	Date:	Veh No:	FBP:	5848E Yr	Regn:
Estimated Cost:		Type: M.C	ar M.Cycle / B	us / Van / Lorry / Ta	axi / Prime
OD / TP / WS / TP RES / OD RE	ES / EVA / INV / MV	Tru	ck / Trailer or		
To Inspect Vehicle No:		Make:	Honda	CB150R	(
at Workshop m/s		Colour	Blac	X A/C:	Insur

From: Date:	Veh No: FBP 5848E Yr Regn: 02/05/2019
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Honda CB150R c.c 149
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 26047 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MLHKC2886T5030403
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder) Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
×	Tyre Size; F: 110(70 R17
(Policy Condition)	R: (50/70 RI7
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. A mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 🔆 mm L/Bal. 🔀 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 09/05/2020 D.O.I. 13/05/2020
Lum Sum: % 3 Val.: Yes or No	Survey held at FRUATOR BROTH FRHOOD
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	OS fix great
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction DOR: TO Be up Bated aft disman	
Repairdays : 3 repair days	The.
The state of the s	
*	
MV:\$11000	
PV:\$3090	
NV:\$ 7910/=	
Date/Time, File Pass to? : Preli. Report De	ays Of Repair: 3
	esurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) 21/5/20-Typist Add Fee:	: Site Insp (\$)s+Rs,si
	: Interview (\$) Photos
Report Format : DAR	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$: Weekend (\$

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 witholding 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	09/05/2020 14:13	
Date Of Accident	09/05/2020 10:40	
Exact Location Of Accident	JALAN DATOH	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBP5848E	
Insured/Policyholder		
Name Of Registered Owner	LOYSIUS KOO MENG HWEE	

NRIC No SXXXX642D

LOYLOY1000@YAHOO.COM.SG Email Address

Mobile Phone No (LOCAL) +65-84996184 OFFICE-84996184 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

CB150R MANUAL Model

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?

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 FIRE AND/OR THEFT

Fleet Policy

NO

Policy Number

5109276454-01 TPFT

Cover Note Number

Driver

Name of Driver LOYSIUS KOO MENG HWEE

NRIC No SXXXX642D Date Of Birth 28/02/1995 OUTDOOR Occupation Date Of Driving Pass 22/04/2019

Driving Experience 1 YEAR AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84996184

Fax Number

OFFICE-84996184 Contact Number

EMail Address LOYLOY1000@YAHOO.COM.SG Address

BLK 200 #02-1039 TOA PAYOH NORTH TOA PAYOH SPRING

Postcode

310200

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

VU

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

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 ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SCW9113S

Vehicle Make/Model/Colour

TOYOTA / COROLLA ALTIS 1.6 ELEGANCE (AUTO)

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	LOYSIUS KOO MENG HWEE
Approximate Age	25
Injuries Sustain	
Injured person in which vehicle?	FBP5848E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 200 #02-1039 TOA PAYOH NORTH TOA PAYOH SPRING
Postcode	310200

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
- 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.
- 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)

Lunderstand, 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
 - 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")
- 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
 - 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 Signature

Date & Time

- 9 MAY 2020

Driver's Signature

(if driver is not the policyholder)

Date & Time

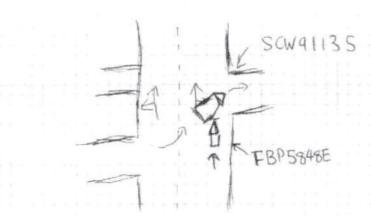
IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tol: 67416697 Fax: 67492305

Email: vackb@vicom.com.6g

Reporting Centre Personnel's Signature Name

NRIC/FIN No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	
police Report	
Port Sapor	
	,

DECLARATION

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

Policyholder's Signature

Date & Time - 9 MAY 2020

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

IDAC KAKI BUKIT (YAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg

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





1 of 3

Report No. T/20200509/7004

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2020 13:29		Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars			
Name of Informant: LOYSIUS KOO MENG HWEE			Address: APT BLK 200 TOA PAYOH NORTH #02-1039 SINGAPORE 310200		
ID Type / ID No.: NRIC NO / S9507642D		Contact No.: Home/Office:	Mobile: 84996184		
Nationality: SINGAPORE CITIZEN		Email: loyloy1000@yahoo.com.sg			
Sex: Age: Date of Birth: 28/02/1995			Type of Informant: Rider		
Race: Chinese		Language: Institution / School Na English			
Occupation: Despatch worker		Driving Licence Informa Class: 2B,3	ation: Date of Expiry:		

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2020 10:40	Type of Location: Straight Road	
Location: JALAN DATC	DH				
Weather: Road Dry		Road Surface: Dry		Road Speed Limit: 50 Km/h	
Traffic Flow: One 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.	Туре	Make	Model	Color	Condition	No of Passenger	
FBP5848E	Motorcycle	HONDA	CB150R MANUAL	Black		0	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBP5848E	NTUC Income Insurance Co-Operative Limited	5109276454-01	02/05/2020	01/05/2021		





Police Station Of Origin:

Report No. T/20200509/7004

2 of 3

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

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian In	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Per	destriar	Cross	sing: NA
Rider						
Name	LOYSIUS KOO MENG HWEE			ID No		S9507642D
Related Vehicle	FBP5848E (Motorcycle)			Conta	ct No.	84996184
Hospital/Clinic	TOA PAYOH NORTH CLINIC & SURGERY			Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	09/05/2020	05/2020 Date Disc			09/05	5/2020
No. of Days granted Medical Leave		03	Degree of	Degree of Injury		t

Brief Details.

I was on a motorbike, FBP5848E, and just entered Jalan Datoh from PIE on the first lane. A car, SCW9113S, from the second lane made an illegal right turn in front of me last minute before entering a minor road on the right side. This has cause her vehicle to collide onto me. The driver got out of the car and checked if I am okay but left promptly without providing me with her particulars. This accident happened opposite vista residences. I have video footage of the accident.





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

3 of 3 Report No. T/20200509/7004

CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to provide	sketch	nlar

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2020 13:29			
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:			
Authentication Stamp				

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 642D

Owner ID:
Vehicle Details

Vehicle No.: FBP5848E

Vehicle to be Exported:

Intended Deregistration Date:

No

18 May 2020

Vehicle Make: HONDA
Vehicle Model: CB150R MANUAL

Primary Colour: Black
Manufacturing Year: 2018

Engine No.: KC32E0030403
Chassis No.: KC32E0030403

Maximum Power Output:

Open Market Value:\$3,720.00Original Registration Date:02 May 2019First Registration Date:02 May 2019

Transfer Count: 1
Actual ARF Paid: \$558.00

Actual ARF Paid: \$558.0

Intended PARF Rebate Details

PARF Eligibility: No PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00
Intended COE Rebate Details

COE Expiry Date: 01 May 2029

COE Category: D - Motorcycle
COE Period(Years): 10

 QP Paid:
 \$3,452.00

 COE Rebate Amount:
 \$3,090.00

 Total Rebate Amount:
 \$3,090.00

The information contained herein is correct as at 18 May 2020



Bike model

Type Of Vehicle

Price From

Any

Class Any

MORE SEARCH OPTIONS >

Q SEARCH ■ VIEW ALL (/LISTING/USEDBIKES/LISTING/)



♥ 11 Likes

REPORT ERROR > (/USTING/USTING/ERROR/USEDBIKE/15953/) © SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/HONDA-HONDA-CBR150R/15953/)

Honda CB150R ExMotion

Listing Type

Brand

Honda (/fisting/usedbike/brand/honda/)

Model

Honda CB150R ExMotion (/listing/usedbike/model/honda-cb150r-

Engine Capacity

Classification

Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)

Registration Date

30/12/2019

COE Expiry Date

29/12/2029 (9 years 7 months left)

Mileage

No. of owners Type of Vehicle

Street Bikes (/listing/usedbike/model/motorcycle-for-sale/street-bikes/)

Price: SGD\$11300

DETAILS

Pre-Registered Honda CBR150R For Sale. Brand New Bike. Loan & Trade In Available, Visit Us As 286 Changi Road S(419765).