

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS3/SMO20007088/4yf3

ASSIGNMENT

From:

Date:

Veh No:

FB07417Y

Yr Regn:

12/19

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:

FB07417Y

Make:

Yamaha MTN 155 c.c 155

at Workshop m/s

fuk motor

Colour

Blue

A/C: Insured / Std / NI / NA

of

01-15

Sp. Reading

10167

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

MH3RG5620K0004279

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size:

F:

110-70 R17

R:

140-70 R17

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

TOYO / YOKO or

Bal. or Market Value:

8800

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

3

days

Res.: Yes or No

D.O.A.

3/7/20

D.O.I.

8/7/20

Lum Sum:

%

3 Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS

ivy

Vehicle: IN / OUT

Date:

Person Contacted:

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

Rear, n/s body.

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

Date / Time

Action / Instruction

new bike ok.

LYA 3687

no estimate PRS

rept 5113

14/7/20 submit \$2500-\$3500

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:

☐

: Site Insp (\$

) S + RS, SI

☐

: 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 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	06/07/2020 15:09
Date Of Accident	03/07/2020 18:30
Exact Location Of Accident	JURONG WEST ST 64 / JURONG POINT CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ7417Y
Insured/Policyholder	
Name Of Registered Owner	PUN GIT KEONG
NRIC No	SXXXX531D
Email Address	ERICPUN850526@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98008769
Alternative Phone No	OTHERS-98008769

Vehicle Particulars

Manufacturer	YAMAHA
Model	MTN155-155CC
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-505639-WTT
Cover Note Number	

Driver

Name of Driver	PUN GIT KEONG
NRIC No	SXXXX531D
Date Of Birth	26/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2004
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98008769
Fax Number	
Contact Number	OTHERS-98008769
Email Address	ERICPUN850526@GMAIL.COM

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PUN GIT KEONG

Approximate Age

Injuries Sustain REFER REPORT

Injured person in which vehicle? FBQ7417Y

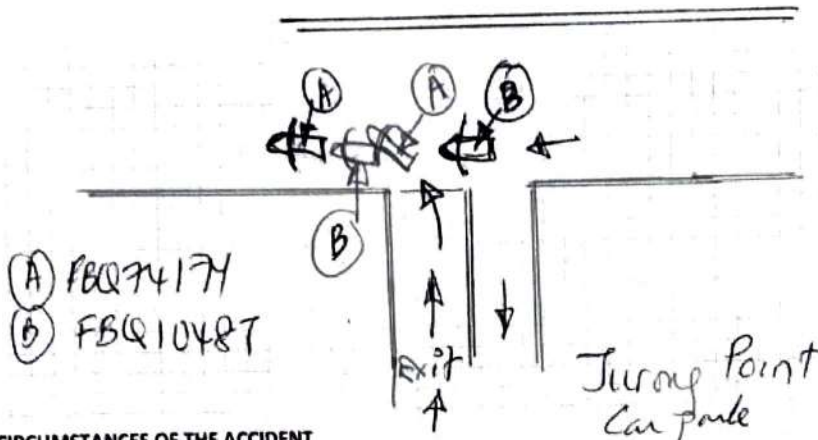
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

7/20200704/2077

Remark: I would want to indicate that
my shoes were also damaged & my vehicle
due to this accident

DECLARATION

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

hgy

[Signature]

Address	714 JURONG WEST STREET 71 #10-129
Postcode	640714
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 - HEAD TO REAR
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED POLICE REPORT

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	FBQ1048T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NA
NRIC/Passport Number	
Contact Number	98764749
Address	
Postcode	
Insurance Company Name	

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: 16/07/2020

Driver's Signature

(If driver is not the policyholder)


Reporting Centre Personnel's Signature
Name: 11/7/20



SINGAPORE POLICE FORCE



T/20200704/2077

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20200704/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2020 19:32		Vide Report No.:		Station Diary No.: 66
Informant's Particulars				
Name of Informant: PUN GIT KEONG		Address: 8 JLN PENDEKAR 4 TMN UNGKU TUN AMINAH 81300SKUDAI JOHOR M'SIA		
ID Type / ID No.: NRIC NO / S8573531D		Contact No.: Home/Office: Mobile: 98008769		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 35	Date of Birth: 26/05/1985	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DELIVERY RIDER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2020 18:30	Type of Location: T-Junction
Location: Along Road 1 JURONG WEST STREET 64 JURONG POINT CARPARK EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBQ1048T	Motorcycle				Slightly Damaged	0
FBQ7417Y	Motorcycle	YAMAHA	MTN155	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ7417Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60888940	06/12/2019	05/12/2020



SINGAPORE POLICE FORCE



T/20200704/2077

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20200704/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBQ1048T (Motorcycle)	Contact No.	98764749
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	PUN GIT KEONG	ID No.	S8573531D
Related Vehicle	FBQ7417Y (Motorcycle)	Contact No.	98008769
Hospital/Clinic	CENTRAL 24-HR CLINIC (PIONEER NORTH)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2020	Date Discharge	04/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03/07/2020 at about 1830hrs along Jurong West St 64 as I was exiting the carpark of Jurong Point, I was riding my vehicle FBQ7417Y and after ensuring that there were no other vehicles, I exited from the carpark. However just after I exited another motorcycle FBQ1048T collided into my motorbike from behind causing me to fall on my left side. I sustained scratches on my left elbow and knee. My vehicle sustained a bent left handlebar and the rear bumper and mudguard had completely fallen off. Subsequently the other rider and I exchanged handphone numbers and agreed to settle it privately. However on 04/07/2020 when I woke up in the morning I felt my whole body aching hence I went to Central 24-Hr Clinic (Pioneer North) and was subsequently given three days of MC. I was informed by my insurance company that I would have to make a police report to claim insurance hence I came to make this report.



**SINGAPORE
POLICE FORCE**



T/20200704/2077

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20200704/2077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

SC2 JOHN TEOH CHENG KIAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No: 65476204

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/07/2020 19:32

Classification Of Case:

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	531D
Vehicle Details	
Vehicle No.:	FBQ7417Y
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jul 2020
Vehicle Make:	YAMAHA
Vehicle Model:	MTN155
Primary Colour:	Blue
Manufacturing Year:	2019
Engine No.:	G3K9E0029166
Chassis No.:	MH3RG5620K0004279
Maximum Power Output:	-
Open Market Value:	\$3,069.00
Original Registration Date:	05 Dec 2019
First Registration Date:	05 Dec 2019
Transfer Count:	1
Actual ARF Paid:	\$461.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	04 Dec 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,921.00
COE Rebate Amount:	\$3,687.00
Total Rebate Amount:	\$3,687.00

The information contained herein is correct as at 08 Jul 2020

OK