

ASS. REC. BY:

PRR

REF:

CS3/FCI 20007390/R1+P3

0299

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: FBP 8470R

at Workshop m/s SPEEDWAY

of 36, TOH GUAN RD GST #01-32

Insured: FCI

Policy No.

Claims No.

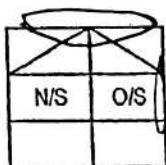
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

9K

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. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

FBP 8470R

Yr Regn:

2019, Jun

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

Truck / Trailer or

Make:

YAMAHA MX KING T150 M c.c. 150

Colour

MULTI

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MH3U60750KK025637

Gen. Cond: Good ☒ Fair ☒ Poor / BurntSteering: Inorder ☒ Jammed / Leaked / Burnt orBrake: Inorder ☒ Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

90/80-17

R:

120/70-17

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

TOYO / YOKO or

IRC

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

26/06/2020

D.O.I.

17/07/2020

Survey held at

SPEEDWAY

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

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

Date / Time

Action / Instruction

ESTIMATE RANGE OF REPAIR / DAYS - (2K-3K) / 5 days

submit prs report
Market value 9000
Ita 2755
nett value: 6245

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Formet:

Lump Sum / I.B.R. (\$)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



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 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	08/07/2020 12:24
Date Of Accident	26/06/2020 07:05
Exact Location Of Accident	JUNCTION JURONG TOWNHALL AND BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8470R
Insured/Policyholder	
Name Of Registered Owner	MOHD RAMLEE B M SIDIK
NRIC No	SXXXX029G
Email Address	RAMLEESIDIK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91144916
Alternative Phone No	OTHERS-91144916

Vehicle Particulars

Manufacturer	YAMAHA
Model	OTHERS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110525191-01 (TPFT)
Cover Note Number	

Driver

Name of Driver	MOHAMMED SIDIK BIN MOHAMMED YUSOFF
NRIC No	SXXXX671C
Date Of Birth	02/01/1943
Occupation	INDOOR
Date Of Driving Pass	19/08/1981
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81248701
Fax Number	
Contact Number	OTHERS-81248701
Email Address	GREASE77@MSN.COM

ss	APT BLK 208B CLEMENTI AVENUE 6 #14-125
code	122208
Is driver an employee of the Insured's Company	NO
No. Relationship of the Driver with the Insured	PARENT
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	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACH -TD/20200629/7016

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

Vehicle Registration Number	SHD3388X
Vehicle Make/Model/Colour	COMFORT TAXI /BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Passenger (Including Driver)

DETAILS OF INJURED PERSON

Name	MOHAMMED SIDIK BIN MOHAMMED YUSOF
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBP8470R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

Policyholder's Signature
Date & Time:



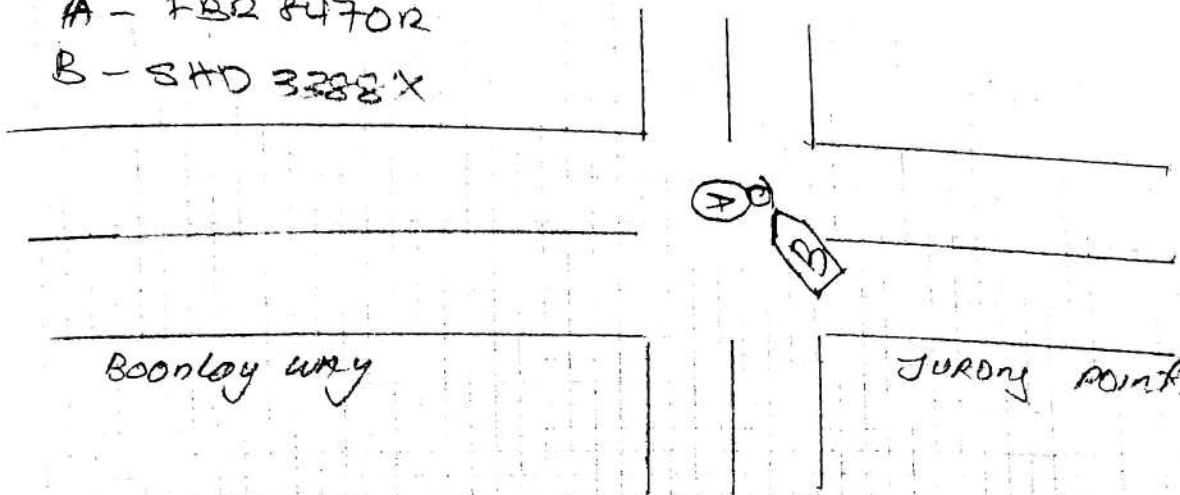
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A - FB2 84702

B - SHD 3388X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I/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 Personnel's Signature
Name:
NRIC/FIN No.:

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg



SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000



D/20200629/7016

1 of 2

Report No. D/20200629/7016

Date/Time Report Made 29/06/2020 14:04		Vide Report No.		Station Diary No.	
Name Of Informant MOHAMMED SIDIK BIN MOHAMMED YUSOFF		Address APT BLK 208B CLEMENTI AVENUE 6 #14-125 SINGAPORE 122208			
ID Type / ID No. NRIC NO / S1005671C		Contact No. Home/Office: Mobile: 81248701			
Nationality SINGAPORE CITIZEN		Email Address grease77@msn.com			
Occupation Retiree		Sex Male	Age 77	Date of Birth 02/01/1943	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 26/06/2020 07:00 - 26/06/2020 07:15		Location Of Incident JURONG TOWN HALL ROAD			

Brief details.

On 26 Jun 2020 at approximately 7:00am, I was riding on my motorcycle (Registration No. FBP8470R) on Boon Lay Way from Jurong East towards Jurong Point / Boon Lay MRT Station. As I was approaching the main intersection junction of Boon Lay Way & Jurong Town Hall Road, it was green light to my favour when suddenly a blue coloured taxi suddenly made a right turn from the opposite opposite traffic, towards Science Centre. Unfortunately, I was already too near to the taxi when it turned and unable to stop safely and collided with it. Due to the impact and being disoriented at that moment, I was unable to note the registration number of the taxi and the driver's particular. The ambulance came at about 7:15am and I

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: 29/06/2020 14:04
Officer In-Charge Of Case;	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



D/20200629/7016

2 of 2

Report No. D/20200629/7016

was rushed down to Ng Teng Fong Hospital and had undergone an emergency surgery on that same day. I was sent into Intensive Care Unit (ICU) before I was transferred to a normal ward on Saturday 27 Jun 2020 late evening.

The investigating officer for my accident is IO Stephanie Cheung and she has provided me with a case number (D/20200626/0031). I was advised to make a police report once I'm discharged and well enough to make the report.

I was discharged on Monday 29 Jun 2020. I was give a Hospitasion Leave from 26/06/2020 to 25/07/2020.

All information provided this is best to my knowledge.

Subjects Involved			
Victim			
Person Name	MOHAMMED SIDIK BIN MOHAMMED YUSOFF		
ID Type	NRIC NO	ID No	S1005671C
Gender	Male	Age	77
Race	Malay	Language	English
Occupation	Retiree	Address Type	
Address	APT BLK 208B CLEMENTI AVENUE 6 #14-125 SINGAPORE 122208		Mobile No 81248701
Is Informant A Victim?	Yes		
Person Name			
MOHAMMED SIDIK BIN MOHAMMED YUSOFF (Informant)			
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		29/06/2020 14:04	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	gapore NRIC
Owner ID:	029G
Vehicle No.:	FBP8470R
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jul 2020
Vehicle Make:	YAMAHA
Vehicle Model:	MX KING T150 MANUAL
Primary Colour:	Orange
Manufacturing Year:	2019
Engine No.:	G3E6E0496022
Chassis No.:	MH3UG0750KK025637
Maximum Power Output:	-
Open Market Value:	\$2,243.00
Original Registration Date:	18 Jun 2019
First Registration Date:	18 Jun 2019
Transfer Count:	1
Actual ARF Paid:	\$337.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	17 Jun 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,090.00
COE Rebate Amount:	\$2,755.00
Total Rebate Amount:	\$2,755.00

The information contained herein is correct as at 17 Jul 2020

OK