

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/CT120008780/Uqf3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: FBN1596T

at Workshop m/s BHH

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.

N/S	O/S

Bal. or Market Value: £ 9800

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Ltm Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

L7A5546

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: FBN 1596T Yr Regn: 7, 18

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

Truck / Trailer or

Make: Yamaha NMAX 155 c.c 155

Colour: white A/C: Insured / Std / NI / NA

Sp.Reading: 33671 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MH3SG431000007369

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 110-70-13

R: 130-70-13

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

TOYO / YOKO or

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. mm L/Bal. mm

D.O.A. 10/8/20 D.O.I. 21/8/20

Survey held at \_\_\_\_\_

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

O/S, N/S Body

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

Date / Time

Action / Instruction

NFT 3984

24/08/20@11.40am Informed Jenny Lew, we are pending estimate from repairer.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$) \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS, SI

Photos

Others

TOTAL

## &gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	288K
Vehicle Details	
Vehicle No.:	FBN1596T
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Aug 2020
Vehicle Make:	YAMAHA
Vehicle Model:	NMAX155 ABS
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	G3H6E0009524
Chassis No.:	MH3SG431000007369
Maximum Power Output:	-
Open Market Value:	\$2,455.00
Original Registration Date:	24 Jul 2018
First Registration Date:	24 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$369.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jul 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$7,001.00
COE Rebate Amount:	\$5,546.00
<b>Total Rebate Amount:</b>	<b>\$5,546.00</b>

The information contained herein is correct as at 21 Aug 2020

OK

## Vehicle Details

Vehicle No.	Make / Model
<b>FBN1596T</b>	<b>YAMAHA / NMAX155 ABS</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>P01 - Passenger Scooter</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>MH3SG431000007369</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>G3H6E0009524</b>
Motor No. :	Engine Capacity :
-	<b>155 cc</b>
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
<b>295 kg</b>	<b>128 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2018</b>	<b>24 Jul 2018</b>
Lifespan Expiry Date :	COE Category :
-	<b>D - Motorcycle</b>
Quota Premium :	COE Expiry Date :
<b>\$7,001.00</b>	<b>23 Jul 2028</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>23 Jul 2021</b>	-
Inspection Due Date :	Intended Transfer Date :
<b>23 Jul 2021</b>	<b>21 Aug 2020</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-
CO Emission :	HC Emission :



### 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	19/08/2020 20:10
Date Of Accident	10/08/2020 12:20
Exact Location Of Accident	JUNCTION OF UPPER SERANGOON RD AND YIO CHU KANG RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1596T
Insured/Policyholder	
Name Of Registered Owner	BAN HOCK HIN COMPANY PTE LTD
Co Reg No	1XXXXX288K
Email Address	RAYMOND@BHH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62816520

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155 ABS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	MC/00833695
Cover Note Number	

#### Driver

Name of Driver	MAHENDRAN S/O SUPRAMANIAM
NRIC No	SXXXX602G
Date Of Birth	08/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2010
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83114726
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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 [OTHER]	JOO CHIAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20200810/2033 LODGE AT JOO CHIAT NPP ON 10/08/2020 AT ABOUT 1220HRS, I WAS RIDING MY WORK BIKE (CISCO BIKE) ALONG UPPER SERANGOON ROAD TOWARDS KOVAN DIRECTION. I WAS RIDING ON THE LEFT MOST LANE OF THE TWO-LANE ROAD. HOWEVER, AS I RODE PASS THE FILTERING LANE TOWARDS YIO CHU KANG ROAD, I SUDDENLY FELT AN IMPACT FROM MY RIGHT AND I FELL TO MY LEFT ONTO THE ROAD AND SKIDDED FOR A DISTANCE. WHEN I GOT UP, I REALIZED THAT A VEHICLE (SLT5300D) HAD HIT ME FROM MY RIGHT. I WAS UNSURE HOW THE COLLISION OCCURRED BUT I RECALL SEEING THE DRIVER WAS DRIVING ON THE RIGHT MOST LANE AND HAD CUT INTO MY LANE IN AN ATTEMPT TO ENTER THE FILTERING LANE TOWARDS YIO CHU KANG ROAD. I HAD NOTICED THAT MY BIKE WAS DAMAGED ON BOTH LEFT AND RIGHT SIDE OF THE BIKE FRAME AND THE BIKE HANDLE, WHILE THE VEHICLE HAS SUSTAINED DAMAGES TO THE LEFT SIDE MIRROR AND SOME DENTS ON THE LEFT SIDE OF THE VEHICLE. I MANAGED TO EXCHANGED PARTICULARS WITH THE DRIVER AND HE INFORMED ME THAT HE DID NOT SUSTAIN ANY INJURIES. HOWEVER, I HAD SUSTAINED ABRASION ON MY RIGHT ARM AND BELOW MY LEFT KNEE, AND I FELT PAIN ON MY RIGHT ANKLE. I HAVE YET TO SOUGHT MEDICAL TREATMENT FOT THE INJURIES. I DO NOT KNOW THE ESTIMATED REPAIR COST FOR THE BIKE, BUT I HAVE CONTACT THE WORKSHOP TO TOW MY BIKE AND I WAS ADVISED BY CISCO TO LODGE A 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	SLT5300D
Vehicle Make/Model/Colour	VOLVO / V60 T2 (A)
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	OW SIEW WAI

NRIC/Passport Number	SXXXX552J
Contact Number	93211055
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MAHENDRAN S/O SUPRAMANIUM
Approximate Age	
Injuries Sustain	SUSTAINED ABRASION ON RIGHT ARM AND BELOW LEFT KNEE,AND FELT PAIN ON RIGHT ANKLE
Injured person in which vehicle?	FBN1596T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



Sketch Plan Pg. 1

**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.

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT**

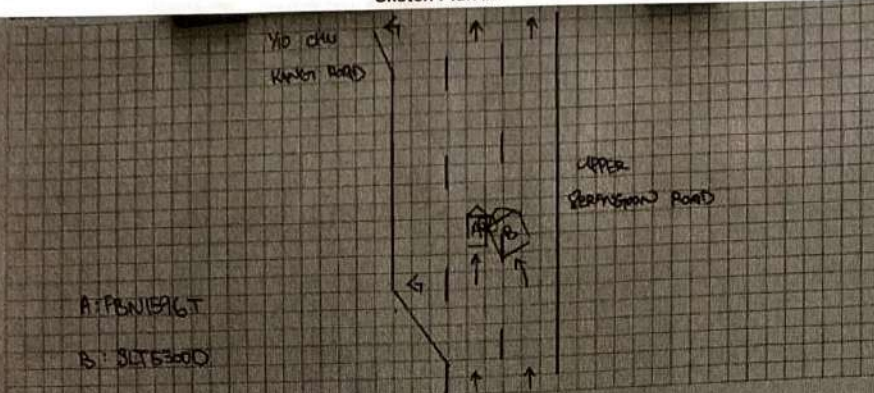
Policyholder's Signature  
Date & Time:

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

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

19/8/2020

### Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

## 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:

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT

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



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999



T/20200610/2033

1 of 3

Report No: T/20200610/2033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2020 14:47		Vide Report No.:	Station Diary No.: 14
<b>Informant's Particulars</b>			
Name of Informant: MAHENDRAN S/O SUPRAMANIAM		Address: APT BLK 601B PUNGGOL CENTRAL #02-606 SINGAPORE 822601	
ID Type / ID No.:	NRIC NO / S8172602G	Contact No.:	Home/Office: Mobile: 83114726
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 39	Date of Birth: 08/08/1981	Type of Informant: Rider
Race: Indian	Language: English		Institution / School Name:
Occupation: CISCO ENFORCEMENT	Driving Licence Information: Class: 2B, 2A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2020 12:20	Type of Location: Bend
Location: Along Road-1 Traveling Toward Road 2 UPPER SERANGOON ROAD YIO CHU KANG ROAD Along Upper Serangoon Road towards Yio Chu Kang Road/Kovan direction				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBN1596T	Motorcycle				Slightly Damaged	0
SLT5300D	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



## POLICE REPORT



Police Station Of Origin:  
Joo Chiat NPP  
267 Chan Road SINGAPORE 424773  
Tel No: 1800-3459999

## CONTINUATION OF REPORT

Rider		ID No.	S8172602G
Name	MAHENDRAN S/O SUPRAMANIAM	Contact No.	83114726
Related Vehicle	FBN1596T (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B, 2A Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	Slight
No. of Days granted Medical Leave	NIL		
Driver		ID No.	S7636552J
Name	OW SIEW WAI	Contact No.	93211055
Related Vehicle	SLT5300D (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		

**Brief Details:**

On 10/08/2020 at around 1220hrs, I was riding my work bike (Cisco bike) along Upper Serangoon Road towards Kovan direction. I was riding on the left most lane of the two-lane road. However, as I rode pass the filtering lane towards Yio Chu Kang Road, I suddenly felt an impact from my right and I fell to my left onto the road and skidded for a distance.

When I got up, I realized that a vehicle (SLT5300D) had hit me from my right. I was unsure how the collision occurred but I recall seeing the driver was driving on the right most lane and had cut into my lane in an attempt to enter the filtering lane towards Yio Chu Kang Road. I had noticed that my bike was damaged on both left and right side of the bike frame and the bike handle, while the vehicle has sustained damages to the left side mirror and some dents on the left side of the vehicle. I managed to exchanged particulars with the driver and he had informed me that he did not sustain any injuries. However, I had sustained abrasion on my right arm and below my left knee, and felt pain on my right ankle. I have yet to sought medical treatment for the injuries. I do not know the estimated repair cost for the bike, but I have contact the workshop to tow away my bike and I was advised by CISCO to lodge a Police report.