

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS / CT120010067/49f3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

FBA2892A

at Workshop m/s

D.M. wheel roller

of

Insured:

Policy No. DMHCSN19353319000

Claims No. SNM20D203142C02

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value:

12k

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

cor 16-3-2026

Vehicle: IN / OUT

Date:

Person Contacted:

No / 5 yrs. bml.

Date / Time

Action / Instruction

Dep 2k.

MV # 171003

LTA # 3593

NV # 8407

Veh No:

FBA2892A

Yr Regn:

3, 06

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

Truck / Trailer or

Make:

K.T.M / 990 ADVENTURE

942

Colour

black

A/C: Insured / Std / NI / NA

Sp. Reading

1065318

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VBKVA44034M90442

Gen. Cond: Good Extr / 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:

90-90-21

R:

150-70-18

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

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

30/8/20

D.O.I.

21/9/20

Survey held at

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

MSR, OK body

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

21/09/20@5.40pm revised to Pauline Tham via Merimen.

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:

Add Fee:

☐

: Site Insp (\$

) S + RS. SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL

LKK Auto Consultants hereby certify

the genuineness of the following:

• To ensure high quality after spray painting

• To ensure the paint part(s) during repair

• To ensure the paint part(s) is in good condition

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SPORT MOTORCYCLES

• Supplied by the manufacturer and must be re-surveyed and is subject to final approval from Insurance Company

Acc Ktm Model: KTM 950 Adv

Signature: Year:

Date: Frame no: VBKVA44034M 904412.

Black 2004 AY 60 (3)

Dirt Wheel Motor Trading

Blk 9004 Tampines ST 93 # 01-100 Singapore 528838

Tel (65) 67833063 Fax (65) 67881202

Name: Wee Kuei Koon

Contact: 91835179

D.O.A. 30/8/2020

FBA 2892A

No.	Parts Number	Description	Qty	\$\$\$	States / Remark
1	Touratech	Head lamp Protector (P.P)			Che ✓
2	76002970000 EB	Hand Guard (KTM)	1 set	\$ 288	Order - Cur ✓
3	630 02021200	Grip (KTM/PP) open	1 set	\$ 55	102/EB/3rd. Torn ✓
4	583 02021100	Throttle Tube.	1	\$ 33	Order. Torn ✓
5	584 12040100	Mirror (R)	1	\$ 102	E/33 Cur ✓
6	600 02001100	Handle Bar	1	\$ 492	Order Best ✓
7	600 04051000/30	Tank spoiler (R)	1	\$ 616	No More Production Cur ✓
8	0012060125	Tank spoiler Screw	1	\$ 3	M6 ✓
9	600 04045000	Tank spoiler Bushing	1	\$ 8	G/16 ✓
10	600 07113044/30	Tank (R)	1	\$ 2782	No More Production Cur ✓
11	600 07113050	Tank slider (A)	1	\$ 13	No More Production Cur ✓
12	600 08110000/04	Front Fender.	1	\$ 448	No More Production RX ✓
13	600 09170100/30	Front Rim	1	\$ 831	Order New number Cur ✓
14	600 30026000	Clutch Cover / small	1	\$ 268	G/30 Cur ✓
15	600 03027000	Clutch Cover Mould Ring	1	\$ 20	100/A7 ✓
16	Motorex 10/60	Engine oil	4	\$ 120	Workshop. 1 EC 50% ✓
17		Brake pedal stop (RP)			Set ✓
18	780 03041050	Footrest / Front (R)	1	\$ 78	N/6 Cur ✓
19	600 03049000/015	Footrest Bracket / Rear (R)	1	\$ 247	Order. Cur ✓
20	600 03052000	Footrest plate	1	\$ 13	G/12 Best ✓
21	600 03051000	Footrest / Rear (R)	1	\$ 133	G/12 Set ✓
22	600 04042000/30	Side Cover / Rear (R)	1	\$ 581	No more Production Cur ✓
23	600 05099000	Akrapovic Exhaust.	1	\$ 3926	Order. 100 KR \$ 120 ✓
24	600 12027400	Top Box	1	\$ 780	No more Production Cur ✓
25	601 14025000	Signal light / Rear (R)	1	\$ 64	M/100 Cur ✓
26	600 04050000/30	Tank Spoiler (L)	1	\$ 616	No more Production Cur ✓
27	600 04008000	Wind Screen	1	\$ 221	G/Bottom ✓
28	600 12009000	Rear Handle Grip	1	\$ 45	G/24 ✓
29	600 07019000/30	Tank Top Cover.		\$ 107	No More Production RX ✓
30	600 07013044/30	Tank (L)	1	\$ 2782	No More Production RX ✓

600 13050044/018 Brake pedal

610 14064000 Meter

* Tabour with Rim alignment.

\$ 680 (+/-) - 450

G/7 - new number Best ✓

Order. 500 N1X

4478

Bike model
KTM 950 Adventure

Type Of Vehicle
Any

Price From
Any

Price To
Any

Class
Any

MORE SEARCH OPTIONS

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

Q SEARCH

KTM 950 Adventure (/listing/usedbike/ktm-ktm-950-adventure/9670/)



(/listing/usedbike/ktm-ktm-950-adventure/9670/)

-
Reg : 19/02/2004
Type: Sport Tourers
942cc
-

KTM 950 Adventure for Sale! Prices are negotiable. Trade in or Loan available. Viewing will be at Dynasty Motor Pte Ltd @ Kaki Bukit, Synergy @ KB, 25 Kaki Bukit Road 4 #01-82 S'pore 417800.
Posted on : 25/09/2018
★ PAID AD ★ DEALER AD

DETAILS > (/LISTING/USEDBIKE/KTM-KTM-950-ADVENTURE/9670/)  COMPARE

FIRST (?PAGE=1&LICENSE_CLASS=&STATUS=&MONTHLY_FROM=&BIKE_MODEL=KTM+950+ADVENTURE&PRICE_FROM=®_YEAR_FROM=1970&PRICE_TO=&M

1

LAST (?PAGE=1&LICENSE_CLASS=&STATUS=&MONTHLY_FROM=&BIKE_MODEL=KTM+950+ADVENTURE&PRICE_FROM=®_YEAR_FROM=1970&PRICE_TO=&M



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	788D
Vehicle Details	
Vehicle No.:	FBA2892A
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Sep 2020
Vehicle Make:	K.T.M.
Vehicle Model:	950ADVENTURE
Primary Colour:	Black
Secondary Colour:	Orange
Manufacturing Year:	2005
Engine No.:	0460003719
Chassis No.:	VBKVA44034M904412
Maximum Power Output:	-
Open Market Value:	\$16,560.00
Original Registration Date:	17 Mar 2006
First Registration Date:	17 Mar 2006
Transfer Count:	1
Actual ARF Paid:	\$2,484.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Mar 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$6,560.00
COE Rebate Amount:	\$3,593.00
Total Rebate Amount:	\$3,593.00

The information contained herein is correct as at 21 Sep 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	31/08/2020 14:30
Date Of Accident	30/08/2020 21:30
Exact Location Of Accident	SENGKANG WEST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA2892A
Insured/Policyholder	
Name Of Registered Owner	WEE KUEI KOON (WEI GUIKUN)
NRIC No	SXXXX788D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91735179
Alternative Phone No	OFFICE-91735179
Vehicle Particulars	
Manufacturer	KTM
Model	950ADVENTURE
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?	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	5036465554-11 TP
Cover Note Number	
Driver	
Name of Driver	WEE KUEI KOON (WEI GUIKUN)
NRIC No	SXXXX788D
Date Of Birth	17/04/1975
Occupation	INDOOR
Date Of Driving Pass	16/01/2001
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91735179
Fax Number	
Contact Number	OFFICE-91735179
Email Address	NOEMAIL

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

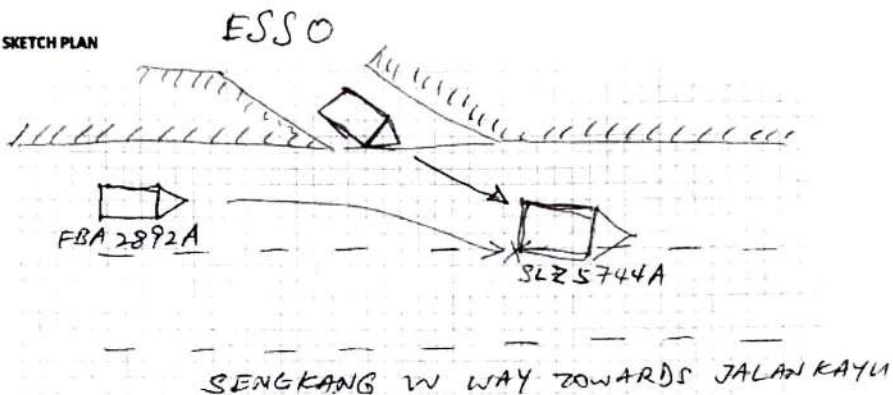
Vehicle Registration Number	SLZ5744A
Vehicle Make/Model/Colour	HONDA/SHUTTLE 1.5G CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN THUANG KHAI
NRIC/Passport Number	SXXXX769A
Contact Number	81137276
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WEE KUEI KOON (WEI GUIKUN)
Approximate Age	45
Injuries Sustain	ABRASION ON RIGHT ARM, LEFT HAND, BRUISED ON RIGHT HIP AREA & SORE ON RIGHT KNEE AREA
Injured person in which vehicle?	FBA2892A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	18 JALAN JITONG
Postcode	809132

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Independent witnesses of accident.

- ① Mr Salea - HP: 83006254
(saw accident at pathway)
- ② Mr. Sebastian - HP: 97813415
(saw accident from home balcony)
- ③ Mr. Tan - HP: 96328229
(saw accident from patrol station)

DECLARATION

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

Policyholder's Signature

Date & Time:

21/8/2020 1440h.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vacb@vicom.com.sg

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200831/2000

2 of 4

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20200831/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WEE KUEI KOON	ID No.	S7511788D
Related Vehicle	FBA2892A (Motorcycle)	Contact No.	91735179
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN THUANG KHAI	ID No.	S0097769A
Related Vehicle	SLZ5744A (Car)	Contact No.	81137276
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

Brief Details.

On 30/08/2020 at about 2130hrs, I was riding a motor vehicle bearing FBA2892A along extreme left lane of Sengkang West Way towards Jalan Kayu. When I was riding along the Esso petrol kiosk, a vehicle bearing SLZ5744A drove out from the petrol kiosk and did not signal right and immediately drive his vehicle to the center lane. I also wish to state that my headlight was on.

His action caught me by surprise, I immediately jam brake and tried to avoid him by changing to the center lane however, the vehicle still drove to the center lane without signaling and my motor vehicle had collided onto his right side of the vehicle.

When he got down from the vehicle, he did not apologise and informed that I was riding very fast as such collided onto his vehicle. He also state a sentences to me that I have collided onto his rear side of his vehicle and I am in the wrong. He further informed that his vehicle has a rear in build camera. I wish to state that I have suffered abrasion on my right arm, left hand and bruised on my right hip area and sore on my right knee area.

This is the first time such thing had happen.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200831/2000

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20200831/2000

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:

F /
Sgt 2 ONG JING YING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP 168

Signature Of Informant:

Date/Time:
31/08/2020 00:13

Classification Of Case:

Address 18 JALAN JITONG
Postcode 809132
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 -
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 SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800 - 3438999 - 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? NO
Was there any audio recorded? NO

Details of Witness 1

Name MR SALEA
Phone Number 83006254
Email Address

Details of Witness 2

Name MR SEBASTIAN
Phone Number 97813415
Email Address

Details of Witness 3

Name MR TAN
Phone Number 96328229

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

31/8/2020 1440hr

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:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200831/2000

1 of 4

Police Station Of Origin:
Sengkang N P C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No T/20200831/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2020 00:13	Vide Report No:	Station Diary No.: 1
--	-----------------	-------------------------

Informant's Particulars

Name of Informant: WEE KUEI KOON			Address: 18 JALAN JITONG SINGAPORE 809132		
ID Type / ID No.: NRIC NO / S7511788D			Contact No.: Home/Office: Mobile: 91735179		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 17/04/1975	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PILOT			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2020 21:30	Type of Location: Straight Road
Location SENGKANG WEST WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA2892A	Motorcycle	KTM	950ADVENT URE	Black		0
SLZ5744A	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBA2892A	NTUC Income Insurance Co-Operative Limited	5036465554-11	12/04/2020	11/04/2021



**Healthway
Medical**

HEALTHWAY MEDICAL

COMPANY REGISTRATION NO: 199400795H

GST REGISTRATION NO: M201219809

BLK 267 COMPASSVALE LINK #01-04,

SINGAPORE 540267

TEL 63438770 / FAX 63438771

**MEDICAL
CERTIFICATE**

NAME:

WEE KUEI KOON

IDENTIFICATION: 57511788D

VISIT DATE:

31-08-2020

This is to certify that **WEE KUEI KOON (57511788D)** is UNFIT FOR DUTY for **3** day(s) from **31-08-2020** to **02-09-2020** inclusive.

MC

*Dr Chong Chun Choy Vincent
MCR No. 094512
MBBS (Singapore)
Genl Dip Family Medicine*

**DR. CHONG CHUN CHOY VINCENT
(M094512)
DOCTOR**

This certificate is electronically generated, no signature is required.
Not Valid for Absence from Court Attendance

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