# ASSIGNMENT

From. Date: ~	Veh No: FBA 71004 Yr Regn: 2006, July.
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: Yamaha Supreme X-1 c.c [1] Colour Grey, A/C: Insured/Std/NI/NA Sp.Reading 20969. T/Radio: Insured/Std/NI/NA
at Workshop m/s	Colour Grey, A/C: Insured / Std / NI / NA
of	Sp.Reading 201969 . T/Radio; Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 57W 045000 +
Claims No.	Gen. Cond: 600 / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: lporder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Iprovider / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /8/Rim)/ STD A/Rim or
	Tyre Size: F: 70/90 R17
(Policy Condition)	R: 80/90R17.
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 (0(54.
Bal. or Market Value:	R/Bal 06 mm R/Bal. 06 mm
IDAC Accident Rport: Consistent? : Yes or No	L/Pol
GIA / PR Seen: Consistent?: Yes or No	D.O.A. D.O.I. 23/09/20
Est. Repairs: days Res.: Yes or No	22 21 8 50 24
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt   Rear   O/S   NIS   U/C   Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages : Fit I Real I Ols I May 1 Ole I Rooted of
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
TP Lontac Settle on	Quantum Only. COE Expiry: 23/07/21
	V
mv : اوروع lump sum	\$500, 4days
PV: 560 1550;75%	
Nett: 500.	
Dale/Fime, File Pass to? : Preli. Report	Days Of Repair: 4
: Final Report	Resurvey No. of Trip: 1 Survey Fee:
Date/Time File Return to?	Transportation:
2) Add Fe	
	: Interview (\$ ) Fhotos
Report Former:	: Tech. Invs. G ) Other:
દુઆરણ કેલ્લત / દેશિક (ઉ	:'MacLend (ii
	P 47/L

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/09/2020 17:02

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

12

- 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 <u>truthful and accurate</u> 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	17/09/2020 16:52	
Date Of Accident	11/08/2020 14:30	
Exact Location Of Accident	PAN ISLAND EXPRESSWAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

DETAILO	OTHER VEHICLE

Vehicle Registration Number

FBA7100U

Insured/Policyholder

Name Of Registered Owner

TAN CHEE WAN (CHEN ZHIYUAN)

NRIC No SXXXX130I

Email AddressTGKTCY@GMAIL.COMMobile Phone No(LOCAL) +65-96566869Alternative Phone NoOTHERS-96566869

Vehicle Particulars

Manufacturer YAMAHA

Model YAMAHA / SUPREME X-1

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

mountainos company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5067619626-05

Cover Note Number

Driver

Name of Driver TAN CHEE WAN (CHEN ZHIYUAN)

 NRIC No
 SXXXX130I

 Date Of Birth
 14/10/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 27/09/2000

Driving Experience 19 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96566869

Fax Number

Contact Number OTHERS-96566869
EMail Address TGKTCY@GMAIL.COM

Address

BLK 268B #08-568 BOON LAY DRIVE

Postcode

642268

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

YES

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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 HO

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

AS PER POLICE REPORT No.T/20200818/7012;

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

YN8448U

Vehicle Make/Model/Colour

ISUZU / NNR85UH4A

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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	TAN CHEE WAN (CHEN ZHIYUAN)	
Approximate Age	39	
Injuries Sustain		
Injured person in which vehicle?	FBA7100U	
Were seat belts worn?		
Was this injured conveyed to hospital by ambulance?	YES	
Address	BLK 268B #08-568 BOON LAY DRIVE	
Postcode	642268	

#### Accident 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 Orient
- 3 Information provided must be as <u>probabilities</u> and <u>apparents as probabilities</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>reposition policy liability</u>.
- 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. Am 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)

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
  - 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

12 00 pm 14/9/21

Policyholder's Sig

Driver's Signature

(If driver is not the policyholder)

Date & Time

IDAC KAKI BUKIT (VAC)
25 Kaki Bukit Ave 4 \$02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.se

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

A Mark Contract of the second

**Accident Sketch Plan** Inc Hea SICETCH PLAN FBA Flacu . RHURU DESCRIBE CIRCUMSTANCES OF THE ACCIDENT TGKTCYPGMAIL-UM DECLARATION IDAC KAKI BUKIT (VAC) I/We declare the foregoing particulars are true in every respect 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sq Policyholder's Signature Oriver's Signature Reporting Centre Personnel's Signature Date & Time (If driver is not the policyholder) Name

Date & Time

12"11 a- 1 71

NRIC/FIN NO

# > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type: Owner ID:	Singapore NRIC 130I
Vehicle No.:	FRANCOLU
Vehicle to be Exported:	FBA7100U
Intended Deregistration Date:	No
Vehicle Make:	23 Sep 2020
Vehicle Model:	YAMAHA
Primary Colour:	SUPREME X-1
Manufacturing Year:	Red
Engine No.:	2006
Chassis No.:	5YW045000
Maximum Power Output:	5YW045000
Open Market Value:	•
Original Registration Date:	\$1,413.00
First Registration Date:	24 Jul 2006
Transfer Count:	24 Jul 2006
4	4
Actual ARF Paid:	\$212.00
PARF Eligibility:	N.
PARF Eligibility Expiry Date:	No
PARF Rebate Amount:	
Invented COL top to Delays	\$0.00
COE Expiry Date:	23 Jul 2021
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$3,185.00
COE Rebate Amount:	\$5,165.00 \$530.00
Total Rebate Amount:	\$530.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 23 Sep 2020  $\,$