

(08/11/13) wef

ASS. REC. BY: marcus

REF:

CS/AG120011694/Urf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBL29384at Workshop m/s Tan hm

of _____

Insured: SGR 85275

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: 811K.

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 4 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

LTA 3606

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

ref 87394Veh No: FBL29384 Yr Regn: 8, 16

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

Truck / Trailer or

Make: Honda 400X c.c. 399Colour white A/C: Insured / Std / NI / NASp. Reading 74231 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NC 471100718Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 120/70ZR17R: 160/60ZR17

BS / DUN / EXNOVA / GY / FS / LIZ / MTS / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mm

Rear

R/Bal. 6 mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 25/10/20D.O.I. 28/10/20

Survey held at _____

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

N/S, O/S Body

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

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:

____ \$ + RS, ____ SI

Photos

Others

TOTAL

Report Format : _____

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

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 willful 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	26/10/2020 15:42
Date Of Accident	25/10/2020 09:55
Exact Location Of Accident	TELOK PAKU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2938U
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD SUFFIAN BIN SALAMON
NRIC No	SXXXX395F
Email Address	IAN_CYCZ81@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90685811
Alternative Phone No	OTHERS-90685811

Vehicle Particulars

Manufacturer	HONDA
Model	400X-399CC
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	5118585091
Cover Note Number	19/08/2020 TO 18/08/2021

Driver

Name of Driver	MOHAMMAD SUFFIAN BIN SALAMON
NRIC No	SXXXX395F
Date Of Birth	19/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2010
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90685811
Fax Number	
Contact Number	OTHERS-90685811

Address	BLOCK 670 HOUGANG AVENUE 8 #04-747
Postcode	530670
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report:- T/20201025/2025

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	SGR8527S
Vehicle Make/Model/Colour	TOYOTA ISIS, BLACK COLOUR
Details Of Properties	SALOON CAR
Vehicle Category	PRIVATE CAR
Name of Driver	GOH KOK KEONG
NRIC/Passport Number	SXXX875J
Contact Number	9822 7088
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMMAD SUFFIAN BIN SALAMON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBL2938U

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

BLOCK 670 HOUGANG AVENUE 8
#04-747

Postcode

530670

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: 26/10/2016 @ 6:00 AM

Driver's Signature

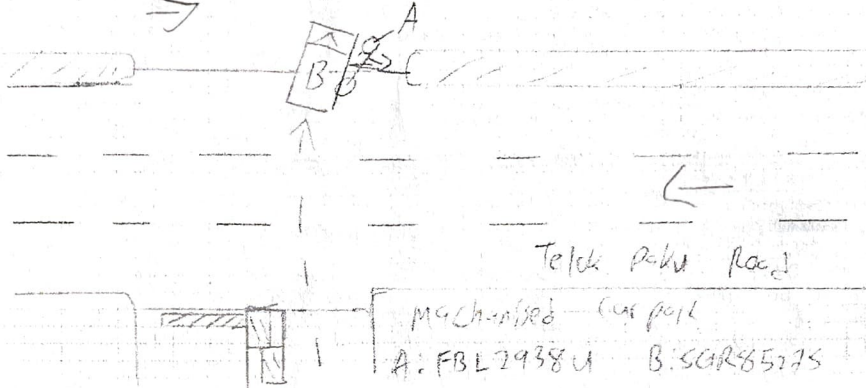
(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: Tan Wei Sheng

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Police report:- T/20201025/2025

DECLARATION

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

Shir 26/10/2020 c/160cm

Lan Wei Shen
37011

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201025/2025

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20201025/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2020 15:24	Vide Report No.:	Station Diary No.: 114
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Informant's Particulars

Name of Informant: MOHAMMAD SUFFIAN BIN SALAMON			Address: APT BLK 670 HOUGANG AVENUE 8 #04-747 SINGAPORE 530670	
ID Type / ID No.: NRIC NO / S8135395F			Contact No.: Home/Office: Mobile: 90685811	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 19/10/1961	Type of Informant: Rider	
Race: Javanese			Language: English	Institution / School Name:
Occupation: Crane Operator			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2020 09:55	Type of Location: T-Junction
Location: TELOK PAKU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBL2938U	Motorcycle	HONDA	400X MANUAL	White		0
SGR8527S	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL2938U	NTUC Income Insurance Co-Operative Limited	5118585091	19/08/2020	18/08/2021

Police Report Pg. 2



SINGAPORE
POLICE FORCE



T/20201025/2025

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20201025/2025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD SUFFIAN BIN SALAMON	ID No.	S8135395F
Related Vehicle	FBL2938U (Motorcycle)	Contact No.	90685811
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	25/10/2020	Date Discharge	25/10/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	GOH KOK KEONG	ID No.	S7927875J
Related Vehicle	SGR8527S (Car)	Contact No.	98277088
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 25/10/2020 at about 0955hrs, I was riding my motorcycle(Registration No. FBL2938U) when I exited the carpark at Telok Paku Road wanted to make a right turn, however I observed that there is on-coming traffic therefore I proceed to stop. Suddenly, another car(Registration No. SGR8527S) came from behind and side swipe my left portion of my motorcycle which I fell on my right side. I suffered abrasion on my chest, hands and legs and swollen foot. The driver came down to render assistance to me and we exchange particulars, agree on Insurance Claim and left the scene. I have a dashcamera facing front and rear. I later went to Sengkang General Hospital and has 7days of MC, therefore lodging this Traffic Accident report.



SINGAPORE
POLICE FORCE



T/20201025/2025

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20201025/2025

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 BOH YONG SENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/10/2020 15:24

Classification Of Case:

2 - OCT 2020

BY: adm

GAO

Express Towing Services

You Call, We Tow - Fast . Secured . Reliable



TP021102020
WL

47 Jalan Pemimpin Halcyon 2 #C01-02 Singapore 577200 Co. Reg. No. 53152603L HP: 900 900 92 Email: jim.koh@hotmail.com Website: http://www.gaoexpresstowing.sg

CASH SALE/WORK ORDER

No. 187743

Date: 25/10/20

寶號

Messrs: TLM

車號

Vehicle No: FBL2938V

車型

Model No: Honda/2000

時間(日/夜)

Time (day/night): 91769761

Contact No: 91769761

由

Location: 1A Telok Pagar Rd

到

To: Defu Lane

Cash \$: 50

其他

Others: Accident

經手人

Authorised By: Jim

Tow Truck

Driver Name: Vincent 3663

注意本公司對所拖之車輛,在進行中如有任何損失或破壞,一概由車主自行負責。

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

- ☐ Jump Start/Changing of battery
- ☐ Tyre Replacement
- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo
- ☐ Woodlands and Tuas Checkpoint

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	395F
Vehicle Details	
Vehicle No.:	FBL2938U
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Oct 2020
Vehicle Make:	HONDA
Vehicle Model:	400X MANUAL
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	NC47E1100722
Chassis No.:	NC471100718
Maximum Power Output:	-
Open Market Value:	\$7,821.00
Original Registration Date:	19 Aug 2016
First Registration Date:	19 Aug 2016
Transfer Count:	1
Actual ARF Paid:	\$1,174.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 Aug 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,206.00
COE Rebate Amount:	\$3,606.00
Total Rebate Amount:	\$3,606.00

The information contained herein is correct as at 26 Oct 2020

OK

399cc
25000km

Fuel Saving Bike Proven For Both Commuting And Touring. 2015 Honda CB400X Metallic White Color. Recently Done Servicing At Reputable Workshop.
Accident Free No Repair Needed. Viewing Is Stro...
Ideal Motoring Provide Attractive Loan And Trade-In

Posted on : 07/10/2020

★ PAID AD ★ DEALER AD

[DETAILS > \(/LISTING/USEDBIKE/HONDA-HONDA-CB400-SUPER-4-REVO/18342/\)](#)

■ COMPARE

Honda CB400X (/listing/usedbike/honda-honda-cb400x/17361/)



(/listing/usedbike/honda-honda-cb400x/17361/)

SGD\$13088

Reg : 03/11/2016
Type: Sport Tourers
399cc
63000km

Pristine Condition CB400X. Parked In Sheltered Carpark Always. All Servicing Did Regularly Every 5K First Owner and Only owner Fuel Consumption:
~29Km/L. Full Tank Gives You About 400Km Before...

ABS

Posted on : 25/09/2020

★ PAID AD ★ DIRECT SELLER

[DETAILS > \(/LISTING/USEDBIKE/HONDA-HONDA-CB400X/17361/\)](#)

■ COMPARE

Honda CB400X (/listing/usedbike/honda-honda-cb400x/18000/)



(/listing/usedbike/honda-honda-cb400x/18000/)

SGD\$12800

Reg : 26/09/2016
Type: Sport Tourers
399cc
34910km

Honda CB400X For Sale. COE Till Sept 2026. Loan Available, Welcome Trade In. Serious Buyers Are Welcome To Negotiate. Unit Selling Fast. Contact Us
ASAP!

Posted on : 09/09/2020

★ PAID AD ★ DEALER AD

[DETAILS > \(/LISTING/USEDBIKE/HONDA-HONDA-CB400X/18000/\)](#)

■ COMPARE

Honda CB400X (/listing/usedbike/honda-honda-cb400x/18611/)



(/listing/usedbike/honda-honda-cb400x/18611/)