

ASSIGNMENT

From: Date: Veh No: FBC 2105D Yr Regn: 12 07  
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: FBC 2105D Make: Honda CB400 c.c 399  
at Workshop m/s fp. Colour: white A/C: Insured / Std / NI / NA  
of Sp.Reading: T/Radio: Insured / Std / NI / NA  
Insured: SL C 5322 Eng/No:  
Policy No. C/No: JH2NC39926M200967  
Claims No. Gen. Cond: Good / Fair / Poor / Burnt  
Sum Insured: Excess: Steering: In order / Jammed / Leaked / Burnt or  
(Client's Record) Brake: In order / Jammed / Leaked / Burnt or  
Make of Veh: Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.  
Bal. or Market Value: 11800  
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 233D  
Date: Person Contacted: Vehicle: IN / OUT

Tyre Size: F: 120/60ZR17 R: 160/60ZR17  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or  
Front Rear  
R/Bal. 5 mm R/Bal. 5 mm  
L/Bal. mm L/Bal. mm  
D.O.A. 6/11/20 D.O.I. 12/11/20  
Survey held at  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
02 31-3-2027 LTA 4032  
SI involved nett 7768

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report  
1) Date/Time, File Return to?  
2) Add Fee: ☐ : Site Insp (\$ ) ☐ : S + RS, SI  
☐ : Interview (\$ ) ☐ : Photos  
☐ : Tech. Invs (\$ ) ☐ : Others  
☐ : Weekend (\$ )  
Report Format :  
Lump Sum / I.B.I: (\$ )  
Days Of Repair:  
Resurvey No. of Trip:  
Survey Fee:  
Transportation:  
TOTAL

## 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	11/11/2020 15:11
Date Of Accident	06/11/2020 19:50
Exact Location Of Accident	BAYFRONT AVE TWRDS RAFFLES AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC2105D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HAFIZ BIN ZAINAL
NRIC No	SXXXX233D
Email Address	MUHDHAFFIZAINAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88949648
Alternative Phone No	OTHERS-88949648

### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA / CB400

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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5118196254
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HAFIZ BIN ZAINAL
NRIC No	SXXXX233D
Date Of Birth	20/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	10/12/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88949648
Fax Number	
Contact Number	OTHERS-88949648
Email Address	MUHDHAFFIZAINAL@GMAIL.COM

Address	BLK 160 #02-252 JALAN TECK WHYE
Postcode	680160
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	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)	2
Passenger 1	NAME : SITI NUR AMIRUL BINTE SALLEH GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 18007910000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.A/20201107/7010;

#### 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	SLC532Z
Vehicle Make/Model/Colour	MERCEDES BENZ / C200 AVANTGARDE (R17 LED)
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	•MUHAMMAD HAFIZ BIN ZAINAL
Approximate Age	25
Injuries Sustain	
Injured person in which vehicle?	FBC2105D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 160 #02-252 JALAN TECK WHYE
Postcode	680160

#### DETAILS OF INJURED PERSON 2

Name	•SITI NUR AMIRUL BINTE SALLEH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBC2105D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## Accident 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.
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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:

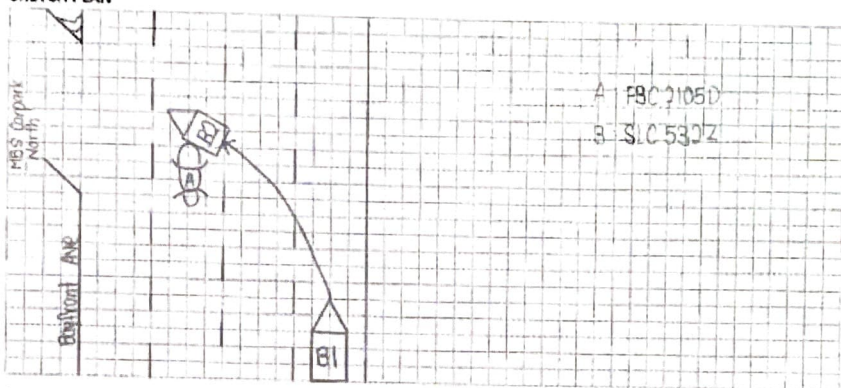
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416897 Fax: 67492305  
Email: vac@vicom.com.sg

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

### Accident Sketch Plan

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to the Police Report (A/20201107/7010)

## 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:**

IDAC KAKI DULIT (KAC)  
 23 Kaki Dulit Ave 4 #02-02  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



A/20201107/7010

1 of 2

## POLICE REPORT (NP299)

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Report No. A/20201107/7010

Date/Time Report Made 07/11/2020 18:51	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD HAFIZ BIN ZAINAL	Address 160 JALAN TECK WHYE #02-252 SINGAPORE 680160	
ID Type / ID No. NRIC NO / S9447233D	Contact No. Home/Office:	Mobile: 88949648
Nationality SINGAPORE CITIZEN	Email Address MUHDHAFIZZAINAL@GMAIL.COM	
Occupation NSF	Sex Male	Age 25
Institution/School Name	Date of Birth 20/12/1994	Race Bovaynese
Date/Time Of Incident 06/11/2020 19:50 - 06/11/2020 18:50	Location Of Incident BAYFRONT AVENUE	

### Brief details.

On 06 November 2020 at about 1950hrs I was riding motorcycle (bearing registration FBC2105D) with pillion rider by the name of Siti Nur Amirul Einta Salleh (S9640044F) while I was travelling along Bayfront Ave towards Raffles Ave, after Marina Bay Sands taxi stand. I was travelling at about 60km/h on the 3rd lane when there is a motorcar (bearing registration SLC632Z) that was travelling on 1st lane suddenly swerve cutting across three lanes to the left to enter Marina Bay Sands carpark north without any warning. This car block my right of way causing me to apply emergency brake and causing me to skid. We fell off from the motorcycle. We sustained injuries and was conveyed to SGH by an ambulance. I was given outpatient treatment of 5 days and my pillion was given hospitalisation leave of 10 days. I have

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: 07/11/2020 18:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



A/20201107/7010

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. A/20201107/7010**

photos of the accident scene. I am lodging this report for investigation and claim purpose.

<b>Subjects Involved</b>			
<b>Victim</b>			
<b>Person Name</b>	MUHAMMAD HAFIZ BIN ZAINAL		
<b>ID Type</b>	NRIC NO	<b>ID No</b>	S9447233D
<b>Gender</b>	Male	<b>Age</b>	25
<b>Race</b>	Boyanesse	<b>Language</b>	English
<b>Occupation</b>	NSF	<b>Address</b>	160 JALAN TECK WHYE #02-252 SINGAPORE 680160
<b>Mobile No</b>	88949648	<b>Is Informant A Victim?</b>	Yes
<b>Person Name</b> Siti Nur Amirul Binte Salleh			
<b>ID Type</b>	NRIC NO	<b>ID No</b>	S9640044F
<b>Gender</b>	Female	<b>Age</b>	24
<b>Race</b>	Malay	<b>Language</b>	Malay
<b>Occupation</b>	Paramedic	<b>Address</b>	170 Woodlands Street 11 #02-57 SINGAPORE 730170
<b>Mobile No</b>	96953413	<b>Relation To Informant</b>	Colleague
<b>Person Name</b> MUHAMMAD HAFIZ BIN ZAINAL (Informant)			

<b>Signature Of Officer Recording The Report:</b>	<b>Signature Of Informant:</b>
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
<b>Signature Of Interpreter:</b>	<b>Date/Time:</b>
Not applicable	07/11/2020 18:51
<b>Officer In-Charge Of Case:</b>	<b>Classification Of Case:</b>

Authentication Stamp





# SINGAPORE POLICE FORCE



A/20201107/7010

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## POLICE REPORT (NP299)

Report No. A/20201107/7010

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 07/11/2020 18:51	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD HAFIZ BIN ZAINAL	Address 160 JALAN TECK WHYE #02-252 SINGAPORE 680160	
ID Type / ID No. NRIC NO / S9447233D	Contact No. Home/Office:	Mobile: 88949648
Nationality SINGAPORE CITIZEN	Email Address MUHDHAFIZZAINAL@GMAIL.COM	
Occupation NSF	Sex Male	Age 25
Institution/School Name	Date of Birth 20/12/1994	Race Boyanesse
	Language English	
Date/Time Of Incident 06/11/2020 19:50 - 06/11/2020 19:50	Location Of Incident BAYFRONT AVENUE	

### Brief details.

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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: 07/11/2020 18:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



# SINGAPORE POLICE FORCE



A/20201107/7010

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201107/7010

photos of the accident scene. I am lodging this report for investigation and claim purpose.

Subjects Involved			
Victim			
Person Name	MUHAMMAD HAFIZ BIN ZAINAL		
ID Type	NRIC NO	ID No	S9447233D
Gender	Male	Age	25
Race	Boyanese	Language	English
Occupation	NSF	Address	160 JALAN TECK WHYE #02-252 SINGAPORE 680160
Mobile No	88949648	Is Informant A Victim?	Yes
Person Name	Siti Nur Amirul Bina Salleh		
ID Type	NRIC NO	ID No	S9640044F
Gender	Female	Age	24
Race	Malay	Language	Malay
Occupation	Paramedic	Address	170 Woodlands Street 11 #02-57 SINGAPORE 730170
Mobile No	96953413	Relation To Informant	Colleague
Person Name	MUHAMMAD HAFIZ BIN ZAINAL (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

07/11/2020 18:51

Classification Of Case:

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	233D
<b>Vehicle Details</b>	
Vehicle No.:	FBC2105D
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Nov 2020
Vehicle Make:	HONDA
Vehicle Model:	CB400
Primary Colour:	White
Manufacturing Year:	2007
Engine No.:	NC23E3101007
Chassis No.:	JH2NC39926M200967
Maximum Power Output:	-
Open Market Value:	\$6,336.00
Original Registration Date:	24 Dec 2007
First Registration Date:	24 Dec 2007
Transfer Count:	7
Actual ARF Paid:	\$951.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	31 Mar 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$6,256.00
COE Rebate Amount:	\$4,032.00
<b>Total Rebate Amount:</b>	<b>\$4,032.00</b>

The information contained herein is correct as at 11 Nov 2020

OK

♡ 1 Likes

REPORT ERROR (/LISTING/LISTING/ERROR/USEDBIKE/10347/) ; Share 0

SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/HONDA-HONDA-CB400-SUPER-4-REVO/10347/)

## Honda CB400 Super 4 Revo

Listing Type	Free Ad
Brand	Honda (/listing/usedbike/brand/honda/)
Model	Honda CB400 Super 4 Revo (/listing/usedbike/model/honda-cb400-super-4-revo/)
Engine Capacity	399cc
Classification	Class 2A (/listing/usedbike/model/motorcycle-for-sale/class/class-2a/)
Registration Date	30/07/2008
COE Expiry Date	31/01/2028 (7 years 2 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Classic Bikes (/listing/usedbike/model/motorcycle-for-sale/classic-bikes/)

Price: <sup>SGD</sup>\$13800

### DETAILS

Honda CB400 Super 4 Revo For Sale.  
Bike Is Only Use For Travelling To Work And Back.  
Never Give Me Any Problem.

### Accessories

Yoshi Full System



♡ 1 Likes

REPORT ERROR (/LISTING/LISTING/ERROR/USEDBIKE/17588/) ; Share 0

© SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/HONDA-HONDA-CB400-SUPER-4-SPEC-3/17588/)

## Honda CB400 Super 4 Spec 3

Listing Type	Free Ad
Brand	Honda (/listing/usedbike/brand/honda/)
Model	Honda CB400 Super 4 Spec 3 (/listing/usedbike/model/honda-cb400-super-4-spec-3/)
Engine Capacity	399cc
Classification	Class 2A (/listing/usedbike/model/motorcycle-for-sale/class/class-2a/)
Registration Date	18/09/2006
COE Expiry Date	17/09/2026 (5 years 10 months left)
Mileage	245000km
No. of owners	5
Type of Vehicle	Street Bikes (/listing/usedbike/model/motorcycle-for-sale/street-bikes/)

Price: SGD\$10800

DETAILS

2006 Honda CB400 Super 4 Spec 3 For Sale only.  
Internal 9/10.  
External 8/10.  
Road Tax Till Sept 2020.  
Bike Done Full Overhaul At 200K.  
No Issue With Bike But Only Want The Bike To Be Healthy.  
All Gasket Changed.  
Engine Oil Every 5K Or 6 Months.