

ASS. REC. BY:

REF:

C72 / 20013593 1Kv

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

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.

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

Bal. or Market Value: 81200-15000

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

15BF 51897

Yr Regn:

08, 11

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

Truck / Trailer or

Make:

Honda Anfi 125

c.c

125

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

9154

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

NF125 mm 5007506

Gen. Condi: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

70/90 R17

R:

80/90 R17

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

TOYO / YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

28/11/20

D.O.I.

9/12/2020

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

1

PRR, no estimate.  
2-3k

7/10/20

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 10/12/20-Typist

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: PRS

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

TOTAL

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	493J
<b>Vehicle Details</b>	
Vehicle No.:	FBF5169J
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Dec 2020
Vehicle Make:	HONDA
Vehicle Model:	ANF125MSS A
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	NF125MME5001506
Chassis No.:	NF125MM5001506
Maximum Power Output:	-
Open Market Value:	\$1,717.00
Original Registration Date:	04 Aug 2011
First Registration Date:	04 Aug 2011
Transfer Count:	3
Actual ARF Paid:	\$258.00
<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:	03 Aug 2021
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,890.00
COE Rebate Amount:	\$122.00
<b>Total Rebate Amount:</b>	<b>\$122.00</b>

The information contained herein is correct as at 09 Dec 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 Submission	08/12/2020 17:01 (SGT)
Date of Accident	28/11/2020 06:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF5169J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED RAFIE BIN G A MAJEED
NRIC No	SXXXX493J
Email Address	88smcs@gmail.com
Mobile Phone No	(Phone) +65-98372888
Alternative Phone No	+65-98372888

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Anf 125
Variant	-
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?	Yes
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D20MTMC01001228
Cover Note Number	14/02/2020 - 13/02/2021

#### DRIVER

Name of Driver	MOHAMED RAFIE BIN G A MAJEED
NRIC No	SXXXX493J
Date Of Birth	08/10/1973
Occupation	Indoor

Date Of Driving Pass	18/08/1995
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98372888
Alt. Phone Number	+65-98372888
Email Address	88smcs@gmail.com
Address	BLK 518 WEST COAST ROAD #03-599
Address complement	-
Postcode	120518
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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	GBD730G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address -  
Address complement -  
Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) -

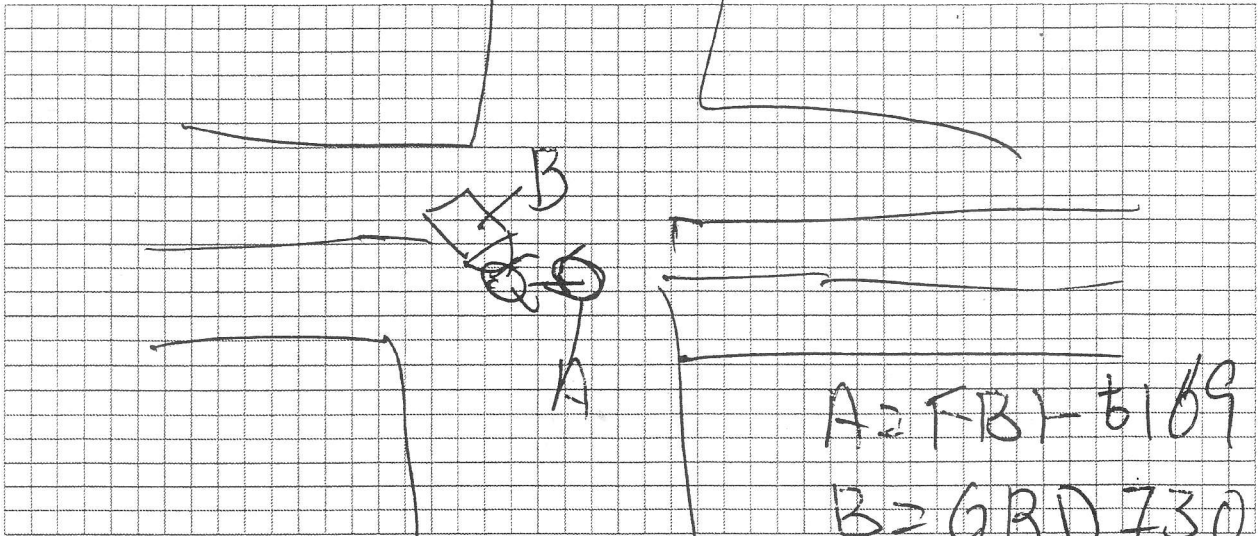
## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	MOHAMED RAFIE BIN G A MAJEED
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF5169J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: FB1-6169J (Sampo)

Date & Time: 28/11/2020 @ 0600 (cleaning)

Refer to police report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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:

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

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



**SINGAPORE  
POLICE FORCE**



T/20201207/2038

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201207/2038

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMED RAFIE BIN G A MAJEED	ID No.	S7336493J
Related Vehicle	FBF5169J (Motorcycle)	Contact No.	98372888
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	Serious

**Brief Details.**

On 28 Nov 2020 at about 0600 hrs.

When I was at West Coast Rd, at the junction with traffic light on my favor, I saw one van and one car. When I drive through, the van also came out. Due to that I did not have time to react, I applied brake but cannot stop in time. I collided onto the left portion of the vehicle. I fell off the bike unconscious. When I opened my eye, I saw a lot of people surrounding me, I was then conveyed to the nearest hospital. That's all.