REF:

cs/TP20013660/Utf3

ASSIGNMENT

From: Date:	Veh No: FBR44//C Yr Regn: 8/20
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / POWS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: FBR 44//C	Make: Horda ADVISO c.c 149
at Workshop m/s	Colour had Stecle A/C: Insured/Std/NI/NA
of	The state of the s
Insured: 5 G / (157	Sp.Reading 6 4 7 3 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	
Claims No.	Gen. Cond: Good / Fa)r / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or Affair
(Client's Record)	Brake: Jagraer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	1.0
(Policy Condition)	Tyre Size: F: 1/0/fo-14 R: 130/70-13
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
Bal. or Market Value:	<u>Front</u> Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: 6 days Res.: Yes or No	D.O.A. 19/11/20 D.O.I. 10/12/2-
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS 27A €4/72	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	N/S Rody
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
30/1/20 2/5 A 7200 Confined Sury Lee & 450	
new piece 14k. West of	12.1.2
30/1/20 d/2 0 7200 Confined	ul Alan (Red: 9202; 56%)
Survey Lee & 450	
Date/Time, File Pass to? : Preli. Report	ays Of Repair: 6
1) : Final Report R	esurvey No. of Trip: 2 Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee:	: Site Insp (\$)S+RS,SI
	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$	
	:Weekend (\$



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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 Submission 01/12/2020 18:40 (SGT) Date of Accident 19/11/2020 15:00 (SGT) Exact Location of Accident Singapore Additional Location Information ANG MO KIO AVE 08 TWRDS BISHAN Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

FBR4411C

+65-83339038

INSURED/POLICYHOLDER Is company? Name Of Registered Owner ER YI MING, BRADELL NRIC No SXXXX037A Email Address babylovepanda@gmail.com Mobile Phone No (Phone) +65-83339038 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Honda Model Adv 750 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 - Claiming third party Motorcycle

INSURANCE COMPANY

Vehicle Category

Name of Insurance Company Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5118818433 Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ER YI MING, BRADELL

SXXXXX037A 10/05/1990 Outdoor

Date Of Driving Pass 26/09/2020 Driving experience 2 MONTHS Female Mobile Number (Phone) +65-83339038 Alt. Phone Number +65-83339038 Email Address babylovepanda@gmail.com Address BLK 645 #11-4983 ANG MO KIO AVENUE 6 Address complement Postcode 560645 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Ang Mo Kio North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004849999 Alt. Police Station Phone No (Fax) +65-62181399 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT No.T/20201122/2074; ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number

SG1115.1

Mercedes

Contact Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

Address	200
Address complement	Ī
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Don't leave the second of the	-
No Of December (Including Del	-
No. Of Passenger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ER YI MING, BRADELL
Address	645 ANG MO KIO AVENUE 06 #11-4983
Address Complement	-
Post Code	560645
Approximate Age Years Old	30
Injuries Sustained	-
Injured person in which vehicle?	SG1115J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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.
- Information provided must be as <u>trustful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 evide(s) involved in this accident (all insurer(s) who have insured evide(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers" (suvyers/law firms, the Monotary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - arocessing, 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 incurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be steed outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile daims history for the purpose of firaud 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
 - regulations, law enforcements and government operations as reasonatory required for the purposes states, or (ii) for complying with requirements under any regulations, laws or court orders.

 IDAC KAKI BUKIT (VAC)

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vlcom.com.sg

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

Reporting Centre Personne's Signature Name: 3 0 NOV 2020

SLARGE FROM SPACETING AND

SKETCH PLAN	CES OF THE ACCIDENT	ark S. A
# Refer -	to the attached Police Report	NO T/20201122/2034
		The state of the s
	Call White	
ARATION		IDAG KAKI BUKIT (VAC)
beautic the foregoing part	iculars are true in avery respect.	23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackben-tom com.sq
nolder SSIgnature	Driver's Signature	Reporting Centre Personnel's Signature
stime: V	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.: 3 0 NOV 2020





Police Station Of Origin Ang Ma Kio North N.P.C 51 Ang Ma Kio Avenue 9 SINGAPORE 569784 Tel No: 1600-4849999

Report No. T/20201122/2074

Date/Tin 22/11/20	ne Report 120 22:20	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Parti	culars		34	
ER YI M	Informani NG, BRA		Address: APT BLK 645 ANG M SINGAPORE 560645	O KIO AVENUE 6 #11-4983	
	/ \$90180	37A	Contact No.:		
Nationalit SINGAPO	y: DRE CITIZ	ZEN	Email:	Mobile: 83339038	
Sex: Female	Age: 30	Date of Birth: 10/05/1990	Type of Informant: Rider		
Race: Chinese		Language:	Institution / School Name:		
Occupation: Food Delivery Rider		Driving Licence Information Class: 2B	ation: Date of Expiry:		

Type of Accident.	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2020 15:00	Type of Location Straight Road
Location: ANG MO KIO Weather:	AVENUE 8			
Clear		Road Surface: Dry		Road Speed Limit:
	Traffic Flow: Tra One Way Tra			
Traffic Flow:		Traffic Control: Traffic Light - Work	ing	Traffic Volume: Moderate

	etilcie involve	THE RESERVE OF THE PARTY OF THE				
Achiele No.		Make	5.FocSet	Color	I Complete	Two seems of the s
BR4411C	Motorcycle	HONDA	ADV150	Red	T-L-G/SQUEECO.	No of Passence

Details of V	enicia insurance	This (re-tule of		
Vehlole No.	Insurance Company	Insurance No	Effective	Francy Date
1 11/44/110	NTUC Income Insurance Co-Operative	5118818433	26/08/2020	





Police Station Of Origin: Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

2 of 3 Report No. T/20201122/2074

CONTINUATION OF REPORT

Brief Details.

On 19/11/2020 at about 3 pm to 4pm, I was riding my motorcycle FBR4411C along Ang Mo Kio Ave 8 neat to Deyl Secondary School towards the direction of Bishan. I do not recall what happened which caused the injury. The next thing I could recall was waking at Ten Tock Seng Hospital. The doctor told me that I was involved in a occident involving a SSS Bus. I was warded from 19/11/2020 to 20/11/2020. After I discharged from hospital, I was given 5 days hospital leave from 20/11/2020 to 25/11/2020. I sustained abrasions on my face and all over my body. I had also left shoulder injury.



Police Station Of Origin: Ang Mo Kio North N.P.C. 51 Ang Mc Kio Avenue 9 SINGAPORE 59784 Tel No: 1800-4849999

Report No. T/20201122/2074

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / SI QUEK CHAW YUEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2020 22:20
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	I ne

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 037A

Vehicle Details

Vehicle No.: FBR4411C

Vehicle to be Exported: No

Intended Deregistration Date: 10 Dec 2020

Vehicle Make: HONDA

Vehicle Model: ADV150 ABS CVT

Primary Colour: Red

Manufacturing Year: 2020

Engine No.: KF61E1022736

Chassis No.: MH1KF6118LK022879

Maximum Power Output:

Open Market Value: \$3,226.00

Original Registration Date: 17 Aug 2020

First Registration Date: 17 Aug 2020

Transfer Count: 1

Actual ARF Paid: \$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 Aug 2030

COE Category: D - Motorcycle

COE Period(Years): 10

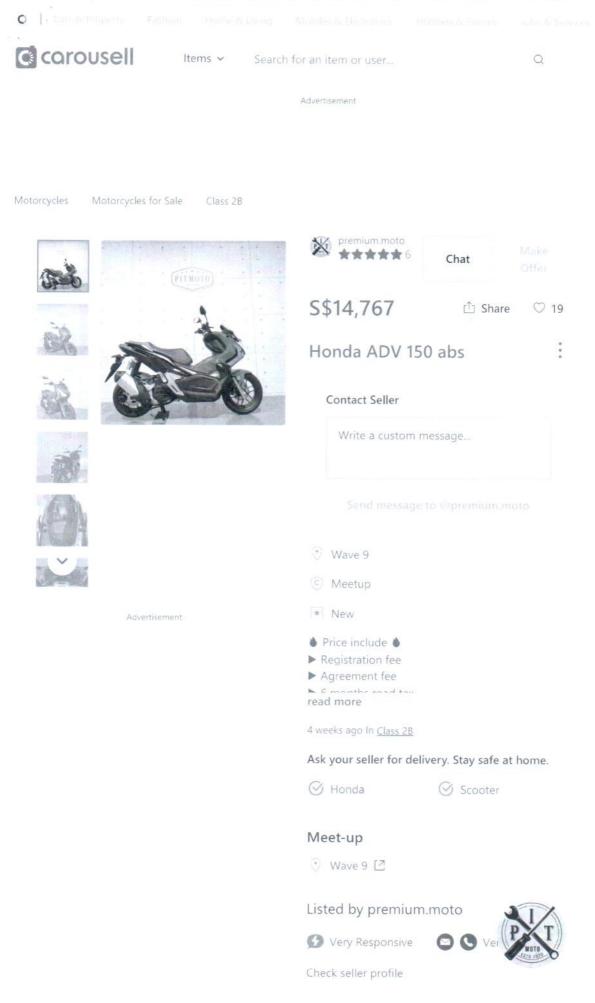
QP Paid: \$4,309.00

COE Rebate Amount: \$4,172.00

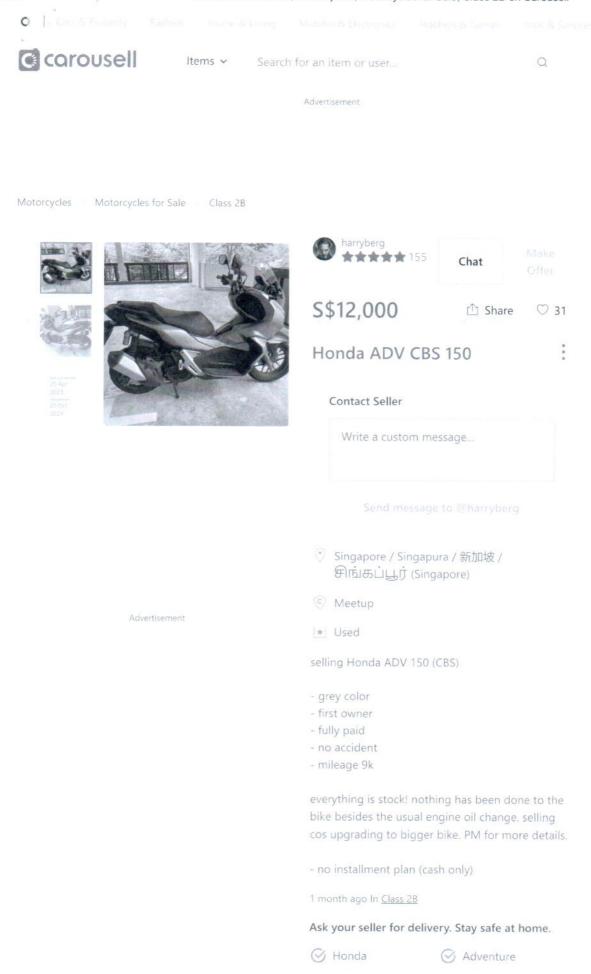
Total Rebate Amount: \$4,172.00

The information contained herein is correct as at 10 Dec 2020

OK



Reviews for premium.moto



Meet-up

Singapore / Singapura / 新加坡 / 宇宙あ山山庁 (Singapore) [2]

FASTECH AUTO PTE LTD 1 KAKI BUKIT AVE 6 #01-48 SINGAPORE 417883 200 (6 dogs.

VEHICLE No: FBR 4411C

1PC	FRONT FORK ASSY Bent/1m1 900	\$1,150.00
1PC	FRONT RIM	\$550.00 X
1PC	FRONT BRAKE DISC SUT 280	\$325.00
1PC	WINDSHIELD SUC	\$968.00 X
1PC	FRONT STEERING STEM TOP BENT 155	\$162.00
1PC	HEADLAMP CAR 650	\$850.00
1PC	HEADLAMP OUTER BLACK GARNISH C 145	\$155.00
1SET	HEADLAMP OUTER PROTECTOR COVER WISMIN 100	\$120.00
1PC	LAMP STAY 1	\$225.00 x
1PC	FRONT FENDER CAR ISI	\$165.00
1SET	FRONT FAIRING COVER 715 //00	\$1,500.00
2PCS	SIDE MIRRORS@\$155.00 ~/5 BRO 140	\$310.00 100
1PC	HANDLE BAR 301+	\$135.00
2PCS	HANDLE BAR BALANCERS @\$50.00	\$100.00 ×
1PC	HANDLE BAR GRIP	\$55.00 📈
1PC	LEVER LH SCR 120	\$150.00
1PC	BRAKE LEVER RH 11	\$150.00 X
2PCS	FRONT SIGNAL LAMPS @165.00 WS CAR 150	\$330.00 1 6 6
2PCS	LOWER BELLY PANELS @\$450.00 N/S 647 330	\$900.00 186
2PCS	LOWER COWLING CENTRE GRILLES @180.00 W/S CU7	\$360.00 1 P G
1PC	FRONT INNER SIDE BLACK GARNISH CENTRE N/S () 2 G	\$388.00
1PC	FRONT FOOT STEP GARNISH (U) 305	\$370.00
1PC	REAR FOOT REST N/S 647 450	\$170.00
1PC	REAR FOOT REST BRACKET N/S 647 180	\$188.00
1PC	AIR FILTER COVER N/S CU7 300	\$355.00
1PC	METER 47	\$850.00 X
1PC	IU UNIT ASSY 647	\$388.00 /65-5.
1PC	FRONT INNER CENTRE COVER SCR 350	\$620.00
1PC	FRONT INNER CENTRE OUTER COVER CAR 288	\$350.00
1PC	MAIN STAND Cu7	\$158.00
1PC	SIDE STAND 647	\$125.00
1PC	CLUTCH COVER CUT 335	\$350.00
		\$12,972.00
		Y12,312.00

1PC	FRONT WINDSHIELD FRT LICENCE PLATE STICKER	\$20.00 ×
1SET	FRONT WINDSHIELD STICKER	\$100.00 X
1SET	FRONT STEERING BEARING ALL	\$120.00 80
1PC	REAR BOX C47	\$980.00 800
1PC	REAR BOX BRACKET SINF	\$180.00
1SET	BODY STICKER NUL	\$450.00 300

TO CHECK WIRING
TO STRAIGHTEN FRONT BODY ALIGNMENT
TO SPRAY PAINTING
LABOUR FOR PANEL BEATING & REPLACED PARTS

\$30.00 × \$450.00 3 00 \$600.00 400 \$500.00 400

TOTAL \$16,402.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

7011 102 9,6309.9 5,N,1525 L (180