ASS	1GINIDIAI
From: Date:	Veh No: FBR 15849. Yr Regn: 2020 1 March
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: Gamaha MX/King . c.c 150
at Workshop m/s	Colour Blue A/C: Insured / Std / NI / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MY 34G0750L16054579
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: (Nit) S/Rim / STD A/Rim or
	Tyre Size: F: 90/80K17
(Policy Condition)	R: Not rokit
Remark: The veh had commenced its N/S O/S	20,000,000,000
repair at the time of inspection.	TOYOTYOKO or Diamond
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. Nmm R/Bal. Nmm
GIA / PR Seen:Consistent? ; Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs:days Res.: Yes or No	D.O.A. D.O.I. 24/2/2/ Survey held at He X in Mo for
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS WP/ PLS Vehicle: IN / OL	Des. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
Repair Range : \$5K-5	86K ) + days.
	,
submit PRS Report	
no GIA only police re	eport
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 7
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add F	
	:Interview (\$ ) Photos
Repetiformal:	:Tech. Invs (\$ ) Others
Lump Sum / LBJ: (%)	i Weelend (%i
	TOTAL





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Report No. T/20210204/2077

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

	REPORT	OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 04/02/2021 16:57		de:	Vide Report No.:		Station Diary No.:	
Informant's	s Particul	ars				
Name of In	formant:		Address:			
KHOO HOO	CK LIONG		21 GHIM MOH ROAD #05-159	GHIM MOH	H GARDENS	
			SINGAPORE 270021			
ID Type / ID No.:			Contact No.:			
NRIC NO / S1775050Z			Home/Office: Mobile: 81898155			
Nationality:			Email:			
SINGAPORE CITIZEN		N				
Sex: Age: Date of Birth:		Date of Birth:	Type of Informant:			
Male	54	16/07/1966	Rider			
Race:			Language: Institution / School Nan		School Name:	
Chinese						
Occupation:			Driving Licence Information:			
OTHERS			Class: 2B,2A,2,3 Date of Expiry:		piry:	

General Informat	tion of the Accident				
Type of Accident:	Fatal Others	Drink Drive: No	Date/Time of Accident: 18/01/2021 12:00		Type of Location: T-Junction
Location:					
CHOA CHU KAN	NG AVENUE 1				
Weather: Road		Road Surface:		Road	Speed Limit:
Clear		Dry			
Traffic Flow: Traffic		Traffic Control:		Traffi Light	ic Volume:
Type of Collision:				Anyone conveyed by	
Between Moving	Vehicles - Head To S	ide		ambi Yes	ulance:
				103	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBR1584G	Motorcycle	YAMAHA	MX KING T150 MANUAL	Blue	Slightly Damaged	0

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR1584G	NTUC Income Insurance Co-Operative Limited	5116616333	07/03/2020	06/03/2021





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Report No. T/20210204/2077

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## **CONTINUATION OF REPORT**

<b>Details of Perso</b>	n Involved					
Any Pedestrian I	nvolved: No				ALANA AND AND AND AND AND AND AND AND AND	
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Rider						
Name	KHOO HOCK LIONG			ID No		S1775050Z
Related Vehicle	NIL			Conta	ct No.	81898155
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Date Dis				NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

## Brief Details.

ON THE ABOVE STATED DATE AND TIME

RIDER WAS RIDING ON A STRAIGHT LINE, TRAFFIC LIGHT WAS GREEN. SUDDENLY, A VEHICLE (SKS7030L) FROM OPPOSITE LANE MADE A U-TURN WITHOUT ALLOWING ME TO PASS THROUGH FIRST, CAUSING A COLLISION. I FAINTED AFTER THE ACCIDENT, AND WOKE UP IN THE HOSPITAL UNKNOWINGLY AND HAD GONE THROUGH OPERATIONS. MY FAMILY'S FINANCIAL LEVEL HAS BEEN AFFECTED DUE TO THIS ACCIDENT, AS I AM NOT ABLE TO WORK FOR THE TIME BEING (AROUND 1 MONTH MC, 18 JAN 2021 TO 14 FEB 2021 INCLUSIVE).

THAT'S ALL





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Report No. T/20210204/2077

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## 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.

TP /	Signature Of Informant:
MUHAMMAD MOINUR RAHMAN	
Signature Of Interpreter:	Date/Time:
Not applicable	04/02/2021 16:57
Officer In Charge Of Case:	Classification Of Case:
TP / FAIT /	M & Sulve conce
Sr Staff Sgt KAMALIAH BINTE KAMIS	POLICE FORCE
Contact No.: 65476435	
Authentication Stamp	L
NP168	Signature:
	THE RESIDENCE OF THE PROPERTY

