

ASS. REC. BY:

REF: CS/CTI21003363/Avy3

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: **GBA 5128D**Policy No. **DMCVSNA00072732003**Claims No. **SNM21D200593/C02**

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: _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **FBE9759K** Yr Regn: **2010 / DEC**Type: **M.Car / M.Cycle** / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Yamaha X-1R** C.C. **135**Colour: **Black** A/C: Insured / Std / NI / NASp. Reading: **30142** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **4S3304308**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **70/90 R17**R: **70/90 R17**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / **PIR** / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. **30/1/2021** D.O.I. **16/03/21**Survey held at **Motors Shop**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
	TP Claim
25/5/23	Submit ext T/L \$6,000 lta:\$3471 nv:\$2529.00
	MV: 6K
	PV: 3.5K
	Nett: 2.5K

COE Expiry: 08/12/25

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 25/5/23-typist

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

3 + PS. SI

Photos

Others

TOTAL

Report Format: _____

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

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 01 / 2021 (dd/mm/yy) Time of Accident: 20 : 55 (24-HR-FORMAT)

Vehicle No.: FBE 9759K Vehicle Make & Model: _____

Exact location of Accident: South Buona Vista Rd.

Policyholder's Name / IC No.: Abdurrahman Bin Zainal Abidin 598294182

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 97266182 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: zabdurrahman@yahoo.com.sg Insurance Company: MSIG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 01

*Passanger Name: _____ Gender: Male / Female *Passanger
Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBA 5128D

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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.

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Policyholder's Signature Date
& Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20210302/7036

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210302/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE9759K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60910800	13/05/2020	08/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDURRAHMAN BIN ZAINAL ABIDIN		ID No. S9829418Z
Related Vehicle	FBE9759K (Motorcycle)		Contact No. 97266182
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	30/01/2021		Date 23/02/2021
No. of Days granted Medical Leave	76	Degree of	Serious

Brief Details.

Traffic accident happened along South Buona vista road in the middle of a traffic light. Rider was riding along South Buona Vista road (towards buona vista area) and van was at the opposite, turning right to Kent Ridge Road. Traffic light was green in favour of the rider and the van failed to give way to oncoming traffic before turning right. Rider slammed into the van's side door.

We have pictures of the damage at the scene as well.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	418Z
Vehicle Details	
Vehicle No.:	FBE9759K
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Mar 2021
Vehicle Make:	YAMAHA
Vehicle Model:	X-1R
Primary Colour:	Red
Manufacturing Year:	2010
Engine No.:	4S3304308
Chassis No.:	4S3304308
Maximum Power Output:	-
Open Market Value:	\$1,964.00
Original Registration Date:	09 Dec 2010
First Registration Date:	09 Dec 2010
Transfer Count:	9
Actual ARF Paid:	\$295.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	08 Dec 2025
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$3,670.00
COE Rebate Amount:	\$3,469.00
Total Rebate Amount:	\$3,469.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 16 Mar 2021

OK

Bike model

Type Of Vehicle

Any



Price From

Any



Price To

Any



Class

Any



MORE SEARCH OPTIONS

Q SEARCH

VIEW ALL (/LISTING/USEDBIKES/LISTING/)

Q SEARCH



3 Likes

REPORT ERROR (/LISTING/LISTING/ERROR/USEDBIKE/19941/)

Share 0

SHARE (WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/USEDBIKE/YAMAHA-YAMAHA-X1-R-135/19941/)

Yamaha X1-R 135

Listing Type	Free Ad
Brand	Yamaha (/listing/usedbike/brand/yamaha/)
Model	Yamaha X1-R 135 (/listing/usedbike/model/yamaha-x1-r-135/)
Engine Capacity	135cc
Classification	Class 2B (/listing/usedbike/model/motorcycle-for-sale/class/class-2b/)
Registration Date	04/02/2010
COE Expiry Date	31/01/2030 (8 years 10 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Cubs (/listing/usedbike/model/motorcycle-for-sale/cubs/)

Price: ^{SGD}\$8500

DETAILS

Well Taken Care Off Yamaha X1R.
Coe Renewable.
Fully Paid.
Overhaul In March 2020.

Accessories

Yoshimura Tri-oval Gen 1 With Cert



Singles 35+ in Singapore

Meet Singles 35+ on these Datings Sites
Top 5 Love

Open >

SIMILAR BIKES

VIEW ALL (/LISTING/USEDBIKES/LISTING/)