

ASS. REC. BY: Sun Pin

REF:

CS3/ASM21003841/Qv7.

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.**

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: FBR18G Yr Regn: 11/03/2021

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

Truck / Trailer or _____

Make: Yamaha C2D300A c.c. 292Colour: Black. A/C: Insured / Std / NI / NA

Sp.Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH35H0848LK013761

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 140/70-14R: 140/70-17

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

TOYO / YOKO or Punkp

Front

R/Bal. 5 mm / R/Bal. 5 mm

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

D.O.A. 19/03/2021 D.O.I. 25/03/2021Survey held at EngsooDes. 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

Repair day 2 daysMV: 15,000PR: 7,645NR: 1,355Repair Range\$1,500 - \$2,000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. _____ SI

Photos

Others

TOTAL

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

Rep. Format: _____

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



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	24/03/2021 15:28 (SGT)
Date of Accident	19/03/2021 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WISMA ATRIA TAXI DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR18G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEON NGO GUI HAO
NRIC No	SXXXX043C
Email Address	LEONNGOGUIHAO@GMAIL.COM
Mobile Phone No	(Phone) +65-83223610
Alternative Phone No	(Home) +65-83223610

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Xmax
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5121366546 (TPFT)
Cover Note Number	-

DRIVER

Name of Driver	LEON NGO GUI HAO
NRIC No	SXXXX043C

Date Of Birth	23/08/1996
Occupation	Outdoor
Date Of Driving Pass	29/04/2016
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83223610
Alt. Phone Number	(Home) +65-83223610
Email Address	LEONGGOGUIHAO@GMAIL.COM
Address	APT BLK 212 CHOA CHU KANG CENTRAL #02-138
Address complement	-
Postcode	680212
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 - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	-
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8799U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN POLICE VAN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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	LEON NGO GUI HAO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR18G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - FBR 186

B - SHA 9799U

C - Unknown Police van
YN 2587R



**SINGAPORE
POLICE FORCE**



T/20210320/7004

1 of 4

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

Report No. T/20210320/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2021 02:51	Vide Report No.: J/20210320/7000	Station Diary No.:
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Informant's Particulars

Name of Informant LEON NGO GUI HAO			Address: 212 CHOA CHU KANG CENTRAL #02-138 SINGAPORE 680212		
ID Type / ID No.: NRIC NO / S9630043C			Contact No.: Home/Office: Mobile: 83223610		
Nationality: MALAYSIAN			Email: LEONNGOGUIHAO@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 23/08/1996	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name.	
Occupation: Despatch worker			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Information of the Accident

Type of Accident::	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident. 19/03/2021 12:15	Type of Location: taxi drop off point
Location: wisma atria				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR18G	Motorcycle	YAMAHA	XMAX 300	Black	Seriously Damaged	0
SHA9799U	Car	HYUNDAI		Yellow	No Damage	1



**SINGAPORE
POLICE FORCE**



T/20210320/7004

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

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Report No: T/20210320/7004

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
	Van			White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR18G	NTUC Income Insurance Co-Operative Limited	5121366546	11/03/2021	10/03/2022

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	LEON NGO GUI HAO	ID No.	S9630043C
Related Vehicle	FBR18G (Motorcycle)	Contact No.	83223610
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	19/03/2021	Date	19/03/2021
No. of Days granted Medical Leave	04	Degree of	Slight

Rider

Name	LEON NGO GUI HAO	ID No.	S9630043C
Related Vehicle	FBR18G (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210320/7004

3 of 4

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

Report No. T/20210320/7004

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SHA9799U (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details

I was riding my motorcycle of license number FBR18G into the WISMA ATRIA taxi drop off point whereby the accident happen. There were two lanes in the drop off point. On the left lane, there was a Singapore Police van parked stationary and a yellow taxi on the right lane moving towards the drop off point. When i was between the two vehicles on the left lane, the passenger of the taxi opened the door and knocked onto my right side of the bike resulting me to fall on to the Singapore Police van on the left. The passenger did not alight at the drop off bay allocated. The police attended first aid for me before the paramedics and traffic police arrive. My right ring finger nail came off after the collision and my motorcycle was damaged. I had a dash camera on my motorcycle and i did passed the SD card to the traffic police officer before i was conveyed the Raffles Hospital.

I was given 4 days of medical leave. This is also for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210320/7004

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

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Report No. T/20210320/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
YUS MASTARI I KHAZALI
Contact No.: 65476214

Authentication Stamp
NP168

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

Date/Time:
20/03/2021 02:51

Classification Of Case:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	043C
Vehicle Details	
Vehicle No.:	FBR18G
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Mar 2021
Vehicle Make:	YAMAHA
Vehicle Model:	CZD300A / XMAX300
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	H336E0102719
Chassis No.:	MH3SH0848LK013761
Maximum Power Output:	-
Open Market Value:	\$4,251.00
Original Registration Date:	11 Mar 2021
First Registration Date:	11 Mar 2021
Transfer Count:	1
Actual ARF Paid:	\$638.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Mar 2031
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$7,689.00
COE Rebate Amount:	\$7,645.00
Total Rebate Amount:	\$7,645.00

The information contained herein is correct as at 31 Mar 2021

OK