ASS. REC. BY: | REF: CS/INC21004358/Aqf3 |

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. MT/1126528-002

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: FBM826LT Yr Regn: 2018 Apr

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

Make: Yamaha Xabre c.c 150.

Colour Black A/C: Insured / Std / NI / NA

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

Eng/No:

C/No: MH3RG3710HK025721

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: 120/60 R17

R: 160/60 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pirelli

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	06/04/21

Survey held at Pro Jex.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP INC.
	Final fig $2489, 4 days (Red $2532.90, 50%)
	MV : 9.5K.
	PV : 5.1K
	Nett : 4.4K

Date/Time, File Pass to? ☐ : Preli. Report ☐ : Final Report

1) 15/07 Typist

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum / I.B.I: ($ 2489)

Days Of Repair: 4

Resurvey No. of Trip: 2

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

Survey Fee:	
Transportation:	
___$ + RS.___SI	
Photos	
Others	
TOTAL	

SS1Y21410006 / SME MOTOR PTE LTD
ENTRY DATE & TIME: 01/04/2021 14:05 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (01/04/2021 14:05 (SGT))

Your NCD will be affected due to late reporting

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 willful 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	01/04/2021 14:05 (SGT)
Date of Accident	30/03/2021 12:00 (SGT)
Exact Location of Accident	Circuit Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8261T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TUKIMAN BIN TAWAL
NRIC No	SXXXX135G
Email Address	amantuki2074@gmail.com
Mobile Phone No	(Phone) +65-81371070
Alternative Phone No	+65-81371070

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XABRE TFX150
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?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D20MTMC01008004
Cover Note Number	-

DRIVER

Name of Driver	TUKIMAN BIN TAWAL
NRIC No	SXXXX135G
Date Of Birth	04/07/1970
Occupation	Indoor
Date Of Driving Pass	31/12/1991
Driving experience	29 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81371070
Alt. Phone Number	+65-81371070
Email Address	amantuki2074@gmail.com
Address	BLK 725 TAMPINES ST 71 #07-175
Address complement	-
Postcode	520725
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

VEHICLE B FROM MY LEFT THIRD LANE CROSS OTHER 2 LANE WANTING TO GO INTO CARPARK. I CANNOT STOP IN TIME AND HIT VEHICLE B RH CENTER PORTION.

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	SME7380B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

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 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' 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.

JM ✓

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

veh B from my left 3rd lane cross after Two Lane want gain to Con park. I cannot stop instead & hit veh B RH centre portion. JM ✓

Declaration

We declare the foregoing particulars are true in every respect.

JM ✓

Policyholder's Signature / Date & Time

01/04/21

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

Witnessed by Reporting Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	135G
Vehicle Details	
Vehicle No.:	FBM8261T
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Apr 2021
Vehicle Make:	YAMAHA
Vehicle Model:	XABRE TFX150
Primary Colour:	Green
Manufacturing Year:	2017
Engine No.:	G3G8E0034722
Chassis No.:	MH3RG3710HK025721
Maximum Power Output:	-
Open Market Value:	$2,581.00
Original Registration Date:	24 Apr 2018
First Registration Date:	24 Apr 2018
Transfer Count:	3
Actual ARF Paid:	$388.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	23 Apr 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$7,115.00
COE Rebate Amount:	$5,018.00
Total Rebate Amount:	**$5,018.00**

The information contained herein is correct as at 04 Apr 2021

OK

Bike model
Xabre

Type Of Vehicle
Any

Price From
Any

Price To
Any

Class
Any

MORE SEARCH OPTIONS

SEARCH VIEW ALL (/LISTING/USEDBIKES/LISTING/)

SEARCH

Yamaha MT-15 Xabre (/listing/usedbike/yamaha-yamaha-mt-15-xabre/19592/)

(/listing/usedbike/yamaha-yamaha-mt-15-xabre/19592/)

SGD$8588

Reg : **19/07/2017**
Type: **Street Bikes**
150cc
72303km

Used Honda CB150R. Good Condition. Always Maintained. Checks And Servicing Will Be Done Before Collection. Why Choose Us: -We Provide 6 Months Warranty -Accept Paynow/PayLah! -Low Downpaym...

Posted on : 15/03/2021

★ PAID AD ★ DEALER AD

DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-MT-15-XABRE/19592/) COMPARE

Yamaha MT-15 Xabre (/listing/usedbike/yamaha-yamaha-mt-15-xabre/19974/)

(/listing/usedbike/yamaha-yamaha-mt-15-xabre/19974/)

SGD$8900

Reg : **24/05/2017**
Type: **Street Bikes**
150cc
-

Visit United Cycles Now. Trade In.

Posted on : 15/02/2021

★ PAID AD ★ DEALER AD

DETAILS > (/LISTING/USEDBIKE/YAMAHA-YAMAHA-MT-15-XABRE/19974/) COMPARE