

ASS. REC. BY: Sun Pin

REF:

CS/SMR21005381/R1uf3

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ASSIGNMENT

COE Exp: 18/05/2021

From: _____ Date: _____

Estimated Cost: _____

OD (TP) / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: FBK 7934Cat Workshop m/s TEAMWORK GARAGE

of _____

Insured: SHB 5843X

Policy No. _____

Claims No. Tax / 04/21/2075

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 100

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBK7934CYr Regn: 19/05/2006

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

Truck / Trailer or _____

Make: Honda Wave 125rc.c. 125Colour: Orange

A/C: Insured / Std / NI / NA

Sp. Reading: 35452

T/Radio: Insured / Std / NI / NA

Eng/No: -C/No: 1NF125MP0060235

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: 17/90-17R: 17/90-17

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

TOYO / YOKO or Maxxis

Front

Rear

R/Bal. 5

mm

R/Bal. 5

mm

L/Bal. 5

mm

L/Bal. 5

mm

D.O.A. 26/04/2021D.O.I. 04/05/2021Survey held at Team worksDes. of Damages (Fr) / Rear / (O/S) / (N/S) / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Mr: 100Pv: 24NV: 764/5/21 Submit extensive total lost report.Already Inform Workshop, Repair Limit not Exceed \$76.00

Date/Time, File Pass to?

☐

: Prell. Report

1) 4/5 TYPIST

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Form: PRS

Lump Sum / L.B. / C.

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	821I
Vehicle Details	
Vehicle No.:	FBK7934C
Vehicle to be Exported:	No
Intended Deregistration Date:	04 May 2021
Vehicle Make:	HONDA
Vehicle Model:	WAVE 125R SM/T
Primary Colour:	Orange
Manufacturing Year:	2006
Engine No.:	NF125MPE0060235
Chassis No.:	NF125MP0060235
Maximum Power Output:	-
Open Market Value:	\$1,537.00
Original Registration Date:	19 May 2006
First Registration Date:	19 May 2006
Transfer Count:	13
Actual ARF Paid:	\$231.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	18 May 2021
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$3,246.00
COE Rebate Amount:	\$24.00
Total Rebate Amount:	\$24.00
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 04 May 2021

OK

Sun Pin (LKK Auto)

From: Sun Pin (LKK Auto)
Sent: Tuesday, 4 May, 2021 3:22 PM
To: Darren
Subject: Repair Limits FBK7934c

Hi Sir,

Regarding our conversation, for this vehicle FBK7934C the repair cost limits is not exceed \$76.00

Thank you.

Best Regards,

Oi Sun Pin | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: Sunpin@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	30/04/2021 15:40 (SGT)
Date of Accident	26/04/2021 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7934C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IBRAHIM BIN SALLEH
NRIC No	SXXXX821I
Email Address	ibrahimsallehh@gmail.com
Mobile Phone No	(Phone) +65-87786677
Alternative Phone No	+65-87786677

VEHICLE PARTICULARS

Manufacturer	Honda
Model	WAVE 125R SM/T
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D20MTMC01002975
Cover Note Number	19/05/2020 TO 18/05/2021

DRIVER

Name of Driver	IBRAHIM BIN SALLEH
NRIC No	SXXXX821I

Date Of Birth	16/07/1978
Occupation	Indoor
Date Of Driving Pass	18/09/1995
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87786677
Alt. Phone Number	+65-87786677
Email Address	ibrahimsallehh@gmail.com
Address	APT BLK 108B RIVERVALE CRESCENT #18-361 (S) 542180
Address complement	-
Postcode	-
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 WITH ATTACHED.

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	SHB5843X
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	IBRAHIM BIN SALLEH
Address	APT BLK 108B RIVERVALE CRESCENT #18-361 (S) 542180
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SENGKANG GENERAL HOSPITAL PTE LTD - 16 DAYS MC
Injured person in which vehicle?	FBK7934C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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' 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 firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

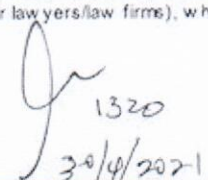



(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

		
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10%; right: 10%; text-align: right;"> A: FBK 7934C B: SHB 5843X </div> <div style="position: absolute; top: 40%; left: 40%; text-align: center;">  </div> </div>		

- Refer To Police Report.

I/We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel	
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**SINGAPORE
POLICE FORCE**


T/20210430/7011

1 of 3

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

Report No. T/20210430/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2021 12:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: IBRAHIM BIN SALLEH			Address: 180B RIVERVALE CRESCENT #18-361 SINGAPORE 542180		
ID Type / ID No.: NRIC NO / S78188211			Contact No.: Home/Office: Mobile: 87786677		
Nationality: SINGAPORE CITIZEN			Email: IBRAHIMSALLEHH@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 16/07/1978	Type of Informant: Rider		
Race: Boyanesese			Language: English		Institution / School Name:
Occupation: Executive			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2021 16:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBK7934C	Motorcycle	HONDA	WAVE 125R SM/T	Orange		0
SHB5843X	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210430/7011

2 of 3

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

Report No. T/20210430/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7934C	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC01002975	19/05/2020	18/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	IBRAHIM BIN SALLEH		ID No.	S78188211
Related Vehicle	FBK7934C (Motorcycle)		Contact No.	87786677
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/04/2021		Date	28/04/2021
No. of Days granted Medical Leave		16	Degree of	Serious

Brief Details.

On 26 April 2021, At about 1645Hrs. I was ridding my motorcycle (FBK7934C) Along CTE Towards SLE. I was travelling on the First Lane, Near the exit of CTE (SLE) Before Ang Mo Kio Avenue 1, While i was travelling straight in my own lane, Vehicle (SHB5843X) Which is on the second lane changed his lane abruptly into my lane without signaling and checking his blind spot which resulting in me colliding into his vehicle hence causing me to fall off my motorcycle and sustained injuries.

I went to seek medical attention and was warded for 2 days in Sengkang General Hospital and was followingly given 16 days of hospitalization leave.



**SINGAPORE
POLICE FORCE**

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



T/20210430/7011

3 of 3

Report No. T/20210430/7011

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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
30/04/2021 12:39

Classification Of Case: