

(08/11/13) wef

ASS. REC. BY: RamREF: CS8/EQ121006001/R1/f3

8938

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: FBR 17234at Workshop m/s RACEWORKZ P/Lof 1008, BUKIT MERAH LK3 #01-26

Insured:

EQ1

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.

Bal. or Market Value:

12K

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:

FBR 17234Yr Regn: 2020 / MARType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

YAMAHA NEROX 60 RISSA c.c 155

Colour:

BLACK

A/C: Insured / Std / NI / NA

Sp. Reading

40662

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MA3964640LJ 068719Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

110/80-14

R:

146/70-14BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

16/05/21

D.O.I.

26/05/21

Survey held at

RACEWORKZDes. 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 limit - 8K

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS \$☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

Lump Sum / I.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	17/05/2021 17:59 (SGT)
Date of Accident	16/05/2021 10:03 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RIVERVALLEY ROAD INTERSECTING JLN MUTIARA AND KELLOK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR1723Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIAN ZHENXIONG
NRIC No	SXXXX893A
Email Address	nagareboshi@hotmail.sg
Mobile Phone No	(Phone) +65-94591823
Alternative Phone No	+65-94591823

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	AEROX GDR155A CVT ABS
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	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116595188
Cover Note Number	-

DRIVER

Name of Driver	LIAN ZHENXIONG
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ng Pass
rience

mber
e Number
dress

s
ss complement
ode

e driver the policyholder?
o, Relationship of the Driver with the Insured
es Driver Own Other Vehicles?
ehicle Registration Number of Other Vehicle Owned by Driver
nsurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

SXXXX893A
25/10/1989
Outdoor
12/03/2014
7 YEARS AND 2 MONTHS
Male
(Phone) +65-94591823
+65-94591823
nagareboshi@hotmail.sg
BLK 93 COMMONWEALTH DRIVE
#09-734
140093
Yes
-
No
-
-

Collision - Cross Junction
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
Yes
Yes
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Queenstown Neighbourhood Police Centre
(Phone) +65-18004719999
(Fax) +65-64715299
No. 3 Queensway #01-03 Singapore 149073
No
-

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes
Yes
SEND TO INSURANCE DIRECTLY
No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

SLG7499U
-
-
-



Vehicle Colour	-
Vehicle Category	Private car
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	LIAN ZHENXIONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBR1723Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 willful 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 claim;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the making 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

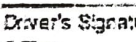
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.


(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

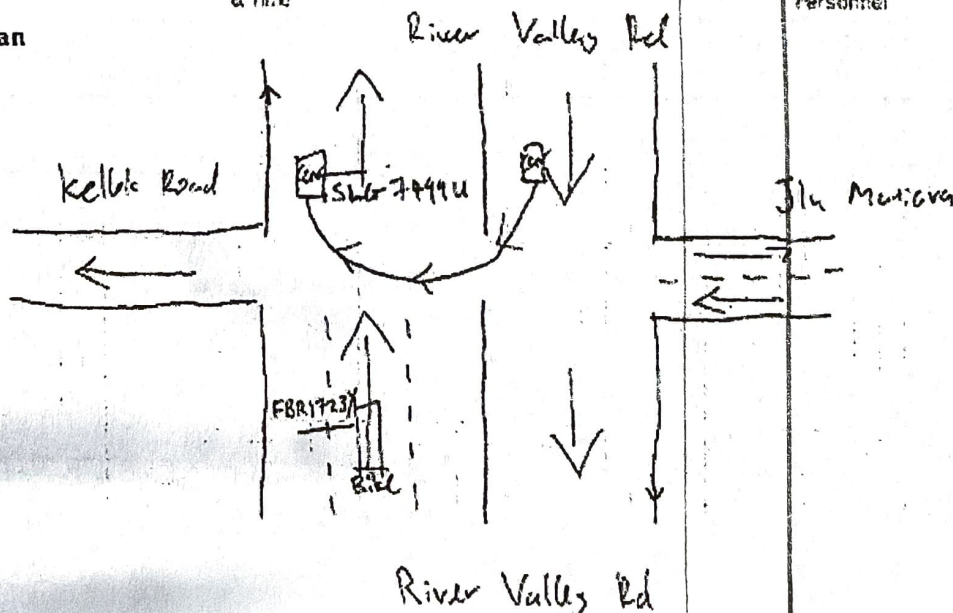
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Declaration

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20210516/2058

1 of 4

Report No. T/20210516/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/05/2021 17:29

Video Report No.:
E/20210516/0105

Station Diary No.:
19

Informant's Particulars

Name of Informant:
LIAN ZHENXIONG

Address:
APT BLK 93 COMMONWEALTH DRIVE #09-734 SINGAPORE
140093

ID Type / ID No.:
NRIC NO / S8937893A

Contact No.:
Home/Office: Mobile: 94591823

Nationality:
SINGAPORE CITIZEN

Email:

Sex:
Male

Age:
31

Date of Birth:
25/10/1989

Type of Informant:
Rider

Ethnicity:
Chinese

Language:
English

Institution / School Name:

Occupation:
GRAB DELIVERYRIDER

Driving Licence Information:
Class: 2B, 2A, 2, 3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance:	Drink Drive: No	Date/Time of Accident: 16/05/2021 10:05	Type of Location: Straight Road
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Location:
RIVER VALLEY ROAD

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light
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Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
7BR1723Y	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black	Slightly Damaged	0
SLG7499U	Car				Slightly Damaged	0

Details of Vehicle Insurance

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

Police Station of Origin
Geylang Road N.P.C.

Case No. #01-03 SINGAPORE 140073
Ref No. 1800-4719000



F20210516/2050

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Report No. F20210516/2050

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBR1723Y	NTUC Income Insurance Co-Operative Limited	5116595188-01	05/03/2021	04/03/2022

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	LIAN ZHENXIONG	ID No.	S8937893A
Related Vehicle	FBR1723Y (Motorcycle)	Contact No.	94591823
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/05/2021	Date Discharge	16/05/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 16/05/2021, at about 1005hrs, I was in the midst of delivering GrabFood and travelling along River Valley Rd towards Lower Delta Rd when I got into an accident with the said car (SLG7499U). As I was riding straight, approaching minor road junction of Kellock Rd, I saw the said vehicle making a right turn from the opposite direction into Kellock Rd. Upon seeing this, I made a sudden brake, fell down, and hit the left rear bumper of the said vehicle.

Subsequently, the driver of the said vehicle called for ambulance, traffic police was at scene and I was later conveyed to Singapore General Hospital. I was given 7 days hospitalization leave.

The injuries I sustained:

1. Road rashes on knees, shoulders, feet, palms, left arm and left wrist.
2. Possible fractures but currently on cast for a week and subsequently will be heading to the specialist for thorough check.
3. Bruises shoulders and knees
4. Swelling and pain in the neck

The damages on my vehicle:

1. Left Side mirror dislodged
2. IU unit scratched
3. Plate number plate bent
4. Brake lever damaged
5. Fairings damaged

I have camera footage of the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20210516/2058

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Report No T/20210516/2058

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.

Signature Of Officer Recording The Report:

D/

Sgt 2 TAN YONG WEE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No: 65476311

Signature Of Informant:

Date/Time:

16/05/2021 17:29

Classification Of Case:

Authentication Stamp
NP166



SINGAPORE
POLICE FORCE

IN 49

SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	893A
Vehicle No.:	FBR1723Y
Vehicle to be Exported:	No
Intended Deregistration Date:	23 May 2021
Vehicle Make:	YAMAHA
Vehicle Model:	AEROX GDR155A CVT ABS
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	G3J8E0140493
Chassis No.:	MH3SG4640LJ068719
Maximum Power Output:	-
Open Market Value:	\$2,491.00
Original Registration Date:	05 Mar 2020
First Registration Date:	05 Mar 2020
Transfer Count:	1
Actual ARF Paid:	\$374.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	04 Mar 2030
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,310.00
COE Rebate Amount:	\$3,782.00
Total Rebate Amount:	\$3,782.00

The information contained herein is correct as at 23 May 2021

OK

Yamaha Aerox 155

Listing Type	Paid Ad
Brand	Yamaha
Model	Yamaha Aerox 155
Engine Capacity	155cc
Classification	Class 2B
Registration Date	04/07/2019
COE Expiry Date	03/07/2029 (8 years 1 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Scooters

Price: SGD \$11000