

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:

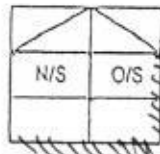
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

22K

IDAC Accident Report:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

MV: 22K

NU: 14669

rebat: 733

rr: ~~22K~~ 3h - 3.5K

submit PRS Report

Date/Time File Pass to?

☐

Prell. Report

by

☐

Final Report

Date/Time File Return to?

by

Report Features:

Enter Sing / M.D.:

Veh No:

FBK 923E

Yr Regn:

5/1 /2021

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

Truck / Trailer or

560

Make:

Yamaha Tmax560

c.c.

562

Colour:

grey

A/C: Insured / Std / NI / NA

Sp. Reading

5797

T/Radio: Insured / Std / NI / NA

Eng/No:

JYASJ184000013165

C/No:

not avail

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 120/70R15

R: 160/60R15

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

TOYO / YOKO or

maxxis

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

12/6/21

D.O.A.

21/6/21

1500

Survey held at

HL Cycle

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/top or

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

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

Site Insp

15

☐

Interview

15

☐

Tech. Insp

15

☐

Witness

15

Survey Fee:

Transportation:

S + RS: \$

Prints

Others

Total

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 813D

Vehicle Details

Vehicle No.: FBK923E
Vehicle to be Exported: No
Intended Deregistration Date: 22 Jun 2021
Vehicle Make: YAMAHA
Vehicle Model: TMAX560D
Primary Colour: Grey
Manufacturing Year: 2020
Engine No.: J420E022157
Chassis No.: JYASJ184000013165
Maximum Power Output: -
Open Market Value: \$10,279.00
Original Registration Date: 05 Jan 2021
First Registration Date: 05 Jan 2021
Transfer Count: 1
Actual ARF Paid: \$3,529.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 04 Jan 2031
COE Category: D - Motorcycle
COE Period(Years): 10
QP Paid: \$7,689.00
COE Rebate Amount: \$7,331.00
Total Rebate Amount: \$7,331.00

The information contained herein is correct as at 22 Jun 2021

OK

Done! 17/6/21
9415 fm 115
dp: 2250
12
= 187.5

 $(187.5 \times 115 = 21562.5)$
= 22k
22k - 7331
= 14669

[REPORT ERROR > \(/LISTING/LISTING/ERROR/NEWBIKE/385/\)](#)[Share 0](#)[SHARE \(WHATSAPP://SEND?TEXT=HTTPS://WWW.SGBIKEMART.COM.SG/LISTING/NEW/MOTORCYCLE/DEALER/YAMAHA-YAMAHA-TMAX-560/385/\)](#)

Yamaha Tmax 560

Brand	Yamaha (/listing/newbikes/brand/yamaha/)
Model	Yamaha Tmax 560 (/listing/newbike/yamaha-yamaha-tmax-560/975/)
Engine Capacity	562
Class	2
Type of Vehicle	Scooters

Price: ^{SGD}\$21500

DETAILS

Brand New Yamaha TMax560 For Sale.
On The Road Excluding Insurance & Coe.
E Model \$21,500.
Dx Model \$22,500.
Bike Come With 1 Year Unlimited Mileage Warranty.
In house Finance 4% Per Annum.
No Early Settlement Penalty.
Installment Can Pay Via Bank Transfer.

NEW YAMAHA FOR SALE

[VIEW ALL \(/LISTING/NEWBIKES/LISTING/\)](#)





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	18/06/2021 17:26 (SGT)
Date of Accident	17/06/2021 19:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK923E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAMARUDIN BIN JUNET
NRIC No	SXXXX813D
Email Address	INAKAMALTALK@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98223884
Alternative Phone No	(Home) +65-98223884

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5120526691
Cover Note Number	-

DRIVER

Name of Driver	KAMARUDIN BIN JUNET
NRIC No	SXXXX813D

Date Of Birth	03/07/1971
Occupation	Indoor
Date Of Driving Pass	07/03/1990
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98223884
Alt. Phone Number	(Home) +65-98223884
Email Address	INAKAMALTALK@YAHOO.COM.SG
Address	APT BLK 569 PASIR RIS ST 51 #11-72
Address complement	-
Postcode	510569
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SARINA BINTE MOHAMED ABDULLAH
Gender	Female

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 ATTACHED

ATTACHMENTS

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	SGW2101A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
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	KAMARUDIN BIN JUNET
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBK923E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SARINA BINTE MOHAMED ABDULLAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBK923E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident involving my vehicle.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any vehicle involved in the accident may allow insurance companies to repudiate policy liability.
4. The make 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 G.A. Roadside Workshop 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 lodging of this report to the insurers, I authorise 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 use or permit use, disclose and/or process my personal data/personal information set out in the [Form] and any other personal information provided by me or possessed by my insurer, collectively the "Personal Information", and use and transfer such Personal Information to all insurers who have insured vehicle(s) involved in the accident, all insurers who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers". The Insurers may also lawfully, for the Ministry, Authority of Singapore and any relevant government agency authority (such as the police) for the purposes of:
i. processing, handling and/or dealing with my claim involving the vehicle of the same Insurers; necessary investigations relating to the claim;
ii. investigating the accident and/or my claim;
iii. carrying out and/or dealing with my insurance or responding to any enquiry by me;
iv. carrying out my claim involving the right of correspondence, statements, claims, and documents relating to the accident, or any other legal proceedings, including the right to bring legal proceedings and/or defend a claimant's or the respondent's defence;
v. completing and/or processing of other relevant documents relating to my claim.
b. Purposes:
i. to provide, with due regard to my privacy, only the accident details, any other facts, details, which may be relevant to my insurer, the Insurers for the purpose of the above purposes; and
ii. to provide, with due regard to my privacy, only the accident details, any other facts, details, which may be relevant to my insurer, the Insurers for the purpose of the above purposes.

 6/6/2021
  6/6/2021
  6/6/2021

Policyholder's Name: _____
 Authorized Driver's Name: _____
 Witness's Name: _____

Sketch Plan: _____



SINGAPORE POLICE FORCE



T/20210618/7013

1 of 4

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

Report No. T/20210618/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2021 15:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KAMARUDIN BIN JUNET			Address: 569 PASIR RIS STREET 51 #11-72 SINGAPORE 510569		
ID Type / ID No.: NRIC NO / S7122813D			Contact No.: Home/Office: Mobile: 98223884		
Nationality: SINGAPORE CITIZEN			Email: INAKAMALTALK@YAHOO.COM.SG		
Sex: Male	Age: 49	Date of Birth: 03/07/1971	Type of Informant: Pillion		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: TECHNICIAN			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2021 19:40	Type of Location: EXPRESSWAY SLIP ROAD
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBK923E	Motorcycle	YAMAHA	TMAX 560	Grey	Slightly Damaged	1
SGW2101A	Car	HONDA	JAZZ	White	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20210618/7013

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

2 of 4

Report No. T/20210618/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK923E	NTUC Income Insurance Co-Operative Limited	5120526691	05/01/2021	04/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	KAMARUDIN BIN JUNET		ID No.	S7122813D
Related Vehicle	FBK923E (Motorcycle)		Contact No.	98223884
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/06/2021		Date	17/06/2021
No. of Days granted Medical Leave	03	Degree of	Slight	
Pillion				
Name	SARINA BINTE MOHAMED ABDULLAH		ID No.	S7427445E
Related Vehicle	FBK923E (Motorcycle)		Contact No.	97599441
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/06/2021		Date	17/06/2021
No. of Days granted Medical Leave	07	Degree of	Serious	
Driver				
Name	MUHAMMAD BIN IBRAHIM BAMADHAJ		ID No.	S7134900D
Related Vehicle	SGW2101A (Car)		Contact No.	97777795
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	



**SINGAPORE
POLICE FORCE**



T/20210618/7013

4 of 4

Report No. T/20210618/7013

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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 /
TAY CHUN KEEN
Contact No.: 65476436

Authentication Stamp

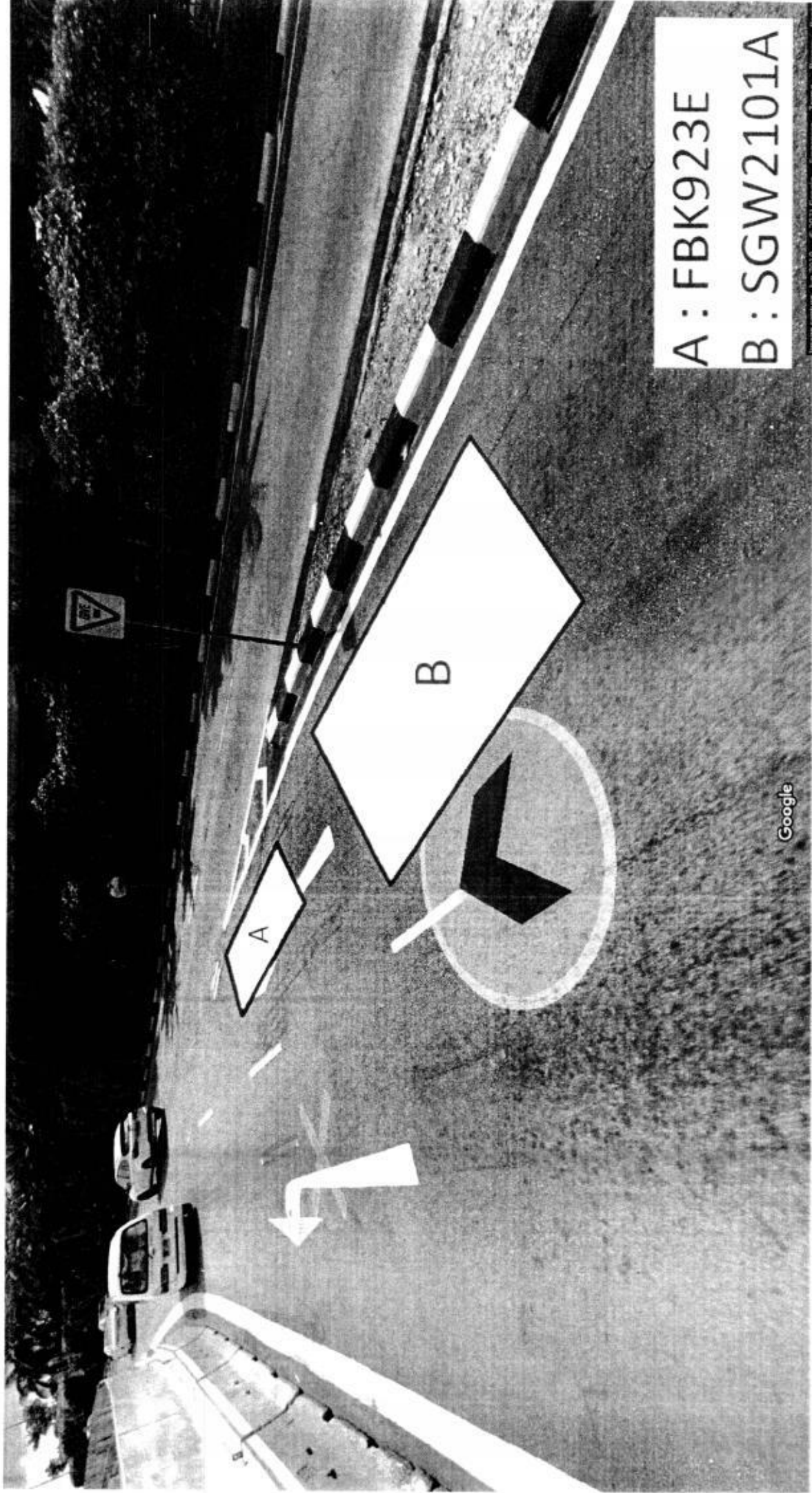
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
18/06/2021 15:21

Classification Of Case:



A: FBK923E
B: SGW2101A