

08/11/13 wef
ASS. REC. BY: Ramu

REF: CS3/EQ121008252/R1uf3

7143
EXPIRY 2025/01/01

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: F2 2971B
at Workshop m/s EQUIPMENT XTREME
of BLK 4001, Depot LN #01-10
Insured: EQ1 SLP 2442T
Policy No. _____
Claims No. DM21HO01084/MT
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: F2 2971B Yr Regn: 2005 JUN
Type: M.Car (M.Cycle) Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: HONDA CB 400SF4JM c.c. 399
Colour: BLACK A/C: Insured / Std / NI / NA
Sp. Reading: 16401 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: NC391056660
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: 120/60-2R17
R: 160/60-2R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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. 24/07/21 D.O.I. 16/08/21
Survey held at EQUIPMENT XTREME
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____
The UIC / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.
Bal. or Market Value: 9.5K
IDAC Accident Rport: Consistent? : Yes or No
GIA / PR Seen: Consistent? : Yes or No
Est. Repairs: 3 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
Repair limit - 8K
ESTIMATE REPAIR RANGE / NO. OF DAY - (2K-3K) / 3 days

11/8/2021. Submit PRS.

Date/Time, File Pass to? : Preli. Report : Final Report
1) 11/8 TYPIST Date/Time, File Return to?
2) _____
Report Format : TP
Lump Sum / I.B.I: (\$) _____)
Days Of Repair: 3
Resurvey No. of Trip: 1 Survey Fee: _____
Transportation: _____
Add Fee: : Site Insp (\$)) : S + RS _____ SI
 : Interview (\$)) Photos _____
 : Tech. Invs (\$)) Others _____
 : Weekend (\$)) _____
TOTAL _____

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 Authorized 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 28/07/2021 18:29 (SGT)
Date of Accident 24/07/2021 19:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information SIM AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FZ2971B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KESAVAN S/O MANOHARAN
NRIC No SXXXX714J
Email Address KESAVAN24@HOTMAIL.COM
Mobile Phone No (Phone) +65-90210469
Alternative Phone No +65-90210469

VEHICLE PARTICULARS

Manufacturer Honda
Model CB400SF4J M
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 399

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5120024067
Cover Note Number -

DRIVER

Name of Driver KESAVAN S/O MANOHARAN
NRIC No SXXXX714J

Date Of Birth 24/08/1995
 Occupation Indoor
 Date Of Driving Pass 06/09/2017
 Driving experience 3 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-90210469
 Alt. Phone Number +65-90210469
 Email Address KESAVAN24@HOTMAIL.COM
 Address BLK 145 POTONG PASIR AVENUE 2
 Address complement #06-52
 Postcode 350145
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle 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 Potong Pasir Neighbourhood Police Post
 Police Station Phone No (Phone) +65-18002829999
 Alt. Police Station Phone No (Fax) +65-62815964
 Police Station Address Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

-

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 SLP2442T
 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	KESAVAN S/O MANOHARAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FZ2971B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 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

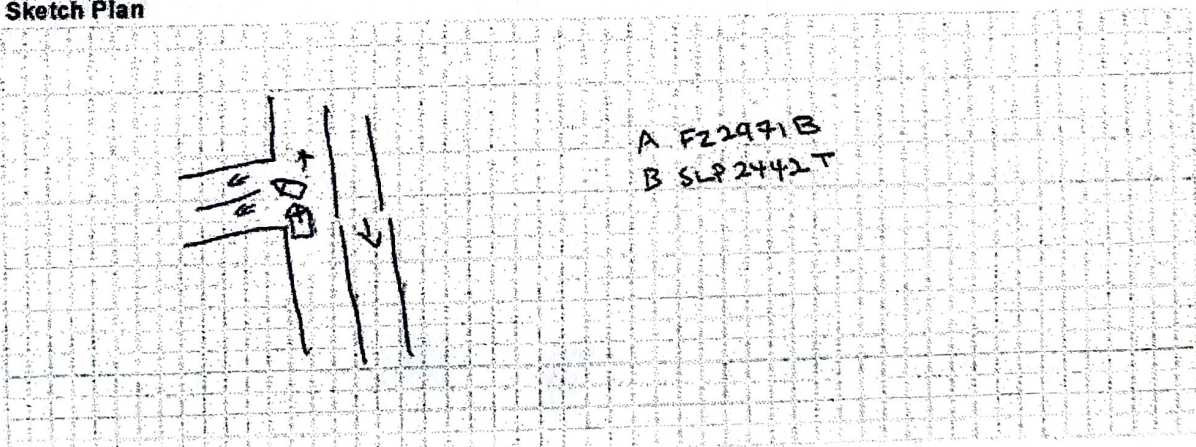
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210727/2106

1 of 4

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No. T/20210727/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2021 19:50	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: KESAVAN S/O MANOHARAN	Address: APT BLK 145 POTONG PASIR AVENUE 2 #06-52 SINGAPORE 350145		
ID Type / ID No.: NRIC NO / S9530714J	Contact No.: Home/Office:		Mobile: 90210469
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 25	Date of Birth: 24/08/1995	Type of Informant: Rider
Race: Ceylonese	Language:	Institution / School Name:	
Occupation: SCDF REGULAR	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2021 19:00	Type of Location: T-Junction
Location: SIMS AVENUE				
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 Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ2971B	Motorcycle	HONDA	CB400SF4J M	Black	Seriously Damaged	0
SLP2442T	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ2971B	NTUC Income Insurance Co-Operative Limited	5120024067	25/11/2020	21/12/2021



Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KESAVAN S/O MANOHARAN	ID No.	S9530714J
Related Vehicle	FZ2971B (Motorcycle)	Contact No.	90210469
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2021	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	SALLY	ID No.	NIL
Related Vehicle	SLP2442T (Car)	Contact No.	91893977
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 24/07/2021 at about 7pm, I was riding my motorcycle(FZ2971Z) along Sims Avenue. In front of me was a motorcar bearing the plate number, SLP2442T. At a junction of Sims Avenue where drivers can make a left turn into Paya Lebar Road, said vehicle was traveling straight. Out of nowhere, the vehicle just make a sudden left turn without signaling or checking for blind spots. From my view, the vehicle swerved left into the road leading to Paya Lebar Road. As it was too sudden, I was unable to stop in time and ended up hitting onto the other party left rear passenger. After the collision, I was stuck on my motorcycle. However, the other party continued to turn which resulted in my right feet third toe being fractured and was bleeding profusely.

The other party then stopped the vehicle and came down to make a check. The other party only provided me with her IC but not her driving license as she claims that she didn't bring it. We then exchanged contact numbers before she left the scene. When I contacted her on the 27/07/2021, she refused to provide me the license again. I only know that the other party name is Sally.

I have the particulars of Sally and one of the witnesses but my phone was damaged. I am now trying to get the images back after contacting Apple.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	714J
Vehicle No.:	FZ2971B
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Aug 2021
Vehicle Make:	HONDA
Vehicle Model:	CB400SF4J M
Primary Colour:	Black
Manufacturing Year:	2004
Engine No.:	NC23E2066888
Chassis No.:	NC391056660
Maximum Power Output:	-
Open Market Value:	\$8,123.00
Original Registration Date:	03 Jun 2005
First Registration Date:	03 Jun 2005
Transfer Count:	7
Actual ARF Paid:	\$1,219.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	31 Jan 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$4,369.00
COE Rebate Amount:	\$1,542.00
Total Rebate Amount:	\$1,542.00

The information contained herein is correct as at 11 Aug 2021

OK

Honda CB400 Super 4 Spec 3

Listing Type	Free Ad
Brand	Honda
Model	Honda CB400 Super 4 Spec 3
Engine Capacity	399cc
Classification	Class 2A
Registration Date	12/11/2005
COE Expiry Date	11/11/2025 (4 years 3 months left)
Mileage	316196km
No. of owners	1
Type of Vehicle	Street Bikes

Price: SGD\$10000