

REC BY: Thuvan

REF:

FB33/Asm 21009067/Vuc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBJ 3411B

at Workshop m/s _____

of _____

Insured: SHD 7119E

Policy No. _____

Claims No. S1M03G4K

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: SK

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FB33411B

Yr Regn: 2013, 14

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

Truck / Trailer or

Make: Sym GTS 200

c.c. 200

Colour: black

A/C: Insured / Std / NI / NA

Sp. Reading: not avail.

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RCOLM 18WXES002553

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: 130/70-12

R: 130/70-12

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

TOYO / YOKO or city

Front

Rear

R/Bal. S

mm

R/Bal. S

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. 18/8/21

D.O.I. 21/9/21

1000

Survey held at bike image w/s

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Roof/Top or

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

Date / Time Action / Instruction

MV: SK

Rebate: 879

MV: 4/21

rr: 3.5hr-4hr 4 repair days.

15/9/2021 Submit PRS

Date/Time File Pass to?

☐

Prell. Report

15/9 TYPIST

☐

Final Report

Date/Time File Return to?

3

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: _____

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weld end (\$

Survey Fee:

Transportation:

\$ + RS. \$

Finibus

Others

Request Form: SMART CLAIM - PRS

Link: Singa / UIC: 15

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

431F

Vehicle Details

Vehicle No.:

FBJ3411B

Vehicle to be Exported:

No

Intended Deregistration Date:

14 Sep 2021

Vehicle Make:

SYM

Vehicle Model:

GTS200

Primary Colour:

Grey

Manufacturing Year:

2014

Engine No.:

KB615637

Chassis No.:

RFGLM18WXES002553

Maximum Power Output:

-

Open Market Value:

\$2,281.00

Original Registration Date:

20 Mar 2014

First Registration Date:

20 Mar 2014

Transfer Count:

1

Actual ARF Paid:

\$343.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

19 Mar 2024

COE Category:

D - Motorcycle

COE Period(Years):

10

QP Paid:

\$3,501.00

COE Rebate Amount:

\$879.00

Total Rebate Amount:

\$879.00

The information contained herein is correct as at 14 Sep 2021

OK

dp: 150

24rs 7/31


150 x 31 = 4650

= 5k

5k - 879 = 4121

9/14/21, 5:30 PM

Model	SYM GTS 200
Engine Capacity	172cc
Classification	Class 2B
Registration Date	05/02/2014
COE Expiry Date	04/02/2024 (2 years 4 months left)
Mileage	90000km
No. of owners	3
Type of Vehicle	Scooters
	SGD \$4200

Registration 2014 SYM GTS 200 For Sale.
Well Maintained.
Road Tax Till Aug 2021.
Price Is Negotiable
Read more 

[View More](#)

Similar Bikes



Used Bike

06/09/2021

★ Wing Fuat Pte Ltd
SYM GTS 200
SYM GTS 200 For Sale. Intere....

\$2800

 0



Used Bike

06/09/2021

★ Direct Seller
SYM GTS 200
SYM GTS 200 For Sale. Bike I...

\$4500

 13

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 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. 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	18/08/2021 18:08 (SGT)
Date of Accident	18/08/2021 07:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG KPE (ECP) BEFORE ENTERING THE TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ34118
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHONG KWAI HOONG CLARENCE
NRIC No	S7716431F
Email Address	123@gmail.com
Mobile Phone No	(Phone) +65-97592438
Alternative Phone No	+65-97592438

VEHICLE PARTICULARS

Manufacturer	Sym
Model	GTS200
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	180

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5064836929-07
Cover Note Number	-

DRIVER

Name of Driver	MD SYAMSUDDIN BIN ABDULLAH
NRIC No	S0003034A

Date Of Birth	06/04/1953
Occupation	Indoor
Date Of Driving License	1977-1978
Driving experience (y)	44 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86969310
Alt. Phone Number	-
Email Address	CLARENCECHONG2@GMAIL.COM
Address	BLOCK 44 CHAI CHEE STREET #14-116
Address complement	-
Postcode	S461044
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	No Collision
Weather Conditions	Clear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	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 POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	UNABLE TO UPLOAD VIDEO. ADV TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7119E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

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 lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/08/2021, 1800

Reporting Centre Personnel's Signature
Name: Ignatius Lim
NRIC/FIN No.: S991237

SND
ENT
SUB

POLICE FORUM
Police Station of O...

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Registration Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-97500213
Email	-

SKETCH PLAN

B: SHD7119E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/08/2021, 1800

Reporting Centre Personnel's Signature
Name: Ignatius Lim
NRIC/FIN No. S991237