(08/11/13) Wef REF: CS3 AIL 2	21009273 Right3 . 764A
ASS REL. BE / MA 44/	SSIGNMENT
From: Date:	Veh No: FBQ 1156P Yr Regn: 3019 / July Type: M.Car / M.Cycley Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck/Trailer or
To Inspect Vehicle No: 76Q 1156P	Make: Honor Surencus. 125 M c.c 125
at Workshop m/s Race WERKZ	Colour MULTI A/C: Insured / Std / NI / NA
of look faver needy LW3 Ho1-26	Sp.Reading 51016 T/Radio: Insured / Std / NI / NA
Insured: ALG	Eng/No:
Policy No.	C/No: 1 MLHTA4887K5602043
Policy No. 3282239846SG	Gen. Cond: Good / Fair Poor / Burnt
	Steering: Inorder Jammed / Leaked / Burnt or
Outri insured.	Brake:
(Client's Record)	Modi: Nil / S/Rim / STD A/Rim or
Make of Veh:	
	7.107
(Policy Condition)	
Remark: The veh had commenced its N/S O/	
repair at the time of inspection.	TOYO/YOKO or MAXXW
Bal. or Market Value: 10K	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm R/Bal. 4
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal.
	D.O.A. 62/01/21 D.O.I. 03/03/21
ist. Repairs: 5 days Res.: Yes or No	
um Sum: % 3 Val.: Yes or No	Survey held at RACEVEREZ
A / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / NS / U/C / Rooftop or
Vehicle: IN / C	TUC
ate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to co
Date / Time Action / Instruction	
0/09/21 Submit DAR.	
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	David Of David
Trem. Keport	Days Of Repair: 5
30/09 Typist : Final Report	Resurvey No. of Trip: Survey Fee:
Add	Transportation:
Add	Fee: : Site Insp (\$ )s+Rs,si
- 1774	7_0 110_01
Report Format: MER-DAR	
Lump Sum / I.B.I: (\$	: Tech. Invs (\$ ) Others
	: Weekend (\$

TOTAL

SC1P217L0003 / Charn's CustomCraft ENTRY DATE & TIME: 21/07/2021 18:07 (SGT) SUBMITTED BY: Lee Chia Ling Sharon VERSION: 1 (21/07/2021 18:07 (SGT))

# SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate

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 21/07/2021 18:07 (SGT) Date of Accident 02/07/2021 13:35 (SGT) **Exact Location of Accident** Singapore Additional Location Information SIMS AVENUE Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

FBQ1156P

INSURED/POLICYHOLDER Is company? No Name Of Registered Owner CHIA WEI WEN GABRIEL **NRIC No** SXXXX764A **Email Address** gc071184@gmail.com Mobile Phone No (Phone) +65-91893689 Alternative Phone No. +65-91893689

**VEHICLE PARTICULARS** 

Vehicle Registration Number

Manufacturer Model 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? Vehicle Category Transmission CC

Private use

Honda

No - Claiming third party Motorcycle Auto 125

SUPERCUB 125 MANUAL

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

Direct Asia Insurance (Singapore) Pte Ltd ThirdPartyFireTheft MC/00934775

DRIVER

e Of Birth 07/11/1984 ccupation Indoor late Of Driving Pass 23/03/2005 Driving experience 16 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-91893689 Alt. Phone Number +65-91893689 **Email Address** gc071184@gmail.com Address 772 BEDOK RESERVOIR VIEW #13-145 Address complement Postcode 470772 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver FBH70Y Insurance Company of Other Vehicle Owned by Driver FWD Singapore Pte. Ltd. GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe 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? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name VANESSA KHOO PEI FEN 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?

CIRCUMSTANCES OF ACCIDENT

## REFER TO POLICE REPORT T/20210706/7001

#### ATTACHMENT(S)

If yes, against whom?

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 MEMORY CARD CEASED BY TP No

cle Manufacturer	-
nicle Model	-
ehicle Variant	-
ehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	•
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	, <del>-</del>
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

VANESSA KHOO PEI FEN Name of injured person 772 BEDOK RESERVOIR VIEW #13-145 Address Address Complement Post Code 470772 Approximate Age Years Old Injuries Sustained REFER TO POLICE REPORT Injured person in which vehicle? FBQ1156P Were seat belts worn? No Was this injured conveyed to hospital by ambulance? Yes



#### SKETCH PLAN

VEHICLE NO: PBQ (156 P DATE OF ACCIDENT: 02 (07 ) 21

#### 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.
- 5. 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 centré and to copies of the report being made available aforesaid.
- 8 Consent under the Personal Data Protection Act(PDPA)

lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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 fform) 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 yers/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
- (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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

21/01/21.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Reter & sketch attached

Describe Circumstances of the Accident VEHICLE NO PBQ 1156P DATE OF ACCIDENT 02/04/4

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Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY: PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

t/We declare the foregoing particulars are true in every respect

Policybolder's Signature / Date &

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

Witnessed by Reporting Cen Personnel





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

1 01 4 Report No. T/20210706/7001

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 01:26	Made:	Vide Report No.: G/20210702/0151	Station Diary No.
Informa	nt's Partic	ulars		
	Informant: El WEN, G		Address: 772 BEDOK RESERVOIR VII 470772	EW #13-145 SINGAPORE
	/ ID No.: D / S84337	64A	Contact No.: Home/Office:	Mobile: 91893689
National SINGAP	ity: ORE CITIZ	ΈN	Email: gc071184@gmail.com	
Sex: Male	Age: 36	Date of Birth: 07/11/1984	Type of Informant: Rider	
Race: Chinese		The second secon	Language: English	Institution / School Name:
Occupati Sales an	on: d marketing	manager	Driving Licence Information: Class: 2,2B,2A	Date of Expiry:

General Informa	tion of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/07/2021 13:3	Type of Location X-Junction
Location:		errorrorrorrorrorrorrorrorrorrorrorrorro		
SIMS AVENUE				
Weather: Clear		Road Surface: Dry	H (5 th distribution and the second s	Road Speed Limit:
Traffic Flow: Dual Carriage W	ay	Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collision Between Moving	: Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance:

Details of Vo	ehicle Involve	d	A CONTRACTOR OF THE PARTY OF TH			
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBQ1156P	Motorcycle	LIONDA			Conditio	140 01
	Wotorcycle	HONDA	SUPERCUB +125+MANU AL			0
SMP58X	Car	The state of the s				
	-					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	15 . 5 .
		modrance 140	Effective	Expiry Date







Effective

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

**Details of Vehicle Insurance** 

Vehicle No. Insurance Company

2 of 4 Report No. T/20210706/7001

Expiry Date

#### CONTINUATION OF REPORT

Insurance No

Driving

Licence & Expiry

02/07/2021

Serious

Date of Expiry: NIL

TOTAL TAU.	maurance Company	modiano	0110	Ellogaro	
FBQ1156P	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/0093	34775	08/06/2021	24/07/2022
Details of Pe	erson involved				N. Parasis
Any Pedestri	an Involved: No				
No. of Pedes	trians Injured: NIL	Use of Ped	estrian Cros	sing: NA	
Pillion					
Name	VANESSA KHOO PEI FEN		ID No.	S93437280	)
Related Vehic	cle FBQ1156P (Motorcycle)		Contact No.	83230425	
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry	Class: ,2 Date of Ex	piry: NIL
Date	02/07/2021	Date	02/0	7/2021	100
No. of Days gi	ranted Medical Leave   07	Degree of	Serie	The second liverage of the second	
Rider				A STATE OF	
Vame	CHIA WEI WEN, GABRIEL	The state of the s	ID No.	S8433764	A
Related Vehicl	e FBQ1156P (Motorcycle)		Contact No	91893689	
lospital/Clinic	RAFFLES HOSPITAL		Class of	Class: 2,2	B,2A

#### Brief Details.

Date

On the 02/07/2021, at around 1.35PM.

No. of Days granted Medical Leave

02/07/2021

I, Chia Wei Wen Gabriel, S8433764A, Riding FBQ1156P was travelling straight along Jalan Eunos towards PIE, as shown in the drawing. When I was travelling across the junction at Sims Avenue, I heard my Wife, who was my pillion scream, the next moment, I felt the impact of the car hitting me from the left and we fell onto the road. We landed on the left side and was dragged approximately 8 to 10 metres across the yellow box (based on the marks left behind on the road), finally stopping coming to a stop.

07

Date

Degree of

I only recall the car did not stop immediately and continued driving off.

As I saw the injuries sustained by my Wife, I immediately called the police for assistance. There were many passing cars who stopped to render assistance, they informed us that they managed to get the driver that hit us to stop.



T/20210706/7001

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

3 of 4 Report No. T/20210706/7001

CONTINUATION OF REPORT

Upon meeting the driver, he apologized and said that he did not even know he hit us. He only stopped because he heard a sound. He did not render any form of assistance, he only asked if we called the police, he just stood there and wait.

My wife and I was conveyed to Raffles Hospital, we suffered multiple abrasions and road rash on the left side of our bodies, mainly our left arms and legs. We were each given Hospitalization Leave of 7 days.

We only knew from our investigating officer that the vehicle's number plate was SMP58X.



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



4 of 4

Report No. T/20210706/7001

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	to provide	sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2021 01:26
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	

Original Gopy

May 2005

ACTION (AC)
1. Replace ( J ) 2. Repair (X) 3. Check (?)
4. Not Consistent (NC)

# Condition (CON) (01)Bent (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched (07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary (12)Missing (13)Torn (14)Unconfirmed (15)Not Working

# FBQ USLP

## Vehicle No:

Motorcy	cle		CON	AC	Qty
NAC	INC	Front Number Plate			
	991886				
3001	995065	Front Tyre	SIL	7	
	995095	Front Rim Front Tyre Rim Spoke			
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	991771	and the second s			
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3008	991787	Front Fork Inner Tube			
		Front Fork Outer Tube			
		Front Fork Bracket			
3011	991182	Front Fork Oil Seal Front Fork Garnish SWA	802	1	1
3012	991174	Front Fork Garmsa 2002	1800		
3013	992376	Front Headlamp Rim		-	
3014	992328	Front Headlamp			
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing		-	
		Front Windshield		1-	
		Front Wing Mirror LW	SUL	11	
		Front LH Signal Lamp			
3020 9	95246	Front RH Signal Lamp			
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3067			Rear Brake Disc					I
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No of Items:

Assessor:

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	764A
Vehicle No.:	FBQ1156P
Vehicle to be Exported:	No.
Intended Deregistration Date:	06 Sep 2021
Vehicle Make:	HONDA
Vehicle Model:	SUPERCUB 125 MANUAL
Primary Colour:	
Manufacturing Year:	Blue
Engine No.:	2019
Chassis No.:	JA48E0002043
Maximum Power Output:	MLHJA4887K5002043
Open Market Value:	
Original Registration Date:	\$3,766.00
First Registration Date:	25 Jul 2019
Transfer Count:	25 Jul 2019
Actual ARF Paid:	3
Actual Ar Faid.	\$565.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
The state of the s	
COE Expiry Date:	24 Jul 2029
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,554.00
COE Rebate Amount:	\$2,801.00
Total Rebate Amount:	\$2,801.00