(08/11/13) wef

ASS. REC. BY:

REF: CS3/ASM2009913/RIVC

950J

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: FBR 8169B

at Workshop m/s SPEEDWAY MOTOR

of 36, TOH GUAN RD EAST #01-32

Insured: SHA 5875J ASM

Policy No.

Claims No. S1M03GUO

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: 19K

IDAC Accident Rport: 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 8169B Yr Regn: 2020 / NOV

Type: M.Car / (M.Cycle) / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: YAMAHA XMAX ABS M c.c 250

Colour BLACK A/C: Insured / Std / NI / NA

Sp.Reading - T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MH3SG3910LK032738

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: 120/70-15

R: 140/70-14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or TOURING FORCE

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 28/08/21 D.O.I. 08/09/21

Survey held at SPEEDWAY

Des. 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 int - 12K
	ESTIMATE RANGE OF REPAIR - (4K-5K) / 5 days
13/9/21	Submit PRS,repair range $4,000-$,5000

Date/Time, File Pass to? 1)

☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to? 2) 13/9/21-Typist

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format :

Lump Sum / I.B.I: ($)

SM0M21910006 / MOVA AUTOMOTIVE PTE LTD [159722]
ENTRY DATE & TIME: 01/09/2021 12:36 (SGT)
SUBMITTED BY: Suann
VERSION: 1 (01/09/2021 12:36 (SGT))

Your NCD will be affected due to late reporting

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 witholding 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	01/09/2021 12:36 (SGT)
Date of Accident	28/08/2021 07:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST ST 91
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR8169B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD NIZAM BIN KAMAL
NRIC No	S8333950J
Email Address	DEEZAM83@GMAIL.COM
Mobile Phone No	(Phone) +65-81395732
Alternative Phone No	+65-81395732

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Xmax
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	250

INSURANCE COMPANY

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

DRIVER

Name of Driver	MOHAMMAD NIZAM BIN KAMAL
NRIC No	S8333950J

Date Of Birth	01/11/1983
Occupation	Indoor
Date Of Driving Pass	10/05/2005
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81395732
Alt. Phone Number	+65-81395732
Email Address	DEEZAM83@GMAIL.COM
Address	BLK 845 WOODLANDS ST 82
Address complement	#06-151
Postcode	730845
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 - Cross Junction
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)	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5875J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

of Driver	-
ct Number	-
ess	-
ress complement	-
stcode	-
surance 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	MOHAMMED NIZAM BIN KAMAL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR8169B
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 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 (or being 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) any 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.

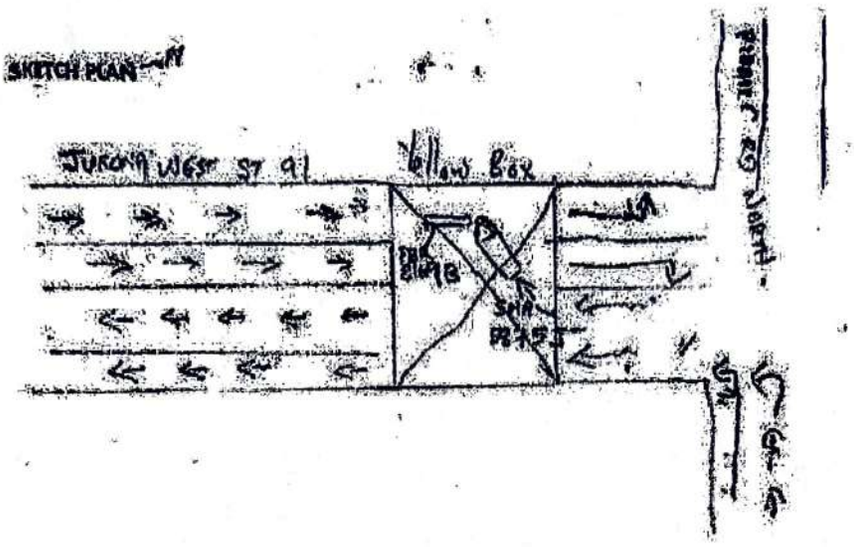
(e) the information so collected under (d) above may be shared / disclosed:

(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:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: FAZ 6164 B | ACCIDENT DATE & TIME: 29/06/2021 - 0745

CONTACT NUMBER: 81345732 | E-MAIL ADDRESS: diezm83@gmail.com

LOCATION:

Refer to police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

( ) Claim Own Policy ( ) Claim Third Party (✓) Claim Own TP at other workshop ( ) Reporting Only

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:

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

Report No. [illegible]

[illegible] Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000

Station Diary No.:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No.
31/08/2021 10:55	[illegible]

Informant's Particulars

Name of Informant: MOHAMMAD NIZAM BIN KAMAL	Address: APT BLK 846 WOODLANDS STREET 82 #[illegible] SINGAPORE 730846
ID Type / ID No.: NRIC NO / S8333050J	Contact No: Home/Office: Mobile: 81395719
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male / Age: 37 / Date of Birth: 01/11/1983	Type of Informant: Rider
Race:	Language: / Institution / School Name:
Occupation: OTHERS	Driving Licence Information: Class: 2B,2A,2,3 / Date of Expiry:

General Information of the Accident

Type of Accident	Injury	Drink Drive	Date/Time of Accident	Type of Location
	Conveyed By Ambulance	No	28/08/2021 07:55	

Location:

JURONG WEST STREET 91

Weather:	Road Surface:	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume:

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
BR8169B	Motorcycle					0
HA5875J	TAXI					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

[redacted]

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

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD NIZAM BIN KAMAL	ID No.	S8333950J
Related Vehicle	FBR81698 (Motorcycle)	Contact No.	81395732
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B 2A 2 3 Date of Expiry: NIL
Date Treatment	28/08/2021	Date Discharge	30/08/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.
ON 28/8/2021 AROUND 0755HRS, I WAS ALONG JURONG WEST ST 91, I WAS RIDING TOWARDS NTU ALONG THE EXTREME LEFT OF 2 LANES, WHILE RIDING STRAIGHT ACROSS THE JUNCTION WITH PIONEER RD NTH, SUDDENLY THE SAID TAXI MADE AN ILLEGAL U-TURN, I WAS NOT ABLE TO STOP IN TIME AND HAD COLLIDED THE LEFT SIDE NEAR THE HEADLIGHT OF THE TAXI, I BLACKOUT FOR AROUND 2 MINUTES, WHEN I WOKE UP, I SAW 2 PERSON CARRIED ME UP TO SIT ON THE KERB, I SUSTAINED A SWOLLEN AT MY LEFT THIGH, I WAS THEN CONVEYED TO NTFGH.
IC IO BEIFENG

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 1 SINGAPORE 408935
Tel No: 65470001

CONTINUATION OF REPORT

Sketch Plan
Information is not available for this 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 TP / SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/08/2021 10:55
Officer In Charge Of Case: TP / OIT / SI NG BEIFENG Contact No.: 65476845	Classification Of Case:
Authentication Stamp NP168	

Signature: _____

SINGAPORE POLICE FORCE

T/20210831/2019

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

Report No. T/20210831/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
31/08/2021 10:55	J/20210828/0059	

Informant's Particulars

Name of Informant: MOHAMMAD NIZAM BIN KAMAL			Address: APT BLK 845 WOODLANDS STREET 82 #06-151 SINGAPORE 730845	
ID Type / ID No.: NRIC NO / S8333950J			Contact No.: Home/Office: Mobile: 81395732	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 01/11/1983	Type of Informant: Rider	
Race:			Language:	Institution / School Name:
Occupation: OTHERS			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: 28/08/2021 07:55	Type of Location:
Location: JURONG WEST STREET 91				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
FBR8169B	Motorcycle					0
SHA5875J	TAXI					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20210831/2019

Report No. T/20210831/2019

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 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 TP / SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/08/2021 10:55
Officer In Charge Of Case: ~~TP / GIT /~~ SI NG BEIFENG Contact No: 65476845	Classification Of Case:
Authentication Stamp NP168 Signature:	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	950J
Vehicle No.:	FBR8169B
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Sep 2021
Vehicle Make:	YAMAHA
Vehicle Model:	XMAX ABS MANUAL
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	G3H4E0037005
Chassis No.:	MH3SG3910LK032735
Maximum Power Output:	-
Open Market Value:	$4,587.00
Original Registration Date:	02 Nov 2020
First Registration Date:	02 Nov 2020
Transfer Count:	1
Actual ARF Paid:	$689.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
COE Expiry Date:	01 Nov 2030
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	$7,300.00
COE Rebate Amount:	$6,674.00
Total Rebate Amount:	**$6,674.00**

The information contained herein is correct as at 10 Sep 2021

OK