SS, REG. BY:	SIGNMENT
Z-84.71	Ven No: FBM8BIU Yr Regn: 1987, July.
rom: Date:	
stimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
D / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:	Make: Yamaha. RXZ c.c 133
Workshop m/s	Colour S(Ves A/C: Insured / Std / NI / NA
	Sp.Reading 97704. T/Radio: Insured / Std / NI / NA
sured:	Eng/No:
olicy No.	c/No: 24 × 000365 *
laims No.	Gen. Cond: Good / Fair / Poor / Burnt
um Insured: Excess:	Steering: Morder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: morder / Jammed / Leaked / Burnt or
fake of Veh:	Modi: Nil/S/Rim / STD A/Rim or
	Tyre Size: F: 2.5 R18
(5.11 0 cm (141cm)	R: 2.5 RIS.
(Policy Condition) Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO/YOKO or Viva.
	Front Rear
Bal. or Market Value: Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm
DAC Accident riport.	L/Bal. mm L/Bal. , mm
Dani Van or No	D.O.A. D.O.I. 09/09/21
2 Val. Van er No.	'Survey held at A-S Phoon.
Luni Sun.	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / O	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time	
TR AXA.	COE Expiry: 31 03 24.
	, O
mv: 81c.	
PV: 700.	
Nett: 7.3K	
vale/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
a Add !	Fae: Site Insp (\$)_3+Rs_3
	: Interview (\$) Photos
Report Format:	: Fech. Invs (\$) Others
Lygan Soun / LRJ: (\$:Weetend (\$)

SN07218V000V / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 31/08/2021 16:41 (SGT) SUBMITTED BY: Ash Kamal VERSION: 1 (31/08/2021 16:41 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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.

and that copies or this report will, for a fee, be made available 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

31/08/2021 16:41 (SGT) 29/08/2021 04:45 (SGT) WOODLANDS CENTRE ROAD TOWARDS WOODLANDS ST 13

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBM8431U

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No Alternative Phone No. No MUHAMMAD RAFI BIN ABU BAKAR S9807420A BDSRAFI@GMAIL.COM

(Phone) +65-90622935 +65-90622935

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Private use

Yamaha

RXZ

No - Claiming third party

Motorcycle Manual 135

INSURANCE COMPANY

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

NTUC Income Insurance Co-operative Ltd

ThirdParty No

5118196629-01

DRIVER

Name of Driver NKII, NO

MUHAMMAD RAFI BIN ABU BAKAR S9807420A

nned with CamScann Accident report SN07218V000V

Date Of Birth
Occupation
Date Of Driving Pass

Date Of Driving Pass
Driving experience
Gender
Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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
Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name
Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

05/03/1998

03/05/2019

+65-90622935

2 YEARS AND 3 MONTHS

(Phone) +65-90622935

BDSRAFI@GMAIL.COM

Collision - Head to Rear

185A WOODLANDS ST 13 #19-703

Outdoor

731185

Yes

No

Clear

Dry

No 2

Yes

Yes

Yes

No

Bukit Panjang North Neighbou hood Police Post Blk 27 Marsiling Drive Singapore 730027

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

SHC4D

-

-

-

Taxi

KAMALDIN S/O MOHAMED

S1618975H

Accident report SN07218V000V

Page 2 of 14

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained

Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

MUHAMMAD RAFI BIN ABU BAKAR

Male

-

ABRASIONS ON LEFT FOOT, SWELLING ON LEFT SHOULDER AND WAIST, SPRAINED NECK.

FBM8431U

No

Yes

SKETCH PLAN

IMPORTANT NOTICE

- 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:

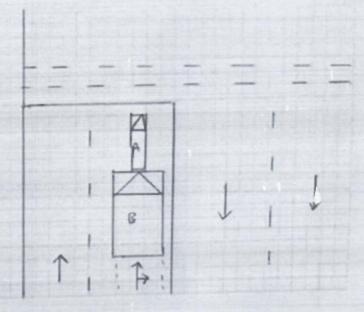
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Persogal 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)
 - (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
- 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

Driver's Signature Date & Time: 31/08/2021 ((30 (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: POST LAMBLE

NRIC/FIN NO_5994 546

A	E	8	W.	sh	31	V
	SH					



DESCRIBE CIRCUISTANCES OF	Aller Aller State		
Residence of the second			
	REFER TO POLICE	REPORT	
			1

DECLARATION

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

B

Policyholder's Signature

Policyholder's Signature

Date & Time: 31/02/2 021 (62/6 driver is not the policyholder)

Date & Time:

Driver's Signature

Name: AsH sames NRIC/FIN NO. 544434 L

Reporting Centre Personnel's Signature





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

1 of 3 Report No. T/20210829/2076

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 29/08/2021 19:01
 J/20210829/0052
 28

Name of Informant: MUHAMMAD RAFI BIN ABU BAKAR		T BIN ABU BAKAR	THE AV	/ENUE #06-172 SINGAPORE
NRIC NO	/ ID No.: O / S98074	120A	461031 Contact No.: Home/Office:	Makil conserva
Nationality: SINGAPORE CITIZEN		EN	Email: Mobile: 90622935	
Sex: Male	Age: 23	Date of Birth: 05/03/1998	Type of Informant:	
Race: Malay			Language: English	Institution / School Name:
Occupati Motorcyc	on: de delivery	man	Driving Licence Information: Class: 2B	Date of Expiry:

Type of Accident:	Injury Attended by Police		Date/Time of Accident:	Type of Location
Location:		No	29/08/2021 04:4	15
	S CENTRE ROAD			
		Road Surface:		Pond Constitution
Weather: Cloudy		Road Surface: Dry		Road Speed Limit
			king	Road Speed Limit: Traffic Volume: Moderate

Туре	Make	Model	Color		
Motorcycle	VAMAHA	THE RESIDENCE OF THE PARTY OF T	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN	Condition	No of Passenger
Motorcycle	TAWARA	RAZ	Silver	Seriously	0
Car			STATE OF THE PARTY NAMED IN		The state of the s
	Committee of the particle of			Slightly	0
	Motorcycle	Motorcycle YAMAHA	Motorcycle YAMAHA RXZ	Motorcycle YAMAHA RXZ Silver	Motorcycle YAMAHA RXZ Silver Seriously Damaged

THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER,	ehicle Insurance			STATE OF TAXABLE
Vehicle No.	Insurance Company	Insurance No	Effective	Teur -
FBM8431U	NTUC Income Insurance Co-Operative Limited	5118196629-01	23/08/2021	22/08/2022





2 of 3

Report No. T/20210829/2076

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 Tel No: 1800-3689999

CONTINUATION OF REPORT

Details of Perso					And the state of the same
Any Pedestrian I No. of Pedestrian	ns Injured: NIL	Use of	Pedestria	an Cros	ssing: NA
Rider		SHEET WATER			John S. Tork
Name	MUHAMMAD RAFI BIN ABU BAKAR		IDN	0.	S9807420A
Related Vehicle	FBM8431U (Motorcycle)		Contact No.		90622935
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class Drivin Licen Expin	ng	Class: 2B Date of Expiry: NIL
Date Treatment	29/08/2021	Date Di	scharge		3/2021
No. of Days gran	ted Medical Leave 02		of Injury		
Driver					
Name	Kamaldin S/O Mohamed		ID No		S1618975H
Related Vehicle	NIL		Conta	ct No.	90300422
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: NiL Date of Expiry: NIL
	NIL	Date Dis		NIL	
lo. of Days grante	d Medical Leave NIL		of Injury	NIL	

Brief Details. V1) FBM8431U

V2) SHC4D

On 29/08/2021 at about 0449hrs, I was riding V1 along Woodlands Centre Road towards to Woodlands Street 13. While waiting for the traffic light to turn green, I felt an impact from the rear and fell. I then realized that V2 hit onto V1 rear.

V2's driver then called for ambulance assistance. I was conveyed to KTPH for further check-up. Subsequently, I was given a MC of 2 days (KHANE212067266).





3 of 3

Report No. T/2021 829/2076

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 Tel No: 1800-3689999

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: L/ Staff Sgt AIK OISONS Signature: Singapore Police Force Not applicable	Signature Of Informant: Date/Time:
	29/08/2021 19:01
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT	
Contact No.: 65476066	
Authentication Stamp	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Enquire PARF/COE Rebate for Registered Vehicle		
Vehicle Owner Particulars	NDIC	
Owner ID Type:	Singapore NRIC	
Owner ID:	420A	
Vehicle Det ils	FBM8431U	
Vehicle No.:		
Vehicle to be Exported:	No	
Intended Deregistration Date:	09 Sep 2021	
Vehicle Make:	YAMAHA	
Vehicle Model:	RXZ	
Primary Colour:	Silver	
Manufacturing Year:	1987	
Engine No.:	2UX000365	
Chassis No.:	2UX000365	
Maximum Power Output:	*	
Open Market Value:	\$0.00	
Original Registration Date:	29 Jul 1987	
First Registration Date:	29 Jul 1987	
Transfer Cour t:	18	
Actual ARF Paid:	\$0.00	
Intended PARF Rebate Details	No	
PARF Eligibility:	140	
PARF Eligibility Expiry Date:	\$0.00	
PARF Rebate Amount:	φυ.υυ	
Intended COE Repate Details	31 Mar 2024	
COE Expiry Date:	D - Motorcycle	
COE Category:	10	
COE Period(Years):	\$2,474.00	
PQP Paid:	\$648.00	
COE Rebate Amount:	\$648.00	
Total Rebate Amount:		
Message	incentive for the owner of this	motorcycle to deregister the motorcycle on or

Please note that the National Environment Agency (NEA) is offering an incentive for the owner of this motorcycle to deregister the motorcycle on or before 5 April 2023.

This motorcycle is currently eligible for an incentive of \$3,500 from NEA. If the COE is renewed from now till its deregistration on or before 5 April 2023, the incentive will be reduced to \$2,000. The last registered owner of this motorcycle will receive the incentive from NEA.

This motorcycle will no longer be allowed for use on Singapore's roads after 30 June 2028.

For more information, please visit https://www.nea.gov.sg/programmes-grants/grants-and-awards/incentive-to-de-register-older-motorcycles or contact NEA at 1800-2255-632.

The information contained herein is correct as at 09 Sep 2021

OK

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Search for an item

All of Singapore

Motorcycles

Motorcycles for Sale Class 2B







wts yamaha rxz 1987

\$\$8,500

C Used

ក្ខំ Maetup

Woodlands

@chazrafi 5.0 ★★★★ (12 reviews)

Description

Posted

Make

Туре

2 weeks ago

Yamaha

Road Bike

nea rebate \$3.5k

renewable till 2028

coe 2024 march fully paid no more coi recently jull overhauled @ bayi racing \$1.5k

things changed

- •full bearing C3 skf
- •new piston

read more

Meet-up

○ Woodlands
 ☐

Write a custom message...

Is the price negotiable?

Can I see more photos?

Sign in to make offer

S\$ 8500

Make Offer

Advertisement