

ASS. REC. BY: TGum

REF:

CS3/MSG21010245/BVf3Veron

ASSIGNMENT

From: _____ Date: 5/10/2021

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: FBE 6989Hat Workshop m/s Accident Assist SGof 24 sin Ming Lane #01-94

Insured: _____

Policy No. _____

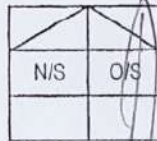
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 5,000/-

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 HRSWP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBE6989H Yr Regn: 10/8/2010Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Jamaha FZ 1501 C.C. 150Colour: Black A/C: Insured / Std / NI / NASp. Reading: No Batt T/Radio: Insured / Std / NI / NAEng/No: G372EE009520C/No: PMYKQ0250A000920Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / VRim / STD A/Rim orTyre Size: F: 90/80/17 MaxisR: 90/80/17 Maxis

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. / mm L/Bal. / mmD.O.A. 18/9/2021D.O.I. 5/10/2021Survey held at Accident AssistDes. 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
	Range <u>1,000/- - 2,000/-</u>
	Survey photos taken on Tue 5/10/2021 @ 1:55:00 PM
	Resurvey photos taken on Thurs 18/11/2021 @ 4:29:45 PM
	After paint photos taken on Mon 22/11/2021 @ 4:50 PM
	MV <u>5,000/-</u>
	PV <u>3,728/-</u>
	NV <u>1,272</u>

Date/Time, File Pass to?

☐ : Proli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.B.I. / C

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ 1)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

TGum
6/1/2022

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1411
Vehicle Details	
Vehicle No.:	FBE6989H
Vehicle to be Exported:	No
Intended Deregistration Date:	06 Jan 2022
Vehicle Make:	YAMAHA
Vehicle Model:	FZ150I
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	G372EE009520
Chassis No.:	PMYKG0250A0009520
Maximum Power Output:	-
Open Market Value:	\$2,501.00
Original Registration Date:	10 Aug 2010
First Registration Date:	10 Aug 2010
Transfer Count:	2
Actual ARF Paid:	\$376.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2030
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$4,352.00
COE Rebate Amount:	\$3,728.00
Total Rebate Amount:	\$3,728.00

The information contained herein is correct as at 06 Jan 2022

OK

MV 5,000/2
PV 3,728/2
NV 1,272/2

Ramini
6/1/2022

Brand	Yamaha
Model	Yamaha FZ150I
Engine Capacity	150cc
Classification	Class 2B
Registration Date	21/05/2010
COE Expiry Date	20/05/2030 (8 years 4 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Street Bikes

SGD \$7200

Yamaha FZ150I For Sale.
Interested Parties Are Welcome To Neg.
Trade/Loan Available.
Do Visit Us At Motor Point @ Civic Plaza
[Read more](#)

Similar Bikes

[View More](#)



05/01/2022

Direct Seller

Yamaha FZ150I

Yamaha FZ150I For Sale. Unde...

\$2900

Used Bike

0



31/10/2021

Ideal Motoring

Yamaha FZ16

Yamaha FZ16 With ETA Approved...

\$1199

Used Bike

8

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 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 04/10/2021 10:13 (SGT)
Date of Accident 18/09/2021 10:10 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE6989H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAMZA BIN MOHAMMAD ISKANDAR
NRIC No SXXXX141I
Email Address utauto@singnet.com.sg
Mobile Phone No (Phone) +65-97336731
Alternative Phone No (Home) +65-97336731

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz150i
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5052742734-09
Cover Note Number -

DRIVER

Name of Driver HAMZA BIN MOHAMMAD ISKANDAR
NRIC No SXXXX141I

Date Of Birth	08/12/1980
Occupation	Indoor
Date Of Driving Pass	23/07/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97336731
Alt. Phone Number	(Home) +65-97336731
Email Address	utauto@singnet.com.sg
Address	APT BLK 293 CHOA CHU KANG AVE 3 #03-236
Address complement	-
Postcode	680293
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 - Head to Rear
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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

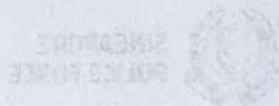
ATTACHMENT(S)

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	SLM7640X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

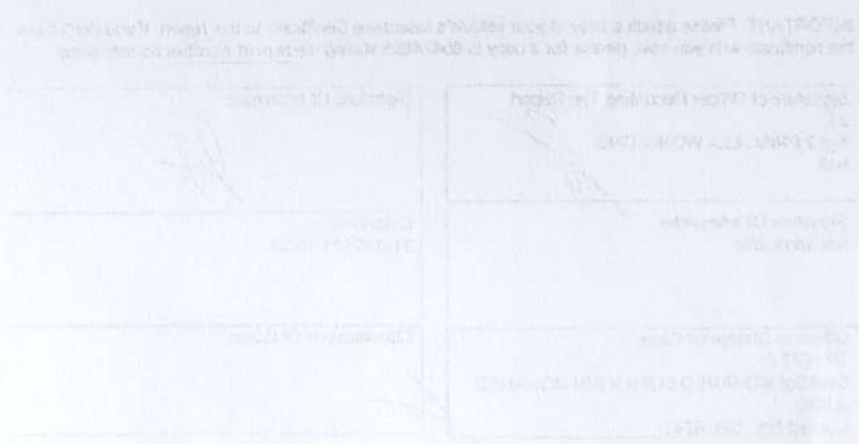
Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -



INJURED PERSONS DETAILS

INJURED 1

Name of injured person **HAMZA BIN MOHAMMAD ISKANDAR**
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? **FBE6989H**
 Were seat belts worn? **Yes**
 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 willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and/or 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/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 law firms/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

A = FBE 69894
B = SLm 7640X



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5678999



T20210921-0065

1 of 3

Report No. T20210921-0065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2021 16:38		Video Report No.: E/20210918/0074	Station Diary No.: 42
Informant's Particulars			
Name of Informant: HAMZA BIN MOHAMMAD ISKANDAR		Address: APT BLK 263 CHOA CHU KANG AVENUE 3 #03-236 SINGAPORE 680293	
ID Type / ID No.: NRIC NO / S80971411		Contact No.: Home/Office: Mobile: 97336731	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 06/12/1980	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: ELECTRICAL TECHNICIAN		Driving Licence Information: Class: 28 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance:	Drink Driver:	Date/Time of Accident:	Type of Location:
		No	18/09/2021 10:10	Urban point
Location: BUKIT TIMAH ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6989H	Motorcycle	YAMAHA	FZ150i	Black		0
SLM7640X	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6989H	NTUC Income Insurance Co-Operative Limited	5052742734-09	10/02/2021	09/02/2022



**SINGAPORE
POLICE FORCE**



T20210921/2065

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

2 of 3

Report No. T20210921/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HAMZA BIN MOHAMMAD ISKANDAR	ID No.	S80971411
Related Vehicle	FBE6989H (Motorcycle)	Contact No.	97336731
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	18/09/2021	Date Discharge	21/09/2021
No. of Days granted Medical Leave	28	Degree of Injury	Serious
Driver			
Name	John Chua	ID No.	NIL
Related Vehicle	SLM7640X (Car)	Contact No.	92483272
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 18/09/2021 at about 1010hrs I was travelling along Dunearn Road with my motorbike (FBE6989H) and wanted to make a Uturn towards Bukit Timah Road. I stopped at the stop line as there as traffic coming from the left, there was no vehicle behind me at that point of time.

While I made a check for oncoming vehicles on my left, I spotted vehicle (SLM7640X) driver namely John Chua (HP: 92483272) from my left mirror driving at a fast speed towards my direction. In a split second, the vehicle's front bumper bang onto the rear of my motorbike and I fell to the ground. I did not check for my vehicle damages as I lay on the ground till the Ambulance arrival and I was subsequently conveyed to NTFGH. My SD card handed over to the TP Officer Sgt Fizzi and I was notify by the TP to collect my motorbike from them.

I was given 28 days hospitalization leave from NTFGH from 18/09/2021 to 15/10/2021.



**SINGAPORE
POLICE FORCE**



T/20210021/2065

3 of 3

Report No. T/20210021/2065

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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

J /
Sgt 2 PRISCILLA WONG TING
HUI

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
21/09/2021 18:38

Officer In Charge Of Case:

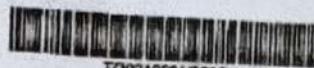
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20210921/2065

1 of 3

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ID Type / ID No.: NRIC NO / S80971411		Contact No.: Home/Office: Mobile: 97336731	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 08/12/1980	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: ELECTRICAL TECHNICIAN		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/09/2021 10:10	Type of Location: Urban point
Location: BUKIT TIMAH ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6989H	Motorcycle	YAMAHA	FZ150I	Black		0
SLM7640X	Car				Slightly Damaged	1

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