

Acc. Recd. By: Steve CS 3/ASM, 240/0550/Ety3

ASSIGNMENT

From: PRS

Date:

Estimated Cost:

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

To inspect Vehicle Not

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

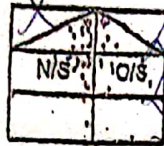
Excess:

(Client's Record)

Make of Vehicle

(Policy Condition)

Remarks: The veh had commenced its repair at the time of inspection.



Rel. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

GA / PR Sent

Consistent? : Yes or No

Est. Repair:

days

Res.: Yes or No

Un Sum:

%

3 Val.: Yes or No

GA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBH 90930

Yr Regn:

5/11/13

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

Truck / Trailer or

Make:

KTM Duke 200

Ch

199-5

Colour:

Black

A/O: Insured / Std / NI / N

Sp. Reading

34971

T/Radio: Insured / Std / NI / N

Eng/No:

On/No:

VIRK JUC 435 BC 008134

Gen. Cond: Good / Fair / Poor / Bupri

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F1 120/60R17

R1 160/60R17

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

TOYO / YOKO or

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

U/Bal:

mm

U/Bal:

mm

D.O.A.

17/9/12

Friendship Motor

D.O.L

14/11/12

Survey held at

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

The U/O / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-4R

REPAIR RANGE 1000 to 2000. 3 repair days

SUBMIT PRS REPORT

Vehicle, File, Receipts

☐

Prell. Report

☐

Final Report

After Time, File Return to

Days Of Repair: 3

Resurvey No. of Trips

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Inve (\$

☐

Workshop (\$

Survey Fee:

Transportation

Food & Drink

Refreshment

Other

TOTAL

Vehicle / Form:

File Sum 110/1/1

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	12/10/2021 14:13 (SGT)
Date of Accident	17/09/2021 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI NORTH WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9093G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY WEI XIAN
NRIC No	S9341196Z
Email Address	JAVIOUR_WEIXIAN@HOTMAIL.SG
Mobile Phone No	(Phone) +65-91518109
Alternative Phone No	+65-91518109

VEHICLE PARTICULARS

Manufacturer	Ktm
Model	200 DUKE
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	200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5122945041
Cover Note Number	-

DRIVER

Name of Driver	TAY WEI XIAN
NRIC No	S9341196Z

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address

01/11/1993
Indoor
09/07/2021
2 MONTHS
Male
(Phone) +65-91518109
+65-91518109
JAVIOUR_WEIXIAN@HOTMAIL.SG
BLK 142 #03-135 PASIR RIS STREET 11

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

510142
Yes
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Side Swipe
Clear
Dry

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?

No
2
Yes
Yes
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Bedok Division Headquarters
(Phone) +65-18002440000
(Fax) +65-64443009
30 Bedok North Road Singapore 469676
No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR STATEMENT

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

SHC2974R
-
-
-
Taxi

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)

1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY WEI XIAN
Gender	Male
Phone No	(Phone) +65-91518109
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	28
Injuries Sustained	MEDICAL LEAVE FROM 17/09/2021 TO 17/10/2021 LEFT FOOT LACERATION LEFT SHIN ABRASION LEFT MEDIAL AND PROXIMAL ANTEROMEDIAL TIBIAL WOUND DEBRIDEMENT FBH9093G
Injured person in which vehicle?	
Were seat belts worn?	No
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)

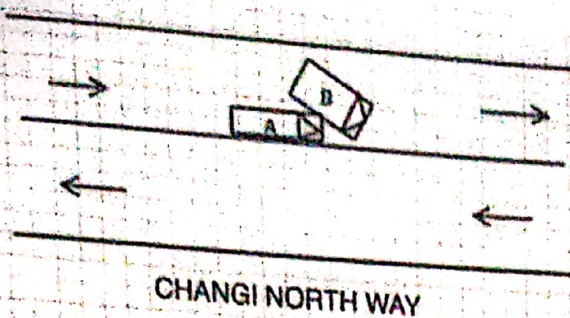
I understand, acknowledge, agree and consent that:

- (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 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: 12/10/2021
1400HRS

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: SUMAN SUKUMAR
NRIC/TIN No: S990969



A: FBH9093G

B : SHC2974R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS FOR STATEMENT

DECLARATION

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

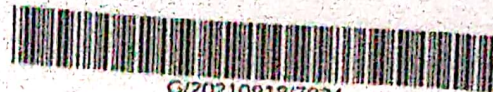
Policyholder's Signature
Date & Time: 12/10/2021
1400HRS

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

Reporting Centre Personnel's Signature
Name: SUMAN SUKUMAR
NA/C/FIN No.: S990966



SINGAPORE POLICE FORCE



G/20210918/7024

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POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Report No. G/20210918/7024

Date/Time Report Made 18/09/2021 13:04		Vide Report No.		Station Diary No.	
Name Of Informant TAY WEI XIAN		Address 142 PASIR RIS STREET 11 #03-135 SINGAPORE 510142			
ID Type / ID No. NRIC NO / S9341196Z		Contact No. Home/Office: Mobile: 91518109			
Nationality SINGAPORE CITIZEN		Email Address javiour_weixian@hotmail.sg			
Occupation Customer service clerk		Sex Male	Age 27	Date of Birth 01/11/1993	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 17/09/2021 08:20 - 17/09/2021 09:00		Location Of Incident it was on a straight road along the prison warden condo near			

Brief details.

I was riding my motorcycle along Changi north way towards my workplace when i saw a stationary taxi SHC2974R being parked on the road side. As he was stationary, i decided to overtake him on the right and suddenly his vehicle turned out to what it seems like performing an illegal u-turn as there was no u-turn sign. As it was sudden, i sounded my horn to deter or alert him to stop what he is about to do. It seemed to me that he did not hear my horn as he continued what the u-turn. I was unable to brake in time therefore resulting in the collision between my motorcyle and his taxi. After recovering from my fall

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
18/09/2021 13:04

Classification Of Case:

This report is lodged at Changi NPC Kiosk 1



SINGAPORE POLICE FORCE



G/20210918/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210918/7024

and from my vague memory he seemed to be claiming he did not hear my horn and i should not overtake him but at that point of time i did not argue with him as i was in a state of shock. The taxi driver called for an ambulance and when i was being transfered to the ambulance, i saw a police car as well as a police officer spoke to me briefly. I did not managed to remember the Police Officers name and as i am not aware if a police report was made therefore i am here at Changi NPC to clarify and make a police report as i am unable to do so yesterday because i was hospitalized immediately after the accident and i was only discharged today 18/9/2021 around 1130 hrs.

Subjects Involved			
Suspect			
Person Name	Unknown	Race	Chinese
Gender	Male	Build	Medium
Complexion	Fair		
Height About	175cm		
Victim			
Person Name	TAY WEI XIAN	ID No	S9341196Z
ID Type	NRIC NO	Age	27
Gender	Male	Language	English
Race	Chinese	Address	142 PASIR RIS STREET 11
Occupation	Customer service clerk		#03-135 SINGAPORE 510142
Mobile No	91518109	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
18/09/2021 13:04

Classification Of Case:

This report is lodged at Changi NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



G/20210918/7024

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210918/7024

Person Name	TAY WEI XIAN (Informant)
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Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
18/09/2021 13:04

Classification Of Case:

This report is lodged at Changi NPC Kiosk 1