

ASS. REC. BY:

Tanglin

REF:

CS3/CT12101210/1143

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBK 401U

at Workshop m/s _____

of _____

Insured: SLK 8793S

Policy No. DMPCSNW00123152103

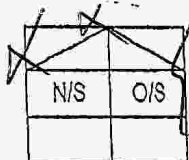
Claims No. SNM21D205594/C2

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: 99500

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

FBK 401U

Yr Regn: 2015 / Feb

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

Truck / Trailer or

Make:

Honda CB 400X c.c. 399

Colour

white

A/C: Insured / Std / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JH2NC4791EK-000164

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: ☒ S/Rim / STD A/Rim or

Tyre Size:

F: 120/70 R17

R: 160/60 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ☒ PR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. mm

L/Bal. mm

D.O.A.

D.O.I.

3/11/21 12pm

Survey held at

HL Cycle

Des. of Damages: ☒ Fnt / ☒ 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 Range: \$4,000 - \$5,000

7 Days

5/11/2021 Submit PRS.

Date/Time, File Pass to?

☐

: Prel. Report

1) 5/11 TYPIST

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 7

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Repair Format: TP

Lump Sum / L&A (?)



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	02/11/2021 17:19 (SGT)
Date of Accident	30/09/2021 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS ST 72 T-JUNCTION WITH PASIR RIS DR 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK401U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZULKIFLI YAHYA
NRIC No	SXXXX701D
Email Address	ZUL@E.NTU.EDU.SG
Mobile Phone No	(Phone) +65-88087388
Alternative Phone No	(Home) +65-88087388

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400x
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	400

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	VMZ/P2423928
Cover Note Number	-

DRIVER

Name of Driver	ZULKIFLI YAHYA
NRIC No	SXXXX701D



Date Of Birth	08/08/1973
Occupation	Indoor
Date Of Driving Pass	17/08/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88087388
Alt. Phone Number	(Home) +65-88087388
Email Address	ZUL@E.NTU.EDU.SG
Address	BLK 760 PASIR RIS ST 71 #07-204
Address complement	-
Postcode	510760
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 - Major/Minor Rd
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 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	SLK8793S
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	ZULKIFLI YAHYA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBK401U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN

IMPORTANT NOTICE

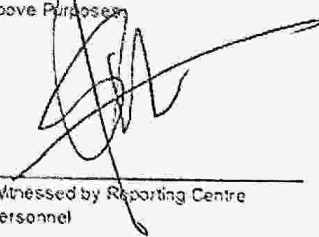
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to 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 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 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.



Policyholder's Signature / Date & Time

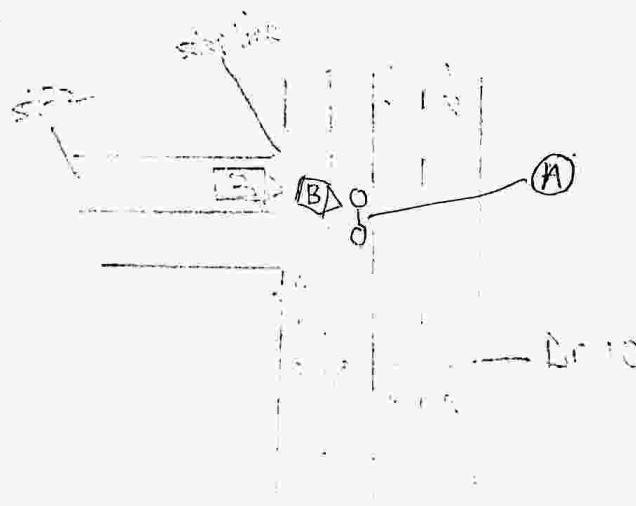


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan




(A) FBK 401 U
(B) SLK 87 95 S

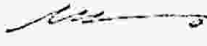
Describe Circumstances of the Accident

Handwritten sketch of an accident scene on lined paper. The sketch shows a large 'X' formed by two intersecting lines, with a smaller 'X' inside it. There are also some faint, illegible markings and lines scattered across the page.

Declaration

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


Witnessed by Reporting Centre Personnel

Honda CB400X



Listing Type	Free Ad
Brand	Honda
Model	Honda CB400X
Engine Capacity	399
Classification	Class 2A
Registration Date	27/07/2015
COE Expiry Date	26/07/2025 (3 years 8 months left)
Mileage	124000km
No. of owners	1
Type of Vehicle	Sport Tourers

Reliable Workhorse Honda CB400X.
Average FC Of 30Km/L.
Easy Maintenance.
Still In Very Good Aesthetic Condition

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	701D

Vehicle Details

Vehicle No.:	FBK401U
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Nov 2021
Vehicle Make:	HONDA
Vehicle Model:	CB400X
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	NC47E5000166
Chassis No.:	JH2NC4791EK000164
Maximum Power Output:	-
Open Market Value:	\$6,366.00
Original Registration Date:	10 Feb 2015
First Registration Date:	10 Feb 2015
Transfer Count:	4

Actual ARF Paid:	\$955.00
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Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	09 Feb 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$5,504.00
COE Rebate Amount:	\$1,796.00
Total Rebate Amount:	\$1,796.00