

(08/11/13) wef

ASS. REC. BY: James

REF:

CS3/GRB21009571/R1/P3

621N

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: FBK 3092Hat Workshop m/s MCSof 1100, Strathmore Rd

Insured:

GRB

Policy No.

Claims No.

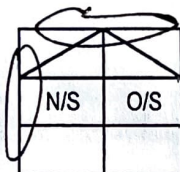
Sum Insured:

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:

6k

IDAC Accident Rpt:

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:

FBK 3092H

Yr Regn:

2015 / JunType: M.Car M.Cycle Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

BAJAJ PULSAR 200 NS FI c.c 200

Colour

BLACK

A/C: Insured / Std / NI / NA

Sp. Reading

-

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MD 2A36FZ5FEA85412Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

100/80-17

R:

130/70-17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

5

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

05/09/21

D.O.I.

14/09/21

Survey held at

MCSDes. 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 1 hr - 3.5kESTIMATE RANGE OF REPAIR - (1k - 3k) / 4 days

SUBMIT LUMP SUM \$1950, 4DAYS

(RED:1750;47%)

Date/Time, File Pass to?



: Prell. Report

Days Of Repair:

4

1)



: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:



: Site Insp (\$

): \$ + RS, \$ SI



: Interview (\$

) Photos



: Tech. Invs (\$

) Others



: Weekend (\$

)

Report Format :

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

# 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 ..... 10/09/2021 14:38 (SGT)  
Date of Accident ..... 05/09/2021 14:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... T-JUNCTION OF AH HOOD RD & JALAN RAJAH RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK3092H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED HAMEEM MOHAMED KASSIM  
Passport No/FIN ..... GXXXX691N  
Email Address ..... KASSIMRJ@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90274065  
Alternative Phone No ..... +65-90274065

### VEHICLE PARTICULARS

Manufacturer ..... Bajaj  
Model ..... PULSAR 200 NS FI  
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 ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... D21MTMC01003260  
Cover Note Number ..... 19/05/2021 - 18/05/2022

### DRIVER

Name of Driver ..... MOHAMED HAMEEM MOHAMED KASSIM  
Passport No/FIN ..... GXXXX691N



Date Of Birth ..... 25/07/1985  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 28/08/2013  
 Driving experience ..... 8 YEARS AND 1 MONTH  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90274065  
 Alt. Phone Number ..... +65-90274065  
 Email Address ..... KASSIMRJ@GMAIL.COM  
 Address ..... BLK 629 ANG MO KIO AVE 4 #01-1020  
 Address complement ..... -  
 Postcode ..... 560629  
 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 - Change/cross lane  
 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 THE ATTACHED SKETCH PLAN BY DRIVER.

#### 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 ..... SMA6632C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private hire

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

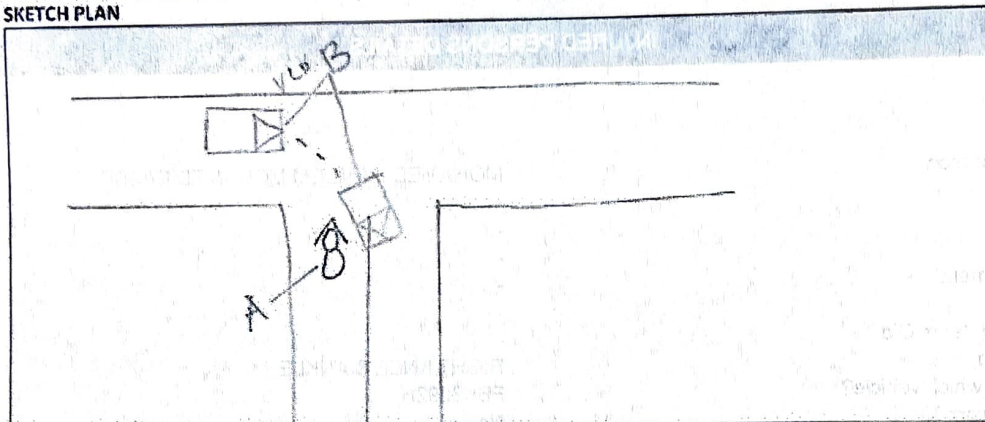
## INJURED 1

Name of injured person	MOHAMED HAMEEM MOHAMED KASSIM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT KNEE & ANKLE
Injured person in which vehicle?	FBK3092H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes



X Jalan Rajah Rd

Date of accident: 5/9/21 Time: 14:30 Location: T-junction of Oh Hwee Rd  
 My Vehicle A: FBK 3692 H Vehicle B: SMA 6632 C Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No.  
T/20210907/7000

Note: Police Report indicate wrong insurance Co.  
 should be Somp Insurance.

Note: motor bike was tow out from Police compound  
 and tow to owner workshop so photo taken by phone.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:  
 My workshop :  
 Email address :  
 & myself :  
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under  
 your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

M. Michael Jearing

Policyholder's Signature  
 Date & Time:

M. Michael Jearing

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



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

**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:

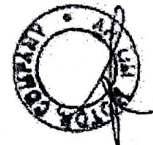
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*M. Mohamed Kariy*

Policyholder's Signature  
Date & Time:

*M. Mohamed Kariy*

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



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



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Foreign Identification Number
Owner ID:	691N
Vehicle No.:	FBK3092H
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Sep 2021
Vehicle Make:	BAJAJ
Vehicle Model:	PULSAR 200 NS FI
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	JLZCFA76409
Chassis No.:	MD2A36FZ5FCA85412
Maximum Power Output:	-
Open Market Value:	\$2,110.00
Original Registration Date:	15 Jun 2015
First Registration Date:	15 Jun 2015
Transfer Count:	3
Actual ARF Paid:	\$317.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	14 Jun 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$5,800.00
COE Rebate Amount:	\$2,174.00
Total Rebate Amount:	\$2,174.00

The Information contained herein is correct as at 15 Sep 2021

OK

# Bajaj Pulsar NS200

Listing Type	Free Ad
Brand	Bajaj
Model	Bajaj Pulsar NS200
Engine Capacity	200cc
Classification	Class 2B
Registration Date	23/11/2015
COE Expiry Date	22/11/2025 (4 years 2 months left)
Mileage	41000km
No. of owners	2
Type of Vehicle	Street Bikes

SGD **\$6800**