

ASS. REC. BY:

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: FF929T Yr Regn: 2012 / Nov

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

Truck / Trailer or

Make: Sym. GTS200 c.c. 172

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: RFGLM18WXCS001916

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 110/90 R13

R: 130/70 R12

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

TOYO / YOKO or IRE

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm

D.O.A. \_\_\_\_\_ D.O.I. 24/11/21

Survey held at Tan Lim

Des. 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
	<u>TP AIG</u>
	<u>MV: 2700</u>
	<u>PV: 200</u>
	<u>Nett: 2.5K</u>

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

5 - 18.00 \$

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Tech. Insp (\$

Report Form:

Form 100-100-100-100



# 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	18/11/2021 15:41 (SGT)
Date of Accident	11/11/2021 03:15 (SGT)
Exact Location of Accident	Near 175 Toa Payoh Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FF929T
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Joseph Johnpaul Chang
NRIC No	TXXXX449A
Email Address	josephjohnpaulchang@gmail.com
Mobile Phone No	(Phone) +65-88684249
Alternative Phone No	+65-88684249

### VEHICLE PARTICULARS

Manufacturer	Sym
Model	GTS200
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	180

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5124247637
Cover Note Number	-

### DRIVER

Name of Driver	Joseph Johnpaul Chang
NRIC No	TXXXX449A



Date Of Birth	08/03/2001
Occupation	Indoor
Date Of Driving Pass	02/09/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88684249
Alt. Phone Number	+65-88684249
Email Address	josephjohnpaulchang@gmail.com
Address	block 57 Lorong 5 Toa Payoh
Address complement	#05-236
Postcode	310057
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 - U-Turn
Weather Conditions	Clear
Road Surface	Wet

#### 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 Police Report:- T/20211111/7031

#### 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	GBH1442K
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 ..... Joseph Johnpaul Chang  
Gender ..... Male  
Phone No ..... (Phone) +65-88684249  
Address .....  
Address Complement .....  
Post Code .....  
Approximate Age Years Old .....  
Injuries Sustained .....  
Injured person in which vehicle? ..... FF929T  
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 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)**

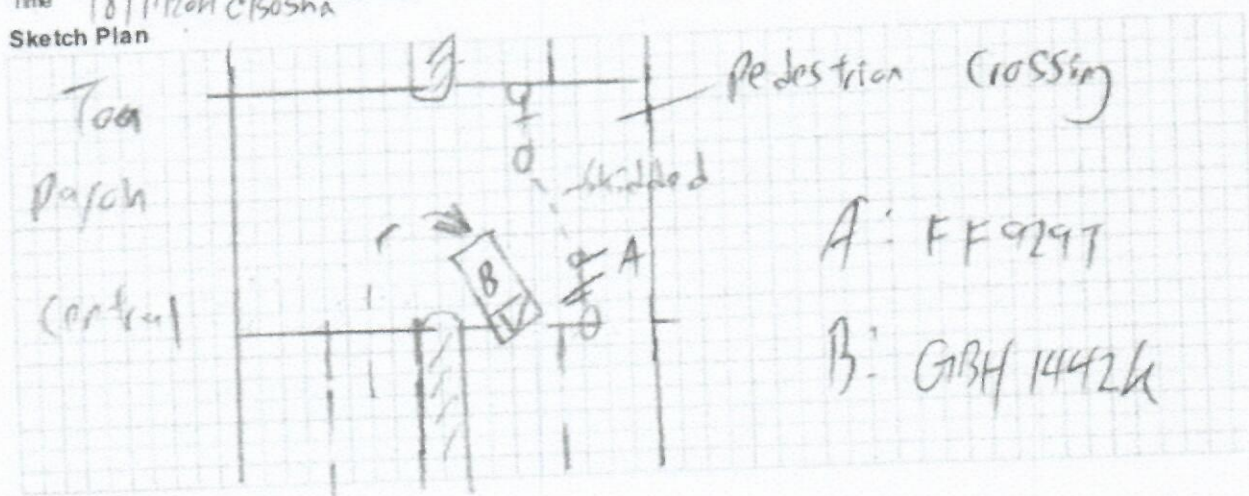
I understand, acknowledge, agree and consent that :

- (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.
- (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  
 18/11/2011 C150Sha  
 Sketch Plan

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

Witnessed by Reporting Centre Personnel  
 Can Wei Sheng





Describe Circumstances of the Accident

Refer to Police report: - 7/2021/111/703

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

18/11/2021 15:45

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

Witnessed by Reporting Centre Personnel

Lam Wei Sheng





**SINGAPORE  
POLICE FORCE**



T/20211111/7031

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20211111/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2021 19:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JOSEPH JOHNPAUL CHANG			Address: APT BLK 57 LORONG 5 TOA PAYOH #05-236 SINGAPORE 310057		
ID Type / ID No.: NRIC NO / T0106449A			Contact No.: Home/Office: Mobile: 88684249		
Nationality: SINGAPORE CITIZEN			Email: josephjohnpaulchang@gmail.com		
Sex: Male	Age: 20	Date of Birth: 08/03/2001	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/11/2021 03:15	Type of Location: Straight Road
Location:  TOA PAYOH CENTRAL				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: No Traffic
Type of Collision: Driver made an illegal u-turn at the pedestrian crossing				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FF929T	Motorcycle	SYM	GTS200	Blue		0
GBH1442K	Van				No Damage	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





# SINGAPORE POLICE FORCE



T/20211111/7031

2 of 3

Report No. T/20211111/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FF929T	NTUC Income Insurance Co-Operative Limited	5124247637	21/10/2021	27/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JOSEPH JOHNPAL CHANG	ID No.	T0106449A
Related Vehicle	FF929T (Motorcycle)	Contact No.	88684249
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	11/11/2021	Date	11/11/2021
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

Driver made an illegal urn at the pedestrian crossing causing me to have to brake abruptly and skid to avoid tboning his van.

He then proceeded to reverse his vehicle back into his lane and park the van elsewhere.

There was a camera there to prevent illegal urns where the accident occurred.

Witness saw the incident and sent photos





**SINGAPORE  
POLICE FORCE**



T/20211111/7031

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20211111/7031

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214

NP168

Signature Of Informant:

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

Date/Time:

11/11/2021 19:08

Classification Of Case:



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC  
 Owner ID: 449A

**Vehicle Details**

Vehicle No.: FF929T  
 Vehicle to be Exported: No  
 Intended Deregistration Date: 25 Nov 2021  
 Vehicle Make: SYM  
 Vehicle Model: GTS200  
 Primary Colour: Blue  
 Manufacturing Year: 2012  
 Engine No.: KB610235  
 Chassis No.: RFGLM18WXS001916  
 Maximum Power Output: -  
 Open Market Value: \$2,276.00  
 Original Registration Date: 28 Nov 2012  
 First Registration Date: 28 Nov 2012  
 Transfer Count: 6  
 Actual ARF Paid: \$342.00

**Intended PARF Rebate Details**

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

**Intended COE Rebate Details**

COE Expiry Date: 27 Nov 2022  
 COE Category: D - Motorcycle  
 COE Period(Years): 10  
 QP Paid: \$1,689.00  
 COE Rebate Amount: \$186.00  
**Total Rebate Amount: \$186.00**

The information contained herein is correct as at 25 Nov 2021

OK





15/11/2021

Used Bike

★Wing Fuat Pte Ltd  
SYM GTS 200  
SYM GTS 200 For Sale. Intere...

\$2800

♡ 5



23/11/2021

Used Bike

★Speedway Motor Pte ...  
SYM GTS 200  
Used SYM GTS200 For Sale. CO...

\$2500

♡ 0



29/09/2021

Used Bike

★ Direct Seller  
SYM Joyride 200i Evo  
Selling My Weekend Bike Feb 2...

\$5228

♡ 2



02/10/2021

Used Bike

★ Direct Seller  
SYM Joyride S200i  
Registered Aug 2018 SYM Joyri...

\$9000

♡ 5



15/10/2021

Used Bike

★United Cycles LLP



19/10/2021


Used Bike

★ Direct Seller



Listing Type	Paid Ad
Brand	SYM
Model	SYM GTS 200
Engine Capacity	172cc
Classification	Class 2B
Registration Date	11/07/2012
COE Expiry Date	10/07/2022 (7 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Scooters

SGD **\$2800**

SYM GTS 200 For Sale.  
 Interested Parties Are Welcome To Neg.  
 Trade/Loan Available.  
 Do Visit Us At Wine First @ Sims Place  
 Read more 

## Similar Bikes

View More



22/10/2021

★ Direct Seller

SYM GTS 200

2011 SYM GTS 200 For Sale. S...

\$8944

Used Bike

 0

25/10/2021

★ Direct Seller

SYM GTS 200

Well Maintained SYM GTS 200. ...

\$2000

Used Bike

 0