ASS. P.E.C. BV:	SIGNMENT
From: Date:	Veh No: FBS 8873X Yr Regn: 204, Sept
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Yanaha MTNISS c.c 155
at Workshop m/s	Colour While A/C: Insured / Std / Ni / NA
of	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MH3R6711000001203
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: in order / Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 1/0/20 R17
(Policy Condition)	R: 140/20 R17.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or IRE.
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Balmm L/Balmm
Est. Repairs:days Res.: Yes or No	D.O.A. D.O.I. 06/12/21.
_um Sum: % 3 Val.: Yes or No	Survey held at You - Jex
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear O/S N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision
TP SMRT.	
PART BY PART \$29	88.68
MV: RED: 427.03;12%	
PV:	
Nett:	

Resurvey No. of Trip:

: Site Insp (\$

Interview (\$

Tech. Invs (\$

Add Fee:

Survey Fee:

Transportation:

Photos

Others

_8 + R8.__\$I

: Final Report

Date/Time, File Return to?

Report Format:

Lance Come LLD to 14



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- isentation or witholding of material facts may allow insurance of Please report <u>consolly</u> the details of the accident to speed up the claims process. This Form most be <u>consolled by the Pelicyholded and/or the Authorised Divest</u>. The Form most be as built to a be a becambed and to the Authorised Divest information provided must be as builtful and accurate as possible. Any willful mist.

- A The issue and acceptance of this Form by nazarone comparines is not an admission of policy liability on the part of the insurance companies.

 4. The issue and acceptance of this Form by insurance formed to the formed and the formed to the formed to the formed and the formed to th

ACCIDENT STATEMENT

18/11/2021 18.23 (SGT) 17/11/2021 13:50 (SGT)	Singapore Along Bedok North St2 Singapore
Date of Submission Date of Accident	Exact Location of Accident Additional Location information Country/State of Loss

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ı	1	12		
ı	AMINEL			
I	010			
	NETAIL			
1			ĺ	

FBS8873X

INSURED/POLICYHOLDER

Vehicle Registration Number

e Of Registered sport No/FIN II Address lie Phone No
--

VEHICLE PARTICULARS

Manufacturel	Yamaha
Model	Mtn155
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
Vehicle Category	Motorcycle
Transmission	Manual
00	160

- Claiming third party

INSURANCE COMPANY

Name of Insurance Company	Type of Coverage	Fleet Policy	Policy Number	Cover Note Number	

NTUC Income Insurance Co-operative Ltd ThirdPartyFireTheft

5123611946

No

DRIVER

M Accident report SN0721BI0000

Name of Driver Passport No/FIN

HORGAN LAU LIK SEN G2643809N

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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 Address complement Date Of Driving Pass Mobile Number Aft Phone Number Email Address Driving experience Date Of Birth Occupation Postcode Address

468039

6 YEARS AND 5 MONTHS (Phone) +65-94519866 +65-94519866 Horganlau@gmail.com 34 Jalan Tanjong

Male

Indoor 04/06/2015 20/11/1988

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface	Collision - U-Turn 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 other vehicle or property damaged? 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 Yes No Yes Yes

DETAILS OF POLICE ACTION

Vas the accident reported to the police?	Say
olice Station Name	Redok North Neighbourhood Police Centre
olice Station Phone No	(Phone) +65-18002449999
It Police Station Phone No	(Fax) +65-62447258
olice Station Address	30 Bedok North Road Singapore 469676
Vas notice of intended Prosecution given?	No.
ves against whom?	

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report

ATTACHMENT(S)

Are accident photos available for attachment?

Yes No No	DETAILS OF OTHER VEHICLE PROPERT	SHB810Z					Taxi
able for attachment? ured by Car Camera? rded?	DETAILS OF C	ber					
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?		Vehicle Registration Number	Vehicle Manufacturer	Vehicle Model	Vehicle Variant	Vehicle Colour	Vehicle Category



Taxi

Moses Tan (Phone) +65-83680045

SKETCH PLAN #2

Details of property damaged in accident No. Of Passenger (Including Driver)

Insurance Company Name Address Address complement Postcode

Name of Driver Contact Number

Nature Of Damage

INJURED PERSONS DETAILS

Name of injured person	Gender	Phone No	Address	Address Complement	Approximate Age Years Old	Dillines Sustained

32.
Abrasions on left elbow, right forearm, lower back. Pain on collarbone, neck and right calf.
FBS8873X.
No HORGAN LAU LIK SEN (Phone) +65-94519866 Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?

A.Fenestyx B.SABElox DESCRIBE CIRCUMSTANCES OF THE ACCIDENT SKETCH PLAN

Refer to Police Report

DECLARATION

Driver's Signature (If driver is not the policyhol Date & Tinte:

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@ Accident report SN0721BI0000

@ Accident report SN0721BI0000

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MAGES #3



SINGAPORE POLICE FORCE

Report No. 1720211117/2014

CONTINUATION OF REPORT

Police Station Of Origin:
Bedock North N.P.C.
30 Bedock North Read SINGAPORE 469676
Tel No: 1800-2449999

Brief Details.

On 1711/2021 at about 01:50pm, I was riding my bike (FBS8673X) along Bedok North Street 2 on rrfy way to work. I noticed one maron tax (SHB81C2) inflored from Far said tax then turned on his hazard light, slowed down and swerved to the last Total that wanted to park at the side of the road if aborded to over-take him on the right. As I was over-taking the taxi, the said taxi suddenly turned right to make a U-turn I was not able to stop on time thus collided onto the taxi. I tell and had injuries on my back, shoulder, call and abrasion on my left hand. The taxi driver quickly stopped and came to assist me who then called for the ambulance. When the ambulance came I was feeling better and did not want to be corney to hospital. To also arrived at the location and interviewed us. After taking photos and exchanging (Bedok) and was given 3 days of MC.

I would like to state that I was traveling at a safe distance and at road speed limit. Upon seeing the taxi slow down with hazard light and swerving to the left i decided to overtake him on the right. The road is a single lane. Further more the taxi tried to make a U-turn at the said focation which cause the accident. I do not have camera in my blic however I believe the taxi might have one installed.



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