

ASS. REC. BY: TGM

REF:

CS3/ASM21012558/Bty3

~~CS3/ASM21012558/Bty3~~

Denise

ASSIGNMENT

From:

Date: 13/12/2021

Veh No:

FBR 233D

Yr Regn:

4/2/2021

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No: FBR 233B

Make:

Honda 150 ABS CVT c.c. 149

at Workshop m/s 8 Kak Bt, Ave 4 Premier #0107

Colour:

Red

A/C: Insured / Std / NI / NA

of

Sp. Reading

Bat Discharged

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

KF61E1007805

Policy No.

C/No:

MH1K618KK007846

Claims No.

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

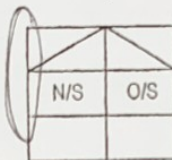
Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

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



Bal. or Market Value:

10,000/-

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date:

Person Contacted:

Tyre Size:

F:

110/80/14

R:

130/70/13

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

TOYO / YOKO or

Maxis

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

20/11/2021

D.O.I.

13/12/2021

Survey held at

MS Cars

Des. of Damages: Frt / Rear / O/S / ~~M/S~~ / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Range 2,000/- - 3,000/-

Survey photos taken on Mon 13/12/2021 @ 2:53:44 PM

Resurvey photos taken on Wed 15/12/2021 @ 2:19:44 PM

MV 10,000/-

SUBMIT PRS REPORT

PV 3,321/-

TGM/min

NV 6,679/-

22/12/2021

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

4

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

1

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / I.S.I. (\$

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	047B
Vehicle Details	
Vehicle No.:	FBR233B
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Dec 2021
Vehicle Make:	HONDA
Vehicle Model:	ADV150 ABS CVT
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	KF61E1007805
Chassis No.:	MH1KF6118KK007846
Maximum Power Output:	-
Open Market Value:	\$3,751.00
Original Registration Date:	04 Feb 2020
First Registration Date:	04 Feb 2020
Transfer Count:	1
Actual ARF Paid:	\$563.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	03 Feb 2030
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,089.00
COE Rebate Amount:	\$3,321.00
Total Rebate Amount:	\$3,321.00

The information contained herein is correct as at 20 Dec 2021

OK

MV 10,000/2

PV 3,321/2

NV 6,679/2

Kevin Hui

20/12/2021

Vehicle Type : Scooters

Mileage : -

SGD \$12800

Posted on : 20/11/2021

Paid Ad

Dealer Ad

Details



Honda Adv 150

Reg Date : 22/02/2020

Vehicle Type : Scooters

Capacity : 149cc

Mileage : 52000km

SGD \$11800

Posted on : 12/11/2021

Paid Ad

Dealer Ad

Details



Honda Adv 150

Reg Date : 11/03/2020

Vehicle Type : Scooters

Capacity : 149cc

Mileage : 21339km

SGD \$13088

Posted on : 28/10/2021

Paid Ad

Dealer Ad

Details



Honda Adv 150

Reg Date : 09/06/2021

Vehicle Type : Scooters

Capacity : 149cc

Mileage : 6000km

SGD \$14888

Posted on : 28/10/2021

Paid Ad

Dealer Ad

Details



Honda Adv 150

Reg Date : 24/10/2

Vehicle Type : Scooter:

Posted on : 23/10/2021

Paid Ad

Dealer Ad

Details

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	08/12/2021 17:52 (SGT)
Date of Accident	20/11/2021 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN INDUSTRIAL PARK A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR233B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM WEI RONG
NRIC No	SXXXXX047B
Email Address	LIMWEIXIANG85@GMAIL.COM
Mobile Phone No	(Phone) +65-94797211
Alternative Phone No	(Home) +65-94797211

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV150
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	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5120631722
Cover Note Number	-

DRIVER

Name of Driver	LIM WEI RONG
NRIC No	SXXXXX047B

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	LIM WEI RONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR233B
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**.
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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.

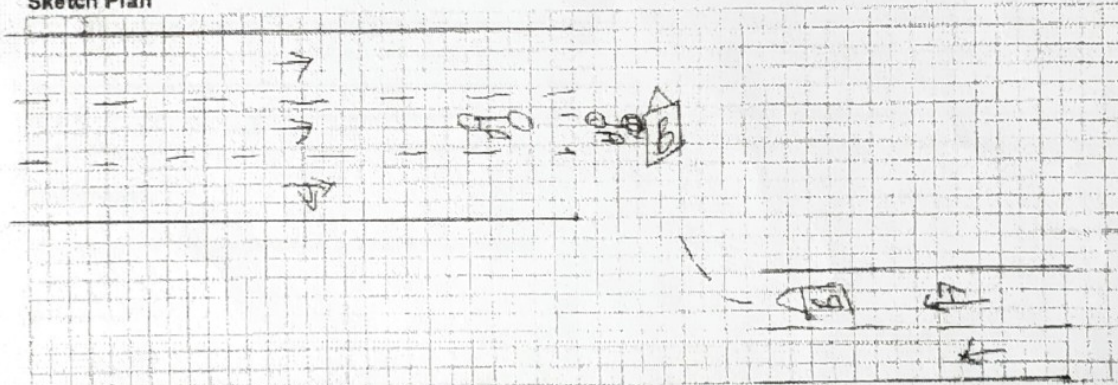
SHUYI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per police Report No T/2021/23/2050

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
& Title

Witnessed by Reporting Centre
Personnel

SHUYI



POLICE FORCE



T/20211123/2050

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

1 of 3

Report No: T/20211123/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2021 14:21		Vide Report No.:		Station Diary No.: 51	
Informant's Particulars					
Name of Informant: LIM WEI XIANG			Address: APT BLK 317B YISHUN AVENUE 9 #11-280 SINGAPORE 762317		
ID Type / ID No.: NRIC NO / S8504408G			Contact No.: Home/Office: Mobile: 94797211		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 07/02/1985	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B, 2A, 2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/11/2021 15:20	Type of Location: X-Junction
Location: YISHUN INDUSTRIAL PARK A				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

No.	Type	Make	Model	Color	Condition	No. of Passengers
FBR233B	Motorcycle	HONDA	ADV 150	Red	Slightly Damaged	0
S4D9978D	Car	TOYOTA	Prus	Red	Slightly Damaged	0

Persons Involved

Persons Involved: No

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Rider		ID No.	
Name	LIM WEI XIANG	ID No.	S8504408G
Related Vehicle	FBR233B (Motorcycle)	Contact No.	94797211
Hospital/Clinic	KHOO TECK PHUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LIM KIM SEAH	ID No.	S1325553I
Related Vehicle	SHD9978D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was riding my motorcycle bearing plate number FBR233B along Yishun Ave 7, approaching cross junction of Yishun Ave 6 and 7. While I was crossing the said junction, a red TransCab taxi bearing plate number SHB9978D had turned from Yishun Ave 7 to Yishun Ave 6 at the same time when I was about to pass the junction. As a result, I collided into the its left rear passenger door. The traffic light was green when I crossed the junction.

I was then conveyed to Khoo Teck Phuat hospital and given 7 days of MC. I was not warded and I was discharged the same day. The traffic police officer advised me to lodge a traffic accident report.

I am lodging this report for insurance claim and also to retrieve my motorbike from Traffic Police.

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

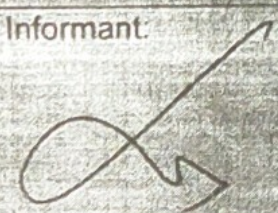
Signature of Officer Recording The Report

L /

Sgt 2 MUHAMMAD AMEER
SYAFIQ BIN ABU BAKAR



Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
23/11/2021 14:21

Officer In Charge Of Case:

TP / GIT /

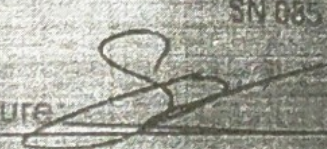
Staff Sgt NUR ADELINA BINTE MOHAMMAD
PUAT

Contact No: 65476066

Classification Of Case:



Signature:



SN 085

Singapore Police Force