

ASS. REC. BY:

T. G. L. in

REF:

~~CS3/ASM21012687/Bty3~~

Denise

ASSIGNMENT

From:

Date: 15/12/2021

Veh No:

FBS 5002M

Yr Regn:

10/5/2021

Estimated Cost:

Type: M/Car / ☒ M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD / ☒ WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No: FBS 5002M

Make:

Yamaha Aerox 155 c.c. 155

at Workshop m/s MS Car Auto

Colour:

Black

NC: Insured / Std / NI / NA

of 8 Kati Bt Ave 4 Premier #01-02

Sp. Reading:

19612

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

G3P4E 0015705

Policy No.

C/No:

MH3G6A20MJ008345

Claims No.

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

Sum Insured:

Excess:

Steering: ☒ Normal / Jammed / Leaked / Burnt or

(Client's Record)

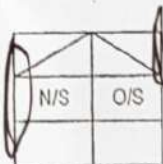
Brake: ☒ Normal / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / ☒ Rim / STD A/Rim or

(Policy Condition)

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



Bal. or Market Value: 12,000/-

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6 mm

R/Bal.

6 mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

4

days

Res.: Yes or No

D.O.A.

6/12/2021

D.O.A.

15/12/2021

Lum Sum:

%

3 Val.: Yes or No

Survey held at

MS car

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

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 Wed 15/12/2021 @ 2:23:10 PM |
| | Resurvey photos taken on Wed 22/12/2021 @ 12:25:10 PM |
| | MV 12,000/- |
| | PV 7,468/- |
| | NV 4,532/- |
| | SUBMIT PRS REPORT |
| | T. G. L. in |
| | 8/1/2022 |

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.B. / C.

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

1

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|-------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 438C |
| Vehicle Details | |
| Vehicle No.: | FB55002M |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 08 Jan 2022 |
| Vehicle Make: | YAMAHA |
| Vehicle Model: | AEROX155 ABS CVT |
| Primary Colour: | Black |
| Manufacturing Year: | 2021 |
| Engine No.: | G3P4E0015705 |
| Chassis No.: | MH3SG6420MJ008345 |
| Maximum Power Output: | - |
| Open Market Value: | \$2,506.00 |
| Original Registration Date: | 10 May 2021 |
| First Registration Date: | 10 May 2021 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$376.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 09 May 2031 |
| COE Category: | D - Motorcycle |
| COE Period(Years): | 10 |
| QP Paid: | \$8,000.00 |
| COE Rebate Amount: | \$7,468.00 |
| Total Rebate Amount: | \$7,468.00 |

The information contained herein is correct as at 08 Jan 2022

OK

MV 12,000/2

PV 7,468/2

NV 4,532/2

TGumi (Ker)
8/1/2022

Registration Date

27/05/2020

COE Expiry Date

26/05/2030 (8 years 4 months left)

Mileage

13000km

No. of owners

1

Type of Vehicle

Scooters

SGD **\$10999**

Selling 2020 Yamaha Aerox 155 (Keyless).

All Stock Engine Parts.

Road Tax Till May 2022.

Price is Negotiable

[Read more](#)

Similar Bikes

[View More](#)



01/11/2021

Used Bike

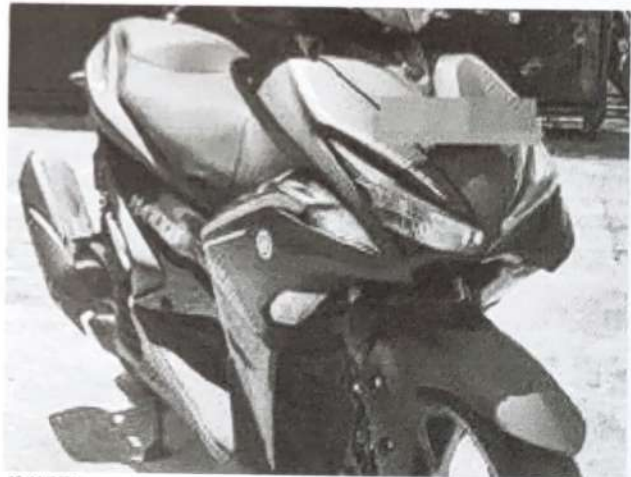
Gusto 2 Wheels

Yamaha Aerox 155

Yamaha Aerox GDR155A For Sale...

\$13000

3



15/11/2021

Used Bike

Speedway Motor Pte ...

Yamaha Aerox 155

2019 Yamaha Aerox Keyless 155...

\$10800

4

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 17:06 (SGT) |
| Date of Accident | 06/12/2021 20:45 (SGT) |
| Exact Location of Accident | 80 Marine Parade Rd, Singapore 449269 |
| Additional Location Information | SMALL ROAD BETWEEN PARKWAY PARADE & PARKWAY MACDONALDS |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBS5002M |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | LIM JIANG HAO |
| NRIC No | SXXXX438C |
| Email Address | IV4NN_LIM@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-89098058 |
| Alternative Phone No | (Home) +65-89098058 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | Aerox |
| 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 | 0 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | 5122127749 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | LIM JIANG HAO |
|----------------|---------------|

| | |
|--|-----------------------------------|
| NRIC No | SXXXX438C |
| Date Of Birth | 13/01/1993 |
| Occupation | Indoor |
| Date Of Driving Pass | 23/04/2021 |
| Driving experience | 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89098058 |
| Alt. Phone Number | (Home) +65-89098058 |
| Email Address | IV4NN_LIM@HOTMAIL.COM |
| Address | APT BLK 56 CASSIA CRESCENT #13-17 |
| Address complement | - |
| Postcode | 391056 |
| 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 - Opening Door of Vehicle |
| 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? | No |
| 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 | SMA6368R |
| Vehicle Manufacturer | Lexus |
| 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

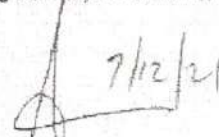
INJURED 1

| | |
|---|---------------|
| Name of injured person | LIM JIANG HAO |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBS5002M |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

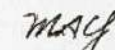
SKETCH PLAN

IMPORTANT NOTICE

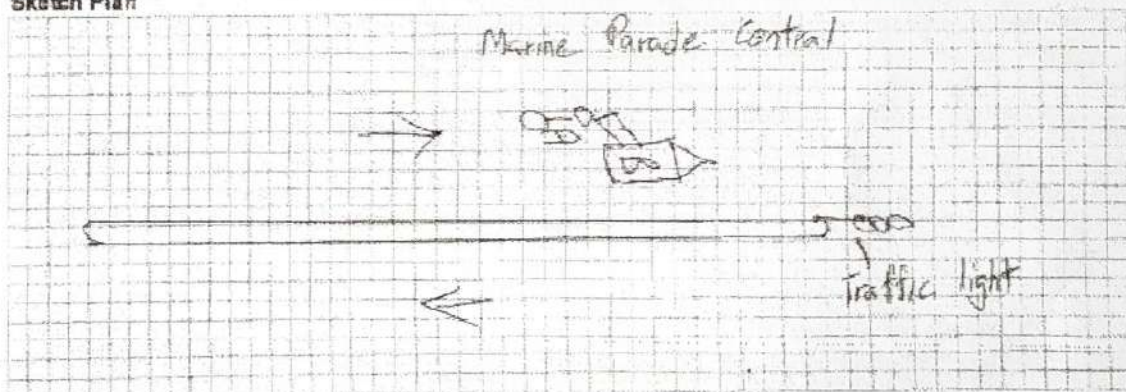
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts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

X  7/12/21
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

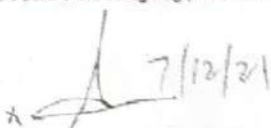


Describe Circumstances of the Accident

As a police report TL20211207/7052

Declaration

We declare the foregoing particulars are true in every respect

 7/12/21
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20211207/7032

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

1 of 4

Report No. T/20211207/7032

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 07/12/2021 17:20 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: LIM JIANG HAO | | | Address: 56 CASSIA CRESCENT #13-17 SINGAPORE 391056 | | |
| ID Type / ID No.: NRIC NO / S9301438C | | | Contact No.: Home/Office: Mobile: 89098058 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: IV4NN_LIM@HOTMAIL.COM | | |
| Sex: Male | Age: 28 | Date of Birth: 13/01/1993 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Electrical lift, escalator and related equipment fitter | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|-----------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/12/2021 20:45 | Type of Location: Straight Road |
| Location: MARINE PARADE CENTRAL | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|------------|--------|----------------------|-------|---------------------|-------|
| FBS5002M | Motorcycle | YAMAHA | AEROX155+ ABS+CVT | Black | | 0 |
| SMA6368R | Car | LEXUS | LEXUS | Blue | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



SINGAPORE POLICE FORCE



T/20211207/7032

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

2 of 4

Report No. T/20211207/7032

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBS5002M | NTUC Income Insurance Co-Operative Limited | 5122127749 | 10/05/2021 | 09/05/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|---------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Rider | | | | |
| Name | LIM JIANG HAO | ID No. | S9301438C | |
| Related Vehicle | FBS5002M (Motorcycle) | Contact No. | 89098058 | |
| Hospital/Clinic | HEALTHWISE MEDICAL CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | 07/12/2021 | Date | 07/12/2021 | |
| No. of Days granted Medical Leave | 03 | Degree of | Slight | |
| Driver | | | | |
| Name | YONG LOONG TEE | ID No. | S7406474D | |
| Related Vehicle | SMA6368R (Car) | Contact No. | NIL | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | NIL | Date | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of | NIL | |

Brief Details.

It was at the small road in between PARKWAY PARADE and PARKWAY MACDONALDS right before the traffic light where pedestrian cross from parkway to macdonalds vice versa.

I am motorcycle rider FBS5002M and was hit by SMA6368R passenger car door as his passenger alighted.

He stopped his car in the middle of the lane without signalling hazard which cause me to swerve more to his rear left side (as I was keeping left) to prevent a rear end collision.

As I was on the left side of his car, his passenger open the door and hit my bike's right front headlight which cause me to fall on my left onto the ongoing construction concrete barricade.

It was not expected as he was on the middle of the lane and did not provided any hazard



**SINGAPORE
POLICE FORCE**



T/20211207/7032

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

3 of 4

Report No. T/20211207/7032

CONTINUATION OF REPORT

warning signal.

Pictures will also show that damages was done to the exterior instead of interior of his car door which indicate the car door was open just as my motorcycle was already beside his car.



**SINGAPORE
POLICE FORCE**



T/20211207/7032

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

4 of 4

Report No. T/20211207/7032

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:

Signature Of Informant:

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

Date/Time:
07/12/2021 17:20

Classification Of Case:



Bike model

Search

Type Of Vehicle

Price From

Price To

Class

More Search Options

Share

Share

Report

1

Yamaha Aerox 155

Listing Type

Free Ad

Brand

Yamaha

Model

Yamaha Aerox 155

Engine Capacity

155cc

Classification

Class 2B