> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	299B
Vehicle Details	
Vehicle No.:	FBL3048G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	29 Dec 2021
Vehicle Make:	HONDA
Vehicle Model:	CBF190WH
Primary Colour:	Orange
Manufacturing Year:	2016
Engine No.:	MC46E5014650
Chassis No.:	LWBMC4695H1104078
Maximum Power Output:	-
Open Market Value:	\$3,003.00
Original Registration Date:	17 Aug 2016
First Registration Date:	17 Aug 2016
Transfer Count:	2
Actual ARF Paid:	\$451.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	14 Aug 2024
COE Expiry Date:	16 Aug 2026
COE Category:	D - Motorcycle 10
COE Period(Years): QP Paid:	
	\$6,206.00
COE Rebate Amount:	\$2,874.00
Total Rebate Amount:	\$2,874.00

The information contained herein is correct as at 28 Dec 2021

SA0A21CR0005 / Aiax Mars Pte Ltd ENTRY DATE & TIME: 27/12/2021 15:25 (SGT) SUBMITTED BY: Susan VERSION: 1 (28/12/2021 16:16 (SGT))

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 witholding 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 27/12/2021 15:25 (SGT) Date of Accident 20/12/2021 14:10 (SGT) Exact Location of Accident Singapore Additional Location Information Telok kurau rd Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBL3048G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

TAY BOON WAN SPENCER S7348299B

boontaywan7@gmail.com (Phone) +65-92977719 +65-92977719

VEHICLE PARTICULARS

Manufacturer Model

Variant

CC

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

Honda

CBF190WH

Employment

No - Claiming third party

Motorcycle Auto 184

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number FWD Singapore Pte. Ltd. ThirdPartyFireTheft

No

PNMC2020-00004256

NA

DRIVER

Name of Driver NRIC No

TAY BOON WAN SPENCER S7348299B



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address Address complement

Postcode 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

21/03/1973 Indoor

22/08/2001 20 YEARS AND 4 MONTHS

Male

(Phone) +65-92977719

+65-92977719

boontaywan7@gmail.com Hawaii Tower, 75 Meyer Road

#03-01 437901 Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear Clear

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) 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

Marine Parade Neighbourhood Police Centre (Phone) +65-18004428999 (Fax) +65-62447678 300 Marine Parade Road Singapore 449296 No

CIRCUMSTANCES OF ACCIDENT

ON 20/12/2021 AT ABOUT 1410HRS,I WAS RIDING MY MOTORCYCLE(SBL3048G) ALONG TELOK KURAU ROAD TOWARDS CHANGI ROAD.I WAS RIDING ON A STRAIGHT ONE WAY ROAD.AS I WAS RIDING MY MOTORCYCLE BETWEEN LORONG G AND H OF 66 TELOK KURAU ROAD. A VEHICLE (SJQ1549U) HIT THE REAR OF MY MOTORCYCLE.THIS CAUSED ME TO FALL OFF MY MOTORCYCLE.THE IMPACT BETWEEN THE CAR AND MY MOTORCYCLE WAS QUITE HEAVY.AFTER THE ACCIDENT, THE DRIVER OF THE CAR I ASSUMED TRIED TO DRIVE AWAY. A GOOD SAMARITAN WAS AT THE ACCIDENT LOCATION TO WARN THE DRIVER NOT TO MOVE VEHICLE, BUT RATHER TO WAIT FOR THE TRAFFIC POLICE.ANOTHER GUY ALSO CAME TO MY AID AND CALLED FOR THE AMBULANCE. I MANAGED TO TAKE A PHOTO OF THE CAR JUST AFTER THE ACCIDENT.I WAS THEN CONVEYED CONSCIOUS TO CHANGI GENERAL HOSPITA; AFTER THE ACCIDENT.I WAS HOSPITALIZED THERE FROM 20/12/2021 TO 24/12/2021.I WAS ALSO CERTIFIED MEDICALLY UNFIT FOR A PERIOD OF 22 DAYS MC(OTO2021220921).THIS WAS DUE TO AN INJURY I SUSTAINED ON MY RIGHT ELBOW FROM THE COLLISION AS WELL AS OTHER AREAS.MY ELBOW ALSO HAD TO UNDERGO A SURGICAL FIXATION AS IT WAS FRACTURED.I HAD NO CAMERO ON MY MOTORCYCLE DURING THE ACCIDENT.PARTICULARS OF DRIVERS(SJQ1549U):ARJUN KUMAR SHROFF S2032387F 96382952.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJQ1549U Vehicle Manufacturer Nissan Vehicle Model Teana 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 TAY BOON WAN SPENCER Gender Male Phone No (Phone) +65-92977719 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? FBL3048G 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR

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



Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2021 19:15

T/20211224/2083

Report No. T/20211224/2083

24/12/2021 19:15			Vide Report No.:	Station Diary N		
Informa	nt's Partic	ulars		52		
Name of Informant: TAY BOON WAN, SPENCER ID Type / ID No.: NRIC NO / S7348299B Nationality: SINGAPORE CITIZEN			Address: BLK 75 MEYER ROAD #03-01 SINGAPORE 437901			
		99B	Contact No.: Home/Office:	Mobile: 92977719		
		EN	Email:			
Sex: Male	Age:	Date of Birth: 21/03/1973	Type of Informant:			
Race: Chinese		,	Language:	Institution / School Name		
Occupation: DELIVEROO RIDER		2	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road
Location:		1140	20/12/2021 14:10	

TELOK KURAU ROAD

Weather: Clear	Road Surface:	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.		Make	Model	Color	Condition	No of Passenge
SBL3048G	Motorcycle				Seriously	0
SJQ1549U	Car				Slightly Slightly	0
					Damaged	0



Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 T/20211224/2083

2 of 3 Report No. T/20211224/2083

CONTINUATION OF REPORT

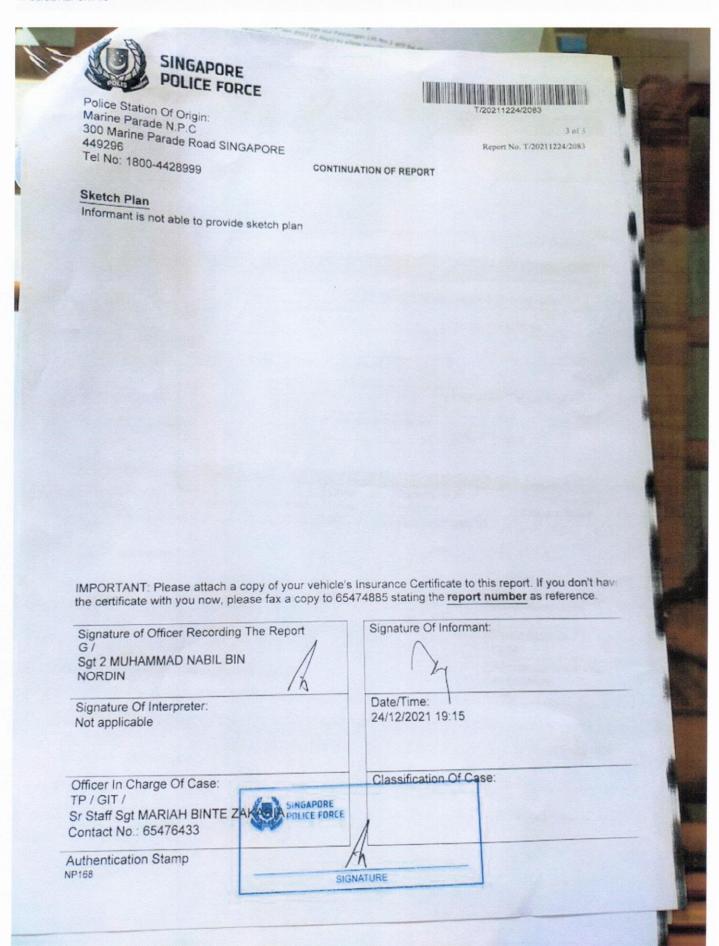
Brief Details.

On 20/12/2021 at about 1410hrs, I was riding my motorcycle(SBL3048G) along Telok kurau road towards Changi road. I was riding on a straight one way road. As I was riding my motorcycle between Lorong G and H of 66 Telok Kurau road, A vehicle(SJQ1549U) hit the rear of my motorcycle. This caused me to fall off my motorcycle. The impact between the car and my motorcycle was quite heavy. After the accident, the driver of the car I assumed tried to drive away. A good Samaritan was at the accident location to warn the driver not to move the vehicle, but rather to wait for the traffic police. Another guy also came to my aid and called for the ambulance. I managed to take a photo of the car just after the accident.

I was then conveyed conscious to Changi General Hospital after the Accident. I was hospitalized there from 20/12/2021 to 24/12/2021. I was also certified medically unfit for a period of 22 days MC(OTO2021220921). This was due to an injury I sustained on my right elbow from the collision as well as other areas. My elbow also had to undergo a surgical fixation as it was fractured. I had no camera on my motorcycle during the accident.

Particulars of Driver (SJQ 1549U):

Arjun Kumar Shroff S2032387F 96382952





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SA0A21CR0005 FBL3048G Vehicle Registration No: Original Report No: TAY BOON WAN SPENCER NRIC/FIN/Passport No: SXXXX299B Name (as shown in NRIC): (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Mobile No.: 92977719 Contact (Tel):_ Email Address: boontaywan7@gmail.com Date of Accident: 20/12/2021 Telok Kurau Rd Place of Accident: FWD Singapore Pte. Ltd Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: AMEND: Exact purpose for which vehicle was being used at time of accident.. COMMERICAL SUSAN Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: FS NEO NRIC/FIN No.:

Date: 28/12/2021

GIARMC Addendum For



Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance If Your Motorcycle breaks down or is involved in an accident. All accidents must be reported within 24 hours or by the next working day of the incident regardless of whether it will lead to a claim.

Policy number: PNMC2020-00004256

Plan name: Third Party Fire & Theft

Motorcycle plate number: FBL3048G

Your name (As the policyholder): Tay Boon Wan Spencer

Coverage start date: 15/10/2020

Coverage end date: 17/02/2022

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

Finance company:

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and a Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to ride Your Motorcycle understands your duties under this Policy and com with its conditions.

Your Policy is only valid if Your Motorcycle is being used for commercial use in accordance with Your contra

This Policy does not cover use for any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (C

issued on: 15/10/2020

Khor Kee Eng Chief Executive Officer **FWD Singapore Pte Ltd**

Please immediately inform us at +65 or email us at contact.sg@fwd.com this Certificate of Is

ACCIDENT DIAGRAM Ver. 30042021 A-F8L304809 B-SJQ1549U CHANGI RD 66 G Contact H VERIFIED BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: Date & Time:



方商昭喷漆 ON SIANG SEOW

Not Norhaire Berny Athe Paint 4days

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722. Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

TAY BOON WAN SPENCER 74 MEYER ROAD HAWAII TOWER #03-01

SINGAPORE 437901

Dear sir

Estimate cost of repair to vehicle no. FBL 3048G

To supply

12 65.00 X Mirror left Gr 65.00 2. Mirror right Word 450.00 -3. Head lamp n en 120.00 X 4. Front mudguard In OH AN 40.00 5. Front handle grid x2 Cls Ry 180.00 Lf 6. Brake n cutch x2 7. Signal right rear and front x2 /5n (so 90.00 4 8. One set fairing cover w/c sticker 6th 980.00 L nd/ By 120.00 9. Foot rest x2 1 80.00 X 10. Exhaust chrome right Gr 180.00 11. Rear box 190.00 X 12. Seat 120.00 X 180.00 L 13. Engine cover right 14. Brake pedal right MILM 180.00 \$ 15. helmet 80.00 16. Number plate x2 Labour charge 50.00 301 Towing To remove refit fairing, check engine leak 1,200.00 1801

Total

Change casket

5,570.00

Your faithfully

ALBERT POON

LKK Auto Consultants hence notify

the Repairer of the following:

- · To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: