

Ref: Therun

CS3/CTI 22000 202/043

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.

Est. or Market Value:

14k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

5

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBP8584X

Yr Rogn:

21/6/19

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

Truck / Trailer or

Make:

Bmw G310 Gs

C.C.

313

Colour:

Black

A/C: Insured / Std / Nil / NA

Sp. Reading

not avail

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

WB3060203JR808904

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SIRIm / STD A/P or

Tyre Size:

F:

110/80-19

R:

110/80-19

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

TOYO / YOKO or

McTzeler

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

31/12/21

D.O.I.

6/1/22 1400

Survey held at

equator brotherhood

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/Top or

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

Date / Time

Action / Instruction

my: 14k

rebate: 2294

nv: 11706

4k-5k

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Procl. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

☐

: W&A end (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fuels

Other

Total

Request Fee/Ref:

Long Sign / Ref:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

577Z

Vehicle Details

Vehicle No.:

FBP8584X

Vehicle to be Exported:

No

Intended Deregistration Date:

17 Jan 2022

Vehicle Make:

B.M.W.

Vehicle Model:

G 310 GS

Primary Colour:

Black

Manufacturing Year:

2018

Engine No.:

A82A03A13180040

Chassis No.:

WB30G0203JR808904

Maximum Power Output:

-

Open Market Value:

\$6,400.00

Original Registration Date:

01 Aug 2018

First Registration Date:

21 Jun 2019

Transfer Count:

1

Actual ARF Paid:

\$1,450.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

20 Jun 2029

COE Category:

D - Motorcycle

COE Period(Years):

10

QP Paid:

\$3,090.00

COE Rebate Amount:

\$2,294.00

Total Rebate Amount:

\$2,294.00

The information contained herein is correct as at 17 Jan 2022

OK

clp: 154/m

2 yrs 6/90

$154 \times 90 = 13860$

$= 14k$

$14k - 2294$

$= 11706$

BMW G310GS

Listing Type	Paid Ad
Brand	BMW
Model	BMW G310GS
Engine Capacity	313cc
Classification	Class 2A
Registration Date	29/11/2019
COE Expiry Date	28/11/2029 (7 years 10 months left)
Mileage	10497km
No. of owners	1
Type of Vehicle	Sport Tourers

SGD \$14500

2019 BMW G310GS For Sale.

Comes With Freebies:

x1 Helmet

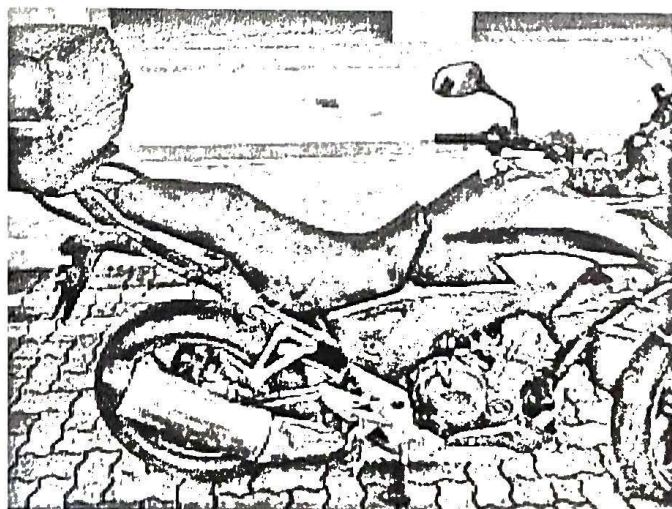
[Read more](#) ▾

Similar Bikes

[View More](#)

04/12/2021

Used Bike

★ Direct Seller
BMW G310GS

20/11/2021

Used Bike

★ Direct Seller
Honda CB400X


**SINGAPORE
POLICE FORCE**


G/20211231/2093

1 of 2

POLICE REPORT (NP299)

Report No. G/20211231/2093

Police Station Of Origin
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Date/Time Report Made 31/12/2021 19:16	Vide Report No. G/20211231/0120	Station Diary No 13
Name Of Informant QUEH ZUN	Address APT BLK 530 BEDOK NORTH STREET 3 #09-630 SINGAPORE 460530	
ID Type / ID No. NRIC NO / S9321577Z	Contact No. Home/Office	Mobile 96208065
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SAF REGULAR	Sex Male	Age 28
Institution/School Name	Date of Birth 25/06/1993	Race Chinese
	Language	
Date/Time Of Incident 31/12/2021 11:35	Location Of Incident 530 BEDOK NORTH STREET 3 HDB-BEDOK SINGAPORE 460530 open space carpark	

Brief details.

I am the owner of one motorcycle Black/grey in color BMW GS310 bearing plate number FBP8584X.

On 31/12/2021, at about 11.34am I received a call from my brother to inform me that my motorcycle had been hit by a van. My brother heard a loud sound coming from the carpark and went to take a look. That is when he saw that my motorcycle had been hit. My brother also saw that his own vehicle was hit as

Signature Of Officer Recording The Report:
G / Sgt 2 KHAIRUL ILYAS BIN
ISHAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/12/2021 19:16

Officer In-Charge Of Case:
G / Bedok Police Divisional
Investigation Branch
Sgt 3 AMAL NADHIRAH BINTE
JUFRI

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20211231/2093

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211231/2093

such he went down to the carpark to take a look. He then informed me about the matter. My motorcycle had been hit by a van bearing plate number GBK3280H.

The same day at about 5.30pm, I went to the carpark to take a look at my motorcycle and that is when I realize the damages on my motorcycle. The handlebar, the rear box and rack, rear brake lever, side stand, crash bar, bottle holder and foot rest is damaged. The coverset of my motorcycle is also damaged.

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report:
G / Sgt 2 KHAIRUL ILYAS BIN
ISHAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/12/2021 19:16

Officer In-Charge Of Case:
G / Bedok Police Divisional
Investigation Branch/
Sgt 3 AMAL NADHIRAH BINTE
JUFRI

Classification Of Case:

Authentication Stamp

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	01/01/2022 17:39 (SGT)
Date of Accident	31/12/2021 11:35 (SGT)
Exact Location of Accident	530 Bedok North Street 3, Singapore 460530
Additional Location Information	Open space carpark of Blk 530 Bedok north street 3 lot 239
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8584X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QUEH ZUN
NRIC No	S9321577Z
Email Address	quehzun@hotmail.com
Mobile Phone No	(Phone) +65-96208065
Alternative Phone No	+65-96208065

VEHICLE PARTICULARS

Manufacturer	BMW
Model	G 310 GS
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	313

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2021-00002745
Cover Note Number	-

DRIVER

Name of Driver	QUEH ZUN
NRIC No	S9321577Z

Date Of Birth	25/06/1993
Occupation	Indoor
Date Of Driving Pass	10/07/2019
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96208065
Alt. Phone Number	+65-96208065
Email Address	quehzun@hotmail.com
Address	530 Bedok north street 3
Address complement	#09-630
Postcode	460530
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I AM THE OWNER OF ONE MOTORBIKE BLACK/GREY IN COLOUR DMW GS310 PLATE NUMBER FBP8584X. ON 31/12/2021 AT ABOUT 1134AM I RECEIVED A CALL FROM MY BROTHER TO INFORM ME THAT MY BIKE HAD BEEN HIT BY A VAN. MY BROTHER HEARD A LOUD SOUND COMING FROM THE CAR PARK AND WENT TO TAKE A LOO., THAT IS WHEN HE SAW THAT MY BIKE HAD BEEN HIT. MY BROTHE RALSO SAW THAT HIS OWN VEHICLEWAS HIT AS SUCH HE WENT DOWN TO THE CAR PARK TO TAKE A LOOK. HE THEN INFORMED ME ABOUT THE MATTER . MY MOTORCYCLE HAD BEEN HIT BY A VAN BEARING PLATE NUMBER GBK3289H. THE SAME DAY AT ABOUT 5.30PM ,I WENT TO THE CAR PARK TO TAKE A LOOK AT AMY MOTORCYCLE AND THAT IS WHEN I REALIZE THE DAMAGES ON MY MOTOTRCYCLE. THE HANDLEBAR, THE REAR BOX AND RACK, REAR BRAKE LEVER, SIDE STAND, CRASH BAR, BOTTLE HOLDER F, FOOT REST IS DAMAGED. THE COVERSET OF MY MOTORCYCLE ALSO DAMAGED. I AM LODGING THIS REPORT FOR INSURNACE PURPOSES.

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	GBK3289H
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	TAN YI JIE
Contact Number	(Phone) +65-82439398
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 :
 - (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.
- (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:

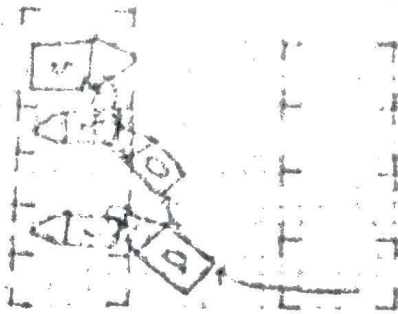
1 Jan 2022

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

VERIFY BY AJAX MARS (ARC)
 REPORTING OFFICER
 MOHAMED SAIFULLAH S/O SYED MASOOD
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AL-THABAT 11-11-2010

11-11-2010



MOHAMED A. FOFER
 MOHAMED A. FOFER
 MOHAMED A. FOFER
 MOHAMED A. FOFER

[Signature]
 Person's Signature
 Date & Time

Driver's Signature
 (If Driver is not the police officer)
 Date & Time

VERIFIED BY ALI MAHDI (ARC)
 REPORTING OFFICER
 MOHAMED SAFFUAN 1/11/2010
 Reporting Centre Personnel's Signature
 Name
 Date, Time

ALIA