

ASS. REC. BY: P. S. S. S.

REF:

CSJ/CT122004738/Rug3

016F

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: FBL1169Dat Workshop m/s TUNE IN MOTORof 1016, YUSHUW PKA #01-214Insured: CTI

Policy No. _____

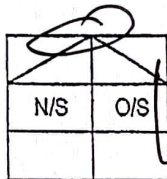
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 11K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBL1169D Yr Regn: 2016 / JunType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: BAJAJ PULSAR 200MS PL c.c 200Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 36540 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MD2A36F23FCC08283Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Mod: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 100/70-17R: 130/70-17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 29/04/22 D.O.I. 20/05/22Survey held at TUNE IN MOTORDes. of Damages: Fit / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

REPAIR LIMIT - 7K

ESTIMATE RANGE OF REPAIR / no. of days - (3K-4K) / 4 days

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

Rep. Format: _____

Lump Sum / L.B.A. /



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	30/04/2022 20:50 (SGT)
Date of Accident	29/04/2022 06:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 926 YISHUN CENTRAL 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1169D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOHAR BIN SAID
NRIC No	S1734016F
Email Address	AZHAR952@GMAIL.COM
Mobile Phone No	(Phone) +65-82258441
Alternative Phone No	+65-82258441

VEHICLE PARTICULARS

Manufacturer	Bajaj
Model	Pulsar
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	Manual
CC	200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118383695-01
Cover Note Number	-

DRIVER

Name of Driver	AZHAR BIN JOHAR
NRIC No	S9622333A



Birth	03/07/1996
Location	Indoor
Of Driving Pass	29/04/2021
ing experience	1 YEAR
nder	Male
obile Number	(Phone) +65-89050590
ult. Phone Number	-
Email Address	AZHAR952@GMAIL.COM
Address	BLK 275 YISHUN STREET 22 #10-130
Address complement	-
Postcode	760275
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

MY BIKE WAS PARKED AT THE SIDE, THE VEHICLE WHO WAS REVERSING IN THE LOADING/UNLOADING LOT COLLIDED ONTO MY BIKE.

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	GBK5223J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-

complement -
de -
Insurance Company Name -
Amount Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

Type: M.Car / M.Cycle / Bus / Van / Boat


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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/04/2022


Reporting Centre Personnel's Signature
Name: MOEHAMMAD
NRIC/FIN No.: S994845

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	016F
Vehicle No.:	FBL1169D
Vehicle to be Exported:	No
Intended Deregistration Date:	23 May 2022
Vehicle Make:	BAJAJ
Vehicle Model:	PULSAR 200 NS FI
Primary Colour:	Black
Manufacturing Year:	2015
Engine No.:	JLZCFC06396
Chassis No.:	MD2A36FZ3FCC08253
Maximum Power Output:	-
Open Market Value:	\$2,162.00
Original Registration Date:	10 Jun 2016
First Registration Date:	10 Jun 2016
Transfer Count:	4
Actual ARF Paid:	\$325.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	09 Jun 2026
COE Category:	D - Motorcycle
COE Period (Years):	10
QP Paid:	\$6,302.00
COE Rebate Amount:	\$3,151.00
Total Rebate Amount:	\$3,151.00

The information contained herein is correct as at 23 May 2022

OK

Bajaj Pulsar NS200

Listing Type	Free Ad
Brand	Bajaj
Model	Bajaj Pulsar NS200
Engine Capacity	200cc
Classification	Class 2B
Registration Date	16/10/2015
COE Expiry Date	15/10/2025 (3yrs 4mths 22days COE left)
Mileage	40000km
No. of owners	1
Type of Vehicle	Street Bikes

SGD **\$10000**