

ASS. REC. BY:

REF:

SMO/ 22 005705/K1

Kenneth

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.

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBK 8002K

Yr Regn:

01, 16

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

Truck / Trailer or

Make:

Yamaha FZV 150 c.c

149

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

107818

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MEIRG16131-2001635

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

100/80R17

R:

14d 70R17

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

TOYO / YOKO or

Front

R/Bal.

3

mm

L/Bal.

mm

D.O.A.

13/6/22

Rear

R/Bal.

6

mm

L/Bal.

mm

D.O.I.

16/6/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

& N/S body

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

Date / Time

Action / Instruction

PRS

Sh repair cost 835-4.5k

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

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 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. 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	15/06/2022 00:14 (SGT)
Date of Accident	13/06/2022 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BUKIT BATOK ROAD TOWARDS CHOA CHU KANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8002K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZHENG QIN BIAO
NRIC No	SXXXX670J
Email Address	zhengqinbiao2013@gmail.com
Mobile Phone No	(Phone) +65-84848658
Alternative Phone No	+65-84848658

VEHICLE PARTICULARS

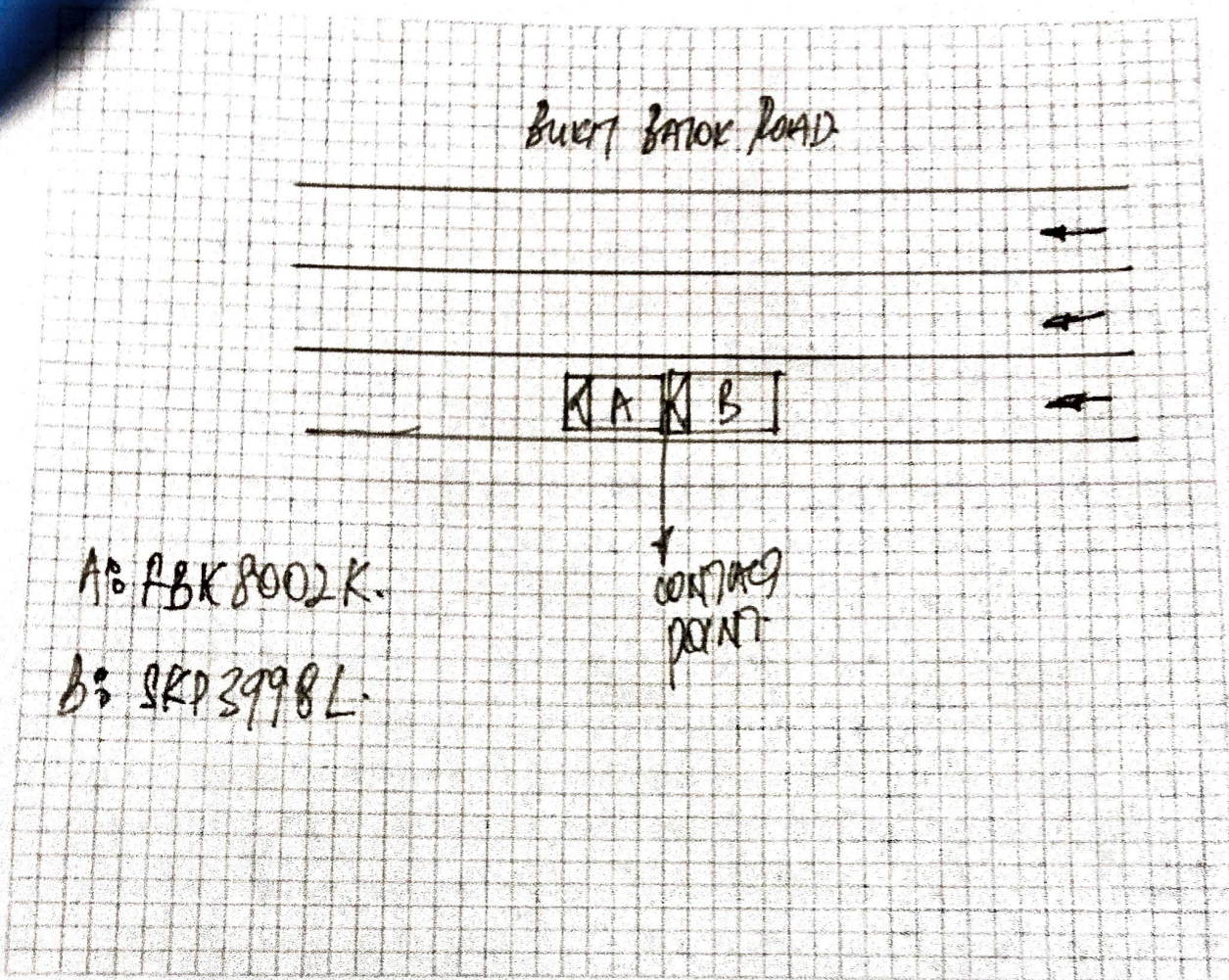
Manufacturer	Yamaha
Model	Fzn150
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	149

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2022-00000048
Cover Note Number	-

DRIVER

Name of Driver	ZHENG QIN BIAO
NRIC No	SXXXX670J



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

X

Policyholder's Signature
Date & Time:

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

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



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2022 11:24		Vide Report No.:		Station Diary No.: 54	
Informant's Particulars					
Name of Informant: ZHENG QINBIAO		Address: APT BLK 424D YISHUN AVENUE 11 #12-328 SINGAPORE 764424			
ID Type / ID No.: NRIC NO / S7865670J		Contact No.:		Mobile: 84848658	
Nationality: SINGAPORE CITIZEN		Email: zhengqinbiao2013@gmail.com			
Sex: Male	Age: 43	Date of Birth: 04/10/1978	Type of Informant: Rider		
Race: Chinese		Language:		Institution / School Name:	
Occupation: CONSTRUCTION OPERATOR		Driving Licence Information: Class: 2B,3A		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2022 07:30	Type of Location: Straight Road
Location: BUKIT BATOK ROAD				
Lamp Post Number: 30				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8002K	Motorcycle	YAMAHA	FZN150	Black	Seriously Damaged	0
SKP3998L	Car	HONDA	CROSSROAD 1.8L-X A	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8002K	FWD Singapore Pte. Ltd	PNMC2022-00000048	26/01/2022	25/01/2024



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Yishun North N.P.C
51 Yishun Central SINGAPORE 768827
Tel No. 1800-5529999



T/20220614/2020

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Report No. T/20220614/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZHENG QINBAO	ID No.	S7865670J
Related Vehicle	FBK8002K (Motorcycle)	Contact No.	84848658
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	13/06/2022	Date Discharge	14/06/2022
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 13/6/2022 at around 0730hrs, I was travelling in my FBK8002K (Motorbike) along Bukit Batok Road (Most left lane) to my work place at Tengah. Suddenly the car in front of me jam brake and I jam brake as well. Suddenly a car (SKP3998L) knocked me on my back (collision near to lamp post 30, B16 Bus stop) and due to the impact, I lost my balance for a distance and subsequent fall to the left. My motorbike was severely damage - unable to turn on. Ambulance (QX2140M) attended to me however I refused to get conveyed as I was feeling okay. I then exchanged particulars with the driver of SKP3998L and we agreed on private settlement and we left the scene.

On 13/6/2022 at around 2036hrs I visited Khoo Teck Puat Hospital as I felt pain on my left elbow and left knee. A x-ray was done and I was given 4 days MC. I then sent the invoice to the driver but he informed that he have already reported to his insurance company and told me to report to my insurance company as well. My insurance company then told me to make a police report regarding this incident.