

(08/11/13) wef

ASS. REC. BY:

REF:

C8/ASM22006097/Rcy3

1517

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: FBN 5121D

at Workshop m/s SX2 motor

of 61, woodlands and PK 89 #01-13

Insured:

ASM

Policy No.

Claims No.

Sum Insured:

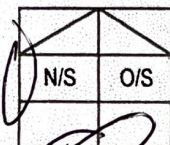
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

10K

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:

FBN 5121D

Yr Regn: 2018 OCT

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

Truck / Trailer or

Make:

YAMAHA XABRE TFX150 c.c 150

Colour

MULTI

A/C: Insured / Std / NI / NA

Sp. Reading

33826

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MH 3R 63710HK025629

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

110/70-17

R:

140/70-17

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

14/06/22

D.O.I.

28/06/22

Survey held at

SX2 motor

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

N/S &amp; Rear

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 - (4K-5K) / 4 days

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$





# 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              | 15/06/2022 15:16 (SGT)                           |
| Date of Accident                | 14/06/2022 19:00 (SGT)                           |
| Exact Location of Accident      | Singapore  |
| Additional Location Information | YISHUN AVENUE 9 AND YISHUN STREET 21, T-JUNCTION |
| Country/State of Loss           | Singapore  |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | FBN5121D |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | ANSEL ERIC MARTIN     |
| NRIC No                  | T0131151J             |
| Email Address            | anseleric29@gmail.com |
| Mobile Phone No          | (Phone) +65-98214663  |
| Alternative Phone No     | +65-98214663          |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Yamaha                    |
| Model  | Xabre                     |
| Variant  | TFX150                    |
| 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   | 150                       |

### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | ThirdParty                             |
| Fleet Policy              | No                                     |
| Policy Number             | 5127200903                             |
| Cover Note Number         | -                                      |

### DRIVER

Birth Date 29/09/2001  
 Location Indoor  
 Date of Driving Pass 20/04/2022  
 Driving experience 2 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-98214663  
 Alt. Phone Number +65-98214663  
 Email Address anseleric29@gmail.com  
 Address BLK 297 #08-69  
 Address complement YISHUN STREET 20  
 Postcode 760297  
 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 - Head to Rear  
 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) 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

#### PASSENGER 1

Name A SELVI  
 Gender Female

#### 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 POLICE REPORT : T/20220615/7019 AND SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes  
 Was there any video captured by Car Camera? No  
 Was there any audio recorded? No



|   |                      |
|---|----------------------|
| Model                                   | -                    |
| Variant                                 | -                    |
| Colour                                  | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | NUR HATIKA           |
| NRIC No                                 | S9400307E            |
| Contact Number                          | (Phone) +65-98419906 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | 1                    |

### INJURED PERSONS DETAILS

#### INJURED 1

|   |  |
|---|--|
| Name of injured person                              | A SELVI  |
| Gender  | Female   |
| Phone No  | -  |
| Address   | -  |
| Address Complement                                  | -  |
| Post Code   | -  |
| Approximate Age Years Old                           | 50   |
| Injuries Sustained                                  | SUFFERED BRUISING ON RIGHT LEG. SUFFERED LEFT ANKLE SWOLLEN. SUFFERED BACK PAIN. SUFFERED MINOR BURN ON LEFT RING FINGER |
| Injured person in which vehicle?                    | FBN5121D   |
| Were seat belts worn?                               | No   |
| 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 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: 15/06/2022  
1500HRS

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: VINCENT SOH  
NRIC/FIN No.: S991138

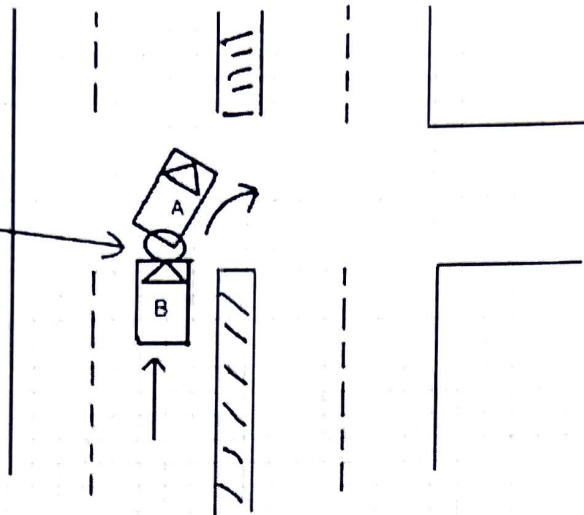
# SKETCH PLAN

YISHUN AVENUE 9 AND YISHUN STREET 21, T-JUNCTION

POINT OF IMPACT

A : FBN5121D

B : SNO5148M



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : T/20220615/7019

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
Date & Time: 15/06/2022  
1500HRS

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

*[Signature]*

Reporting Centre Personnel's Signature  
Name: VINCENT SOH  
NRIC/FIN No: S991138





# SINGAPORE POLICE FORCE



T/20220615/7019

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

1 of 4

Report No. T/20220615/7019

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>15/06/2022 15:06 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

### Informant's Particulars

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>ANSEL ERIC MARTIN  |            |                              | Address:<br>297 YISHUN STREET 20 #08-69 SINGAPORE 760297 |  |                            |
| ID Type / ID No.:<br>NRIC NO / T0131151J |            |                              | Contact No.:<br>Home/Office: Mobile: 98214663            |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:<br>ANSELERIC29@GMAIL.COM                          |  |                            |
| Sex:<br>Male                             | Age:<br>20 | Date of Birth:<br>29/09/2001 | Type of Informant:<br>Rider                              |  |                            |
| Race:<br>Indian                          |            |                              | Language:<br>English                                     |  | Institution / School Name: |
| Occupation:                              |            |                              | Driving Licence Information:<br>Class:                   |  | Date of Expiry:            |

### General Information of the Accident

|  |                  |   |  |                                     |
|--|------------------|---|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of Accident:<br>14/06/2022 19:00 | Type of Location:<br>T-Junction     |
| Location:<br><br>YISHUN AVENUE 9                             |                  |   |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        |  | Road Speed Limit:<br>50 Km/h        |
| Traffic Flow:<br>Two Way                                     |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |  | Anyone conveyed by ambulance:<br>No |

### Details of Vehicle Involved

| Vehicle No. | Type       | Make   | Model           | Color  | Conditio | No of |
|-------------|------------|--------|-----------------|--------|----------|-------|
| FBN5121D    | Motorcycle | YAMAHA | XABRE<br>TFX150 | Silver |          | 0     |
| SND5148M    | Car        |        |                 | Maroon |          | 1     |

### Details of Vehicle Insurance

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



# SINGAPORE POLICE FORCE



T/20220615/7019

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

2 of 4

Report No. T/20220615/7019

**CONTINUATION OF REPORT****Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                          | Insurance No | Effective  | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FBN5121D    | NTUC Income Insurance Co-Operative Limited | 5127200903   | 28/04/2022 | 27/04/2023  |

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

| Rider                             |  |                                   |                                   |
|-----------------------------------|--|-----------------------------------|-----------------------------------|
| Name                              | ANSEL ERIC MARTIN                              | ID No.                            | T0131151J                         |
| Related Vehicle                   | FBN5121D (Motorcycle)                          | Contact No.                       | 98214663                          |
| Hospital/Clinic                   | NIL  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL  | Degree of                         | NIL                               |
| Pillion                           |  |                                   |                                   |
| Name                              | A SELVI  | ID No.                            | S7280348E                         |
| Related Vehicle                   | FBN5121D (Motorcycle)                          | Contact No.                       | 93865282                          |
| Hospital/Clinic                   | NATIONAL HEALTHCARE GROUP POLYCLINICS (YISHUN) | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 15/06/2022                                     | Date                              | 15/06/2022                        |
| No. of Days granted Medical Leave | 03   | Degree of                         | Slight                            |
| Driver                            |  |                                   |                                   |
| Name                              | NUR HATIKA                                     | ID No.                            | S9400307E                         |
| Related Vehicle                   | SND5148M (Car)                                 | Contact No.                       | 98419906                          |
| Hospital/Clinic                   | NIL  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL  | Degree of                         | NIL                               |





**SINGAPORE  
POLICE FORCE**



T/20220615/7019

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20220615/7019

**CONTINUATION OF REPORT**

Brief Details.

I had just pumped petrol and turned out to the left from Esso at Yishun Avenue 9 and intended to make a right at the traffic junction into Yishun street 21. I stopped to the left of the car in the first lane and had my right signal on as it was a red light. Once the traffic light turned green I moved off forward and was in front of the car. As there was oncoming traffic from opposite direction. I slowed down before making the right turn. At that point I was hit from the back and my bike fell on its left side. My pillion, my mom, also fell of the bike. Once I got up I saw that the front bumper of the other party car was on partially on my rear wheel. The driver then came out of the vehicle and assisted me to get my motorcycle out from under the car. I then pushed my motorcycle to the side of the road at Yishun Street 21. We exchanged particulars and left scene. On the next following day, I brought my pillion to visit the nearest polyclinic and she was given 3 days mc for the injuries.



**SINGAPORE  
POLICE FORCE**



T/20220615/7019

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

4 of 4

Report No. T/20220615/7019

**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:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

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

Date/Time:  
15/06/2022 15:06

Classification Of Case:



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|                               |                   |
|-------------------------------|-------------------|
| Owner ID Type:                | Singapore NRIC    |
| Owner ID:                     | 151J              |
| Vehicle No.:                  | FBN5121D          |
| Vehicle to be Exported:       | No                |
| Intended Deregistration Date: | 29 Jun 2022       |
| Vehicle Make:                 | YAMAHA            |
| Vehicle Model:                | XABRE TFX150      |
| Primary Colour:               | Silver            |
| Manufacturing Year:           | 2017              |
| Engine No.:                   | G3GBE0034652      |
| Chassis No.:                  | MH3RG3710HK025629 |
| Maximum Power Output:         | -                 |
| Open Market Value:            | \$2,633.00        |
| Original Registration Date:   | 19 Oct 2018       |
| First Registration Date:      | 19 Oct 2018       |
| Transfer Count:               | 2                 |
| Actual ARF Paid:              | \$395.00          |
| PARF Eligibility:             | No                |
| PARF Eligibility Expiry Date: | -                 |
| PARF Rebate Amount:           | \$0.00            |
| COE Expiry Date:              | 18 Oct 2028       |
| COE Category:                 | D - Motorcycle    |
| COE Period(Years):            | 10                |
| QP Paid:                      | \$3,951.00        |
| COE Rebate Amount:            | \$2,489.00        |
| Total Rebate Amount:          | \$2,489.00        |

The information contained herein is correct as at 29 Jun 2022

OK



# Yamaha MT-15 Xabre

Listing Type

Paid Ad

Brand

Yamaha

Model

Yamaha MT-15 Xabre

Engine Capacity

150cc

Classification

Class 2B

Registration Date

06/01/2018

COE Expiry Date

05/01/2028

(5yrs 6mths 7days COE left)

Mileage

40000km

No. of owners

1

Type of Vehicle

Street Bikes

SGD **\$9888**