

A.S. REC. BY:

Steve

CS# SMO 21006354/LY3

ASSIGNMENT

PRS

From:

Date:

Veh No:

BP8 9486

Yr Regn:

21/6/19

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Yamaha MX King

c.c. 150

at Workshop m/s

Colour:

Silver

A/C: Insured / Std / Nil / NA

of

Sp. Reading

N/A

T/Radio: Insured / Std / Nil / NA

Insured:

FBL 8367C

Eng/No:

MA3460750 KK070615

Policy No.

Gen. Cond: Good / Fair / Poor / Burnt

Claims No.

CMTD2202299/SYH

Steering: In order / Jammed / Leaked / Burnt or

Sum Insured:

Excess:

Brake: In order / Jammed / Leaked / Burnt or

(Client's Record)

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

Make of Veh:

Tyre Size:

F:

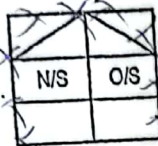
60/80-17

R:

80/80-17

(Policy Condition)

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Pirelli

Bal. or Market Value:

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

IDAC Accident Report:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

GIA / PR Seen:

Consistent? : Yes or No

D.O.A.

21/6/22

D.O.I.

5/7/22

Est. Repairs:

days

Res.: Yes or No

Survey held at

Speedway

Lump Sum:

%

3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

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

Date / Time

Action / Instruction

MV-1PK

Repair range 2K-3K
3 days

6/7/22

Submit PRS, repair range \$2000-\$3000

Date/Time, File Pass to?



: Prel. Report

1)

Date/Time, File Return to?



: Final Report

2) 6/7/22-typist

Report Format:

Lump Sum / L.B.F. (\$)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

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	01/07/2022 16:23 (SGT)
Reported by	Driver
Date of Accident	24/06/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TO CHANGI / WHITLEY ROAD - ERP(38)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8948E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOFHIAN BIN MOHAMED ALI
NRIC No	S7515446A
Email Address	sofhian75@yahoo.com
Mobile Phone No	(Phone) +65-92308481
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	MX KING T150
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	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5110756114-02

DRIVER

Name of Driver	SYUKRAN IRFAN BIN SOFHIAN
NRIC No	T0025049F
Date Of Birth	31/07/2000
Occupation	Outdoor

Date Of Driving Pass	20/12/2018
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87389623
Alt. Phone Number	-
Email Address	SYUKRANIRFAN20@GMAIL.COM
Address	BLK 817 #10-34 JURONG WEST STREET 81
Address complement	-
Postcode	640817
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	Collision - Change/cross lane
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?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MAS RUSDYANA BINTE MOHAMAD RAFI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL8367C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Motorcycle
Contact Number	MUHAMMAD AFIQ
Address	(Phone) +65-82924295
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	SYUKRAN IRFAN BIN SOFHIAN
Gender	Male
Phone No	(Phone) +65-87389623
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	22
Injuries Sustained	MEDICAL LEAVE FROM 24/06/2022 TO 27/06/2022 SUFFERED INJURIES TO HANDS AND LEGS FBP8948E
Injured person in which vehicle?	FBP8948E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	-
Gender	Female
Phone No	(Phone) +65-86928211
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	22
Injuries Sustained	MEDICAL LEAVE FROM 24/06/2022 TO 19/07/2022 SUFFERED INJURIES TO THE FOLLOWING 1) SPINAL 2) NERVE LOSS 3) RIGHT SIDE HEARING LOSS 4) URINAL TRACT INFECTION 5) BOWEL ISSUES 6) ABRASIONS TO HANDS AND LEGS FBP8948E
Injured person in which vehicle?	FBP8948E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

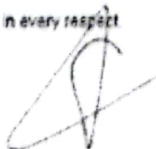
Name of injured person	MUHAMMAD AFIQ
Gender	Male
Phone No	(Phone) +65-82924295
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	22
Injuries Sustained	-
Injured person in which vehicle?	FBL8367C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

Declaration

We declare the foregoing particulars are true in every respect



01/07/2022
1800HRS

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



SUMAN SUKUMAR
S990968

Witnessed by Reporting Centre Personnel
(Name as in NRIC ID card)

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 Accused 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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.

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 insurers 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 overnight 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.

Policyholder's Signature / Date & Time

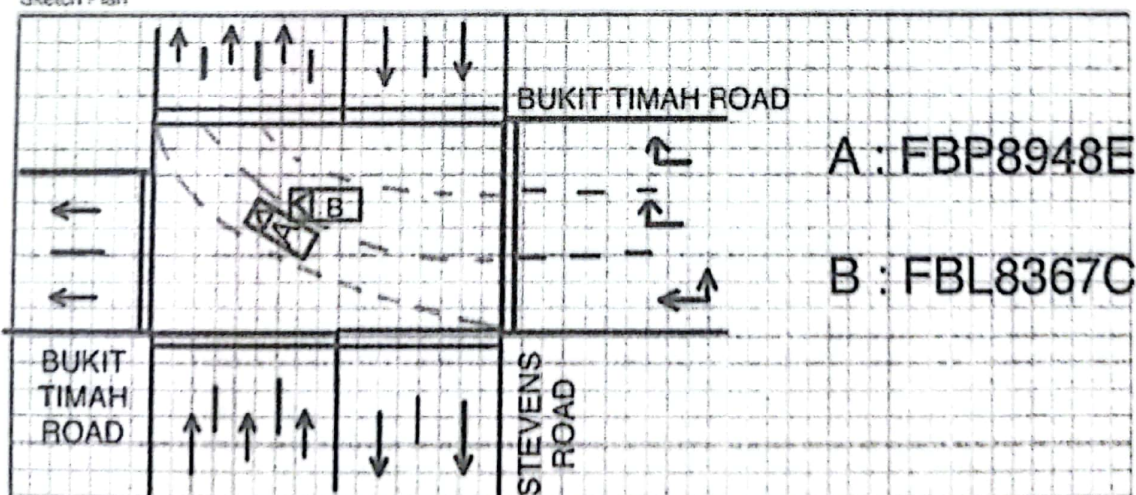
Driver's Signature (if driver is not the policyholder) / Date & Time

01/07/2022
1600HRS

Witnessed by Reporting Centre Personnel
(Name as in NR-CRD card)

SUMAN SUKUMAR
S990968

Sketch Plan





**SINGAPORE
POLICE FORCE**



E/20220627/7035

1 of 3

POLICE REPORT (NP299)

Report No. E/20220627/7035

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 29/06/2022 18:34	Vide Report No.	Station Diary No.
Name Of Informant SYUKRAN IRFAN BIN SOFHIAN	Address 120D CANBERRA CRESCENT #06-403 SINGAPORE 754120	
ID Type / ID No. NRIC NO / T0025049F	Contact No. Home/Office:	Mobile: 87389523
Nationality SINGAPORE CITIZEN	Email Address SYUKRANIRFAN20@GMAIL.COM	
Occupation Unemployed	Sex Male	Age 21
Institution/School Name	Date of Birth 31/07/2000	Race Malay
Date/Time Of Incident 24/06/2022 17:30 - 27/06/2022 00:00	Location Of Incident PIE TO CHANGI / WHITLEY ROAD - ERP(38)	
Brief details.		

In reference to report no. E/20220627/7030

On 24/06/2022, Me and my fiance, Mas rusdyana Binte Mohamad Rafi, was involved in a RTA along whitley road around 1730 hours. I was fetching her from work when we were hit by another motorcycle behind. The light just turned green so i was going off slowly about 10-20 k/hr. As i was turning right, my whole motorcycle was already facing right, we were hit by the other biker wanting to go straight. He was speeding at around 50k/hr as we heard the bike speeding up to avoid getting hit which end up still hitting

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/06/2022 18:34
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20220629/7035

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220629/7035

us. The impact of the hit was very hard till my fiance flung out from her seat. The passerby who stopped and helped us also confirmed that the other bike was speeding and mentioned that he was lane splitting before he hit us. Couple of minutes went by and we were conveyed to Tan Tock Seng Hospital by the ambulance. I sustained abrasions over my legs and hands. My fiance sustained spinal and nerve injuries. Vehicle involved: FBP8948E - My vehicle. FBL8367C - the other party's vehicle.

Subjects Involved			
Suspect			
Person Name	Afiz		
Mobile No	82924295	Build	Medium
Height About	168cm		
Victim			
Person Name	SYUKRAN IRFAN BIN SOFHAN		
ID Type	NRIC NO	ID No	T0025049F
Gender	Male	Age	21
Race	Malay	Language	English
Occupation	Unemployed	Address	1200 CANBERRA CRESCENT #06-403 SINGAPORE 754120
Mobile No	87389623	Is Informant A Victim?	Yes
Person Name Mas Rusdyana Bte Mohd Rafi			
ID Type	NRIC NO	ID No	T00213461
Gender	Female	Age	22
Race	Malay	Language	English

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

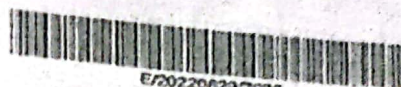
Date/Time:
29/06/2022 18:34

Classification Of Case:

**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



E/20220629/7035

3 of 3

Report No. E/20220629/7035

Occupation	Nursing aide/assistant	Address	967B Jurong west street 93
Mobile No	86928211	Relation To Informant	#06-849 SINGAPORE 642967 Fiance
Person Name	SYUKRAN IRFAN BIN SOFHIAN (Informant)		

Signature Of Officer Recording The Report:
Not applicableSignature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.Date/Time:
29/06/2022 18:34

Classification Of Case: