S. RECEBY:	HGNMENT
<u>A03</u>	
om: Date:	Veh No: FB)8397H Yr Regn: 2009, August
stimated lost.	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
D / TP / NS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspectivehicle No.	Make: Yamaha YZF-RIS c.c 150
Workstip m/s	Colour Rec A/C: Insured / Std / NI / NA
f .	Sp.Reading 77640 T/Radio: Insured / Std / NI / NA
sured:	Eng/No:
olicy No.	C/No: ME120P01192019840
Maims No.	Gen. Cong: Good/Fair/Poor/Burnt
ium Insuled: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STD A/Rim, or
	- Tyre Size: F: 90/80 R(7
(Policy Condition)	1 lyle Size: P: 10 70 R 17
(Policy Condition) Remark: The veh had commenced its N/S 0/8	
repair at the time of inspection.	TOYO / YOKO DI
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. Of mm R/Bal. Of mm
GIA / PR Seen: Consistent? : Yes or No	L/Balmm . L/Balmm
Est. Repairs: days Res.; Yes or No	D.O.A. D.O.I. 07/11/22
Lum Sum: % 3 Val.: Yes or No	Survey held at the Meny
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C Rooftop or
Vehicle: IN/C	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction TO Burdet Direct.	COE Expiry: 16/08/24.
anger mar	002 277.
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MV 3 K.	
PV , 600	
Nett, 2.41C.	
·	
Date/Time, File Pass 40? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip:
	Fee: Site Insp (\$)_s+Rs_si
	: Interview (\$) Photos
	11 E110000 D
Report Format :	:Tech. Invs (\$) Others

75.51元



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 Actual Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

01/11/2022 00:20 (SGT)

Both

28/10/2022 17:45 (SGT)

Near ECP, Singapore

ECP TOWARDS TPE BEFORE EXIT 1

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBD8397H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

ESWARAVAKA PAVAN KUMAR

G5417287M

pavankumarreddye@gmail.com

(Phone) +65-97730714

VEHICLE PARTICULARS

Manufacturer

Model

Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

Vehicle Category

Transmission

CC

your vehicle?

Private use

Yamaha

YZF-R15

NA

No - Claiming third party

Motorcycle Manual

155

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Direct Asia Insurance (Singapore) Pte Ltd

MC/01083253

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

ESWARAVAKA PAVAN KUMAR

G5417287M 22/08/1991

Indoor



Date Of Driving Pass 30/07/2021 Driving experience 1 YEAR AND 3 MONTHS Gender Male Mobile Number (Phone) +65-97730714 Alt. Phone Number **Email Address** pavankumarreddye@gmail.com Address Sea Esta, 20 Pasir Ris Link. Address complement #03-08 Postcode (S)518157 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? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Bedok Division Headquarters

(Phone) +65-18002440000

(Fax) +65-64443009

30 Bedok North Road Singapore 469676

No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, G/20221029/7053 LODGE AT BEDOK DIVISION HQ HELLO OFFICER, I ESWARAVAKA PAVAN KUMAR(FIN G5417287M) WAS INVOLVED IN AN ACCIDENT NEAR THE EXIT 1 OF ECP TOWARDS PIE/TPE. I WAS ON MY MOTORBIKE (VEHICLE NO: FBD8397H DRIVING ALONG LANE 3 FOR EXIT 1 TOWARDS PIE/TPE BETWEEN 5.45PM-6PM OCT 28TH, DURING WHICH I WAS HIT BY A CAR (SLD5569E) FROM BEHIND ABRUPTLY WITHOUT ANY INDICATIONS, CAR DRIVER WAS A LADY NAMED JULIA YEO JIE LE (NRIC: S****802A) I WAS ATTENDED BY FELLOW PSSENGERS AND CAR DRIVER IMMEDIATELY WHO HELPED TO CALL AN AMBULANCE. AFTER ARRIVAL OF AMBULANCE MEDICAL OFFICERS ATTENDED MY INJURIES AND I WAS TAKEN TO CHANGI GENERAL HOSPITAL FOT FURTHER MEDICAL EVALUTIONS. TRAFFIC POLICE OFFICERS TOOK DETAILS FROM ME FOR INCIDENT REPORT. I WAS DIAGNOSED WITH RIGHT HAND WRIST FRACTURE AND CONTUSION OF CHEST ALONG WITH OTHER MINOR INJURIES AND I WAS DISCHARGED ON THE NEXT DAY, 29TH OCT AROUND 3PM. IM TOLD MY BIKE WAS TOWED AFTER ACCIDENT AND I WOULD LIKE TO GET MORE INFORMATION ON NEXT STEPS RELATED TO MY INSURANCE CLAIMS FOR MEDICAL AND BIKE REPAIR BILLS. PLEASE REACH OUT TO ME AT +6597730714 THANKS

PAVAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD5569E Vehicle Manufacturer Mazda Vehicle Model 5 Vehicle Variant Vehicle Colour Gray Vehicle Category Private car Name of Driver JULIA YEO JIE LE Contact Number (Phone) +65-94519155 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

Yes

INJURED 1

Name of injured person ESWARAVAKA PAVAN KUMAR Gender Male Phone No (Phone) +65-97730714 Address Sea Esta, 20 Pasir Ris Link. Address Complement #03-08 Post Code (S)518157 Approximate Age Years Old Injuries Sustained Injured person in which vehicle? FBD8397H Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 ladgement 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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

E. Lanx

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time 31/10/2022

Witnessed By Reporting Officer Wong Jun Keat

Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

BEFER TO POLICE REPORT		
claration		
declare the foregoing part	ticulars are true in every respect.	
(Smy		Witnessed By Reporting Offic Wong Jun Keat

Driver's Signature (# driver is not the policyholder) / Date

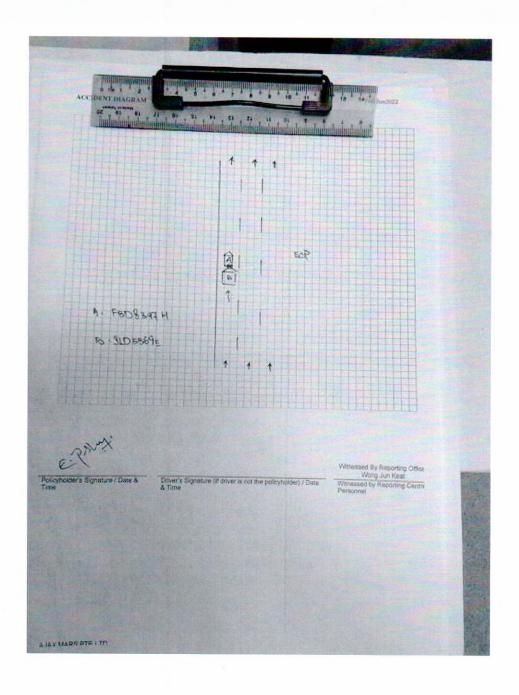
Time 31/10/2022

Policyholder's Signature / Date &

& Time

Witnessed by Reporting Centre

Personnel







4 -41

Report No. G/20221029/7053

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Vide Re	port No.		Station Diary No
Address			
20 PASIR RIS LINK #03-08 SEA ESTA SINGAPORE 518157		A SINGAPORE	
Contact No. Home/Office: Mobile: 97730714			
Email Address PAVANKUMARREDDYE@GMAIL.COM			
Sex	Age	Date of Birth	Race
Male	31	22/08/1991	Indian
Language English			
Location Of Incident ECP EXIT 1			
	Address 20 PASI 518157 Contact Home/O Email Ad PAVANI Sex Male Languag English Location	20 PASIR RIS LINK 518157 Contact No. Home/Office: Email Address PAVANKUMARREI Sex Age Male 31 Language English Location Of Inciden	Address 20 PASIR RIS LINK #03-08 SEA EST 518157 Contact No. Home/Office: Mobile: 97730714 Email Address PAVANKUMARREDDYE@GMAIL.CO Sex Age Date of Birth Male 31 22/08/1991 Language English Location Of Incident

Brief details.

Hello officer, I Eswaravaka Pavan Kumar (FIN G5417287M) was involved in an accident near the exit 1 of ECP towards PIE/TPE.

I was on my motorbike (vehicle no: FBD8397H) driving along lane 3 for exit 1 towards PIE/TPE between 5.45PM-6PM Oct 28th, during which I was hit by a car(SLD5569E) from behind abruptly without any indications, car driver was a lady named JULIA YEO JIE LE (NRIC: S****802A). I was attended by fellow passengers and car driver immediately who helped to call an ambulance. After arrival of ambulance medical officers have attended my injuries and I was taken to Changi General Hospital for further medical

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: 29/10/2022 16:59
Officer In-Charge Of Case:	Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221029/7053

evaluations. Traffic police officers took details from me for incident report

I was diagnosed with right hand wrist fracture and contusion of chest along with other minor injuries and I was discharged on the next day, 29th Oct around 3PM.

I'm told my bike was towed after accident and I would like to get more information on next steps related to my insurance claims for medical and bike repair bills.

Please reach out to me at +65 97730714

Thanks

Pavan

Victim			
Person Name	ESWARAVAKA PAVAN KUMAR		
ID Type	FIN NO	ID No	G5417287M
Gender	Male	Age	31
Race	Indian	Language	English
Occupation	Civil engineer	Address	20 PASIR RIS LINK #03-08 SEA ESTA SINGAPORE 518157
Mobile No	97730714	Is Informant A Victim?	Yes

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: 29/10/2022 16:59
Officer In-Charge Of Case:	Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Foreign Identification Number
Owner ID:	287M
Vehicle Details In the Committee of the	CHARLES AND AND THE PARTY OF TH
Vehicle No.:	FBD8397H
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Nov 2022
Vehicle Make:	YAMAHA
Vehicle Model:	YZF-R15
Primary Colour:	Red
Manufacturing Year:	2009
Engine No.:	20P1018473
Chassis No.:	ME120P01192019840
Maximum Power Output:	•
Open Market Value:	\$2,980.00
Original Registration Date:	17 Aug 2009
First Registration Date:	17 Aug 2009
Transfer Count:	6
Actual ARF Paid:	\$447.00
Intended PARI- Rebate Fetails	THE PARTY CAREELED BUILDING TO SEE SEE
PARF Eligibility:	No
PARF Eligibility Expiry Date:	*
PARF Rebate Amount:	\$0.00
Intended CCE Repate Details	A REMOVED BY THE REAL PROPERTY OF THE PROPERTY
COE Expiry Date:	16 Aug 2024
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$1,607.00
COE Rebate Amount:	\$569.00
Total Rebate Amount:	\$569.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 08 Nov 2022





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Yamaha YZF-R15		
Listing Type	Free Ad	
Brand	Yamaha	
Model	Yamaha YZF-R15	
Engine Capacity	150cc	
Classification	Class 2B	

Registration Date27/08/2009COE Expiry Date26/08/2024
(1yrs 9mths 18days COE left)Mileage63333kmNo. of owners6Type of VehicleSport Bikes

SGD \$3288

Aug 2009 Yamaha YZF-R15 For Sale.
COE Non-Renewable.
Smooth Engine.
List Einiched Eill Overbaul Oct 2022
Read more V

Similar Bikes





12/09/2022

★ Direct Seller Yamaha YZF-R15 Yamaha YZF-R15 For Sale. A L...

\$10788



ce 20/09/2022

★ Direct Seller

Yamaha YZF-R15

Yamaha YZF-R15 For Sale. Eng...

\$7000



