

(09/11/13) We:

ASS. REC. BY: mm

REF:

CS/SMR22011236/Rwy3

451A

09/11/2023/06

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: FBJ 6046at Workshop m/s WING YAP MOTORof 4603 AMK AVE 10 IN PK 1 #61-114

Insured:

SMR

Policy No.

Claims No.

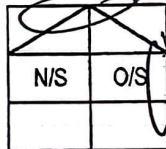
Sum Insured:

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:

4.5K

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

Date / Time

Action / Instruction

REPAIR LIMIT - 4K

Veh No:

FBJ 6046Yr Regn: 2013 / DecType: M.Car / M.Cycle Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

HONDA MSX125c.c 125

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

34723

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MLHJCL61A9D5003846Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

120/70-12

R:

130/70-12

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

TOYO / YOKO or

TIMSUM

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

26/10/22

D.O.I.

09/11/22

Survey held at

WING YAPDes. of Damages Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format :

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

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 Actual 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	01/11/2022 16:59 (SGT)
Reported by	Both
Date of Accident	26/10/2022 20:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THOMSON ROAD TOWARDS KENG LEE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ604G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHONG KOANG YIH
NRIC No	S8376451A
Email Address	laoyeh83@hotmail.com
Mobile Phone No	(Phone) +65-82224410
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Msx125
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	125

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5100598459-04

DRIVER

Name of Driver	CHONG KOANG YIH
NRIC No	S8376451A
Date Of Birth	25/07/1983
Occupation	Indoor

te Of Driving Pass
iving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

02/03/2009
13 YEARS AND 7 MONTHS
Male
(Phone) +65-82224410
-
laoyeh83@hotmail.com
BLK 260A #08-143
ANG MO KIO STREET 21
561260
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
CLOUDY
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
Yes
Yes
Yes
1
No
-
-
-
-
-

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
Traffic Police
(Phone) +65-65470000
(Fax) +65-65474900
10 Ubi Avenue 3 Singapore 408865
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

SHC4504B
-
-
-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TANG KIN LEONG
NRIC No	S7010796A
Contact Number	-
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	CHONG KOANG YIH
Gender	Male
Phone No	(Phone) +65-82224410
Address	BLK 260A #08-143
Address Complement	ANG MO KIO STREET 21
Post Code	561260
Approximate Age Years Old	39
Injuries Sustained	Refer to Police Report
Injured person in which vehicle?	FBJ604G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

Refer to Police Report

Declaration

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



Policyholder's Signature / Date & Time

1/11/2022
1630hrs


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)MD SHAN KASMEIR BIN ABDULLAH₂

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 Actual 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 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 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.

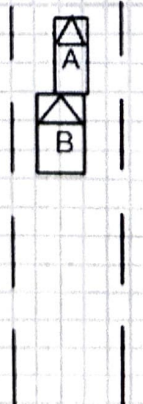
Policyholder's Signature / Date & Time

Sketch Plan 1/11/2022
1630HRS

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

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

MD SHAN KASMEIR BIN ABDULLAH

<p>A- FBJ604G B - SHC4504B</p>		<p>THOMSON ROAD TOWARDS KENG LEE ROAD</p>
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SINGAPORE POLICE FORCE



T/20221027/7006

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

1 of 3

Report No: T/20221027/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2022 03:17		Vide Report No.: E/20221026/0141		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHONG KOANG YIH			Address: 260A ANG MO KIO STREET 21 #08-143 SINGAPORE 561260		
ID Type / ID No.: NRIC NO / S8376451A			Contact No.: Home/Office: Mobile: 82224410		
Nationality: SINGAPORE CITIZEN			Email: LAOYEH83@HOTMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 25/07/1983	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2022 20:55	Type of Location: X-Junction
Location: SUFFOLK ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBJ604G	Motorcycle	HONDA	MSX125	White	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBJ604G	NTUC Income Insurance Co-Operative Limited	5100598459-04	18/06/2022	17/12/2023	



**SINGAPORE
POLICE FORCE**



T/20221027/7006

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

2 of 3

Report No. T/20221027/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHONG KOANG YIH	ID No.	S8376451A
Related Vehicle	FBJ604G (Motorcycle)	Contact No.	82224410
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2 Date of Expiry: NIL
Date	26/10/2022	Date	27/10/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was at the middle lane of traffic light junction from Thomson Road towards Keng Lee Road, waiting for the light to turn green, when a SMRT taxi (plate number SHC4504B) hit me from the back and threw me onto the ground. I landed on my back and injured my right arm and leg, only manage to crawl myself to the road side after couple of minutes. The driver called ambulance and police and he told me that he didn't see the red lights and thought it was green and hence did not slow down his car before knocking me down. The driver moved my bike to road side. The back of my bike was crashed and engine couldn't ignite. I got some assistant from construction worker working at the roadside to clean my wound while waiting for ambulance, which arrived 15mins later. After a brief description of the incident to traffic police, I was sent to Tan Tock Seng hospital for x-ray and other necessary checkup. My right arm suffered bruises and right thigh had some muscle tear, though luckily there's no bone fractures. Doctor given my 5 days MC and discharged me at 27 October 12.35am.

I had taken 2 photos of the accident before my motorcycle was moved to the road side.



SINGAPORE POLICE FORCE



T/20221027/7006

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

3 of 3

Report No. T/20221027/7006

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 /
CHONG GUAN FATT
Contact No.: 65472077

NP168

Signature Of Informant:

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

Date/Time:
27/10/2022 03:17

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	451A
Vehicle No.:	FBJ604G
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Nov 2022
Vehicle Make:	HONDA
Vehicle Model:	MSX125
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	JC61E2006344
Chassis No.:	MLHJC61A9D5003846
Maximum Power Output:	-
Open Market Value:	\$2,450.00
Original Registration Date:	18 Dec 2013
First Registration Date:	18 Dec 2013
Transfer Count:	5
Actual ARF Paid:	\$368.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	17 Dec 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,710.00
COE Rebate Amount:	\$188.00
Total Rebate Amount:	\$188.00

The information contained herein is correct as at 10 Nov 2022

OK