

Sub Rec BY: Thevan 1 "ELF": CS3/ASM220019/8 6475 Tqp3-1

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. S2M03TNQ

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: 13k

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 46 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: FBR 76855

Yr Rogn: 8/9 / 120

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

Truck / Trailer or

Make: Yamaha AeroX cc 155

Colour: black

AC: Insured / Std / HI / NA

Sp. Reading: Not avail

T/Radio: Insured / Std / HI / NA

Eng/No: _____

C/No: MH3564640LS072913

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rlm / STD AJRlm or

Tyre Size: F: 140/70-14

R: 140/70-14

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

TOYO / YOKO or

TimSun

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 17 mm

L/Bal. _____ mm

D.O.A. 18/2/22

D.O.I. 1/3/22

Survey held at

Equator brother hotel

Des. of Damages: Front / Rear / O/S / NIS / UIC / Roof/Top or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV: 13k

Rebate 6283

MV: 6417

Fr: 2k-3k

Simon comments COR range at \$3000-\$4000, Thevan had agreed

18/03/22 @ 4pm revised to Kitty Teo via Merimen

18/03/22 Submit PRS

06/02/23 Submit LS \$5500, 6 days. (Red \$1700, 24%)

Date/Time File Pass to?

☐

: Prel. Report

06/02 Typist

☐

: Final Report

Date/Time File Return to?

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Inve (\$ _____)

☐ : Value added (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Prints

Others

Total

Request Form: TP

Value: 5500

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	251F
Vehicle Details	
Vehicle No.:	FBR7685J
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Mar 2022
Vehicle Make:	YAMAHA
Vehicle Model:	AEROX GDR155A CVT ABS
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	G3J8E0151408
Chassis No.:	MH3SG4640LJ072913
Maximum Power Output:	-
Open Market Value:	\$2,222.00
Original Registration Date:	08 Oct 2020
First Registration Date:	08 Oct 2020
Transfer Count:	1
Actual ARF Paid:	\$334.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	07 Oct 2030
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$7,331.00
COE Rebate Amount:	\$6,283.00
Total Rebate Amount:	\$6,283.00

The information contained herein is correct as at 11 Mar 2022

OK

dp:125

8438 / 104

125 x 104 = 13000

13k - 6283
= 6717

3/11/22, 6:04 PM

Used Yamaha Aerox 155 bike for Sale in Singapore - Price, Reviews & Contact Seller - SGBikemart

Registration Date

19/02/2020

COE Expiry Date

18/02/2030 (7 years 11 months left)

Mileage

7300km

No. of owners

1

Type of Vehicle

Scooters

SGD \$11888

Preowned Yamaha Aerox 155 For Sale!

1 Owner Only.

Low Mileage.

Read more

Similar Bikes

View More



17/01/2022

Used Bike

★ Direct Seller

Yamaha Aerox 155

Yamaha Aerox 155 Keyless For ...

\$12000

1



20/01/2022

Used Bike

★ Yew Heng Motor

Yamaha Aerox 155

Used 2021 Yamaha Aerox 155 Ke...

\$12688

3

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	28/02/2022 09:55 (SGT)
Date of Accident	18/02/2022 19:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOWER DELTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7685J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GALVIN NG CHEN KIAT
NRIC No	SXXXX251F
Email Address	GALVINNCK@GMAIL.COM
Mobile Phone No	(Phone) +65-82282754
Alternative Phone No	(Home) +65-82282754

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Gdr155a
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	160

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5119398207-01
Cover Note Number	-

DRIVER

Name of Driver	GALVIN NG CHEN KIAT
NRIC No	SXXXX251F

Date Of Birth	30/07/1993
Occupation	Outdoor
Date Of Driving Pass	07/04/2021
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82282754
Alt. Phone Number	(Home) +65-82282754
Email Address	GALVINNCK@GMAIL.COM
Address	BLK 118A ALKAFF CRESCENT #04-67
Address complement	-
Postcode	341118
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 on collision
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM1048J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GALVIN NG CHEN KIAT
Gender	Male
Phone No	(Phone) +65-82282754
Address	BLK 118A ALKAFF CRESCENT #04-67
Address Complement	-
Post Code	341118
Approximate Age Years Old	-
Injuries Sustained	REFER TO ATTACHED
Injured person in which vehicle?	FBR7685J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 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. 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 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 envelops/postal 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.

[Signature]

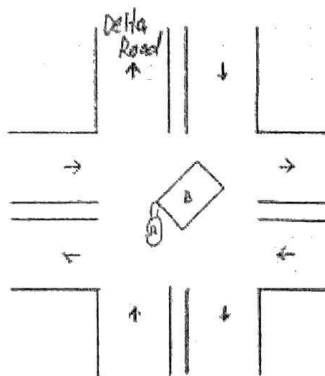
Policyholder's Signature / Date & Time

Sketch Plan

[Signature]

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

Witnessed by Reporting Centre Personnel



A = FB276B5J

B = SM7M 1048J

Describe Circumstances of the Accident

Please refer to police report.

Declaration

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

14-

Print, Inkjet & Signature / Date &
Time:



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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



1/20220218/2071

1 of 1

Police Station Of Origin:
Polong Pasir NPP
142 Polong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No 1800-2829999

Report No 1/20220218/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 18/02/2022 19:12	Vide Report No:	Station Diary No: 27
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Informant's Particulars

Name of Informant GALVIN NG CHEN KIAT	Address APT BLK 118A ALKAFF CRESCENT #04-67 SINGAPORE 341118
ID Type / ID No: NRIC NO / S9330251F	Contact No.: Home/Office: Mobile: 82282754
Nationality SINGAPORE CITIZEN	Email:
Sex: Male Age: 28 Date of Birth: 30/07/1993	Type of Informant Rider
Race: Chinese	Language: Institution / School Name:
Occupation: DELIVERY RIDER	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident 17/02/2022 11:30	Type of Location X-Junction
Location LOWER DELTA ROAD				
Weather Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow		Traffic Control	Traffic Volume	
Type of Collision Between Moving Vehicles - Head On			Anyone conveyed by ambulance Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR7685J	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR7685J	NTUC Income Insurance Co-Operative Limited	5119398207-01	08/10/2021	07/10/2022



**SINGAPORE
POLICE FORCE**



T/20220218/2071

Police Station Of Origin
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No 1800-2829999

2 of 3

Report No T/20220218/2071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
Rider			
Name	GALVIN NG CHEN KIAT	ID No	S9330251F
Related Vehicle	FBR7685J (Motorcycle)	Contact No	82282754
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class NIL Date of Expiry NIL
Date Treatment	17/02/2022	Date Discharge	18/02/2022
No of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am a delivery rider.

On 17/2/2022 at about 11.30am, I was riding along Lower Delta Road and going towards Delta Road. While I was approaching the junction of Lower Delta Road and Alexandra Road, I saw that the traffic light was in my favor. I also noticed that there was a white car, at the opposite road (Delta Road), stopped at the right turn pocket to make a right turn into Alexandra road. When I crossed the line at the junction, the car moved to make the right turn and the car collided onto my bike. The impact caused me to fly off my bike. I landed about 3 meters away from my bike.

Passersby helped me by lifting me up and I spoke to the car driver. I asked the driver why did she move off and the car driver replied to me "I did not see you. It was my right of way".

Traffic Police and Ambulance came to the accident location and I was conveyed by Ambulance to the hospital. I was warded at SGH from 17/2/2022 till 18/2/2022. I sustained injuries such as abrasions on the left side of my shoulders, body, hand and leg. I also sustained a flesh wound on my right heel and right ankle swelling.

I do not know the incident number nor the other vehicle owner particulars as I was conveyed to the hospital from the accident location.



SINGAPORE
POLICE FORCE

Police Station Of Origin
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



1/20220218/2071

3 of 1

Report No: 1/20220218/2071

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
E / SGT 3 SATHISH KUMAR S/O
TAMBI RAJAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 INTAN WULANDARI BUDDY SANTOSO
Contact No: 65476415

Signature Of Informant:

Date/Time:
18/02/2022 19.12

Classification Of Case:

NP168

<p>SINGAPORE POLICE FORCE</p>	SN 57
SIGNATURE	