

08/11/21 Wof
ASS. REC. BY: [Signature]

REF: CS3/CT122012662/Rqp3

314F

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: FBS 7016K
at Workshop m/s FRIENDSHIP MOTOR
of 1005, BUKIT MELAKA LN 2 #01-18
Insured: CTI

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

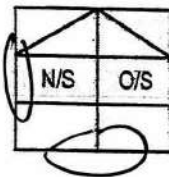
(Client's Record)

Make of Veh: _____

(Policy Condition)

3pr

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: _____ days Res.: Yes or No

Est. Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBS 7016K Yr Regn: 2021 July
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: YAMAHA NEROX 155 c.c. 155

Colour: GREY A/C: Insured / Std / NI / NA

Sp. Reading: 2562 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH3566420M3014509

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 110/70-14

R: 140/70-14

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

TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. _____ mm

D.O.A. 11/12/22

Survey held at

Rear

R/Bal. 4 mm

L/Bal. _____ mm

D.O.I. 21/12/22

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

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

Date / Time Action / Instruction

REPAIR LIMIT - 5.5K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (3K-4K) / 4 days

Date/Time, File Pass to?



: Prell. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

) S + RS \$

) Photos

) Others

Report Format : _____

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

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	16/12/2022 12:30 (SGT)
Reported by	Both
Date of Accident	11/12/2022 20:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG LORONG 21
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS7016K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW WEE BENG
NRIC No	S8539314F
Email Address	LOWWEEBENG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91521128
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	AEROX 155A
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	Income Insurance Limited
Policy Number / Cover Note Number	5122829391-01

DRIVER

Name of Driver	LOW WEE BENG
NRIC No	S8539314F
Date Of Birth	28/11/1985
Occupation	Outdoor

Date Of Driving Pass
Driving 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

23/06/2021
1 YEAR AND 6 MONTHS
Male
(Phone) +65-91521128
-
LOWWEEBENG@HOTMAIL.COM
BLK 30 #07-382 JALAN BAHAGIA
-
320030
Yes
-
No
-
-

Vehicle Co
Vehicle Co
Name
Co

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Hit and run / Vandalism / Damaged whilst parked
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? 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 SNA9247A
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	LOW WEE BENG
Gender	Male
Phone No	(Phone) +65-91521128
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	37
Injuries Sustained	MEDICAL LEAVE 2 DAYS
Injured person in which vehicle?	FBS7016K
Were seat belts worn?	No
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 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.

Wee Beng
5/12/2022
1230HRS

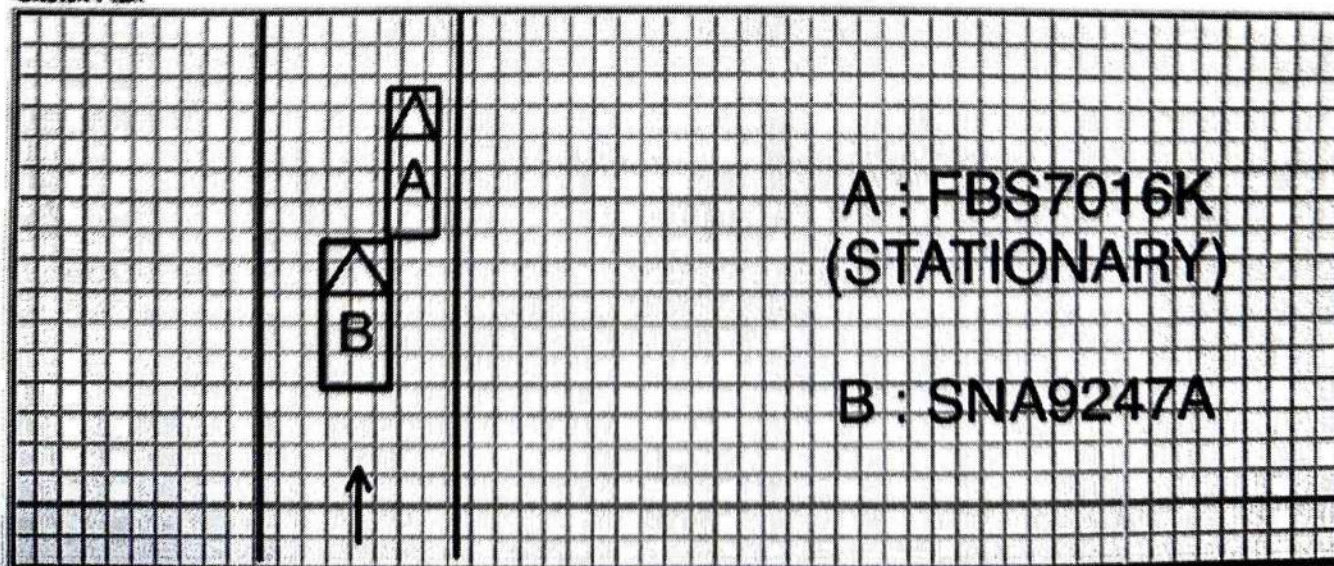
Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

Declaration

We declare the foregoing particulars are true in every respect.

Wee Beng

16/12/2022
1230HRS

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)



**SINGAPORE
POLICE FORCE**



E/20221212/7054

1 of 2

POLICE REPORT (NP299)

Report No. E/20221212/7054

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

Date/Time Report Made 12/12/2022 18:16		Vide Report No.		Station Diary No.	
Name Of Informant LOW WEE BENG		Address 30 JALAN BAHAGIA #07-382 SINGAPORE 320030			
ID Type / ID No. NRIC NO / S8539314F		Contact No. Home/Office: Mobile: 91521128			
Nationality SINGAPORE CITIZEN		Email Address LOWWEEBENG@HOTMAIL.COM			
Occupation Grabfood		Sex Male	Age 37	Date of Birth 28/11/1985	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 11/12/2022 20:05 - 12/12/2022 17:55		Location Of Incident 30 JALAN BAHAGIA #07-382 SINGAPORE 320030			
Brief details					

My motorcycle was parked at geylang lor 21 at the motor lot and I was arranging my food delivery food on my box suddenly sna9247a silver Toyota Corolla hit my motorcycle and I and the motorbike fell on sjn9086b black Hyundai and the car hit another motorbike fbu1200z nmax black and ride off immediately without stopping and bang another car in front smz1159d Volvo white we tried to stop the car but he rode off fast

Subjects Involved

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: 12/12/2022 18:16
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20221212/7054

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20221212/7054

Person Name	Sna9247a		
Gender	Male	Age	35-55
Race	Chinese	Language	Chinese
Occupation	Not sure		
Person Name	LOW WEE BENG		
ID Type	NRIC NO	ID No	S8539314F
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Grabfood	Address	30 JALAN BAHAGIA #07-382 SINGAPORE 320030
Mobile No	91521128	Is Informant A Victim?	Yes
Person Name	LOW WEE BENG (Informant)		

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:
12/12/2022 18:16

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	314F
Vehicle Details	
Vehicle No.:	FBS7016K
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Dec 2022
Vehicle Make:	YAMAHA
Vehicle Model:	AEROX155 ABS CVT
Primary Colour:	Black
Manufacturing Year:	2021
Engine No.:	G3P4E0025950
Chassis No.:	MH3SG6420MJ014509
Maximum Power Output:	-
Open Market Value:	\$2,442.00
Original Registration Date:	15 Jul 2021
First Registration Date:	15 Jul 2021
Transfer Count:	1
Actual ARF Paid:	\$367.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jul 2031
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$8,502.00
COE Rebate Amount:	\$7,279.00
Total Rebate Amount:	\$7,279.00

The information contained herein is correct as at 21 Dec 2022

Yamaha Aerox 155

Listing Type

Free Ad

Brand

Yamaha

Model

Yamaha Aerox 155

Engine Capacity

155cc

Classification

Class 2B

Registration Date

18/10/2021

COE Expiry Date

17/10/2031

(8yrs 9mths 26days COE left)

Mileage

-

No. of owners

1

Type of Vehicle

Scooters

SGD \$13800