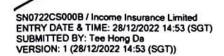
(08/11/13) Wef REF: C\$3 AIS 220	12985/Rquis
ASS. N.CO. ST. QJ ASS.	
ASSI	IGNMENT
From: Date:	Veh No: FBK 2315K Yr Regn: 2020 / MAL
Estimated Cost:	Type: M.Car / M.Cyole / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: FBR 2315 K	Make: Howard AOV 150 ARS CVT c.c 149
at Workshop m/s PRIEMSHIP MOTOR	Colour WHIR A/C: Insured / Std / NI / NA
of 1005, Burnt myrge w 2 Ho1-18	Sp.Reading 91663 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: My 1KE6 [1XKK0 12823
Claims No.	Gen. Cond: Good / Fair/ Poor / Burnt
Sum Insured: Excess:	Steering: Icorder Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / STRim / STD A/Rim or
	Tyre Size: F: (10 86-14
(Policy Condition)	R: 140/76-13
Remark: The veh had commenced its	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm R/Bal. 4 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 22/12/27 D.O.I. 29/12/22
Lum Sum: % 3 Val.: Yes or No.	Survey held at FRIENSHIP MOTIVE
CA / REV / REP. / 24 HRS	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 ROBAN, UNIT- 13K	
REPARE LIMIT- 15K	
. 5.	
ESTIMATE PANHE OF REPAIR /NO.	of 2005-(4K-SK)/5 days
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Final Bonort	Resurvey No. of Trip: Survey Fee:
1) Date/Time, File Return to?	Transportation:
Add Fe	
2)	: Interview (\$) Photos
Down of Formation	: Tech. Invs (\$) Others
Report Format:	
Lump Sum / I.B.I: (\$: 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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	28/12/2022 14:53 (SGT)
Reported by	Both
Date of Accident	22/12/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Dunman road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

A Particular to the Company of the C	Committee on the Committee of the Commit
Vehicle Registration Number	 FBR2315K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY WEE LUN
NRIC No	S8866720D
Email Address	Ryan6442@hotmail.com
Mobile Phone No	(Phone) +65-87099070
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Adv 150
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	181 626
your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
	[전경점 :
Transmission	Auto
CC	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116897025-02

Name of Driver	TAY WEE LUN
NRIC No	S8866720D
Date Of Birth	09/05/1988
Occupation	Outdoor

ate Of Driving Pass	04/08/2015 7 YEARS AND 4 MONTHS
ender	Male
ender	(Phone) +65-87099070
Mobile Number Alt. Phone Number Email Address	-
	Ryan6442@hotmail.com
	Blk 807c Chai Chee road #11-58
ddress	Bik 60/C Char Ches 1000 ii 1
ddress complement	
ostcode	463807
the driver the policyholder?	Yes
No, Relationship of the Driver with the Insured	1
oes Driver Own Other Vehicles?	No
ehicle Registration Number of Other Vehicle Owned by Driver	
nsurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Major/Minor Rd
Neather 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?	No
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	45.25 第 章
Translator's ID	(5)
Translator's phone number	
Translator's email	(#)
Original language used in the statement	_
DETAILS OF POLICE ACTION	The second secon
Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	~
CIRCUMSTANCES OF ACCIDENT	
Refer to police report	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Adv to upload onto motorvideo@income.com.sg
DETAILS OF OTHE	R VEHICLE PROPERTY 1
	THE PROPERTY OF EACH
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SMZ1221G - -

Variant	
cle Colour	
nicle Category	
ame of Driver	Private car
NRIC No	Richmon Ng
	S7814614A
Contact Number	(Phone) +65-97658189
Address	
Address complement	
Postcode	9 (10) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Insurance Company Name	2.30. 0105** - 7
N-1 Of D	niem interna
Details of property damaged in accident	· 700
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY WEE LUN
Gender	Male
Phone No	0=
Address	New John
Address Complement	
Post Code	- 1
Approximate Age Years Old	A THE REAL PROPERTY AND ADDRESS OF
Injuries Sustained	-
Injured person in which vehicle?	FBR2315K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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 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 end/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 making 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' lewyers/law firms, may/are permitted to collect, use, disclose and/or process py 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 ow firms), which may be sited outside of Singapore, for one or more of the above Purposes. **Goduding their layor**

Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date

essed by Reporting Centre Perso (Name as in NRICAD cerd) Tee Hong da

28/12/2022 1430 Sketch Plan S992334 A:FBH2815K

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	7200
Vehicle No:	FBR2315K
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Jan 2023
Vehicle Make:	HONDA
Vehicle Model:	ADV150 ABS CVT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.2	KF61E1012853
Chassis No.:	MH1KF611XKK012823
Maximum Power Output:	
Open Market Value:	\$3,867.00
Original Registration Date:	23 Mar 2020
First Registration Date:	23 Mar 2020
Transfer Count:	
Actual ARF Paid:	\$581.00
PARF Eligibility:	No 64
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
COE Expiry Date:	22 Mar 2030
COF Category:	D-Motorcycle
COE Period(Years):	10
QP Paid:	\$4,489.00
COE Rebate Amount:	\$3,238.00
Total Rebate Amount:	\$3,238.00
The information contained herein is correct as at 04	Jan 2023

Honda Adv 150

Listing Type Paid Ad

Brand Honda

Model Honda Adv 150

Engine Capacity 149cc

Classification Class 2B

Registration Date 28/06/2022

COE Expiry Date 27/06/2032

(9yrs 5mths 23days COE left)

Mileage 1 1 1 1 1634km

No. of owners 1

Type of Vehicle

SGD \$16977