ASS. REC. BY:

REF: CB/FCI 23001158/Dwy

ASSIGNMENT

COE Oct 2027

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. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: $9K

IDAC Accident Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBG 7783S Yr Regn: Nov / 2012

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda PCX 125 c.c 125

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

Sp.Reading N.A. T/Radio: Insured / Std / NI / NA

Eng/No: JF28E2054984

C/No: MLHJF28A3A5048203

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 90/90 R14

R: 100/90 Z14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Dunlop

Front		Rear	
R/Bal.	2 mm	R/Bal.	2 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 24/11/2022 D.O.I. 08/02/2023

Survey held at SG 98 AMK

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

Front & O/S Rear.

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

Date / Time	Action / Instruction
	First Capital GBB 1685H
	MV 9K → checked from various sources.
	MLTA. 5.2K
	HL 3.8K
	Submit Total loss report.

Date/Time, File Pass to? 09/02/2023

1) Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: –

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / I.B.I: ($ Total Loss)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	

Sane/o.

SN07231G000H / Income Insurance Limited
ENTRY DATE & TIME: 16/01/2023 12:52 (SGT)
SUBMITTED BY: Kek Chong Chiang Eugene
VERSION: 1 (16/01/2023 12:52 (SGT))

Your NCD will be affected due to late reporting

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	16/01/2023 12:52 (SGT)
Reported by	Driver
Date of Accident	24/11/2022 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Serangoon North Avenue 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7783S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KK MOTOR PTE. LTD.
Company Reg No	201835910M
Email Address	jwkuah@yahoo.com
Mobile Phone No	(Phone) +65-90699526
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Pcx125
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Auto
CC	125

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111003452-03

DRIVER

Name of Driver	ONG CHIN KUONG
NRIC No	S7756213C
Date Of Birth	14/09/1977
Occupation	Outdoor

Date Of Driving Pass	05/09/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89332011
Alt. Phone Number	-
Email Address	jwkuah@yahoo.com
Address	50 SERANGOON NORTH AVENUE 4
Address complement	#05-15
Postcode	S555856
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
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	-

PASSENGER 1

Name	CANDIDA NG WEN JIE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

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	File size exceeding limit

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB1685H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG CHIN KUONG
Gender	Male
Phone No	(Phone) +65-89332011
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBG7783S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	CANDIDA NG WEN JIE
Gender	Female
Phone No	(Phone) +65-88933249
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBG7783S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

Describe Circumstance of the Accident

Refer to police report : T/20211226/ TVDS

Declaration

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

Driver's Signature (if driver is not the policyholder) / Date & Time: 16/01/2022 2:40 PM

Witnessed by Reporting Centre Personnel

Name as per NRIC / Card:

2

SKETCH PLAN #2

Describe Circumstance of the Accident

Refer to police report : T/20221226/ TOU5

Declaration

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

Policyholder's Name & Title

Driver's Signature (if driver is not the policyholder) / Date & Time 16/01/2022 9:40 PM

Witnessed by Regional Centre Personnel (Name as in NRIC card)

Teoh Choy Chiang

2

SINGAPORE POLICE FORCE

T/20221226/7009

Report No. T/20221226/7009

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/12/2022 13:08		

Informant's Particulars

Name of Informant: ONG CHIN KUONG			Address:	
ID Type / ID No.: NRIC NO / S7756213C			Contact No.: Home/Office:	Mobile: 89332011
Nationality: MALAYSIAN			Email: KIMONG1415@GMAIL.COM	
Sex: Male	Age: 45	Date of Birth: 14/09/1977	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2022 15:30	Type of Location: Straight Road
Location: SERANGOON NORTH AVENUE 5				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG7783S	Motorcycle					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20221226/7009

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

Report No. T/20221226/7009

CONTINUATION OF REPORT

Pillion					
Name	CANDIDA NG WEN JIE			ID No.	S8801550I
Related Vehicle	FBG7783S (Motorcycle)			Contact No.	88933249
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/11/2022		Date	02/12/2022	
No. of Days granted Medical Leave	77		Degree of	Serious	
Rider					
Name	ONG CHIN KUONG			ID No.	S7756213C
Related Vehicle	FBG7783S (Motorcycle)			Contact No.	89332011
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	

Brief Details.

On 24/11/2022 at about 1530hrs, I was riding my motorbike FBG7783S with my partner behind me as a pillion travelling from Toa Payoh towards First Center at Serangoon North.

It was a 2 way traffic road and I was travelling on the left lane along Serangoon North Ave 5 and a lorry from the opposite direction suddenly turned right into my lane, I could not stop and react in time as my motorbike was very near the lorry and we collided head to side. It happened so suddenly and I was thrown forward and fell off the bike.

I was then conveyed to TTSH and was in critical condition. Currently, I am still warded in the hospital.

SINGAPORE POLICE FORCE

T/20221226/7009

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 26/12/2022 13:08
Officer In Charge Of Case: TP / TPIB / MUHD SYARIFUDDIN MUHD AJMAIN Contact No.: 65476083	Classification Of Case: