	1012147/RW13 660F
Estimated Cost Date: Estimated Cost DD TPWS/TP RES/OD RES/EVA/INV/MV To Inspect Vehicle No: FBS 4894L at Workshop m/s EXCEL CYLLE CTAL of 48 TOK WARN RD EXST \$50-112 Insured: III Policy No.	Veh No: FBS 4844 Vr Regn: No21/MMy Type: M.Car M.Cycley Bus / Van / Lorry / Taxl / Prime Mover / Truck / Trailer or Make: YAMAHA MARK MS ABD CUC.c. USS Colour BLML A/C: Insured / Std / NI / NA Sp.Reading 37527 T/Radio: Insured / Std / NI / NA Eng/No: C/No: MH 3 SG 6420 L 305 22273
Claims No. Sum Insured: Excess: (Client's Record) Make of Veh: (Policy Condition) temark The veh had commenced its repair at the time of inspection.	- BOY SOLLY ENGLOSIAL STATE OF SELECT MILES OF THE SOUNCE
al. or Market Value: Consistent?: Yes or No Consistent?: Yes or No A / PR Seen: Consistent?: Yes or No days Res.: Yes or No May Res.: Yes or No A / REV / REP. / 24 HRS Vehicle: IN / Old The Person Contacted: Consistent?: Yes or No Consistent. Consistent	TOYO1YOKO or Front Rear R/Bal. 4 mm R/Bal. 4 mm L/Bal. mm L/Bal. mm D.O.A. 21 11 21 D.O.I. 05 12 12 Survey held at EXCEL Des. of Damages: Frt / Rear / O/S (N/S) / U/C / Rooftop or UT The U/C / Chassis frame / Body Structure affected due to collision.
REPAIR LIA T - K ESTIMATE RANGE OF REPOIR ESTIMATE RANGE OF REPOIR PROBLEM PORCE	
: Preli. Report : Final Report Add F Report Format :	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: See: : Site Insp (\$) S+RS 9 Interview (\$) Proces Transportation: Transportation: Transportation: Survey Fee: Transportation: Transportation: Survey Fee: Transportation: Transportation: Transportation: Survey Fee: T

E 100 P 12

SN0722BS000T / Income Insurance Limited ENTRY DATE & TIME: 28/11/2022 16:42 (SGT) SUBMITTED BY: Moehammad Ridhwan VERSION: 1 (28/11/2022 16:42 (SGT))



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 <u>completed by the Policyholder and/or the Actual Driver</u>
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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

28/11/2022 16:42 (SGT) 27/11/2022 18:30 (SGT) Singapore PANDAN GARDENS Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBS48941

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No NG CHEE KUAN S7569060F CK.FISHING23@GMAIL.COM (Phone) +65-90215507

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Yamaha Aerox

Private use

No - Claiming third party Motorcycle Auto 155

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5122129761-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NG CHEE KUAN S7569060F 23/09/1975

Date Of Driving Pass 16/12/1997 24 YEARS AND 11 MONTHS **Driving experience** Gender Mobile Number (Phone) +65-90215507 Alt. Phone Number CK.FISHING23@GMAIL.COM **Email Address** BLK C 12-06 NUSA PERDANA SERVICES APT GELANG PATAH Address Address complement Postcode 81550 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 Side Swipe 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? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 **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 POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

10 0

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Colour Vehicle Category Name of Driver Private car 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 Gender Phone No Address

Address Complement Post Code

Approximate Age Years Old 47

Injuries Sustained

ABRASIONS ON LEFT HAND, BACK AND LEFT LEG Injured person in which vehicle?

FBS4894L Were seat belts worn? No

Was this injured conveyed to hospital by ambulance? No

Describe Circumstance of the Accident		
REFER TO GEARS		

Declaration

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

Policyholder's Signature / Date & Time 28/11/2022

Driver's Signature (if driver to not the policyholder) / Date & Tame

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

SKETCH PLAN

IMPORTANT NOTICE

- 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 Oriver.
- 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.
- 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.
- 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)

t understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GtA") 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, stalements, 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 Porposes; 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

Oniver's Signature (didniver is not the policyholder) / Onto & Time Withdrased by Reporting Centre Personnel (Name) as in NRICID card)

Sketch Plan

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

A - FB.S4894L

B - SM\$2653Z

ALONG PANDAN GARDENS

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

	90 (1917) 1900 (1910) (1910) 1900 (1910) 1935 (1910) 1935 (1910) 1900 (1900) 1900 (1910) 1
/ehicle No 2	FB\$48941
/ehicle to be Exported:	No. 1
ntended Deregistration Date:	07 Dec 2022
/enideMake:	YAMAHA
/ehide Modelt	AEROX155 ABS CVT
rimary.Colour	Black
danufacturing Yeart	2020
ngine No.	G3P4E0002273
hassis No.:	MH3SG6420LJ002273
laximum Power Output	
Pen Market Value:	\$2,548.00
Priginal Registration Date:	10 May 2021
Irst Registration Date:	10 May 2021
ransfer Count	
ctual ARF Pald:	
ARF Ellebility:	No
ARF Eligibility Expiry Date:	
ARF Rebate Amount:	
OE Expiry Date	09 May 2031
OE Category:	D-Motorcycle
OE Period (Years):	
PPaid	38.000.00
OE Rebate Amount	\$6,737.00
tal Rebate Amount	\$6,737.00

Yamaha Aerox 155

Listing Type Paid Ad

Brand Yamaha

Model Yamaha Aerox 155

Engine Capacity 155cc

Classification Class 2B

Registration Date 08/09/2021

COE Expiry Date 07/09/2031 (8yrs 9mths COE left)

Mileage 16780km

No. of owners

Type of Vehicle Scooters

SGD \$15800