

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS3/A1523002666/UWY3

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.

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

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:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date/Time, File Pass to?

20/03/2023

1) Typist

Date/Time, File Return to?

2)

Report Format :

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

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

TOTAL

Survey on 15-3-23 @ 12.08pm
 Dis. Sum. on 16-3-23 @ 9.26pm
 After repair on 17-3-23 @ 10am.
 18/3/23 repair range 8200-8500 and 2 days. Submit

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	03/03/2023 10:11 (SGT)
Reported by	Driver
Date of Accident	28/02/2023 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD NORTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU173A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	INRIX PTE LTD
Company Reg No	2XXXXX952R
Email Address	THURSTANWONG@GMAIL.COM
Mobile Phone No	(Phone) +65-81578871
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	AEROX GDR155A CVT
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	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129098303

DRIVER

Name of Driver	WONG KAI WEN THURSTAN
NRIC No	TXXXX623D
Date Of Birth	04/11/2003
Occupation	Indoor

Date Of Driving Pass	15/06/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93246829
Alt. Phone Number	-
Email Address	THURSTANWONG@GMAIL.COM
Address	BLK 140 BEDOK RESERVOIR ROAD #09-1507
Address complement	-
Postcode	S470140
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	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet

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	-
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER POLICE REPORT : T/20230301/2085

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	SMR812A
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

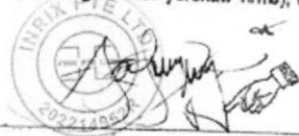
INJURED 1

Name of injured person	WONG KAI WEN THURSTAN
Gender	Male
Phone No	(Phone) +65-93246829
Address	BLK 140 BEDOK RESERVOIR ROAD #09-1507
Address Complement	-
Post Code	S470140
Approximate Age Years Old	19
Injuries Sustained	BACK
Injured person in which vehicle?	FBU173A
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.
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. 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 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.

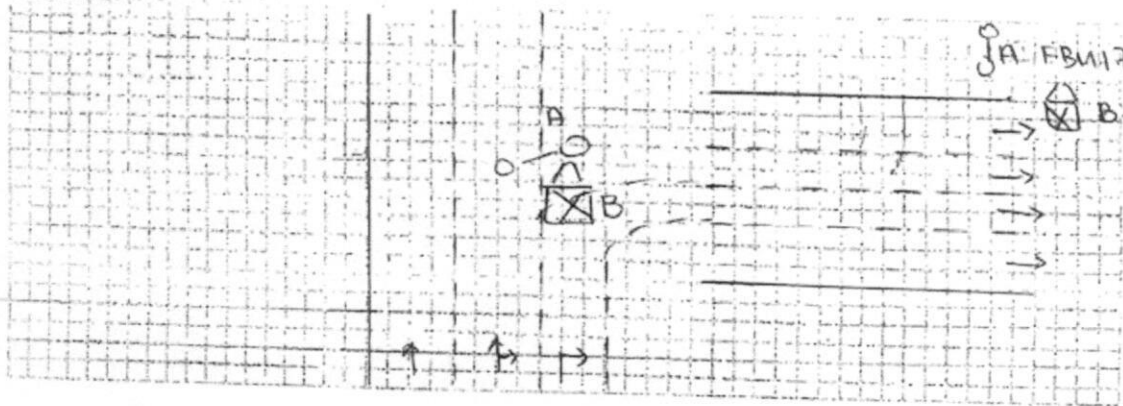


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per police report

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 Policyholder's Signature / Date &
 Policy No. _____

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

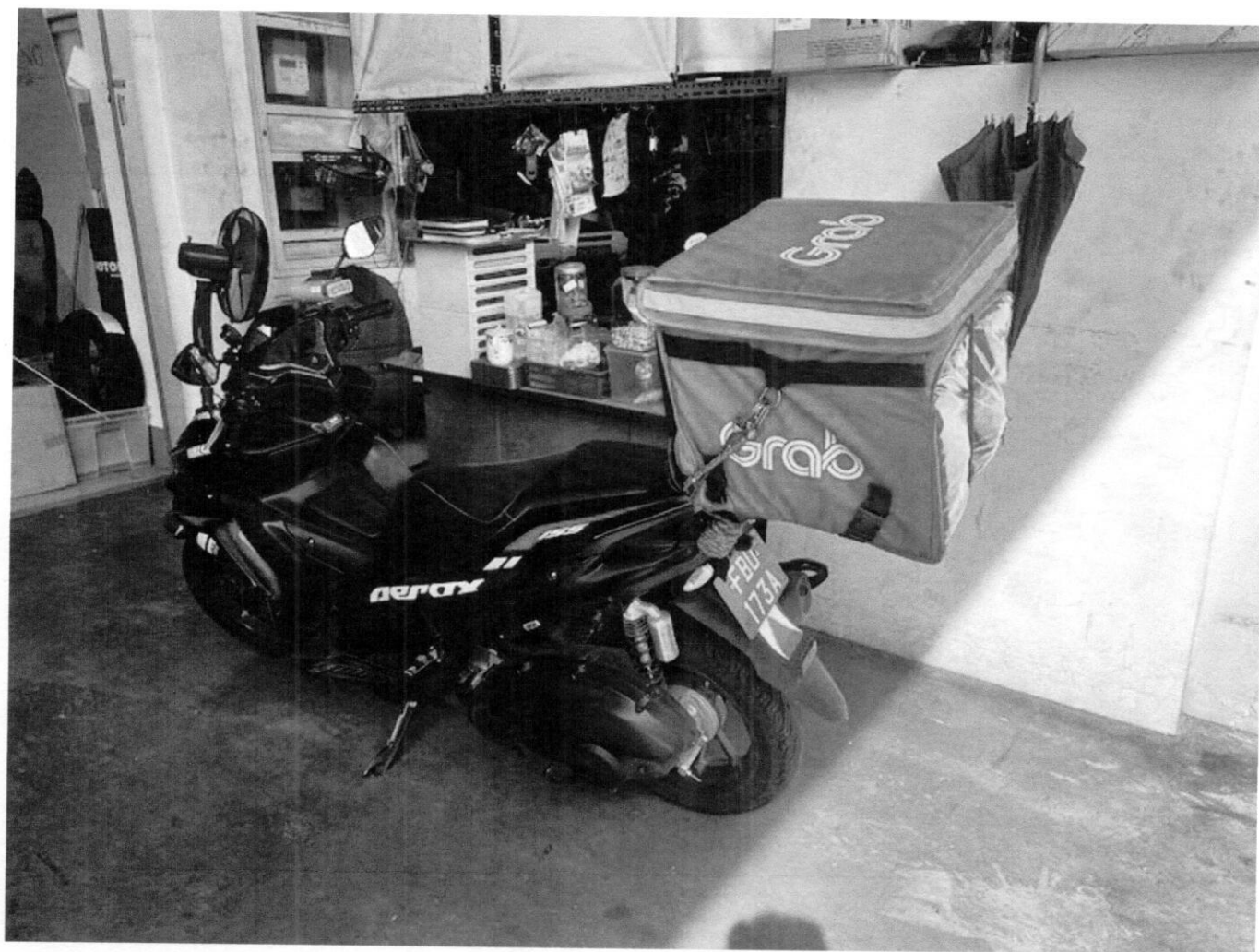
Witnessed by Reporting Centre
Personnel














**SINGAPORE
POLICE FORCE**


T/20230301/2085

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230301/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2023 15:30	Vide Report No.:	Station Diary No.: 109
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Informant's Particulars

Name of Informant: WONG KAI WEN THURSTAN		Address: APT BLK 140 BEDOK RESERVOIR ROAD #09-1507 SINGAPORE 470140	
ID Type / ID No.: NRIC NO / T0331623D		Contact No.: Home/Office: Mobile: 93246829	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 19	Date of Birth: 04/11/2003	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/02/2023 18:25	Type of Location: X-Junction
Location: UPPER CHANGI ROAD NORTH				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU173A	Motorcycle				No Damage	0
SMR812A	Car					0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230301/2085

2 of 3

Report No. T/20230301/2085

CONTINUATION OF REPORT

Brief Details.

On 28/2/2023 at around 1825hrs, I was travelling along Upper Changi Rd North and had wanted to turn right on the second lane, when a car in the first lane (SMR812A) collided with my bike as he veered off path. My bike sustained scratches as a result of the collision.

I then proceeded with the right turn, in order to not block traffic, so that I can exchange particulars with the other party. However, he just drove off.

I have a footage of the incident.

On 1/3/2023, I felt pain in my back and went to visit the clinic, where I was given 3 days of medical leave. That is all.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230301/2085

3 of 3

Report No. T/20230301/2085

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:

G /
SGT 3 MUHAMMAD ASYRAF
BIN MOHAMMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

NP166

Signature Of Informant:

Date/Time:
01/03/2023 15:30

Classification Of Case:

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	952R
Vehicle Details	
Vehicle No.:	FBU173A
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Mar 2023
Vehicle Make:	YAMAHA
Vehicle Model:	AEROX GDR155A CVT
Primary Colour:	Black
Manufacturing Year:	2022
Engine No.:	G3R6E0001314
Chassis No.:	MH3SG731000001313
Maximum Power Output:	-
Open Market Value:	\$2,847.00
Original Registration Date:	21 Jul 2022
First Registration Date:	21 Jul 2022
Transfer Count:	1
Actual ARF Paid:	\$428.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 Jul 2032
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$10,889.00
COE Rebate Amount:	\$10,177.00
Total Rebate Amount:	\$10,177.00

The information contained herein is correct as at 15 Mar 2023

OK



Yamaha Aerox 155

Reg Date : 23/05/2022 Capacity : 155cc
Vehicle Type : Scooters Mileage : 28800km

Posted on : 13/01/2023

SGD \$16000

★ Paid Ad

★ Dealer Ad

Details >



Yamaha Aerox 155

Reg Date : 26/03/2019 Capacity : 155cc
Vehicle Type : Scooters Mileage : -

Posted on : 11/01/2023

SGD \$10900

★ Paid Ad

★ Dealer Ad

Details >



Yamaha Aerox 155

Reg Date : 17/02/2020 Capacity : 155cc
Vehicle Type : Scooters Mileage : -

Posted on : 07/01/2023

SGD \$11900

★ Paid Ad

★ Dealer Ad

Details >



Yamaha Aerox 155

Reg Date : 26/12/2019 Capacity : 155cc
Vehicle Type : Scooters Mileage : -

Posted on : 06/01/2023

SGD \$10500

★ Paid Ad

★ Dealer Ad

Details >



Yamaha Aerox 155

Reg Date : 03/07/2019 Capacity : 155cc
Vehicle Type : Scooters Mileage : 4000km

Posted on : 13/03/2023

SGD \$12000

★ Direct Seller

Details >

Yamaha Aerox 155

Reg Date : 11/01/2020 Capacity : 155cc
Vehicle Type : Scooters Mileage : 77777km

SGD \$8288