

FBW 610 U
Aerox V2

Towing — x 45 ✓

Towing to idar — x 45 ✓

Exc pip? Assy — Rx 495
Exc pwr cover — 85 ut ✓
Rear Manguag — ut 98

Rear Box Bracket — bt 185

GRAS
Rear Box — dis 80
Box bracket bt 80
Labour — 1200
~~280~~ 350

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to variation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be referred to insurer and is subject to final approval from Insurance Company.

Acknowledged by Repairer
Signature:
Date:

Tanfik 97495749
16/9/24 2pm
Resy after repair
Tanfik 97495749
2-3 days



SINGAPORE ACCIDENT STATEMENT

金国摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 / 6265 0358 Fax: 6265 2588

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 First Submission	11/09/2024 13:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/09/2024 11:15 (SGT)
Exact Location of Accident	Near AYE, Pioneer Flyover, Singapore
Additional Location Information	PIONEER ROAD ROUNDABOUT TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBW610U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIU YIN FONG
NRIC No	S2631499B
Email Address	KIMKOCKMOTOR@GMAIL.COM
Mobile Phone No	(Phone) +65-96553118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	155
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A30107748VMP

DRIVER

Name of Driver	LUI YIN FONG
NRIC No	S2631499B
Date Of Birth	19/05/1957
Occupation	Outdoor
Driving Pass Date	27/11/2007
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96553118
Alt. Phone Number	-
Email Address	KIMKOCKMOTOR@GMAIL.COM
Address	BLK 214 BOON LAY PLACE
Address complement	08-15
Postcode	640214
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	Collision - Head to Rear
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)	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20240910/2067

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

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DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YR603U
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)	-

INJURED PERSONS DETAILS**INJURED 1**

Name of injured person	LUI YIN FONG
Gender	Male
Phone No	(Phone) +65-96553118
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	FBW610U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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SKETCH PLAN

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Describe Circumstance of the Accident

REFER TO POLICE REPORT NO. T 120240910/2067.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in ARICAD card)

SKETCH PLAN #2

SKETCH PLAN

IMPORTANT NOTICE

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7. By the completion 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.

3. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

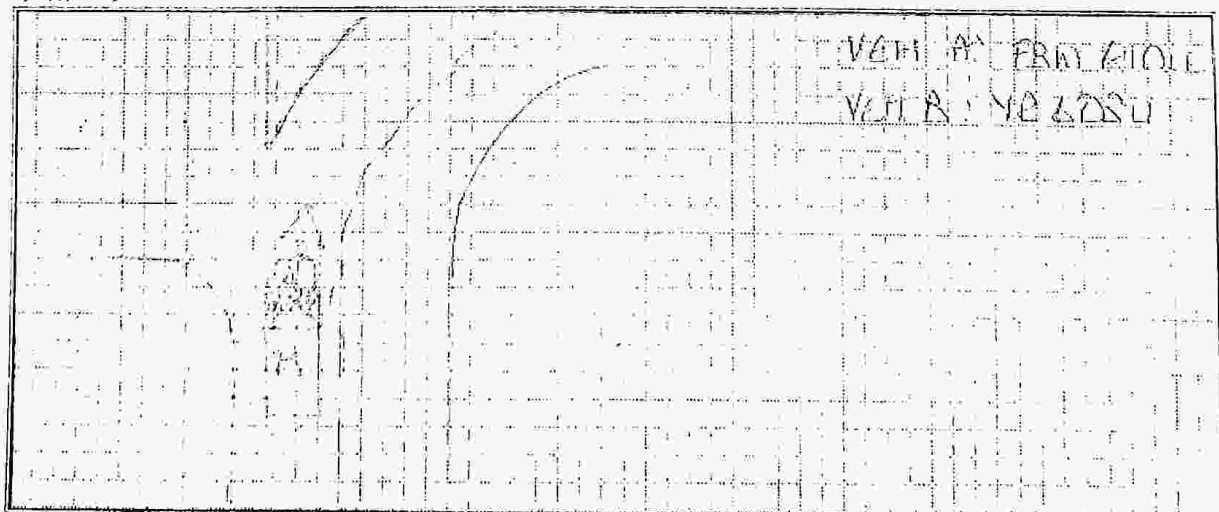
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 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' 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

Witnesses by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



PIONEER RD BOUNDARY 7 TOOK A/E

1



SINGAPORE
POLICE FORCE
Tel: 6265 0226 / 6265 0358 Fax: 6265 2588



T/20240910/2067

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20240910/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2024 16:42		Vide Report No.:		Station Diary No.: 83	
Informant's Particulars					
Name of Informant: LUI YIN FONG			Address: 214 BOON LAY PLACE #08-15 SINGAPORE 640214		
ID Type / ID No.: NRIC NO / S2631499B			Contact No.: Home/Office: Mobile: 96553118		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 67	Date of Birth: 19/05/1957	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: GRAB DELIVERY			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/09/2024 11:55	Type of Location: Roundabout
Location: PIONEER ROAD NORTH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBW610U	Motorcycle				Slightly Damaged	0
YR603U	Lorry				Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240910/2067

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20240910/2067

CONTINUATION OF REPORT

Rider				
Name	LUI YIN FONG		ID No.	S2631499B
Related Vehicle	FBW610U (Motorcycle)		Contact No.	96553118
Hospital/Clinic	ONECARE CLINIC BOON LAY		Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	Uvaraj Hariharan		ID No.	G2374847P
Related Vehicle	YR603U (Lorry)		Contact No.	85406967
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I am the vehicle owner of FBW610U Yamaha aerox.

On 10/09/2024 at about 1115hrs, while doing grab delivery, I was riding at pioneer road north. As I reached the pioneer roundabout I made a stop to allow the cars to go. As I started to drove off I felt a hard hit from the rear. My bike wobble but I did not fall. The driver (Uvaraj Hariharan) driving lorry YR603U hit me from my rear. There was a dent on my Grab box bracket and a dent on the front lorry.

We exchanged details for insurance purposes.

Ambulance and Traffic police were not called to scene.

I felt pain on my Right shoulder and pain on my left forearm.

I went to HMI ONECARE CLINIC BOON LAY and received medication and 03 MC.

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**SINGAPORE
POLICE FORCE**



T/20240910/2067

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20240910/2067

CONTINUATION OF REPORT

Signature of Officer Recording The
J/
SCSGT(1) HARITH AKMAL BIN
MOHAMMAD FAUZI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:

Date/Time:
10/09/2024 16:42

Classification Of Case:

NP168

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