ASS. REG. BY: Tauffin - HEF: CS MSG	241/0526 Tup3
N. Carlotte	SIGNMENT COF: 2027 /11
From: Date:	Veh No: FRA 6083C Yr Regn: 2007, 11
Estimated Cost:	Type: M.Car/M.Cyglo/Bus/Van/Lorry/Taxl/Prime Mover/
OD (IP) WS/IP RES/OD RES/EVA/INV/MY	Truck/Trailer or
To Inspect Vehicle No:	Make: Jamaha X-IR c.c 135
al Workshop m/s	Colour Los A/C: Insured / Std / NI / NA
of	Sp.Reading 3854 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/NO: 453001596 ·
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake; Inorder/Jammed/Leaked/Burnt or
Make of Veh:	Modi: Mils/Rim / STD A/Rim or
	Tyre Size: F: 7090R17
(Policy Condition)	R:
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
1.7	TOYO / YOKO or MAXXIS
	Fron! Rear
TUAC Accident Roort Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No	R/Bal, 5 mm R/Bal. 5 mm
Est Repairs: days Res.: Yes or No	U/8al, mm U/8al, mm
Lum Sum: % 3 Val.: Yes or No	Survey held at Yew Tee WL
CA / REV / REP. / 24 HRS	M
Vehicle: IN / OUT	Des. of Damages Fri / Rear / O/S N / U/C / Rooftop or
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Sate / Time Action / Instruction	TOTAL CONTROLL
Dala/Tme, File Pass 107 : Prell. Report	Pays Of Repair:
0	See linear No. of T.
21	
Add Fee:	: Site Insp (\$)8+RS8!
_	Intendeur /t

YEW TEE AUTOMOBILE TECH PTE LTD

39 WOODLANDS CLOSE #01-12 MEGA@WOODLANDS S(737856) 25 KAKI BUKIT ROAD 4 #01-61 SYNERGY@KB S(417800)

MSIG INSURANCE To:

DATE:

13.11.2024

Dear Sir / Madam:

RE: VEHICLE REPAIR ESTIMATE

Owner: MASRINA BTE HUSSIN

Model:

YAMAHA X-1R

Reg :

FBR6083C

Chassis: 4S3001596

DOAccident:

10.11.2024

840.00

THIRD PARTY CLAIM AGAINST

We are please to submit our estimate of repairs to the above mention vehicle.

	I See a service of the second service of the second				
			Parts	Ł	abour
1	FRONT SIDE MIRROR LH	\$	85.00	X.	
2	FRONT CLUTCH LEVER LH	\$	28.00	sut/	
3	FRONT SIDE FAIRING LH	\$	380.00	wa/	
4	FRONT SIDE FAIRING LOGO LH	\$	52.00	ner-	
5	FRONT SIDE FAIRINGG LAMP LH	\$	310.00	aut-	_
6	FRONT FORK (SET)	\$	420.00	X SA	1\$120-plusto?
7	FRONT HANDLE BAR	\$	270.00		, , ,
8	FRONT HEADLAMP	\$		ر اعمن	•
9	FRONT HEADLAMP FAIRING	\$		cua-	
	Total Parts :	\$	2,355.00		
	Less	10% \$	235.50		
		\$	2,119.50	_	
		*			
10	TO ELECTRICAL WIRING SERVICES			\$	30.00
11	TO DISMANTLE AND REFIT FRONT UNDERCARRIAGE			\$	150.00 🛪
12	TO COMPUTER WHEEL ALIGNMENT			\$	60.00 ×
13	To remove, refix, realign, adjust and replace all damaged page	arts.		\$	350.00 200
14	TO UNDERCOATING FOR RUST PROTECTION			\$	30.00 ⊀
15	To respray paint of accident section.			\$	220.00 180
	HET E HET				

Therefile 97792

Grand Total:

The above estimates are base on visual inspection and it is possible that further materials and labour may be required upon dismantling. Should this occur, we will submit supplementary quotation for further approval.

Shaun: 97432262

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation Third party 59 → v es on a 'Without Prejudice" basis

- Supplementary i.e. 5: must be resurveyed and is subject to final approval from Insurance Company

arknowledged by Repairer

Signature:

nate: ____

	1 1 1 1 1 1 1
4	CK 18/11/24 8 415pm
0	62564561
4	1p- Resurvey new & old parts.
_/	gur elphants.wm.
	741 6/1960-00/-100
	2-3days
٧	1



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 First Submission 12/11/2024 15:20 (SGT) Reported by **Actual Driver** Date of Accident 10/11/2024 18:30 (SGT) Exact Location of Accident Singapore Additional Location Information SEMBAWANG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yamaha

Vehicle Registration Number FBR6083C

INSURED/POLICYHOLDER

Is company? - 1.1 Civiani, Constitutamenterarranterarranterarranterarranterarranterarranterarrante Name Of Registered Owner MASRINA BTE HUSSIN NRIC No SXXXX560I Email Address SRINA7179@YAHOO.COM Mobile Phone No (Phone) +65-97967480 Alternative Phone No

VEHICLE PARTICULARS

Model X-1r Exact purpose for which vehicle was being used at time of The state of the state of the second state of the state o Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Motorcycle Vehicle Category Manual Transmission CC Petrol Vehicle Fuel First Regisration Date 09/11/2007 4S3001596 Chassis no Effective Date/Time of Ownership 09/11/2007 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5147169878

DRIVER



Name of Driver	MUHAMMAD SHARIZWAN BIN IRWAN
NRIC No	TXXXX814D
Date Of Birth	15/07/2005
Occupation	Outdoor
Driving Pass Date	24/09/2024
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88471005
Alt. Phone Number	·-
Email Address	MDSHVRIZWVN@GMAIL.COM
Address	APT BLK 354 YISHUN RING ROAD #10-1772
Address complement	-
Postcode	760354
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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	Callinian Hood to Door
Type of Accident Weather Conditions	Collision - Head to Rear
	DRIZZLING
Road Surface	Wet
OTHER INFORMATION	
Were any favoire vahiala involved in the assident?	Al-
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No 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	÷
Singiliar religions	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Dating Address	4 Sembawang Crescent Singapore 757633
of intended Prosecution given?	No
If yes, against whom?	•
it yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED	
ATTACHMENT(S)	
"lable for attachment?	Von
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
was there any the	
DETAILS OF OTHE	R VEHICLE PROPERTY (1 1888)
	TO POLICE A LATE OF THE SECOND

Vehicle Registration Number	S.IK7448U
Vehicle Manufacturer Vehicle Model	-
Vehicle Model	
Vehicle Variant	- -
Vehicle Colour	•
Vehicle Cotons	-
Vehicle Category	Private car
Name of Driver	CLAYTON MICHAEL LORENZO
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 Injuries Sustained Injured person in which vehicle? Were seat belts worn?	MUHAMMAD SHARIZWAN BIN IRWAN Male (Phone) +65-88471005 APT BLK 354 YISHUN RING ROAD #10-1772 - 760354 FBR6083C No
Was this injured conveyed to hospital by ambulance?	No 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 Pointholder and or the Actual Didwar.
- Information provided must be as <u>puritify and approximity as possibly</u>. Any widel misrepresentation or withholding of material facts may allow insurance companies to <u>recognition protocy inhillity</u>.
- 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 infarested parties.
- By the ladgement of this report to the insurers, you hereby consent to the archiving of this report at the contracted to copies of the
 report being made available attressed.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lundersland, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylare permitted to collect, use, discloss 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 retained to as the "Insureric"), the Insurer's tewyershaw time, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, heading end/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 daims;
- fill) carrying out and/or dealing with my instructions or respanding to any enquiries by me;
- (iv) administrating my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve declosure of certain personal date 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 is administering, processing, handling antifor dealing with my claims.

(collectively the "Purposes")

- (a) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, maylere permitted to collectuse, clackose and/or process my Personal information for one or more of the obove Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers anc/or GIA to their folid-party service providers or agents (including their lawyers/law firms), which may be cited cuts/do of Singapore, for one or more of the above Purposes.

	1 1	
Policyholder's Eignature / Date & Tima	Actual Driver's Signature (if driver is not like policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name 6s in NRICRO card)
Sketch Plan		
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The state of the s	Market State Land Company of the State Land Company	
v.km2022		

LENG

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Refer to police report	· Nd	
	: 7/20241110/2040	
1000		
		*
Declaration We declare the foregoing perticulars a	ue true in every respect,	
	<i>f.</i>	
Policyholder's Signature / Date & Time	Actual Drivers Signalure (if driver is not the policyheider) / Date & Time	LENG Wilnessed by Reporting Centre Personnel (Name as in NRICID cerd)
Jen2022		



SINGAPORE POLICE FORCE

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE

Tel No: 1800-5549999 757633

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.:

10/11/2024 19:25

Bayran No. 5/202415 fill 2014.

Name of MUHAMI	it's Particu Informant: MAD SHAR	IZWAN BIN	Address: 354 YISHUN RING ROAD #10. Contact No.:	20 Day No.
ID Type	ID No.: 0 / T051881	4D		
Mational			The state of the s	Mobile 88471035
Sex:	Age:	Date of Birth: 15/07/2005	Type of Informant:	
Male Race:			Language: English	
Malay Occupat NATION	ion: AL SERVIC	CEMEN	Driving Licence Information: Class: 28	Date of Except

Type of Accident:	nation of the Accider Injury Others	Orink Drive: No	Date/Time of Accident: 10/11/2024 18:30	Type of Locator X-Usrigion
Location: SEMBAWAN(3 ROAD	Road Surface:		The second secon
Weather: Drizzling		Wet Traffic Control:		Traffe Volume.
Traffic Flow: One Way Type of Collisi	ion: ing Vehicles - Head T	Not Controlled		Anyone conveyed ambulance.

enicle No.	Туре	Make	Model	CON	ideo Nucl Pass Indiy 0
BR6083C				Reu Da	maged 1
JK7448U	Motor car			CIOU	mage

Details of V	ehicle Insurance	No.	Effective Eyel
	Insurance Company	Insurance Nu	A CONTRACTOR OF THE CONTRACTOR



Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 172211100240

261) Report No. 1/2024(110-1540

Tel No: 1800-5549999

CONTINUATION OF REPORT

Vehicle No. 1	icle Insurance	Andrew Commercia	-	-	Mark Const.	
The second secon	nsurance Company	Insurance No Great				
	NTUC Income Insurance Co-Operative	5147169878		-	Siective 95/07/2024	Expiry Date
Details at al		1	-		*********	04/07/2025
Details of Pera	on involved	Will be well and	The second second	-	-	وسيعت ويراودون والمحاود والمتنسك
No. of Pedestra	A see a very see a ver		The same of the sa			-
Rider	ans injured: NIL	Use of Pe	dastrine	0		-
Name			170	O:035	ing: NA	
	MUHAMMAD SHARIZWAN BIN IRWAN		ID No.	erosponiani mad	T05188140	7
Related Vehicle	FBR6083C (Motorcycle)	Contact N		t No.	88471005	
Hospital/Clinic	NIL	Class of Driving Licence &		Class: 28 Date of Explry: NIL		
Date Treatment	NIL T	Expiry			1	
No. of Days gran	ted Medical Leave NiL	Date Discharge NIL Degree of Sight				
Driver	WK/1240V TOTAL TOT	Degree U		Sligh	1	
Vame	CLAYTON MICHAEL LORENZO		ID No,		M0130983P	
telated Vehicle	SJK7448U (Motor car)		Contact No.		96333284	
ospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
te Treatment	Treatment NIL Da		scharge NIL		1	
		Degree of				

Brief Details.

On 11/10/2024 at about 1830hrs, I was waiting at the traffic junction of Sembawang road that is towards Sembawang Ave behind the grey colored car (SJK7448U). While waiting for the traffic light to turn green, the car in front of me started to reverse where it hit my front part of my motorbike where I lost balance and fall on the left side of the floor and subsequently, my bike fell on my right leg shin area where I currently suffer an injury. I managed to exchange particulars with the driver.

My bike did sustain a crack on the basket and some scratches on the body of my bike. Also, the clips on my bike were broken. I am lodging this report for insurance purposes.



Police Station Of Origin. Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549959 The property of the second

ares June 18 Calenna Grand

CONTINUATION OF REPORT

Signature of Officer Recording The L / SCSGT(1) SAIBALAJI LAKSHMANAN

\$

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT / SUPT (1A) CHUA SOON KEONG Contact No.: 65476030 Signature Of Informant:

2.

Date/Time: 10/11/2024 19:25

Classification Of Case:

NP168