

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)

To: MSIG INSURANCE

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

THIRD PARTY CLAIM AGAINST

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

	Parts	Labour
1 FRONT SIDE MIRROR LH	\$ 85.00 X	
2 FRONT CLUTCH LEVER LH	\$ 28.00 cut ✓	
3 FRONT SIDE FAIRING LH	\$ 380.00 cut ✓	
4 FRONT SIDE FAIRING LOGO LH	\$ 52.00 new ✓	
5 FRONT SIDE FAIRING LAMP LH	\$ 310.00 cut ✓	
6 FRONT FORK (SET)	\$ 420.00 X SN 4120 - photo?	
7 FRONT HANDLE BAR	\$ 270.00 X	
8 FRONT HEADLAMP	\$ 480.00 cut ✓	
9 FRONT HEADLAMP FAIRING	\$ 330.00 cut ✓	
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 X	
12 TO COMPUTER WHEEL ALIGNMENT	\$ 60.00 X	
13 To remove, refix, realign, adjust and replace all damaged parts.	\$ 350.00 200	
14 TO UNDERCOATING FOR RUST PROTECTION	\$ 30.00 X	
15 To respray paint of accident section.	\$ 220.00 180	
	\$ 840.00	
Grand Total :	\$ 2,959.50	

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

Signature 97432262

LKK 18/11/24 2 415pm
262563561

1/P - Resurvey new & old parts.
sur@lkkauto.com.
2-3 days

- 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 survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary repairs must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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 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

Vehicle Registration Number	FBR6083C
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INSURED/POLICYHOLDER

Is company?	No
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

Manufacturer	Yamaha
Model	X-1r
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	0
Vehicle Fuel	Petrol
First Registration Date	09/11/2007
Chassis no	4S3001596
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	Collision - Head to Rear
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SJK7448U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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	MUHAMMAD SHARIZWAN BIN IRWAN
Gender	Male
Phone No	(Phone) +65-88471005
Address	APT BLK 354 YISHUN RING ROAD #10-1772
Address Complement	-
Post Code	760354
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR6083C
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 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 Traffic Police Department for investigation.
6. 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.
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 to 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.

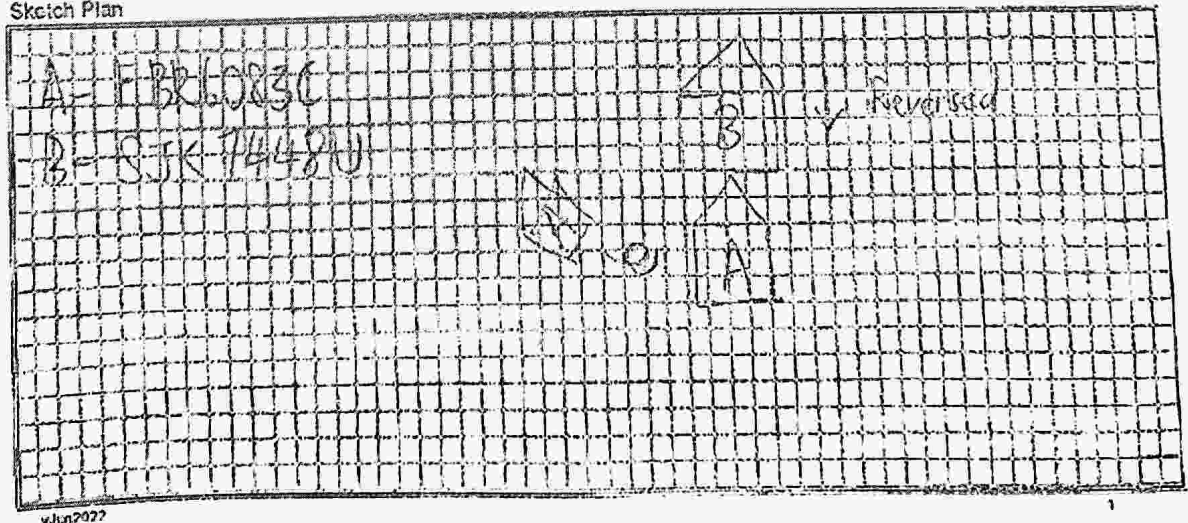
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NR/CID card)

LENG

Sketch Plan



Describe Circumstance of the Accident

Refer to police report. Ref

Police report number: T/20241110/2040

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

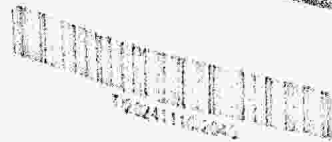
Actual Drivers Signature (if driver is not the policyholder)
/ Date & Time

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



Report No: 752041102042

REPORT OF A TRAFFIC ACCIDENT

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

Vide Report No.:

Station Diary No.:
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Informant's Particulars

Name of Informant:
MUHAMMAD SHARIZWAN BIN
IRWAN

Address:
354 YISHUN RING ROAD #10-1772 SINGAPORE 760354

ID Type / ID No.:
NRIC NO / T0518814D

Contact No.:
Home/Office:

Nationality:
SINGAPORE CITIZEN

Email:
mdshvrizwvn@gmail.com

Mobile: 83471005

Sex: Male
Age: 19
Date of Birth: 15/07/2005

Type of Informant:
Rider

Race:
Malay

Language:
English

Occupation:
NATIONAL SERVICEMEN

Driving Licence Information:
Class: 2B

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2024 18:30	Type of Location: X-Junction
Location: SEMBAWANG ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBR6083C	Motorcycle			Red	Slightly Damaged	0
SJK7448U	Motor car			Grey	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



1/202411102040

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Report No: 1/202411102040

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective
FBR6C83C	NTUC Income Insurance Co-Operative Limited	5147169878	05/07/2024
			Expiry Date
			04/07/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	MUHAMMAD SHARIZWAN BIN IRWAN	ID No.	T0518814D
Related Vehicle	FBR6083C (Motorcycle)	Contact No.	88471005
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	CLAYTON MICHAEL LORENZO	ID No.	M0130983P
Related Vehicle	SJK7448U (Motor car)	Contact No.	96333284
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

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.

