

ASS. REC. BY: Taufik REF: CS/CTI 24070486/TVP3

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: YN 9669S
Policy No. _____
Claims No. SNM24D204298
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: 135K
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S
N/S	O/S

Veh No: FBW2950A Yr Regn: 2024, 04
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Yamaha Tmax 560 c.c. 562
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JJAS 818X-000003493
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Mod: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 120 / 70 R15
R: 160 / 60 R15
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: _____ Rear: _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 26/7/2024 D.O.I. 01/08/27
Survey held at Leong Seng Motor
Des. of Damages: Fr / Rear / O/S / N/S / U/G / Rooftop or _____

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

Date / Time	Action / Instruction
29/11/24	Taufikh confirmed final fig \$3434.50 (Red 2372, 40%)

Date/Time, File Pass to? ☐ : Prell. Report
i) ☐ : Final Report

Date/Time, File Return to? _____
2) _____
Rep. Format: _____
Lump Sum / L.B.R. ()

Days Of Repair: 2
Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	

Leong Seng Motor Pte Ltd

Blk 1006 Bukit Merah Lane 2

#01-08 Singapore 159762

Tel: 62737469 Fax: 62727669

Veh No : FBW2950A

Model : Tmax560

S/N	Parts Description	QTY	List Price	Nett Price	Remark
1	Front cover		\$ 365.00		chk ✓
2	Headlamp cover		\$ 480.00		chk ✓
3	Headlamp assy		\$ 1,950.00		chk ✓
4	Front fender		\$ 295.00		chk ✓
5	Fender		\$ 265.00		chk ✓
6	Front fork assy	2	\$ 1,750.00	?	9-800150
7	Fork under bracket		\$ 330.00	?	x
8	Steering cone bearing		\$ 150.00	?	x
9	Alignment repair			\$ 350.00	x
10	Towing			\$ 80.00	✓
11	Labour			\$ 350.00	200
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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 item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Less 10%

\$ 5,585.00 \$ 780.00

\$ 558.50

\$ 5,026.50



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	29/07/2024 14:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/07/2024 18:38 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BALMEG HILL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBW2950A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HERRING ELIZABETH MARIAM@MARIAM BT MOHAMMAD KHALID
NRIC No	S7418430H
Email Address	ELIZABETHHERRING74@GMAIL.COM
Mobile Phone No	(Phone) +65-88935514
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	TMAX 560 TECH MAX
Variant	TMAX 560 TECH MAX
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	Auto
CC	562

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MX117160

DRIVER

Name of Driver	HERRING ELIZABETH MARIAM@MARIAM BT MOHAMMAD KHALID
NRIC No	S7418430H



Date Of Birth	26/05/1974
Occupation	Outdoor
Driving Pass Date	15/09/2023
Driving experience	10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88935514
Alt. Phone Number	-
Email Address	ELIZABETHHERRING74@GMAIL.COM
Address	BLK 407 FAJAR ROAD #02-321
Address complement	-
Postcode	670407
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

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	YN9669S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	ISLAM SHAHIDUL
Passport No/FIN	G7908563X
Contact Number	(Phone) +65-83565439
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 lodging 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:

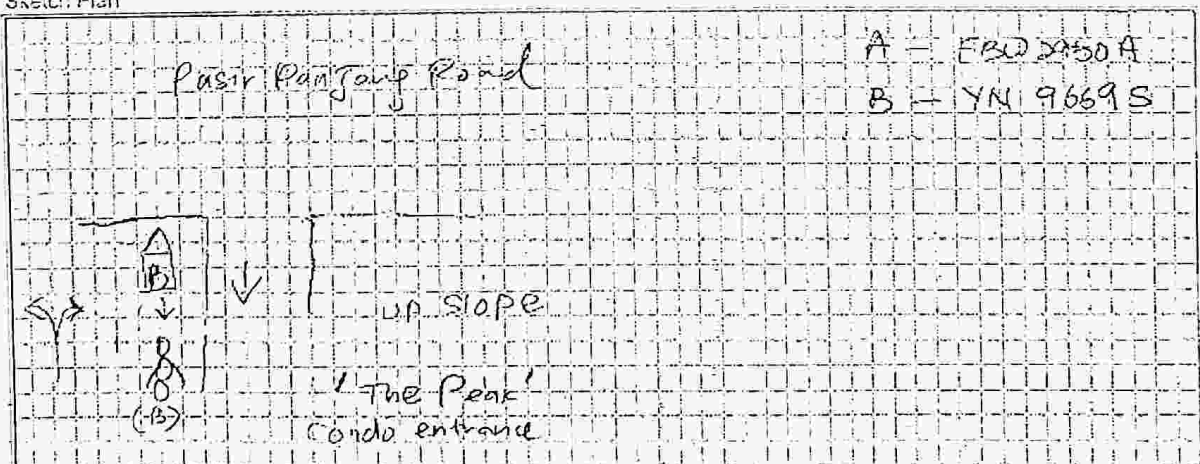
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (b) I consent with the "Purposes"
- (c) 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
- (d) 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
 ML 29/07/2024
 1414hrs

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

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

Sketch Plan



Describe Circumstance of the Accident	
VEHICLE NO: <u>13612450A</u>	ACCIDENT DATE & TIME: <u>26/07/2024 1835hrs</u>
CONTACT NUMBER: <u>88935514</u>	E-MAIL: <u>elizabethherring74@gmail.com</u>
LOCATION: <u>Balmeg hill</u>	
I just sent order at the peak road at balmeg hill. I go down slope to turn left. There was lorry in front of me, my vehicle. Suddenly he reversed his lorry. As we were on a slope I, of course, could not reverse my bike. He kept on reversing up slope and his lorry hit my bike, the front.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: ☒ CLAIM ON POLICY ☐ CLAIM BY THIRD PARTY ☐ CLAIM ON TP & OTHER WORKSHOP ☐ REPORTING ONLY	

Declaration

We declare the foregoing particulars are true in every respect.

W 26/07/2024
1844hrs
Policyholder's Signature / Date & Time

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


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