

DE XING MOTOR PTE. LTD.

Blk 3006 Ubi Road 1 #01-356 Singapore 408700.

Tel: 67408582 (4 Lines) Fax: 67439525

GST Reg. No.: M2-0061652-9

Co. Reg. No.: 198303312R



() Third Party

() Own Damage

() List Price

() Cost Price

Bike NFBK281U

Date of Acc 28-07-2016

Make YAMAHA MX135

Chassis N MH250C008EK20208

Year

2014 Requested KOK LEONG

claim Dept.
The bike will be here
on Monday to
survey.
Thanks

S/ NO	Parts Description	Quantity	Unit Price	Total	Remarks
1	REAR FENDER	1	\$95.00	\$95.00	
2	REAR NO PLATE	1	\$18.00	\$18.00	
3	REAR SIDE FARING	2	\$85.00	\$170.00	
4	REAR TAIL LAMP ASSY	1	\$105.00	\$105.00	
5	REAR SWING ARM	1	\$295.00	\$295.00	
6	REAR WHEEL SHAFT	1	\$45.00	\$45.00	
7	REAR SWING ARM	1	\$350.00	\$350.00	
8	REAR SWING BOLT	2	\$55.00	\$110.00	
9	LABOUR	1	\$380.00	\$380.00	
10					
11					
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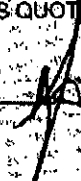
Sub Total \$1,568.00

ADD 7% GST \$108.76

Grand Total \$1,677.76

PLEASE NOTE THAT THE ABOVE IS ONLY AN ESTIMATE. THEREFORE, SHOULD THERE BE ANY ADDITIONAL PARTS REQUIRED OR DAMAGED DURING OUR COURSE OF REPAIRS, WE WILL INFORM YOU ACCORDINGLY FOR NECESSARY ACTION. PRICES OF PARTS QUOTED ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE.

APPROVING OFFICER'S SIGNATURE & COMPANY'S STAMP



WORKSHOP COPY

MNA115090243 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 26/07/2016 11:27

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report 25/07/2016 11:27
Date Of Accident 25/07/2016 10:15
Exact Location Of Accident PIE TWDS UBI B4 PAYA LEBAR EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK291U
Insured/Policyholder
Name Of Registered Owner GAZALI BIN ARSHAD
NRIC No S1526228A
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91393237
Alternative Phone No Others-91393237

Vehicle Particulars
Manufacturer YAMAHA
Model JUPITER MX (HC)
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
If No, Please state action to be taken Third Party
Vehicle Category Motorcycle

Insurance Company
Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type Of Coverage Third Party Fire and/or Theft
Fleet Policy No
Policy Number MSD/VMS/16-969408-WTT
Cover Note Number

Driver
Name of Driver GAZALI BIN ARSHAD
NRIC No S1526228A
Date Of Birth 07/07/1962
Occupation Outdoor
Date Of Driving Pass 02/06/1992
Driving Experience 24 Years And 1 Month
Gender Male
Mobile Number (Local) +65-91393237
Fax Number
Contact Number Others-91393237
Email Address NOEMAIL

Address BLK 158 WOODLANDS ST 13
#11-708
Postcode 730158
Was driver an employee of the Insured's Company No
If No, Relationship of the Driver with the Insured Owner
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident Collision- Chain Collision
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? No
If Yes, Please state which Police Station
Was notice of Intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG PIE TWDS UBI B4 PAYA LEBAR EXIT AT EXTREME LEFT LANE, SUDDENLY I FELT THE IMPACT FROM MY REAR, THE VEH B WAS HIT FROM THE REAR AND THE IMPACT VEH B BEING PUSHED FORWARD AND HIT ONTO THE REAR PORTION OF MY VEH.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJC7220B
Vehicle Make/Model/Colour MITSUBISHI LANCER 1.6 A
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB660P
Vehicle Make/Model/Colour SSANGYONG RODIUS AUTO TAXI
Details Of Properties
Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

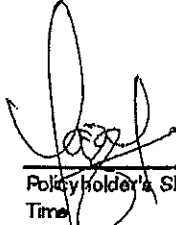
Name

Phone Number

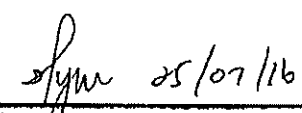
Email Address

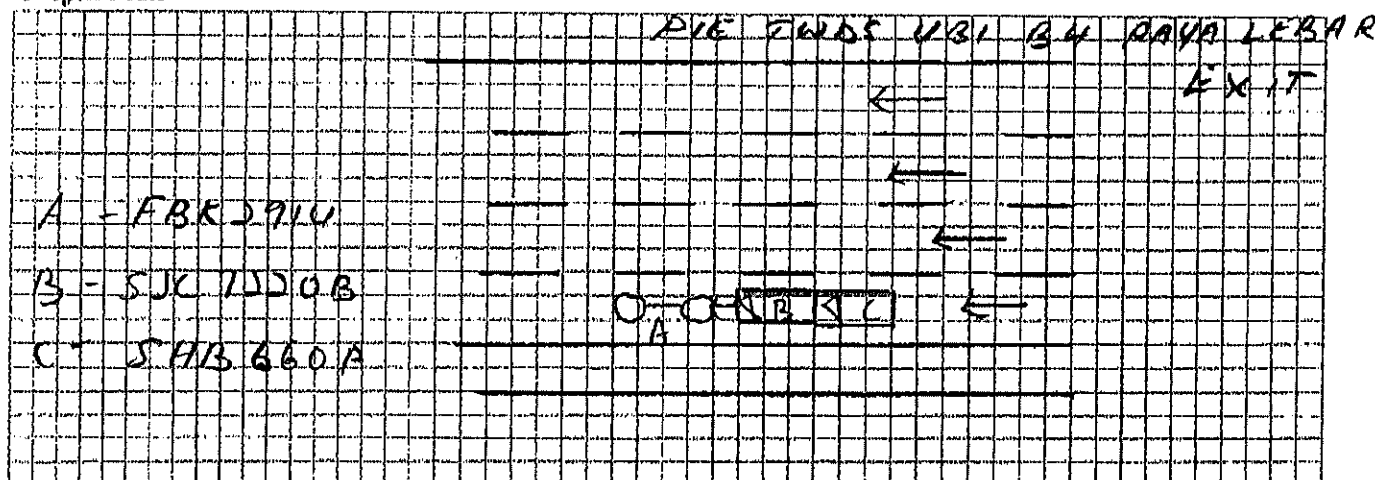
SKETCH PLAN**IMPORTANT NOTICE**

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

pl's ref to the statement

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 25/07/16
Witnessed by Reporting Centre Personnel