

Xed

REF: CS/TP18004890/GHb22

TP insurance

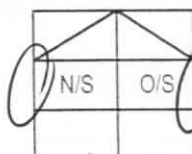
(-2026)

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Marvelous
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 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: _____
 IDAC Accident Rpt.: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: FBA9571E Yr Regn: 17 Oct 2006
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Yamaha spark 135 cc 135
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 114914 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 5YP206273
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Good / Jammed / Leaked / Burnt or
 Brake: Good / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 80/90-17
 R: 90/80-17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 26-02-18
 Survey held at w/s 1pm
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Aishah - 9189 6045
	aisyamazali@live.com
	FBA 9571E - NA / INC18001342 / 24
	8591 7355
	RECEIVED 30 NOV 2018
	Lump Sum <u>\$650</u> , 2 days. (Red: 1673.20! 72%)

Date/Time, File Pass to? ☐ : Preli. Report

1) 3011 Typist ☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 3

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$) S + RS. SI

☐ : Interview (\$) Photos

☐ : Tech. Invs (\$) Others

☐ : Weekend (\$)

TOTAL

110
50
50+50+50
198
80
588

Report Format :

Lump Sum / I.B.I. (\$) 650

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9759F
Vehicle Details	
Vehicle No.:	FBA9571E
Vehicle to be Exported:	No
Intended De-registration Date:	27 Feb 2018
Vehicle Make:	YAMAHA
Vehicle Model:	SPARK135 M
Primary Colour:	Blue
Manufacturing Year:	2006
Engine No.:	5YP206273
Chassis No.:	5YP206273
Maximum Power Output:	-
Open Market Value:	\$2,065.00
Original Registration Date:	17 Oct 2006
First Registration Date:	17 Oct 2006
Transfer Count:	6
Actual ARF Paid:	\$310.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Oct 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$6,305.00
COE Rebate Amount:	\$5,444.00
Total Rebate Amount:	\$5,444.00

The information contained herein is correct as at 27 Feb 2018

OK

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 wilful 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 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	23/01/2018 10:40
Date Of Accident	18/01/2018 17:35
Exact Location Of Accident	HALTON RD NEAR TOMARANATHABIBLE PRESBYTERIANCHURCH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA9571E
Insured/Policyholder	
Name Of Registered Owner	AISYA BINTE MAZALI
NRIC No	S9119759F
Email Address	AISYAMAZALI@LIVE.COM
Mobile Phone No	(LOCAL) +65-81896045
Alternative Phone No	OTHERS-81896045

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK135 M
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5080756659-01
Cover Note Number	

Driver

Name of Driver	AISYA BINTE MAZALI
NRIC No	S9119759F
Date Of Birth	05/06/1991
Occupation	INDOOR
Date Of Driving Pass	04/04/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81896045
Fax Number	
Contact Number	OTHERS-81896045
Email Address	AISYAMAZALI@LIVE.COM

Address	BLK 337 TAMPINES STREET 32 #02-476
Postcode	520337
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180118/2181

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK5231S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AISYA BINTE MAZALI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBA9571E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE

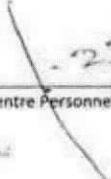
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

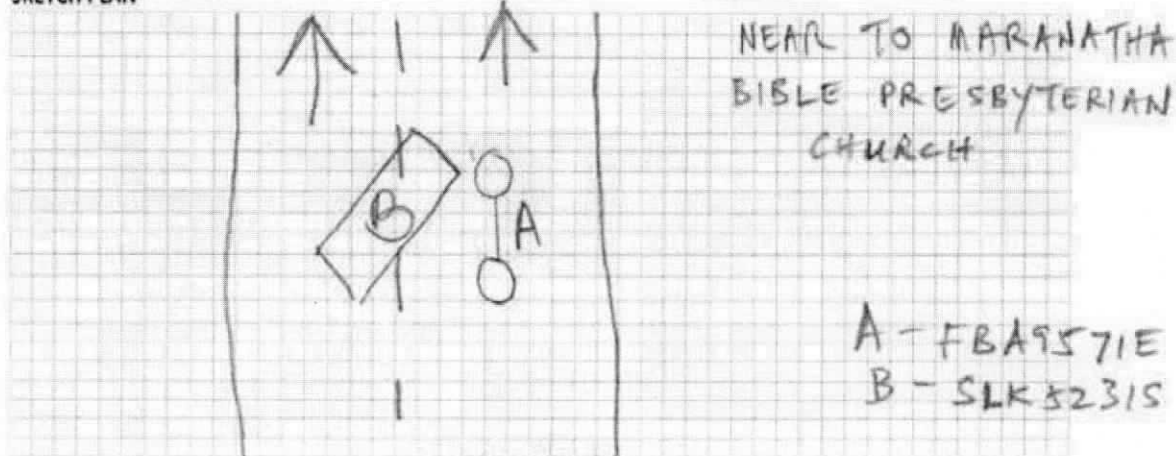

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 23/1/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

Along Road 1, HALTON ROAD

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

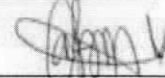
plc Refer to the Police Report
T/20180118/2181

DECLARATION

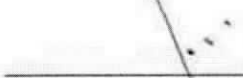
(/We declare the foregoing particulars are true in every respect.


Policyholder's Signature

Date & Time:


Driver's Signature

(If driver is not the policyholder)
Date & Time:

 23/1/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180118/2181

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20180118/2181

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AISYA BINTE MAZ'ALI	ID No.	S9119759F
Related Vehicle	FBA9571E (Motorcycle)	Contact No.	81896045
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	18/01/2018	Date Discharge	18/01/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

ON 18/01/2018 AT ABOUT 1735HRS, ALONG LOYANG AVE, HALTON ROAD BEFORE THE JUNCTION CRANWELL ROAD, I WAS RIDING MY MOTORCYCLE FBA9571E IN THE RIGHT LANE WHEN SUDDENLY A CAR SLK5231S SWERVED INTO MY LANE FROM LANE 2. MY LANE WAS CLEARED HOWEVER LANE 2 WAS CONGESTED WITH OTHER ROAD USERS WITH THEIR VEHICLES IN STATIONARY MODE. THE SAID CAR SIDE SWIPE SAME DIRECTION AND THE COLLISION CAUSES ME TO FALL TO MY RIGHT SIDE ONTO THE ROAD SURFACE. MY MOTORCYCLE SUSTAINED SCRATCHES AND DENT ON IT'S BOTH SIDE. THE SAID CAR SUSTAINED DENT ON IT'S RIGHT SIDE PANEL NEAR TO THE FRONT WHEEL AND FRONT BUMPER MISALIGN. I SUFFERED PAIN ON MY BOTH KNEES AND ABRASSION ON MY LEFT KNEE ALSO. I WAS CONVEYED BY AMBULANCE TO CGH. I WAS GIVEN MEDICAL LEAVE FOR 14 DAYS FROM 18/01/2018 TILL 31/01/2018. I AM LODGING THIS REPORT REF. G/20180118/0155 I/C IO MARIA FROM TP.

Yoshimura pipe	\$800	X	} NN
Brake pump	\$550	X	
Front mudguard	\$45	/	Cut
Head light cover	\$45	X	NN / Cut
Front numberplate	\$15	/	BT
Front footrest	\$75	/	BT
Rear footrest	\$60	X	NN / Cut
Balancer	\$85	/	Cut
Disc plate	\$75	X	NN
Front fork	\$350	X	NN / BT
Front panel	\$65	X	NN
Leg shield 1	\$45	/	Cut

POD Induction Right \$38 X NN

Insurance Company must be notified by 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: _____

2248

720
~~225~~
10%:
2925
648
+190
838
20%: 650

RBD 9571Z

T135

Front wheel assy - repair

Front fork assy repl?

Stems steering?

cone bang set?

Front fender ✓ am

Front no plate ✓ Ben

Front brake pump (brembo) X am - 900p. 550

Handlebar repl? ✓

— Stay repl X

Balancer ✓ am.

Brake pedal repl.

Front subframe bar ✓ Ben

Front subframe RH ✓ am.

Rear subframe repl. ✓ am.

Protection Exhaust X am

Exhaust ✓ am.

Rear side fairs 24. X repair.

Front subframe LH ✓ Ben

workmanship	150 250	150
Transportation	50	40
Body chassis repair	180	
Transportation to repair chassis		50

190

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:

TAN CHIN HOE
LAWYER

6538 2687
Sheena

81890045

Tel 62563561



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
THE MARVELOUS TEAM MOTOR			Ref : CS/TP18004890/Gtbe2	
25 KAKI BUKIT ROAD 4 #01-76 SYNERGY @ KB SINGAPORE 417800			Date : 10-12-2018	
ON BEHALF OF AISYA BINTE MAZALI			Code : TP501	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.		Veh. Inspected		FBA 9571E
Policy No.		Coverage (\$)		0.00
Claim No.		Excess (\$)		0.00
Assign From		Assign Date		26/02/2018
2. Vehicle Particulars & Condition				
Make & Model	YAMAHA SPARK135	c.c	135	
Engine No.	HIDDEN	Year of Reg.	2006	
Chassis No.	5YP206273	Colour	BLUE	
Odometer	114914	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	80/90-17	BRIDGESTONE	4 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	90/80-17	BRIDGESTONE	4 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/01/2018	Inspection Date	26/02/2018	
Survey held at	THE MARVELOUS - 25 KAKI BUKIT RD 4 #01-76			
Repairer	-			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBA 9571E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	YOSHIMURA PIPE	NOT NECESSARY	800.00	-
1	BRAKE PUMP	NOT NECESSARY	550.00	-
1	FRONT MUDGUARD	CUT	45.00	45.00
1	HEAD LIGHT COVER	CUT	45.00	45.00
1	FRONT NUMBER PLATE	BENT	15.00	15.00
1	FRONT FOOTREST	BENT	75.00	75.00
1	REAR FOOTREST	CUT	60.00	60.00
1	BALANCER	CUT	85.00	85.00
1	DISC PLATE	NOT NECESSARY	75.00	-
1	FRONT FORK	BENT	350.00	350.00
1	FRONT PANEL	NOT NECESSARY	65.00	-
1	LED SHIELD	CUT	45.00	45.00
1	POD INDUCTION RIGHT	NOT NECESSARY	38.00	-
	LESS 10% DISCOUNT		-	-72.00
			2,248.00	648.00
	<u>LABOUR</u>			
	WORKMANSHIP.		250.00	150.00
	TRANSPORTATION.		50.00	40.00
	BODY CHASSIS REPAIR.	NOT NECESSARY	180.00	-
	TRANSPORTATION TO REPAIR CHASSIS.	NOT NECESSARY	50.00	-
			530.00	190.00
	GRAND TOTAL		2,778.00	838.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			650.00

Report Ref No. CS/TP18004890/Gtbe2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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