

22/03/2002

ASS. REC. BY:

REF:

CS3/AG118007189 / G24604

Special Instruction:

SURVEYOR

GU

ASSIGNMENT (Office)

From (Person):

Julie

of

AG1

Date/Time:

18042018 238pm

Estimated Cost:

Bill to:

OD / TT / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

FBG 5145Y

Insured:

SHE 8760C

at Workshop m/s

FTA Performance

Tel:

of

8 Kaki Bukit Ave 4 #07-26

Policy No:

Claim No:

C10001491

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06042018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

H.O.D. Endorsement:

Date/Time:

18042018 3:31pm

Person Contacted:

Ah Siong

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

FBG 5145Y - X

SHE 8760C - CS3 / INC 15003689 / W6

DOA: 0802015

Signature

PR S
xbar.

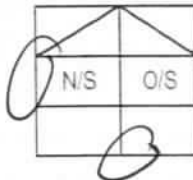
REF: AGI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s **FTA Performance**
 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: **4** days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **FBG 5145Y** Yr Regn: **-29 Dec 2011**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Honda CBR1000R** c.c. **1000**
 Colour: **white/red** A/C: Insured / Std / NI / NA
 Sp.Reading: **77560** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **-JH 28C 59A 1CK400769**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Good** / Jammed / Leaked / Burnt or
 Brake: **Good** / Jammed / Leaked / Burnt or
 Modi: **Oil** / S/Rim / STD A/Rim or
 Tyre Size: F: **120/70 8R17**
 R: **200/55 8R17**
 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. _____ D.O.I. **18-04-18**
 Survey held at **W/S** **4:40 pm**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
and
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Estimated repair range \$5,000 - \$6,000

23/6/18 Submit PRS Report.

21/6/2018

RECEIVED 25 JUN 2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
 Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation _____

Photos _____

Others _____

TOTAL

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

100
100

Report Format : _____

Lump Sum / I.B.I.: (\$ _____)

Catherine Chong (LKK Auto)

From: Julie Mangubat <julie.m@budgetdirect.com.sg>
Sent: Wednesday, 18 April, 2018 2:38 PM
To: SUR; assignments
Cc: Albert Hong
Subject: FW: Our ref: C10001491 | Your ref: GTW.ACC.4045.18.wk

Sent on behalf of Albert.

Hi Team

Please accept PRI and survey TP on a without prejudice basis.

Thank you,
-Julie

From: Mail office <mail@gohjpwong.com>
Sent: Wednesday, 18 April, 2018 12:55 PM
To: Julie Mangubat <julie.m@budgetdirect.com.sg>
Cc: Albert Hong <albert.hong@budgetdirect.com.sg>
Subject: Re: Our ref: C10001491 | Your ref: GTW.ACC.4045.18.wk

Dear Sir/Mdm

Our client's motorcycle FBG 5145Y is now at:-

FTA Performance Pte Ltd
8 Kaki Bukit Avenue 4 #07-26 Premier @ KB, 415875
Tel: 6384 0123 (Ah Xiong)

Kindly proceed to conduct the pre-repair inspection forthwith and let us know once the pre-repair inspections has been conducted, failing which we shall assume that the pre-repair inspection is conducted within the next 2 working days.

Lee Wee Ka
for and on behalf of Goh Teck Wee
GOH JP & WONG LLC
Advocates & Solicitors
Commissioner for Oaths
133 New Bridge Road #16-09
Chinatown Point
Singapore 059413
Tel : 6538 5868
Fax: 6538 4898

We do not accept service of documents by facsimile or email. Our business hours are from Mondays to Fridays from 9 am to 5 pm and we are closed on Saturday, Sundays and Public Holidays. UEN/GST Regn No: 201406078M

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On Wed, Apr 18, 2018 at 12:30 PM, Julie Mangubat <julie.m@budgetdirect.com.sg> wrote:

Without Prejudice

Dear Sir

Thank you for your email on even date.

We regret to inform that we are not agreeable to your list of surveyors.

We will proceed to appoint our surveyor and liaise with your client's workshop.

Please provide details of the workshop.

Thank you,

-Julie

From: Mail office <mail@gohjpwong.com>
Sent: Wednesday, 18 April, 2018 12:13 PM
To: Julie Mangubat <julie.m@budgetdirect.com.sg>
Subject: Re: Our ref: C10001491 | Your ref: GTW.ACC.4045.18.wk

Dear Mdm

We refer to your earlier email.

We are not agreeable to your proposed motor surveyors.

Our list of proposed Single Joint Expert ("SJE") as follows:-

1. Teo Liak Hoo of L H Teo Appraisal Services
2. Jayson Liaw Leong San of Pro-Option Services
3. Seah Kwang Boon of Absolute Appraisal Services
4. Oh Han Cheong of Oh Appraisal
5. Bok Jee Tan of Prudent Adjustors Services
6. Fong Kok Heng Stanley of Automax Survey
7. Sebastian Lim Yong Tian of Constant Appraiser Services
8. Lek Boon Hwee of Auto Performance Appraisal
9. Louis S C Ng Cae Amimi of Prestige Appraiser Services
10. Richard Wong Ah Kow of R W Automotive Appraiser Services

Kindly let us hear from you soonest.

Lee Wee Ka
for and on behalf of Goh Teck Wee
GOH JP & WONG LLC
Advocates & Solicitors
Commissioner for Oaths
133 New Bridge Road #16-09
Chinatown Point
Singapore 059413
Tel : 6538 5868
Fax: 6538 4898

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You are advised to carry out your own checks on this message for computer viruses and other defects. Please note that we disclaim liability for any loss or damage caused by computer viruses and/or other defects.

On Wed, Apr 18, 2018 at 12:09 PM, Julie Mangubat <julie.m@budgetdirect.com.sg> wrote:

Without Prejudice

Dear Sir

We refer to the fax sent to us last night.

Please find the list of your surveyors to choose from.

1. Calvin Ang LKK Auto Consultant Pte Ltd
2. Bryan Ang LKK Auto Consultant Pte Ltd
3. Xing Guo Qiang LKK Auto Consultant Pte Ltd
4. Mohammed Rasul LKK Auto Consultants Pte Ltd
5. Mohamad Taufihk LKK Auto Consultants Pte Ltd
6. Simon Ho LKK Auto Consultants Pte Ltd
7. Pang Kiah Keen (Frankie) FormTeam Adjusters Pte Ltd
8. Chua Soo Teck (Benjamin) FormTeam Adjusters Pte Ltd
9. Lim Say Koon FormTeam Adjusters Pte Ltd
10. Ng You Han FormTeam Adjusters Pte Ltd
11. Soon HanXin (Gary) FormTeam Adjusters Pte Ltd
12. Chow Bo Xiong FormTeam Adjusters Pte Ltd

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors.

Thank you.

Regards,

-Julie

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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	10/04/2018 13:12
Date Of Accident	06/04/2018 19:00
Exact Location Of Accident	PAYA LEBAR ROAD TOWARDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5145Y
Insured/Policyholder	
Name Of Registered Owner	IBRAHIM BIPLAB
Passport No/FIN	G7647518R
Email Address	BIP143_35@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81160638
Alternative Phone No	Others-81160638

Vehicle Particulars

Manufacturer	HONDA
Model	CBR1000RR

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
------------------------------------------------------------------------------	----

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	5073609592-02 TPFT
Cover Note Number	

Driver

Name of Driver	IBRAHIM BIPLAB
Passport No/FIN	G7647518R
Date Of Birth	01/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81160638

Fax Number	
Contact Number	OTHERS-81160638
E-Mail Address	BIP143_35@YAHOO.COM
Address	BLK 557 #14-982 BEDOK NORTH STREET 3
Postcode	460557
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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 Witness 1

Name	MR LIU
Phone Number	87777780
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE8760C
Vehicle Make/Model/Colour	HONDA CRV 2.0 A

6/22/2018

E-FILE

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	KNIGHT HASSELL GEORINA
NRIC/Passport Number	S2691214H
Contact Number	96955896
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	IBRAHIM BIPLAB
Approximate Age	37
Injuries Sustain	
Injured person in which vehicle?	FBG5145Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 557 #14-982 BEDOK NORTH STREET 3
Postcode	460557

Sketch Plan

SKETCH PLANIMPORTANT 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:

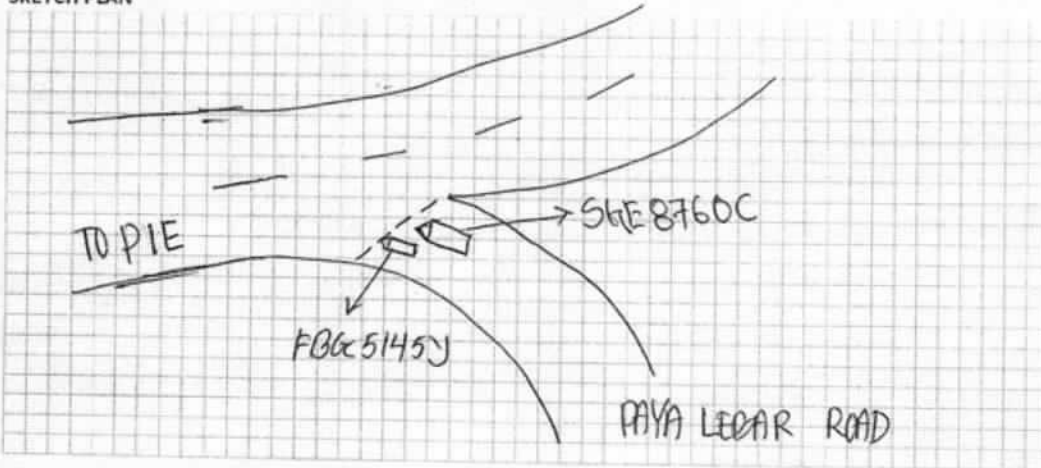
10 APR 2018

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: kvackb@singnet.com.sg
 Name:
 NRIC/TIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer

To police Report.

bip43-35@Yahoo.com

DECLARATION

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

Policyholder's Signature
Date & Time:

10 APR 2018

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180407/2109

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20180407/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2018 17:28		Vide Report No.: G/20180406/0203		Station Diary No.: 109	
Informant's Particulars					
Name of Informant: IBRAHIM BIPLAB			Address: APT BLK 557 BEDOK NORTH STREET 3 #14-982 SINGAPORE 460557		
ID Type / ID No.: NRIC NO / G7647518R			Contact No.: Home/Office: Mobile: 81160638		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 37	Date of Birth: 01/02/1981	Type of Informant: Rider		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: CAD DRAFTSMAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD				
Slip road towards PIE Changi				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5145Y	Motorcycle	HONDA	CBR1000RR	White	Seriously Damaged	0
SGE8760C	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG5145Y	NTUC Income Insurance Co-Operative Limited	5073609592-02	29/12/2017	28/12/2018

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180407/2109

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20180407/2109

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	IBRAHIM BIPLAB	ID No.	G7647518R
Related Vehicle	FBG5145Y (Motorcycle)	Contact No.	81160638
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/04/2018	Date Discharge	06/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KNIGHT HASSELL GEORINA	ID No.	S2691214H
Related Vehicle	SGE8760C (Car)	Contact No.	96955896
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 6th April 2018 at about 7pm, I was driving my motorcycle, FBG5145Y, along Paya Lebar Road and was at the slip road heading towards PIE Changi. I was the first vehicle and was stationary before the slip road, when suddenly a car, SGE8760C, that was behind me hit the right side of my motorcycle and dragged me and my motorcycle to the left kerb.

I fell onto the grass patch and felt pain on my ankle. I called for the police and ambulance. Traffic police came down vide incident number G/20180406/0203. I was conveyed to Tan Tock Seng hospital and was discharged on the day itself. I also received 3 days MC for my injury.

I wish to state that I have a camera attached on my motorcycle however I am not sure if it had recorded the accident. I also wish to state that there is a witness namely Mr Liu, contact number: 8777 7780.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180407/2109

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20180407/2109

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 MOHAMED NASZRUL BIN MOHD HELMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/04/2018 17:28

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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.
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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	07/04/2018 14:31
Date Of Accident	06/04/2018 19:00
Exact Location Of Accident	SLIP RD OF PAYA LEBAR TO PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE8760C
Insured/Policyholder	
Name Of Registered Owner	KNIGHT HASELL CHRISTOPHER KARL
NRIC No	S2691213Z
Email Address	CHASSELL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97818124
Alternative Phone No	OFFICE-97818124

Vehicle Particulars

Manufacturer	HONDA
Model	CR-V-2.0 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10046350R00
Cover Note Number	

Driver

Name of Driver	KNIGHT HASSELL GEORGINA
NRIC No	S2691214H
Date Of Birth	22/05/1967
Occupation	INDOOR
Date Of Driving Pass	11/08/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96955896
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	530 EAST COAST ROAD #14-01
Postcode	458970
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180406/2166 STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

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	FBG5145Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	IBRAHIM BIPLAB ALI AHMMED
NRIC/Passport Number	G7647518R
Contact Number	81160638
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name IBRAHIM BIPLAB ALI AHMMED

Approximate Age

Injuries Sustain SLIGHTLY INJURIES

Injured person in which vehicle? FBG5145Y

Were seat belts worn? NO

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:

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

Sketch Plan #2

SKETCH PLAN

Vehicle No
A - 5EE87600
B - FK45145Y

Legend
Vehicle A
Bike B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no = T/20180406/2166.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time:

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

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


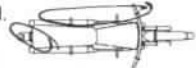
**LKK Auto Consultants Pte Ltd**

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

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PRE-REPAIR INSPECTION REPORT				
AUTO & GENERAL INSURANCE (S) PL		Ref: CS3/AGI18007189/Gz4be2		
(BUDGET DIRECT INSURANCE)190CLEMENCEAU		Date: 28-06-2018		
AVENUE #03-01S S CSINGAPORE 239924		Code: AGI		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SGE 8760C	Veh. Inspected	FBG 5145Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	C10001491	Excess (\$)	0.00	
Assign From	JULIE	Assign Date	18/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA CBR1000RR	c.c	999	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	JH2SC59A1CK400769	Colour	WHITE / RED	
Odometer	77560 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	120/70Z R17	PIRELLI	5 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	200/55Z R17	PIRELLI	5 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND REAR PORTION.				
5. General Information				
Accident Date	06/04/2018	Inspect Date / Time	18/04/2018 (04:40 PM)	
Survey held at	FTA PERFORMANCE - 8 KAKI BUKIT AVE 4 #07-26			
Repairer	-			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,000-\$6,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		

Report Ref No. CS3/AGI18007189/Gz4be2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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