



YEE AUTO PTE LTD

160 Sin Ming Drive #02-17/#07-12 Sin Ming AutoCity Singapore 575722

Tel: 6457 5768 Fax: 6252 8459 Mobile: 9687 4031

Email: yeeautopteltd@gmail.com

Registration No.: 201719251W GST No: 201719251W

M/S : AUTO & GENERAL INSURANCE (SINGAPORE)

190 CLEMENCEAU AVENUE

#03-01 SINGAPORE SHOPPING CENTRE

SINGAPORE 239924

TEL: 6221 2111

ATTN: Motor Claim Department

Your Ref No: -

Claim Type: Third Party

Accident Date: 22/04/2020

TP Veh Reg No: SLV4513C

Estimate No: ES2000045

Date: 27 Apr 2020

Policy No:

Veh Reg No: FK7780G

Make/Model: HONDA CG 125 N

Chassis No: CG1251645353

Engine No: CG125E2441699

Reg. Date: 11/03/1993

Not Notarised

1/1 Day @ ?

Resurvey After Paint

3 days

Estimate Repair Cost to Vehicle No :FK7780G

Description	U/Price	Quantity	List Price	Amount
			<u>SS</u>	<u>SS</u>
Net Price				
1 FRONT NUMBER PLATE	28.00	1 PC	<i>Sm</i> 28.00 <i>X</i>	28.00
Spare Parts				
2 CLUTCH LEVER - LH	48.00	1 PC	<i>CM</i> 48.00 <i>✓</i>	
3 ENGINE COVER - LH (SILVER)	98.00	1 PC	98.00 <i>?</i>	
4 FORK OIL SEAL - LH	38.00	1 PC	38.00 <i>?</i>	
5 FORK OIL SEAL - RH	38.00	1 PC	38.00 <i>?</i>	
6 FRONT FORK - LH	386.00	1 PC	386.00 <i>?</i>	
7 FRONT FORK - RH	386.00	1 PC	386.00 <i>?</i>	
8 FRONT FORK TUBE - LH	222.00	1 PC	222.00 <i>?</i>	
9 FRONT FORK TUBE - RH	222.00	1 PC	222.00 <i>?</i>	
10 FRONT FUEL TANK	<i>Out</i> 485.20	1 PC	<i>PC</i> 485.20 <i>605.20</i>	
11 FRONT WHEEL RIM	365.00	1 PC	<i>Sm</i> 365.00 <i>X</i>	
12 GEAR PENAL	52.00	1 PC	<i>Dr</i> 52.00 <i>✓</i>	
13 HANDLE BAR	165.00	1 PC	<i>Sm</i> 165.00 <i>X</i>	
14 HEAD LAMP	280.00	1 PC	<i>Sm</i> 280.00 <i>X</i>	
15 IU UNIT	180.00	1 PC	<i>Sm</i> 180.00 <i>X</i>	
16 REAR SIGNAL LAMP - LH	84.00	1 PC	<i>Sm</i> 84.00 <i>X</i>	
17 SPEEDOMETER	395.00	1 PC	<i>Sm</i> 395.00 <i>X</i>	
18 WING MIRROR - LH	144.00	1 PC	<i>Sm</i> 144.00 <i>X</i>	
			3,588.20	3,588.20
Labour				
19 TO DISMANTLE & REPLACE DAMAGED PARTS, PANEL BEAT WHERE NECESSARY.	800.00	1 JOB	800.00 <i>Pol</i>	
20 TO PUTTY, APPLY PRIMER & SPRAY-PAINT ON THE AFFECTED PORTION.	700.00	1 JOB	700.00 <i>15d</i>	
21 TO ALIGN MAIN BODY FRAME.	280.00	1 JOB	280.00 <i>?</i>	
22 TO TOW VEHICLE TO WORKSHOP.	80.00	1 JOB	80.00 <i>3d</i>	
			1,860.00	1,860.00

LKK Auto Consultants hence ~~280.00~~ 80.00

the Repairer of the following: 80.00

- 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:

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 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 Report	22/04/2020 16:39
Date Of Accident	22/04/2020 12:30
Exact Location Of Accident	LOYANG RISE OCCURRED OUTSIDE NOS.155 SPORE 507446
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FK7780G
Insured/Policyholder	
Name Of Registered Owner	ALDE MICHAEL TAN
NRIC No	SXXXX140H
Email Address	ALDECASTLE@LIVE.COM
Mobile Phone No	(LOCAL) +65-82185263
Alternative Phone No	OFFICE-82185263

Vehicle Particulars

Manufacturer	HONDA
Model	CG125
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
Fleet Policy	NO
Policy Number	5101026756-01
Cover Note Number	

Driver

Name of Driver	ALDE MICHAEL TAN
NRIC No	SXXXX140H
Date Of Birth	20/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2011
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82185263
Fax Number	
Contact Number	OFFICE-82185263
EMail Address	ALDECASTLE@LIVE.COM

Address BLK 266 TAMPINES STREET 21
#07-26 SINGAPORE

Postcode 520266

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

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

THOMSON NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4529999 - FAX NO: 6 5535740

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED AND POLICE REPORT

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

SLV4513C

Vehicle Make/Model/Colour

Details Of Properties

REFER TO POLICE REPORT AND ATTACHED

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

(b) SLV 4513 C.



Police Report No: T/20200422/2025

DECLARATION

Ad

GLADNEY, K. E. Philonthos, VI

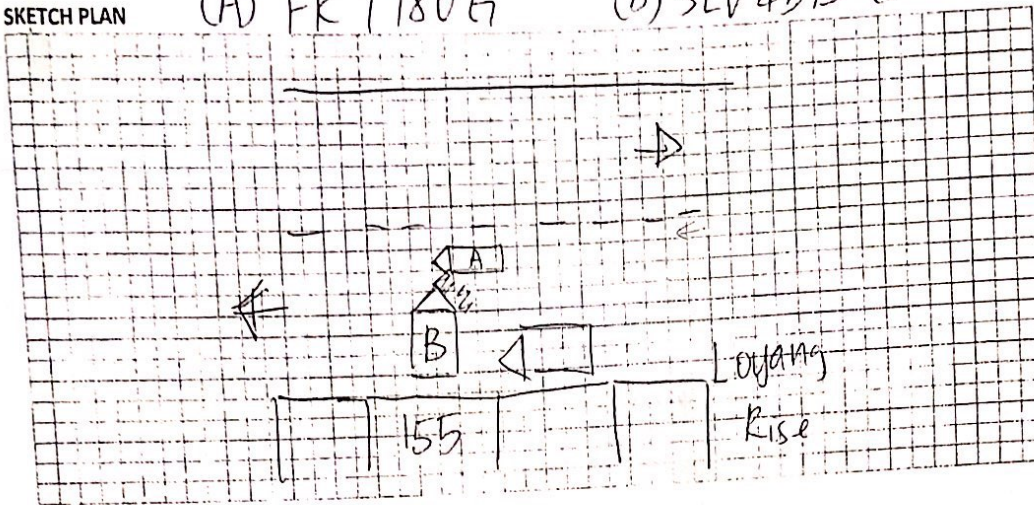
Date & Time:

Name:
NRIC/FIN No.:

SKETCH PLAN

(A) FK 7780 G

(B) SLV 4513 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report


Police Report No: T/20200422/2025

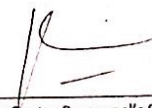
(The remaining lines of the form are crossed out with a diagonal line.)

DECLARATION

I/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:


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

GIARAS SketchPlanForm V3

ASS. REC. BY:

REF:

AGL/ 2000 5432/Kt

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: _____

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.

<input checked="" type="checkbox"/> N/S	<input checked="" type="checkbox"/> O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 3/23 Person Contacted: _____ Vehicle: IN / OUTVeh No: FK 77806 Yr Regn: 03, 93Type: M.Car / MCycle Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda CG125 c.c. 124Colour: White A/C: Insured / Std / NI / NASp. Reading: POBP T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: CG125E-2441699Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm orTyre Size: F: B.S 2.75x18R: Estrom 3.50x18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 22/4/20 D.O.I. 28/4/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S body

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Fixers

Others

TOTAL

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

Report Format :

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