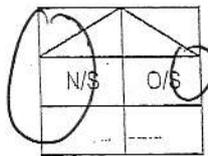


ASSIGNMENT

COB May 2023

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: \_\_\_\_\_

Veh No: FW9364Z Yr Regn: 2003 July  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Honda wave 125 c.c. 125  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: N.A. T/Radio: Insured / Std / NI / NA  
 Eng/No: NF 125 MDR0067057  
 C/No: NF 125 MD0067057  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 70/90 R17  
 R: 90/80 R17



(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: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or 90 / Bridgestone  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 2 mm R/Bal. 2 mm  
 L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. 16/05/2020 D.O.I. 22/06/2020  
 Survey held at SG 98 MAFW AMK  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
N/S Platform 7 O/S Ront 7 O/S Body  
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction  |
|-------------|---|
|             | Sompo FBR 2004H 12/8/20 Sent Prel. by email                   |
|             | MV 2-51C  |
|             | LTA 516.00  |
|             | NL 2K   |
| 11/08/2020  | Final R/S 2,000/- with 4 days of repair. (Red \$3140-50, 61%) |

Date/Time, File Pass to?  Prel. Report  
 Final Report  
 Date/Time, File Return to?  
 2) 12/8/20 Typist  
 Report Format :  
 Lump Sum / I.B.I. (\$) \$2000F

Days Of Repair: 4  
 Resurvey No. of Trip: 3  
 Add Fee:  Site Insp (\$ \_\_\_\_\_)  
 Interview (\$ \_\_\_\_\_)  
 Tech. Insp (\$ \_\_\_\_\_)  
 Weekend (\$ \_\_\_\_\_)

|                 |  |
|-----------------|--|
| Survey Fee:     |  |
| Transportation: |  |
| \$ + RS \$      |  |
| Photos          |  |
| Others          |  |
| TOTAL           |  |

## 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             | 18/06/2020 14:02                                   |
| Date Of Accident           | 16/05/2020 19:05                                   |
| Exact Location Of Accident | ALONG BUKIT PANJANG RING RD / JELAPANG RD JUNCTION |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|  |  |
|--|--|
| Vehicle Registration Number  | FW9364Z                                |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | MUHAMMAD ZULFIKAR BIN ABDUL SHARIFF    |
| NRIC No  | SX/XX154Z                              |
| Email Address  | ZULRADKE@GMAIL.COM                     |
| Mobile Phone No  | (LOCAL) +65-96925913                   |
| Alternative Phone No   | OFFICE-96925913                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | HONDA                                  |
| Model  | WAVE 125S-125CC NF125MD                |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE                           |
| 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                             |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | THIRD PARTY                            |
| Fleet Policy   | NO                                     |
| Policy Number  | 5113939302                             |
| Cover Note Number  |  |
| <b>Driver</b>  |  |
| Name of Driver   | MUHAMMAD ZULFIKAR BIN ABDUL SHARIFF    |
| NRIC No  | SXXXX154Z                              |
| Date Of Birth  | 09/12/1994                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 27/07/2016                             |
| Driving Experience   | 3 YEARS AND 9 MONTHS                   |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-96925913                   |
| Fax Number   |  |
| Contact Number   | OFFICE-96925913                        |
| E-Mail Address   | ZULRADKE@GMAIL.COM                     |

|   |  |
|---|--|
| Address   | APT BLK 514 BUKIT BATOK STREET 52<br>#12-550 SINGAPORE |
| Postcode  | 650514   |
| 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 - CROSS JUNCTION |
| 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?  | 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                       | JURONG DIVISION HQ  |
| Police Station Address                    | <b>ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE</b> |
| Police Station Contact                    | <b>TEL NO: 18007910000 - FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

**Circumstances of Accident**

REFER TO 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 OTHER VEHICLE PROPERTY 1**

|                             |            |
|-----------------------------|------------|
| Vehicle Registration Number | FBR2004H   |
| Vehicle Make/Model/Colour   | NA         |
| Details Of Properties       | NA         |
| Vehicle Category            | MOTORCYCLE |
| Name of Driver              | NA         |
| NRIC/Passport Number        |            |
| Contact Number              | NA         |
| Address                     |            |
| Postcode                    |            |
| Insurance Company Name      |            |

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |   |
|---|---|
| Name  | MUHAMMAD ZULFIKAR BIN ABDUL SHARIFF                               |
| Approximate Age                                     | 25  |
| Injuries Sustain                                    | REFER POLICE REPORT (LOWER LIMB FRACTURE / DISLOCATE, 47 DAYS MC) |
| Injured person in which vehicle?                    | FW9364Z   |
| Were seat belts worn?                               |   |
| Was this injured conveyed to hospital by ambulance? | YES   |
| Address   | APT BLK 514 BUKIT BATOK STREET 52<br>#12-550 SINGAPORE            |
| Postcode  | 650514  |

## 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)**

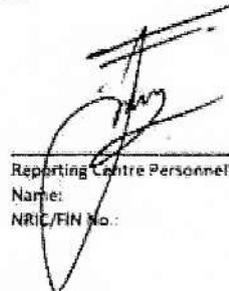
I understand, acknowledge, agree and consent that:

- (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:



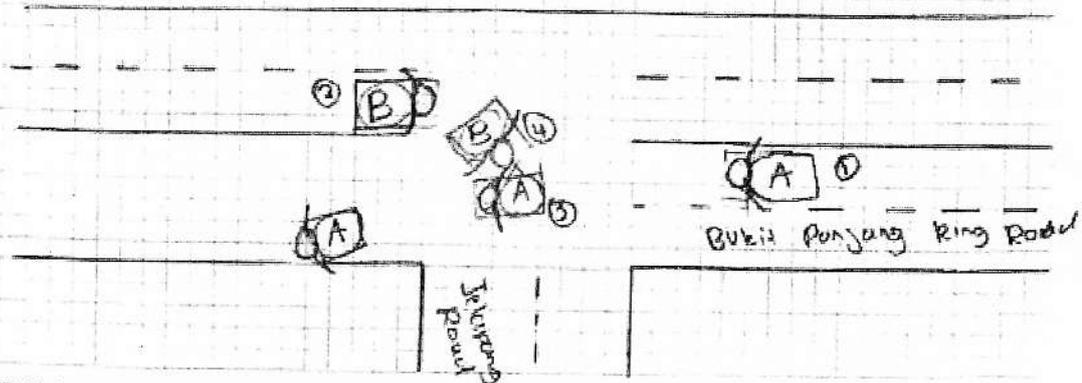
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A = FW9364Z

B = FBR2004H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

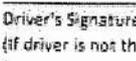
Refer Police Report.

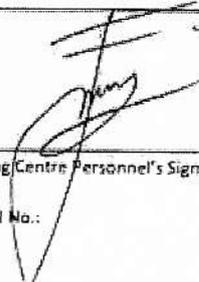
I was On 16<sup>th</sup> May 2020 @ 1908 hours I was travelling along Bukit Panjang Ring Road as it was green light I proceeded to go straight when a motorcycle FBR2004H made a abrupt Right turn after I passed the white line which collided on the right side of my motorcycle FW9364Z. I was flung off my motorcycle and soon was rushed off by ambulance.

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.:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200524/7032

of pain. Passerbys at the scene rushed over to help me. The ambulance and traffic police were called. I was not unable to get hold of the other rider's information as I was rushed off to NUH in an ambulance. I was hospitalised for 4 days and suffered multiple injuries. Now that I am feeling better I am submitting a report. IO RAHIM from Traffic police has been in contact with me, I am awaiting details from them.

|                           |  |              |           |
|---------------------------|--|--------------|-----------|
| Subjects Involved         |  |              |           |
| Victim                    |  |              |           |
| Person Name               | MUHAMMAD ZULFIKAR BIN ABDUL SHARIFF                              |              |           |
| ID Type                   | NRIC NO  | ID No        | S9445154Z |
| Gender                    | Male   | Age          | 25        |
| Race                      | Indian   | Language     | English   |
| Occupation                | APP REVIEWER   | Address Type |           |
| Address                   | APT BLK 514 BUKIT BATOK<br>STREET 52 #12-550<br>SINGAPORE 650514 | Mobile No    | 96925913  |
| Is Informant A<br>Victim? | Yes  |              |           |
|                           |  |              |           |
| Person Name               | MUHAMMAD ZULFIKAR BIN ABDUL SHARIFF (Informant)                  |              |           |
|                           |  |              |           |

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>24/05/2020 22:08   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp

# S9 MOTOR TRADING PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg\_motor\_enterprise@yahoo.com.sg

Date: 23 June 2020

To : LKK

Attn : Bryan

Tel :

By Fax:

VEHICLE NO : FW 9364Z

Honda Wave 125

ACCIDENT DATE: 16/5/2020

| Description                             | Qty   | Quotation \$ |         |
|---|-------|--------------|---------|
| 1 Handle Bar <i>st</i>                  | 1     | 135.00       | ✓       |
| 2 Balancer <i>N/S cut</i>               | 1 set | 120.00       | ✓ 60.00 |
| 3 Brake Lever <i>N/N</i>                | 1     | 75.00        | X       |
| 4 Front Centre Panel <i>cut</i>         | 1     | 90.00        | ✓       |
| 5 Head Lamp <i>wornly crack</i>         | 1     | 350.00       | ✓       |
| 6 Mirror <i>N/S broken</i>              | 1 set | 150.00       | ✓ 75.00 |
| 7 Front LH Signal <i>crack</i>          | 1     | 95.00        | ✓       |
| 8 Front Mudguard <i>cut</i>             | 1     | 250.00       | ✓       |
| 9 Fork Tube <i>distort</i>              | 1     | 480.00       | ✓       |
| 10 Front RH side fairing <i>broken</i>  | 1     | 185.00       | ✓       |
| 11 Front RH Leg Shield <i>broken</i>    | 1     | 185.00       | ✓       |
| 12 Engine Lower Panel <i>broken</i>     | 1     | 135.00       | ✓       |
| 13 Exhaust Pipe <i>new</i>              | 1     | 650.00       | X       |
| 14 Exhaust Guard <i>Dental</i>          | 1     | 250.00       | ✓       |
| 15 Brake Pedal <i>st</i>                | 1     | 80.00        | ✓       |
| 16 Front Footrest <i>O/S st</i>         | 1     | 95.00        | ✓       |
| 17 Foot Rest Rubber <i>O/S torn</i>     | 1     | 65.00        | ✓       |
| 18 Kick start/Shaft <i>st</i>           | 1     | 135.00       | ✓       |
| 19 Engine Cover <i>broken</i>           | 1     | 190.00       | ✓       |
| 20 Rear Tail LH Panel <i>cut</i>        | 1     | 200.00       | ✓       |
| 21 Rear Pillion Foot Rest <i>st N/S</i> | 1     | 95.00        | ✓       |
| 22 Foot Rest Bracket <i>cut N/S</i>     | 1     | 125.00       | ✓       |

Belly Pan *Belly pan \$ 95 - crack* ✓

Sub-Total 4,135.00

Less 10% 413.50

Sub-Total 3,721.50 ✓

Main Stand *Main stand \$ 110 - st* ✓

Gear Pedal *gear pedal \$ 105 - N/S* ✓

3585.00

10% 3226.50

VEHICLE NO : FW 9364Z

Honda Wave 125

Nett items

|   |   |                                |
|---|---|--------------------------------|
| 1 | Towing fees <i>HW</i>                                   | 40.00 <i>X</i>                 |
| 2 | Labour to Remove & replace necessary parts, align & etc | <del>250.00</del> <i>200/-</i> |
| 3 | Remove & replace Fork Tube, & oil seal                  | <del>120.00</del> <i>80/-</i>  |
| 4 | Supply body Decal Sticker <i>HW</i>                     | <del>80.00</del> <i>50/-</i>   |
| 5 | Rear Box <i>cut</i>                                     | <del>480.00</del> <i>180/-</i> |
| 6 | IU Unit <i>cut</i>                                      | <del>170.00</del> <i>150/-</i> |

*660.00*

Sub-Total 1,140.00

Nett Total 4,861.50

*3886.50*

*R/S 2000/-*

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion  
Thank you

S9 TRADING PTE LTD

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:

*22/06/2020 @ 1730hrs  
N/A Attached*

*L/Sure 4 days*

*[Signature]*

*Repair limit.*

*LKK Auto*

*check MV*

*[Signature]*