

ACC. REC. BY: SteveREF: CS/MSG20008813/ESF3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
QD / TP / WS / IP RES / QD 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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: F 1093 T Yr Regn: 77/4/90
Type: M. Car / M. Cyclo / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Yamaha XSR155 c.c. 155
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Rending: 3713 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MH13RG4760 LK09S997
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / S/R / STD A/R / m or
Tyre Size: F: 4.00-17
R: 4.50-17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or SWALLOW

Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 14/8/90 D.O.I. 21/8/90
Survey held at Teo Spray
Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

MIV-7K

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / L.E. / C:

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

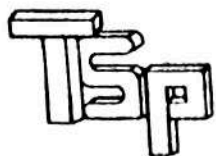
Transportation:

S + RS. \$ _____

Photos

Others

TOTAL



張 噴 漆 TEO SPRAY PAINTING

(INCORPORATED IN THE REPUBLIC OF SINGAPORE)
Reg. Address: BLOCK 6, DEFU LANE 10, DEFU INDUSTRIAL PARK C. #01-558
SINGAPORE 539187 TEL: 6283 5474 (2 LINES) FAX: 6287 2012
REG. NO. 275084 / 00X

MSIG Insurance
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807
Tel: 68277660
Tel: 68277666
Fax: 62256371

Steve CLKK)
8392 8813
Steve Chen@lkkauto.com

WHL AUL
21/8/21, 3:31 pm
3 day
P/P
My Def- Jhy

Dear Sir/Madam

21.08.2020

RE: THIRD PARTY CLAIMS FOR F1093T AGAINST YOUR
INSURED SLC6703H ACCIDENT ON 14.08.2020 AT
PASIR RIS STREET 11

PG 1

DESCRIPTION	AMOUNT
1 HANDLE BAR / OT	\$ 78.00
2 CLUTCH LEVER / OT	\$ 28.00
3 HANDER GRIPS / TN	\$ 38.00
4 RADIATOR / OT	\$ 320.00
5 COOLAND / nec	\$ 18.00
6 FRONT FENDER / OT	\$ 78.00
7 FRONT FOOTREST LH / DR	\$ 25.00
8 FRONT FOOTREST BRACKET LH / OT	\$ 75.00
	<u>\$ 660.00</u>
Less 10%	\$ 66.00
Sub Total	<u>\$ 594.00</u>

PG2

Nett Item
1 TRANSPORT
2 LABOUR CHARGES

	\$ 70.00	50 /
	\$ 250.00	200 /
Sub Total	<u>\$ 320.00</u>	
Total	<u>\$ 914.00</u>	

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 on "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 17/08/2020 16:40
Date Of Accident 14/08/2020 21:20
Exact Location Of Accident PASIR RIS STREET 11
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number F1093T

Insured/Policyholder

Name Of Registered Owner JURAIMI BIN OMAR
NRIC No SXXXX204J
Email Address GMIE_07@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-93853053
Alternative Phone No OTHERS-93853053

Vehicle Particulars

Manufacturer YAMAHA
Model XSR155 MANUAL
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 AXA INSURANCE PTE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number AN3183753
Cover Note Number

Driver

Name of Driver JURAIMI BIN OMAR
NRIC No SXXXX204J
Date Of Birth 08/12/1987
Occupation OUTDOOR
Date Of Driving Pass 31/01/2008
Driving Experience 12 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93853053
Fax Number
Contact Number OTHERS-93853053
Email Address GMIE_07@HOTMAIL.COM

Address APT BLK 658B PUNGGOL EAST
#04-713
Postcode 822658
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 -
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? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 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

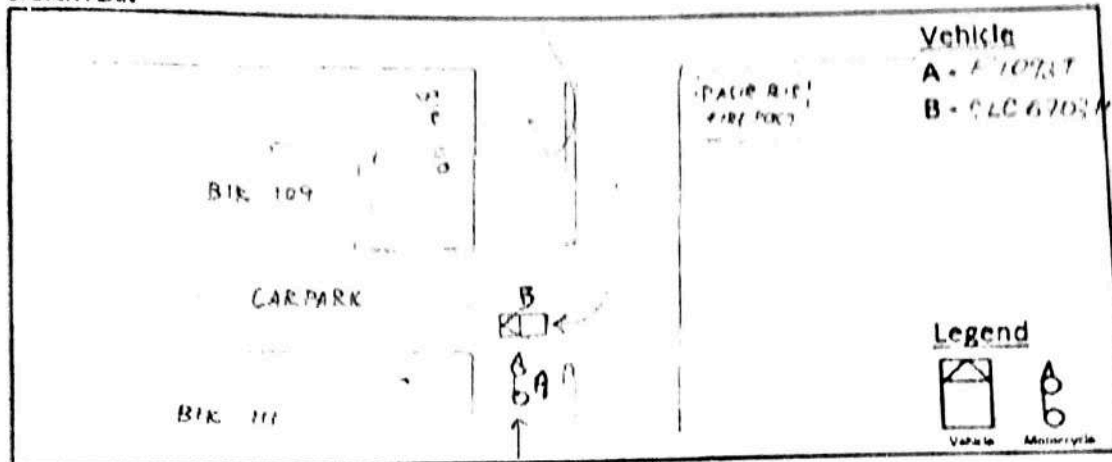
Vehicle Registration Number SLC6703H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JURAIMI BIN OMAR

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 0720hrs on 14/8/20, my vehicle collided with a car of plate no. SLC 6703H, at Pacific Rise St 11. I was riding straight towards main road when vehicle SLC 6703H turned right to carpark from the opposite lane. I managed to E-brake and still collided with the stated car. I sustained tolerable left wrist and ~~my~~ right thumb joint injury due to the collision.

Driver of the stated vehicle agreed and acknowledged his mistake for the incident and was told to claim his insurance for damages.

DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details

Policyholder's Signature

Date & Time:

17/8/20, 1620hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Approximate Age

Injuries Sustain

Injured person in which vehicle?

F1093T

Were seat belts worn?

YES

Was this injured conveyed to hospital by
ambulance?

NO

Address

Postcode

Sketch Plan #2


SKETCH PLAN

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 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: 16.20.40s

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


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