

ASS. REC. BY: Tan

REF:

CS/CT/20010166/T. d3

## ASSIGNMENT

GE 2021 Oct.

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. \_\_\_\_\_

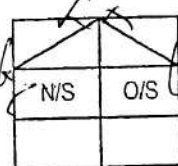
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.Bal. or Market Value: \$2000

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: Keong

Vehicle: IN / OUT

Veh No: FBH 78954 Yr Regn: 2006 Oct.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Yamaha T135 c.c. 135Colour: Dark Blue A/C: Insured / Std / NI / NASp. Reading: 14671 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 5 YR 206747Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 20/90R17R: 80/90R17

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

TOYO / YOKO or Maxxis

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm

D.O.A. \_\_\_\_\_ D.O.I. 23/1/20Survey held at HKL Lim.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

Estimate w/s repair limit \$1200

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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

S + RS SI

Photos

Others

Per Formal :



**HKL LIM**  
TEAM MOTORSPORT

Bik 1008 #01-24, Bukit Merah Lane 3, Singapore 159722 Tel: 6275 6656, 6275 6566, 62727292 Fax: 6272 9291  
Email: support@hklmteam.com.sg Website: www.hklmteam.com.sg

### FBH7895Y

1	METER ASSY	\$190 ?
2	FRONT FORK ASSY LH/RH	\$280 ? photo
3	FRONT FORK UNDER BRACKET	\$150 ?
4	STEERING CONE BEARING	\$60 .
5	BODY FRAME ALIGNMENT	\$550 200 ? photo
6	FRONT FENDER	\$60 cut ✓
7	FRONT WHEEL RIM	\$180 ?
8	FRONT WHEEL SHALF	\$45 ?
9	FRONT WHEEL BEARING 2PCS	\$40 ?
10	FRONT WHEEL BEARING OIL SEAL	\$10 ?
11	FRONT BRAKE DISC	\$120 x
12	HEAD COWLING	\$120 orig ✓
13	PILOT LIGHT	\$120 cut ✓
14	STATER SWITCH RH	\$60 cut ✓
15	SIGNAL SWITCH LH	\$120 cut ✓
16	HANDLE BAR	\$90 bt ✓
17	HANDLE BAR GRIP	\$15 ft ✓
18	HANDLE BAR BALANCER	\$50 mis ✓
19	HANDLE BAR FRONT COVER	\$80 cut ✓
20	HANDLE BAR REAR COVER	\$80 cut ✓
21	FRONT NO PLATE	\$12 bt ✓
22	BRAKE LEVER	\$25 cut ✓
23	CLUTCH LEVER	\$25 cut ✓
24	SIDE MIRROR	\$40 mis ✓
25	HEADLIGHT	\$120 cut ✓
26	HANDLE BAR BRACKET	\$80 bt ✓
27	CLUTCH CABLE	\$35 ?
28	CHOKE CABLE	\$30 ?
29	THOTRO CABLE	\$80 x
30	GEAR PEDAL	\$60 bt ✓
31	BRAKE PEDAL	\$60 x
32	FRONT FOOT REST RUBBER	\$30 ft ✓
33	FRONT FOOT REST BRACKET	\$80 bt ✓
34	EXHAUST + GASKET	\$280 Rr
35	EXHAUST COVER	\$80 cut ✓
36	TAILBOARD LH/RH	\$180 LH-Rr ft cut ✓
37	TOP BOX	\$150 mis ✓
38	TOP BOX BRACKET	\$70 x
39	REAR FOOT REST	\$50 cut ✓
40	HP BRACKET	\$45 bt ✓

41 TOWING  
42 LABOUR

\$30 ✓  
\$680 250

TOTAL AMOUNT:

\$4,662.00

1u unit @ 180 R  
" " bracket - 35 bt ✓  
Signals delay - @ 25 dis ✓  
Handle bracket @ 55 bt ✓

Tanpin 97495749  
WP' 23/9/20

L/S Resurvey after repair  
To check repair unit

5 days  
tanpin@khand.com.

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:

## 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	10/09/2020 11:09
Date Of Accident	01/09/2020 20:20
Exact Location Of Accident	TRAFFIC JUNCTION OF LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7895Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	2XXXXX994W
Email Address	D6N2LL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86969882
Alternative Phone No	OFFICE-86969882

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

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	5113531735
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD DANIAL BIN ZAINOL ABIDIN
NRIC No	SXXXX053B
Date Of Birth	17/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2019
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86969882
Fax Number	
Contact Number	OTHERS-86969882
E Mail Address	D6N2LL@GMAIL.COM

Address	BLK 56 LENGKOK BAHRU #03-457
Postcode	150056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 ON COLLISION
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200906/7014

#### 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	MANCE
Phone Number	97517335
Email Address	

#### Details of Witness 2

Name	RAZA
Phone Number	87529441
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ67G
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

MUHAMMAD DANIAL BIN ZAINOL ABIDIN

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBH7895Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

## Accident 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.

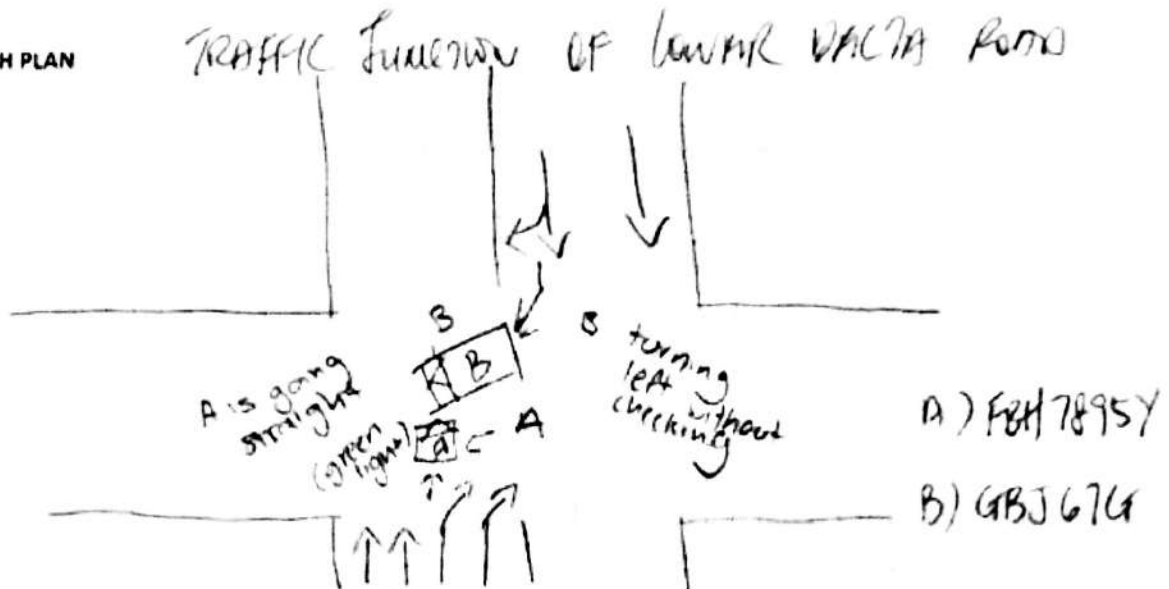
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time 7 SEP 2020

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: 8086 / 10/10/20  
NRIC/FIN No.:

1726

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LOWAR DALTA ROAD

Refer to Police Report T/20200906/7014

DECLARATION

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

Policyholder's Signature  
Date & Time

*U*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time 09 SEP 2020  
1726

*18/09/2020*  
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T 20200906 7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No: T 20200906/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2020 17:13	Video Report No: E 20200901-0150	Station Diary No:
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Informant's Particulars

Name of Informant: MUHAMMAD DANIAL BIN ZAINOL ABIDIN		Address: 56 LENGKOK BAHRU #03-457 SINGAPORE 150056	
ID Type / ID No: NRIC NO / S9509053B		Contact No: Home/Office: Mobile 96969882	
Nationality: SINGAPORE CITIZEN		Email: D6NZLL@GMAIL.COM	
Sex: Male	Age: 25	Date of Birth: 17/03/1995	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: GRAB RIDER		Driving Licence Information: Class: 2B.3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2020 20:20	Type of Location: X-Junction
Location: LOWER DELTA ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBH7895Y	Motorcycle	YAMAHA	SPARK	Blue	Seriously Damaged	0
GBJ67G	Lorry	TOYOTA			Seriously Damaged	1

## POLICE REPORT



SINGAPORE  
POLICE FORCE



T 20200908/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No: T 20200908/7014

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian involved: No			
No. of Pedestrians injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANIAL BIN ZAINOL ABIDIN	ID No	S9509053B
Related Vehicle	FBH7895Y (Motorcycle)	Contact No	86969882
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class 2B.3 Date of Expiry: NIL
Date	01/09/2020	Date	03/09/2020
No. of Days granted Medical Leave	17	Degree of	Serious

## Brief Details

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING MOTOR PLATE FBH7895Y WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2 APPROACHING THE TRAFFIC LIGHT JUNCTION IN GREEN

SUDDENLY, VEHICLE B, BEARING LORRY PLATE GBJ67G DASH OUT INTO MY RIGHT OF WAY ABRUPTLY WITHOUT STOPPING IN HIS STOP LINE

I TRIED TO BRAKE WHEN I SAW HIM BUT I STILL BANG ONTO THE LEFT PORTION OF HIS VEHICLE

AFTER THE ACCIDENT, I WAS CONVEYED TO SINGAPORE GENERAL HOSPITAL ON 01/SEPT/2020 AND DISCHARGED ON 03/SEPT/2020

I WAS GRANTED 17 DAYS OF MC FROM 01/SEPT/2020 TO 17/SEPT/2020

## WITNESS

MANCE 9751 7335

RAZA 8752 9441

POLICE REPORT



SINGAPORE  
POLICE FORCE



T 202009087014

Police Station Of Origin  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65476200

3 of 3

Report No: T 202009087014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report  
Not applicable

Signature Of interpreter  
Not applicable

Officer In Charge Of Case  
TP / TPHQ /  
MUHAMMAD NOOR B N ABDUL RAHMAN  
Contact No: 65476201

Signature Of Informant  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required

Date/Time  
06/09/2020 17:13

Classification Of Case

Authentication Stamp  
181168