

ASS. REC. BY:

Toughlin

REF:

CS/CT120012404/Tiqf3

CT1 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. DMCVSNW00037312000Claims No. SNM70D204375C02

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: \$9500

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Darren

Vehicle: IN / OUT

Veh No: FBK 446664 Yr Regn: 2009, Nov

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

Truck / Trailer or

Make: Linsbetta V200 Sport C.C. 169Colour: blue/orange A/C: Insured / Std / NI / NA

Sp. Reading _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VDLLP1301735003013Gen. 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: 110/70R12R: 170/70R12BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 45 mm R/Bal. 5 mm

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

D.O.A. _____ D.O.I. 12/11/20Survey held at Teamwork GarageDes. of Damages: Frt / Rear / D/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1/5/2000, 5 days email to Darren (total \$4548.50, 64%)11/3/21 @ 1.06pm raised to Jenny Lew via Darren.

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

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

Report Format:

Lump Sum / L.S. / 2000

MER-TP

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	10/11/2020 11:26
Date Of Accident	09/11/2020 12:00
Exact Location Of Accident	JAVA ROAD TOWARDS NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4466G
Insured/Policyholder	
Name Of Registered Owner	LEE KIN WAI
NRIC No	SXXXX552D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97662874
Alternative Phone No	OFFICE-97662874

Vehicle Particulars

Manufacturer	LAMBRETTA
Model	SCOOTER
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

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	5114528885 (TPFT)
Cover Note Number	

Driver

Name of Driver	LEE KIN WAI
NRIC No	SXXXX552D
Date Of Birth	19/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2011
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97662874
Fax Number	

Address	12 CHOA CHU KANG GROVE #21-31
Postcode	688208
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT ATTACH

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	GBF472R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD YUSUF BIN HASHIM
NRIC/Passport Number	SXXXXX756G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBK4466G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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.



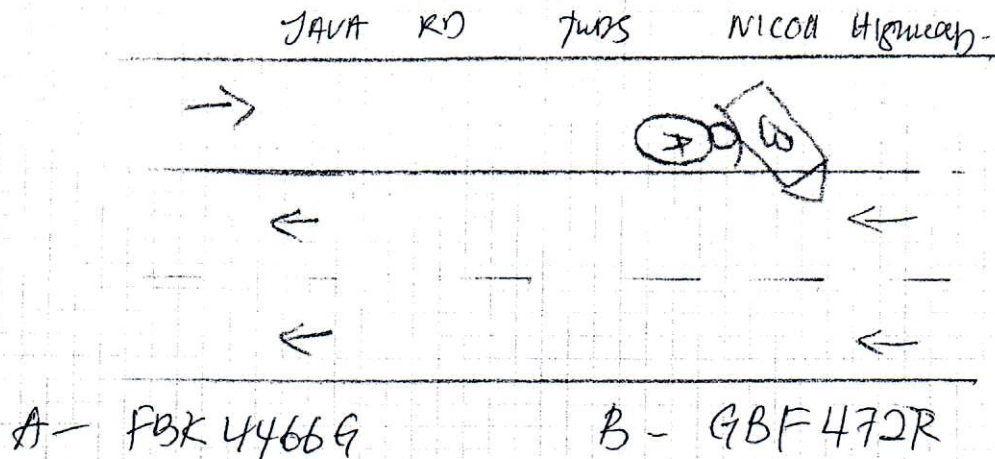
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both our vehicles were travelling along Java Rd in the direction of Nicoll Highway at about 12pm on 9 Nov 2020. It was a sunny day at that time.

The van (~~GBF~~ GBF 472R) was ahead of my motorbike (FBK 4466G) and there was another van beside me. Close to the entrance of St John Headquarters, the van (GBF 472R) suddenly made an illegal u-turn and I couldn't stop in time and hit the right side of his van. My motorcycle fell onto its right side and I fell off my motorbike. I had minor abrasions on the back of my right thigh.

We proceeded to move our vehicles to the opposite side of the road so as not to obstruct the traffic.

The driver later admitted to making the illegal u-turn along Java Road and caused the accident.

DECLARATION

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

[Signature]

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

KARZ WORKS PTE LTD

53 UBI AVENUE 1 #01-23, PAYA UBI INDUSTRIAL PARK

SINGAPORE 408934

(TEL) 6 8 4 4 5 9 3 4 (FAX) 6 8 4 4 2 4 7 4 - (E-MAIL) KARZWORKSSG@GMAIL.COM

REPAIR PERFORMA INVOICE

CHINA TAIPING

Vehicle number	FBK4466G
Make / Model	LAMBRETTA V200
Chassis number	VDLLPB017JS003013
Accident date	9/11/20
Reference	KK2011-16

Qty Particulars Unit Price - SGD \$

PARTS REPLACEMENT - LIST ITEMS		
1	FRONT LH FAIRING	350.00 <i>cut</i> 300
1	FRONT LH FAIRING CHROME GARNISH (MIDDLE)	120.00 <i>cut</i> 60
1	FRONT LH FAIRING CHROME GARNISH (BTM)	120.00 <i>cut</i> 60
1	FRONT LH SIGNAL LAMP	95.00 <i>cut</i>
1	FRONT RH SIGNAL LAMP	95.00 <i>x nn</i>
1	FRONT FENDER	250.00 <i>cut</i> 150
1 SET	FRONT FORK	550.00 <i>x R</i> → SN150 alignment.
1	LH MIDDLE FAIRING	350.00 <i>cut</i> 200
1	LH MIDDLE FAIRING CHROME GARNISH	120.00 <i>cut</i> 60
1	HANDLE BAR	400.00 <i>x nn</i>
1	BRAKE LEVER <i>RH</i>	85.00 <i>cut</i> 45
1	GEAR LEVER <i>LH</i>	85.00 <i>x nn</i>
1 SET	BALANCER	120.00 <i>cut</i> 60
1 SET	WING MIRROR	150.00 <i>cut</i> 100
1	EXHAUST MUFFLER	600.00 <i>Rx</i>
1	EXHAUST CHROME COVER	280.00 <i>cut</i> 180
1	STAND	65.00 <i>x nn</i>
<div style="border: 1px solid blue; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification/repair is allowed Supplementary terms must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Date: _____</p> </div>		3835.00
<div style="border: 1px solid blue; padding: 5px;"> <p>Less 10 %</p> </div>		383.50
Subtotal		3451.50
Balance C/F		3451.50
PARTS REPLACEMENT - SPECIAL NETT ITEMS		
1 SET	GEAR SHIT SHAFT OIL SEAL	24.00 <i>x nn</i>
2	FORK OIL SEAL	120.00 <i>? new</i>
1 BOT	FORK OIL	60.00 <i>? new</i>
1	REAR BOX	500.00 <i>x nn</i> 180
Subtotal		704.00
Balance C/F		4155.50
S/No	LABOUR AND MISCELLANEOUS CHARGES	
	Balance B/F	4155.50
1	REPLACE, REALIGN AND ADJUST ABOVE DAMGE PARTS AND CHECK WIRING AND LIGHTNING SYSTEM	600.00 <i>200</i>
2	TO KNOCK, STRAIGHTEN CHASSIS AND BODY BALANCING	380.00 <i>150? plus x nn</i>
3	TO REMOVE/REFIT, REPLACE FRONT FORK TUDES	180.00 <i>120</i>
4	SPRAY PAINTING	380.00 <i>200</i>
Subtotal		1540.00
Grand total		5695.50

RH chrome garnish middle cut
RH chrome garnish bottom cut
Rear RH fender guard dd
RH pillion foot rest cut

Tanpin 97495749 'wp'
Lump sum
Resurvey after repair
12/11/20 @ 3:45pm

Tanpin @ lkhaut.com 5 days → Fork alignment/pressing 4150 670

KARZ WORKS PTE LTD
 53 UBI AVENUE 1 #01-23, PAYA UBI INDUSTRIAL PARK
 SINGAPORE 408934
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Chassis number	VDLLPB017JS003013
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<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	RH CHROME GARNISH MIDDLE	cut 120.00 ✓ 60
1	RH CHROME GARNISH BTM	cut 120.00 ✓ 60
1	RH PILLION FOOTREST	cut 80.00 ✓
1	FRONT REPAIRING panel centre garnish 603	con 350.00 ✓ 150
		670.00
	Less 10 %	67.00
	Subtotal	603.00
	Balance C/F	603.00
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
1	RH PROTECTION BAR 250	dr ✓ 250.00 ✓ 180 SW
	Subtotal	250.00
	Balance C/F	853.00

350

10% 315

1179
 180.
 670
 315
 180
 2524
 2/5/2000 #
 05days