

ASSIGNMENT

3/MSG 20012653/Dt 73

FBH 1550 G

Yr Regn: 2019 / Aug

Veh No:

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

Truck / Trailer or

Make:

Yamaha Aerox GDR 155R 155

Colour:

SILVER

Sp. Reading

24495

Eng/No:

G352E0402426

C/No:

MH3SG4620KJ066751

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: 110/80 R14

R: 140/70 R14

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

TOYO / YOKO or

Maxxis

Front

R/Bal.

2

mm

Rear

R/Bal.

2

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

12/11/2020

D.O.I.

17/11/2020

Survey held at

SG 98 HAW AMK

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

0/2 Frty 7 4/5 Pntan

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

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:

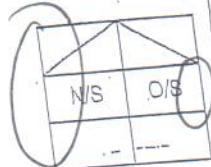
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt

GIA / PR Seen:

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

MSG SLL3213C

25/01/2020 JnnwN 2/5 2300/- 4 days of rep (red: 1252: 35%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)



Prel. Report



Final Report

Days Of Repair:

4

Resurvey No. of Trip:

2

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.I. (\$

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: 20 November 2020

To : LKK

Attn : Bryan

By Fax: 6256-4315

Tel: 97237799

VEHICLE NO : FBH 1550G

Yamaha Aerox GDR 155R CVT

ACCIDENT DATE: 12 November 2020

Description	Qty	Quotation \$
1 Fork Tube <i>distal</i>	1 set	520.00 ✓
2 Handle Bar <i>distal</i>	1	185.00 ✓
3 Brake Lever <i>cut</i>	1	95.00 ✓
4 Front Panel - L/RH <i>cut</i>	2	280.00 ✓
5 Front Side Yamaha Emblem <i>cut & replace</i>	1	105.00 105.00 X
6 Front Mudguard <i>cut</i>	1	245.00 ✓
7 Balancer <i>cut H/S</i>	1 set	180.00 180.00 90.00
8 Rear Pillion GTR Foot Peg <i>cut H/S</i>	1 set	210.00 210.00 SH 150.00
9 Rear LH Tail Side Panel <i>cut & H/S</i>	1	165.00 ✓
10 Yamaha Sticker <i>new</i>	1	95.00 ✓
11 LH Centre Panel Cover (Black) <i>new</i>	1	195.00 X
12 Belly Pan <i>new</i>	1	255.00 X
13 Rear Side Panel RH <i>cut</i>	1	255.00 255.00 ✓
14 Main Stand <i>cut</i>	1	195.00 ✓

Sub-Total 2,980.00
Less 10% 298.00

Sub-Total 2,682.00

① Air Box Cover *\$110.00 cut*
② Transmission *cover*
③ *\$135.00 cut* ✓

④ front top cowling - *\$170.00 broken* ✓

2510.00

10% 2259.00

VEHICLE NO : FBH 1550G

Yamaha Aerox GDR 155R CVT

Nett Items

- 1 1 set mirror (Fibro series) *cut N/S*
- 2 Body decal sticker *h/c*
- 3 Towing fee *h/c*
- 4 Remove & replace parts, align & etc
- 5 Remove & replace fork tube & top
up fork oil

220.00
280.00 ✓
120.00 80/-
40.00 X
280.00 180/-
150.00 80/-

710.00

Sub-Total

870.00

Nett Total

3,552.00

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

17
17/11/2020 @ 1800hrs

NA *Antoni*

L/S *Antoni*

Antoni

S9 MOTOR TRADING PTE LTD

:LG

2 KK *Antoni* 4 days

Antoni

2969.00

4/5 2300/-

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	13/11/2020 15:42
Date Of Accident	12/11/2020 11:30
Exact Location Of Accident	JUNCTION OF CRESCENT RD & WILKINSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1550G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAKIM BIN HUSSIEN
NRIC No	SXXXX168H
Email Address	HAKIMHUSSIEN50@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87665154
Alternative Phone No	OTHERS-87665154

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155R CVT
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
Fleet Policy	NO
Policy Number	P2230276
Cover Note Number	22/08/2020 - 21/08/2021

Driver

Name of Driver	MUHAMMAD HAKIM BIN HUSSIEN
NRIC No	SXXXX168H
Date Of Birth	07/04/1995
Occupation	OUTDOOR
Date Of Driving Pass	10/04/2014
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87665154
Fax Number	
Contact Number	OTHERS-87665154
Email Address	HAKIMHUSSIEN50@GMAIL.COM

Address	BLK 136 BEDOK RESERVOIR RD #03-1421
Postcode	470136
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 [OTHER]	EUNOS NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL3213C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ANG KWEK FAH ADRIAN
NRIC/Passport Number	SXXXX783J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD HAKIM BIN HUSSIEN
Approximate Age	
Injuries Sustain	ABRASION ON LEFT SHOULDER
Injured person in which vehicle?	FBH1550G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

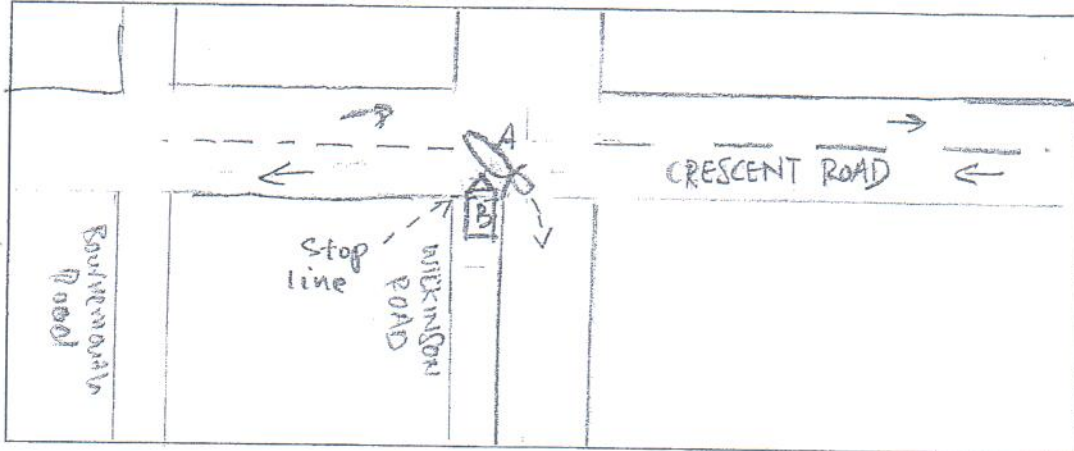


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 1

Date of accident: 12/11/2020 Time: 11:30 am Location: Junction of Crescent Road & Wilkinson Rd.
 My Vehicle A: FBH 1550G Vehicle B: SL 3213C Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/11/2020 at about 11:30am, I was riding my motorbike bearing registration number FBH1550G along Crescent Road. I was going to make a right turn to Wilkinson Road, one vehicle SL 3213C did not stop at the line and collided at the right side of my bike.

Vehicle B: Ang Kwek Fah Adrian / S7148783 J

Policy No. P2230276

Third Party Cover

20/8/2020 - 21/8/2021.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:

GIARMC SketchPlanForm_V3

AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20201112/2093

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Report No: T/20201112/2093

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH1550G	AXA INSURANCE SINGAPORE PTE LTD	P2330276	22/08/2020	21/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAKIM BIN HUSSIEN	ID No.	S9511168H
Related Vehicle	FBH1550G (Motorcycle)	Contact No.	87665154
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3A Date of Expiry: NIL
Date Treatment	12/11/2020	Date Discharge	12/11/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	ANG KWEK FAH ADRIAN	ID No.	S7148783J
Related Vehicle	SLL3213C (Car)	Contact No.	0
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/11/2020 at about 11.30pm, I was riding my motorbike bearing registration number FBH1550G along Crescent Road. Once I had reach a cross junction between Crescent road and Wilkinson Road, I was going to make a right turn to Wilkinson road as when I about to turn, one vehicle bearing registration number SLL3213C along Wilkinson Road did not stop his vehicle at the stop line and collided at the right side of my motorbike.

Due to the impact, I was flew out of my motorbike and landed on the road. Passerby came, assist me and fill me to the side of the road while waiting for ambulance to arrive. Ambulance arrived and conveyed me to Raffles Hospital. I was given 4 days Medical Certificate.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4430099



12/11/2020

Report No: T/2020/1122099

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report:

G /
Sr Staff Sgt TIONG YEE SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/11/2020 17:45

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**



T/20201112/2093

1 of 3

Report No. T/20201112/2093

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1020
SINGAPORE 470629
Tel No. 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/11/2020 17:45

Video Report No.:
G/20201112/0096

Station Diary No.:
36

Informant's Particulars

Name of Informant: MUHAMMAD HAKIM BIN HUSSEIN		Address: APT BLK 136 BEDOK RESERVOIR ROAD #03-1421 SINGAPORE 470136	
ID Type / ID No.: NRIC NO / S9511168H		Contact No.: Home/Office: Mobile: 87665154	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 07/04/1995	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,2A,2,3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/11/2020 11:30	Type of Location: X-Junction
Location: CRESCENT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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 Passenger
FBH1550G	Motorcycle	YAMAHA	AEROX GDR155R CVT	Silver	Slightly Damaged	0
SLL3213C	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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