

ASS. REG BY:

REF:

CS / CT1120012706 / T15d3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

CD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

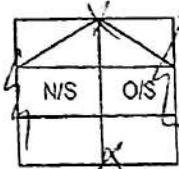
Claims No. \_\_\_\_\_

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

(Client's Record)

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

(Policy Condition)

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

Sal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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: FBQ1533JYr Regn: 2019, Aug

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

Truck / Trailer or

Make: YamahaColour: RedSp. Reading: -

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

C/No: LBPRE 33/0000 19/33Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 2.75/18R: 3.60/18

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

TOYO / YOKO or 1 Shinku

Front

R/Bal. 5 mm

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

D.O.A. \_\_\_\_\_

Survey held at HKL LimDes. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

Rear

R/Bal. 5 mm

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

D.O.I. 18/11/20

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

Date / Time

Action / Instruction

Date/Time, File Pass W?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Rep. &amp; Former: \_\_\_\_\_

Lump Sum / L.B.I. / ?

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

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Phone

Others

TOTAL



**HKL LIM**  
TEAM MOTORSPORT

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

### FBQ1533J

1	LAMP STAY	\$95 ?
2	METER ASSY	\$650 <i>cut</i>
3	FRONT FORK ASSY LH/RH	\$900 <i>bt</i> <i>photo</i>
4	FRONT FORK UNDER BRACKET	\$250 <i>bt</i>
5	STEERING CONE BEARING	\$90 <i>new</i>
6	FRONT FORK UPPER CLAM	\$120 <i>?</i>
7	BODY FRAME ALIGNMENT	\$580 <i>200? photo</i>
8	FRONT FENDER	\$110 <i>cut</i>
9	FRONT FENDER BRACKET	\$45 ?
10	FRONT WHEEL RIM	\$550 ?
11	FRONT WHEEL SHALF	\$35 <i>dd</i>
12	FRONT WHEEL BEARING 2PCS	\$40 <i>new</i>
13	FRONT WHEEL BEARING OIL SEAL	\$10 <i>new</i>
14	FRONT BRAKE DISC	\$220 ?
15	FRONT BRAKE CALIPER	\$250 <i>del</i>
16	FRONT SIGNALS LH/RH	\$120 <i>cut</i>
17	IU UNIT	\$180 <i>cut</i>
18	IU UNIT BRACKET	\$35 <i>x</i>
19	HANDLE BAR	\$120 <i>bt</i>
20	HANDLE BAR GRIP	\$25 <i>x</i>
21	HANDLE BAR BALANCER	\$50 <i>cut</i>
22	WINDSHIELD	\$80 <i>cut</i>
23	FRONT NO PLATE	\$12 <i>bt</i>
24	BRAKE LEVER	\$35 <i>brw</i>
25	CLUTCH LEVER	\$35 <i>cut</i>
26	SIDE MIRROR	\$120 <i>cut</i>
27	HEADLIGHT	\$250 <i>cut</i>
28	HEAD CAWRING CENTER	\$80 <i>cut</i>
29	HEAD CAWRING LH	\$90 <i>cut</i>
30	HEAD CAWRING RH	\$90 <i>cut</i>
31	FRONT BRAKE PUMP	\$380 <i>x</i>
32	FRONT BRAKE HOSE	\$120 <i>x</i>
33	REAR FARK REST RH	\$45 <i>dd</i>
34	FRONT FARK RECFATOR LH/RH	\$40 <i>cut</i>
35	FUEL TANK INNER PANEL LH/RH	\$160 <i>mis</i>
36	FUEL TANK SIDE COVER LH/RH	\$360 <i>mis</i>
37	GEAR PEDAL	\$70 <i>bt</i>
38	BRAKE PEDAL	\$95 <i>dd</i>
39	FRONT FOOT REST LH/RH	\$180 <i>bt</i>
40	FRONT FOOT REST RUBBER	\$36 <i>tnv</i>

41	FUEL TANK	\$1,150 <i>del</i>
42	EXHAUST HEADER+GASKET	\$980 <i>del</i>
43	EXHAUST MUFFLER COVER	\$90 <i>del</i>
44	EXHAUST END CAP	\$120 <i>del</i>
45	REAR SIGNAL LH/RH	\$120 X
46	REAR WHEEL RIM	\$680 ?
47	TAILBOARD LH/RH	\$240 X
48	SIDE STAND	\$60 <i>del</i>
49	MAIN STAND	\$90 X
50	TOP BOX	\$160 X
51	TOP BOX BRACKET	\$180 X
52	LABOUR	\$900.00 <i>250</i>
53	TOWING	\$30.00 <i>/</i>

TOTAL AMOUNT:

\$11,553

*Tanphi 97445769/67418457*

*'WP' 18/11/20 @ 5pm*

*tanphi C/Thanh.com*

*05 days*

*P/P*

*\*Resurvey new parts*

<p><b>LKK Auto Consultants</b> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p>
--

### 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 09/11/2020 16:44  
Date Of Accident 07/11/2020 15:30  
Exact Location Of Accident UPPER BUKIT TIMAH ROAD  
Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1533J  
**Insured/Policyholder**  
Name Of Registered Owner SUCCESSOR BUILDERS PTE LTD  
Co Reg No 2XXXXX083D  
Email Address DAVEGOH@SUCCESSORBUILDERS.COM  
Mobile Phone No  
Alternative Phone No OFFICE-97115759

#### Vehicle Particulars

Manufacturer YAMAHA  
Model YS-125

Exact Purpose for which vehicle was being used at time of accident

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 PRIVATE CAR

#### Insurance Company

Name of Insurance Company GREAT EASTERN GENERAL INSURANCE LIMITED  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 2020-V0112985-VMC  
Cover Note Number

#### Driver

Name of Driver MD MOMENUR ISLAM LATE HAKIM UDDIN  
NRIC No GXXXX347W  
Date Of Birth 04/12/1980  
Occupation INDOOR  
Date Of Driving Pass 31/07/2019  
Driving Experience 1 YEAR AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-86454565  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address NA  
Postcode  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLIDED INTO MOTORCYCLIST  
Weather Conditions CLEAR  
Road Surface WET

#### 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  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### 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

Vehicle Registration Number SLV970S  
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

Name MD MOMENUR ISLAM LATE HAKIM UDDIN

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MD MOMENUR ISLAM LATE HAKIM UDDIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBQ1533J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLANIMPORTANT 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

Unable to provide sketch plan

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

LICENSE PLATE:	ACCIDENT DATE & TIME:
CONTACT NUMBER:	E-MAIL ADDRESS:
LOCATION:	
Refer to <del>SIR</del> Police report. T/2020/1109/7030.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input checked="" type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

### 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.:





# SINGAPORE POLICE FORCE



T/20201109/7030

1 of 3

Report No. T/20201109/7030

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 15:41	Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>		
Name of Informant: ISLAM MD MOMENUR	Address: 348 CLEMENTI AVENUE 5 #12-52 HDB-CLEMENTI SINGAPORE 120348	
ID Type / ID No.: FIN NO / G7993347W	Contact No.: Home/Office:	Mobile: 86454565
Nationality: BANGLADESHI	Email: momenurmd@yahoo.com	
Sex: Male	Age: 39	Date of Birth: 04/12/1980
Type of Informant: Rider		
Race: Bengali	Language: English	Institution / School Name:
Occupation: project coordinator	Driving Licence Information: Class: 2B	Date of Expiry: 30/07/2024

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/11/2020 15:30	Type of Location: U turn
Location:  UPPER BUKIT TIMAH ROAD				
Weather: Cloudy	Road Surface: Wet		Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ1533J	Motorcycle	YAMAHA	125	Red	Seriously Damaged	0
	Car	VOLKSWAGO N		Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20201109/7030

2 of 3

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

Report No. T/20201109/7030

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1533J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1000169867		

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISLAM MD MOMENUR	ID No.	G7993347W
Related Vehicle	FBQ1533J (Motorcycle)	Contact No.	86454565
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: 30/07/2024
Date	07/11/2020	Date	07/11/2020
No. of Days granted Medical Leave	14	Degree of	Slight

**Brief Details.**

I was riding my motorcycle when i have to make a uturn at upper bukit timah road to reach my destination and have to slow down due to the slippery road. The car behind did not slow down/ brake in time and hit my motorcycle form the back , causing me to fall from the bike.



**SINGAPORE  
POLICE FORCE**



T/20201109/7030

3 of 3

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

Report No. T/20201109/7030

**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 / TPB /  
SYED MUHAMMAD BIN SYED FARID ALBAR  
Contact No.: 65476200

Authentication Stamp  
NP168

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

Date/Time:  
09/11/2020 15:41

Classification Of Case: