

ACC. REC. BY: Rasul

REF:

CS/CT120012778/Rigf3

8106

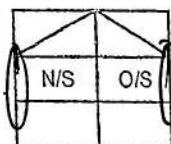
06 APRIL 2026/8P

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: FBA 8012J
at Workshop m/s HKL LIM
of 1008, BUKIT MERAH LN 3 # 01
Insured: CTI
Policy No. DMPCSNW00153732000
Claims No. SNM20D204457C02
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: 8K
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 6 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: FBA 8012J Yr Regn: 2006 / 8P
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: SUZUKI 45XR1000K6 c.c. 999
Colour: MULTI A/C: Insured / Std / NI / NA
Sp. Reading: 68550 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JS186111100109/65
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Order / Jammed / Leaked / Burnt or
Brake: Order / Jammed / Leaked / Burnt or
Modi: Nil / SRM / STD A/Rim or
Tyre Size: F: 120/70ZR17
R: 190/55ZR17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or .
Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 13/11/2020 D.O.I. 20/11/2020
Survey held at HKL LIM
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Repair limit 4k</u>
<u>23/11/2020 @ 3.55pm</u>	<u>revised to Adeline Chng via Merimen.</u>
	<u>Rasul finalised LS \$4500, 6 days (Red \$12820, 74%)</u>

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 6

1) 28/04 Typist

☐

: Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Format: MER-TP

Lump Sum / Fee: (\$ 4500)



Bik 1008 #01-24, Bukit Merah Lane 3, Singapore 159722
Email: support@hklmotorsport.com.sg

Tel: 6275 6656, 6275 6566, 6272 2729
Website: www.hklmotorsport.com.sg

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 subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

FBA8012J

1	FRONT FORK ASSY LH/RH ?	\$2,400
2	FRONT FORK UNDER BRACKET ?	\$680
3	STEERING CONE BEARING ?	\$150
4	FRONT FENDER X	\$250
5	FRONT WHEEL RIM repair	\$750
6	FRONT BRAKE DISC LH/RH RH-?/LH-X	\$800
7	HANDLE BAR RH ?	\$220
8	HANDLE BAR BALANCER scd	\$120
9	BRAKE PUMP FREMBO scd	\$750
10	TAIL BOARD CENTER cm	\$280
11	TAIL BOARD LH cm	\$190
12	TAIL BOARD RH cm	\$190
13	RIDER SEAT X	\$220
14	PILLIAN SEAT TOEN	\$230
15	PILLIAN SEAT LOCK cm	\$120
16	PILLIAN SEAT LOCK CABLE X	\$55
17	PILLIAN SEAT LOCK (KEY) X	\$95
18	REAR FENDER ?	\$120
19	REAR NO PLATE LIGHT X	\$95
20	TAIL SHALF FRAME LH/RH cm	\$900
21	TAIL SHALF FRAME BRACKET 2PCS cm	\$110
22	REAR FOOT REST/BRACKET RH scd	\$195
23	TAIL SHALF FRAME CENTER repair	\$450
24	BRAKE PEADL scd	\$120
25	FRONT FOOT REST RH scd	\$95
26	FRONT FOOT REST BRACKET RH X	\$120
27	FUEL TANK X	\$1,800
28	EXHAUST INSPECTION rec - receipt	\$80
29	EXHAUST MUFFLER cm	\$1,200
30	REAR SIGNAL LH/RH scd	\$240
31	TAIL LIGHT bo	\$220
32	SIDE FAIRING RH INNER cm	\$750
33	SIDE FAIRING LH/RH OUTER cm	\$420
34	FRAME SLIDER scd	\$150
35	SPRAY PAINTING	\$1,200
36	LABOUR	\$950
37	TOWING	\$50

TOTAL AMOUNT:

\$16,765

Fuel Tank panel cm 1RH - \$240 - cm

Passer

Hp 90010068

6 days

4/5

20/11/2020

@ 1200

Resy after repair

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	16/11/2020 13:32
Date Of Accident	13/11/2020 18:30
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA8012J
Insured/Policyholder	
Name Of Registered Owner	NG HONG YIH
NRIC No	SXXXX810E
Email Address	CLIFFORD.NHY97@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83542992
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSXR1000K6

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 REPORTING ONLY

Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MA007473
Cover Note Number	

Driver

Name of Driver	NG HONG YIH
NRIC No	SXXXX810E
Date Of Birth	19/05/1997
Occupation	INDOOR
Date Of Driving Pass	30/06/2016
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83542992
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	CLIFFORD.NHY97@GMAIL.COM

Signature
Of Passenger
Name
Approved
Injured
In

Address APT BLK 89 TANGLIN HALT ROAD
#03-358
Postcode 141089
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 NO 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? 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? YES
If Yes, Please state which Police Station
Police Station Name BUKIT MERAH WEST NPC
Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE SEKCTH 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 SGV7088V
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIEW SHIN TSAI
NRIC/Passport Number SXXXX867B
Contact Number 83588100
Address
Postcode
Insurance Company Name

Of Damage

Of Passenger (Including Driver)

DETAILS OF INJURED PERSON

Name

NG HONG YIH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

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)

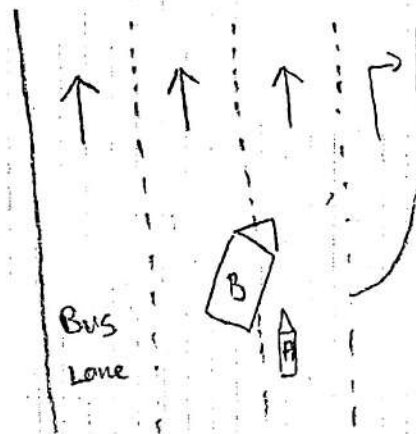
I understand, acknowledge, agree and consent that:

- (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: 16 Nov 2020
13:34

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

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



B: SGV 7088C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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

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





**SINGAPORE
POLICE FORCE**



T/20201114/2000

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20201114/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 00:04	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars			
Name of Informant: NG HONG YIH		Address: APT BLK 89 TANGLIN HALT ROAD #03-358 SINGAPORE 141089	
ID Type / ID No.: NRIC NO / S9716810E		Contact No.: Home/Office: Mobile: 83542992	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 19/05/1997	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2020 18:30	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between moving vehicles without contact			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA8012J	Motorcycle	SUZUKI	GSXR1000K 6	Blue	Slightly Damaged	0
SGV7088C	Car				No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA8012J	ETIQA INSURANCE BERHAD	MA007473	07/02/2020	06/02/2021



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20201114/2000

2 of 3

Report No. T/20201114/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG HONG YIH	ID No.	S9716810E
Related Vehicle	FBA8012J (Motorcycle)	Contact No.	83542992
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/11/2020	Date Discharge	13/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIEW SHIN TSAI	ID No.	S9080867B
Related Vehicle	NIL	Contact No.	83588100
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 13/11/2020 at about 1830hrs, I was on my Suzuki blue GSXR 1000 registered number FBA8012J riding along upper Bukit Timah Road towards Clementi Road. At the point of time the traffic was rather heavy. I was on the 1st lane still heading straight however I was approaching a right filter lane. I intended to go straight and stick to my lane. There was a silver Toyota Vios registered number SGV7088C. The said car changed lane abruptly to the right heading to the filter. I saw the car, I revved my bike to let her know I was near and at that point I was already jamming my rear brake and my rear tires was swaying left and right and as I can see that she still continues to cut into the lanes I jammed my front brakes as well and that's when I flipped to the front.

For a while I was lying on the road. The driver of the car alighted from her car and made a check. I got a hold of her particulars.

I suffered abrasions on my right arm and bruising on my left knee. Traffic police was at the incident. Later on Ambulance also arrived and received medical attention. At that point of time I felt ok so I did not want to be conveyed. After my friend fetched me, we went to get some drinks. That's when I felt giddy and so I went to Alexandra Hospital to get medical attention. I received 3 days MC after that.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20201114/2000

3 of 3

Report No. T/20201114/2000

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:

D /

Staff Sgt JASFAH BIN AB RAHMAN

Signature Of Informant:

es.

Signature Of Interpreter:

Not applicable

Date/Time:

14/11/2020 00:04

Officer In Charge Of Case:

TP / GIT /

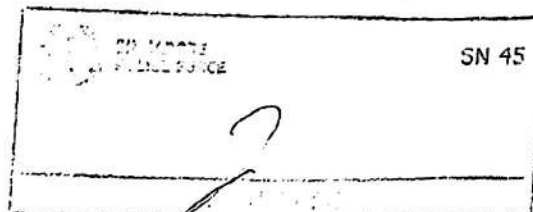
Sgt 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUTI

Contact No.: 65476356

Classification Of Case:

Authentication Stamp

NP168





OFFICIAL RECEIPT

No : 2414
Date : 15/11/2020

Bussiness Reg No. : 53240921c

H/P No : 9222 8511


Received From : HKL

Vehicle No. : FA 8012

From : -

Handphone No. : -

Amount : \$50


Issued By

Note : Vehicle is transported at owner's risk. The company accepts no responsibility for damages or other misdemeanor to your vehicle whilst being transported

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	810E

Vehicle No.:	FBA8012J
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Nov 2020
Vehicle Make:	SUZUKI
Vehicle Model:	GSXR1000K6
Primary Colour:	Blue
Secondary Colour:	White
Manufacturing Year:	2005
Engine No.:	T713126891
Chassis No.:	J51B6111100109165
Maximum Power Output:	-
Open Market Value:	\$13,658.00
Original Registration Date:	02 Sep 2006
First Registration Date:	02 Sep 2006
Transfer Count:	4
Actual ARF Paid:	\$2,049.00

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

COE Expiry Date:	01 Sep 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$6,247.00
COE Rebate Amount:	\$3,896.00
Total Rebate Amount:	\$3,896.00

The information contained herein is correct as at 22 Nov 2020

OK