

ASS. REC. BY:

Tang Jkh

REF:

CS/CT/20013602/Ti ds.

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. _____

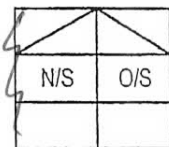
Claims No. _____

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: 43500

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

wp

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBH1669Z Yr Regn: 2013, March

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

Truck / Trailer or

Make: Yamaha Jupiter c.c. 134Colour: Black A/C: Insured / Std / NI / NASp. Reading: 44414 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH 350C003PK51633

Gen. 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: 70/90R17R: 90/80R17

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. 10/12/20Survey held at Pang ScooterDes. of Damages: Frt / Rear / O/S / NI / U/C / Rooftop or

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Rep. Format: _____

Lump Sum / L&L: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

PANG SCOOTER SERVICE

Blk 1006 Bukit Merah Lane 2 #01-06 Singapore 159762

Tel : 6271 4618 Fax : 6273 2632

ESTIMATE REPAIR

BIKE NO.: FBH 1669Z

DOA : 10/09/2020

MAKE/MODEL : YAMAHA JUPITER 135

| S/No | DESCRIPTION | AMOUNT |
|---------|----------------------------------|------------|
| 1 | CENTER COWLING <i>cut ✓</i> | \$95.00 |
| 2 | FRONT COWLING <i>LH cut ✓</i> | \$130.00 |
| 3 | L/H SIGNAL LIGHT <i>cut ✓</i> | \$65.00 |
| 4 | COWLING BRACKET ? | \$85.00 |
| 5 | HANDLER BAR ? | \$95.00 |
| 6 | HANDLER BRACKET ? | \$85.00 |
| 7 | CLUTCH LEVER ? | \$25.00 |
| 8 | UNDLER BRACKET ? | \$185.00 |
| 9 | STEERING CON ? | \$130.00 |
| 10 | FORK INNER TUBE X 2 ? | \$170.00 |
| 11 | FORK OIL SEAL X 2 ? | \$40.00 |
| 12 | FORK OIL ? | \$40.00 |
| 13 | FRONT WHEEL SHAFT ? | \$30.00 |
| 14 | FRONT WHEEL RIM <i>R</i> | \$285.00 |
| 15 | FRONT BRAKE DISC <i>K</i> | \$165.00 |
| 16 | GEAR PEDAL <i>bt ✓</i> | \$85.00 |
| 17 | L/H FRONT FRONT REST <i>bt ✓</i> | \$48.00 |
| 18 | FOOTREST BAR ? | \$85.00 |
| 19 | L/H MIRROR <i>cut ✓</i> | \$35.00 |
| 20 | REAR BOX <i>cut ✓</i> | \$285.00 |
| 21 | BOX BRACKET <i>x</i> | \$150.00 |
| 22 | IU <i>cut ✓</i> | \$170.00 |
| 23 | IU BRACKET <i>bt ✓</i> | \$35.00 |
| 24 | TRANSPORT <i>to</i> | \$60.00 |
| 25 | LABOUR <i>250</i> | \$400.00 |
| 26 | | |
| 27 | <i>Tanfik 97445749</i> | |
| 28 | <i>wp 10/12/2020 6pm.</i> | |
| 29 | <i>4/5 Resurvey after repair</i> | |
| 30 | <i>Tanfik @ Thando. W. Y.</i> | |
| 31 | <i>04 days</i> | |
| 32 | | |
| 33 | | |
| 34 | | |
| 35 | | |
| 36 | | |
| 37 | | |
| Total : | | \$2,978.00 |

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
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Report No : TP/IP/39685/2020
Date : 5 OCTOBER 2020

MUHAMMAD ASRI BIN ABDUL KADIR
BLK 362A SEMBAWANG CRESCENT
#14-845
SINGAPORE 751362

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING GV 3751 Y AND FBH 1669 Z ALONG WOODLANDS
AVENUE 12 ON 10/09/2020 AT ABOUT 10.00AM**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that:
 - i. the driver of **GV 3751 Y** had committed the offence of **Permitting Door to be Opened Which Caused Danger to Other Person under Rule 115(1)(a) Road Traffic (Motor Vehicles, Construction & Use) Rules** and,
 - ii. the passenger of **GV 3751 Y** had committed the offence of **Opening Door and Causing Danger to Other Person Under Rule 115(1)(a) Road Traffic (Motor Vehicle, Construction & Use) Rules**
 - iii. Action has been initiated against the driver and the passenger for the said offences.
3. If you have any clarification, you may contact the Investigation Officer, Station Insp Stephanie Ang Yi Ting at office number 6547 6414.
4. Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.

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 | 11/09/2020 16:01 |
| Date Of Accident | 10/09/2020 10:00 |
| Exact Location Of Accident | WOODLANDS AVE 12 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBH1669Z |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|-------------------------------|
| Name Of Registered Owner | MUHAMMAD ASRI BIN ABDUL KADIR |
| NRIC No | SXXXX152A |
| Email Address | NOV.EIGHTEEN.89@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91789570 |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | YAMAHA |
| Model | JUPITER MX-134CC HC |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| 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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MC/00288390/04 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | MUHAMMAD ASRI BIN ABDUL KADIR |
| NRIC No | SXXXX152A |
| Date Of Birth | 18/11/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/03/2013 |
| Driving Experience | 7 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91789570 |
| Fax Number | |
| Contact Number | OFFICE-NOPHONE |
| Email Address | NOV.EIGHTEEN.89@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 362A SEMBAWANG CRESCENT #14-845 |
| Postcode | 751362 |
| 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 - OPENING DOOR OF VEHICLE |
| 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 | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO SKETCH AND POLICE REPORT ATTACHED T/20200910/2092

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 | GV3751Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | LAI YEOU LIANG |
| NRIC/Passport Number | SXXXX087B |
| Contact Number | 86070657 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------------------|
| Name | MUHAMMAD ASRI BIN ABDUL KADIR |
| Approximate Age | 30 |
| Injuries Sustain | REFER TO POLICE REPORT |
| Injured person in which vehicle? | FBH1669Z |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | BLK 362A SEMBAWANG CRESCENT #14-845 |
| Postcode | 751362 |

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: FBH 16697
ACCIDENT DATE: 10/9/20

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.

NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time: 11.09.20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

A handwritten diagram of a rectangular structure, possibly a building or a plot. The structure is drawn with dashed lines. A line points from the label 'FBI 16697' to the top-left corner of the rectangle. Inside the rectangle, the label 'FBI' is written. Below the rectangle, the label 'GL 57511' is written, with a line pointing to the bottom-right corner of the rectangle. To the right of the rectangle, there is a small circle with a dot inside, resembling an eye or a sensor. The entire diagram is drawn on a piece of paper with a grid pattern.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 11.09.20

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200910/2092

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No: T/20200910/2092

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 10/09/2020 17:31 | Vide Report No.: | Station Diary No.: 34 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: MUHAMMAD ASRI BIN ABDUL KADIR | | | Address: APT BLK 362A SEMBAWANG CRESCENT #14-845 SINGAPORE 751362 | | |
| ID Type / ID No.: NRIC NO / S8941152A | | | Contact No.: Home/Office: Mobile: 91789570 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 30 | Date of Birth: 18/11/1989 | Type of Informant: Rider | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: Executive | | | Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 10/09/2020 10.00 | Type of Location: Straight Road |
| Location: WOODLANDS AVENUE 12 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Others | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|--------------------|-------|---------------------|-----------------|
| FBH1669Z | Motorcycle | YAMAHA | JUPITER MX (HC) | Red | Slightly Damaged | 0 |
| GV3751Y | Lorry | TOYOTA | | White | | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|----------------|------------|-------------|
| FBH1669Z | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | MC/00288390/04 | 22/03/2016 | 21/03/2021 |



**SINGAPORE
POLICE FORCE**



T/20200910/2092

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20200910/2092

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|--|---|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD ASRI BIN ABDUL KADIR | ID No. | S8941152A |
| Related Vehicle | FBH1669Z (Motorcycle) | Contact No. | 91789570 |
| Hospital/Clinic | SHALOM CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | 10/09/2020 | Date Discharge | 10/09/2020 |
| No. of Days granted Medical Leave | 06 | Degree of Injury | Slight |
| Driver | | | |
| Name | Lai Yeou Liang | ID No. | S1577087B |
| Related Vehicle | GV3751Y (Lorry) | Contact No. | NIL |
| 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 10/09/2020 at about 10am, I was riding along Woodlands Ave 12 going towards SLE, just before the entrance of the expressway, the traffic light was red. I was riding more to the right side of the left lane, trying to go near to the stop line, one lorry on the right lane passenger door suddenly open and hit me. the impact caused me to fall to the right side and my bike had fall to the left side. The passenger and the driver came out to check on me. I shifted my bike on the right side in front of the lorry. They ask if I need any ambulance and I told them no need as at that point of time I did not feel any pain. they also provide me with tissue paper as my hand was bleeding. After talking to them, we exchange particulars, they ask if we can do private settlement however I told them that I will see how first. I then went to work but after 4 to 5 hours later, I started to feel pain at my body. I went to see doctor and was given 6 days MC.

Sketch Plan #5 Pg. 1



SINGAPORE
POLICE FORCE



T/20200910/2092

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20200910/2092

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 / Sgt 3 LEE HONG HAI | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 10/09/2020 17:31 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |
| Authentication Stamp NP168 | |