

A.S.S. REC. BY: 743HREF: CS3/Alh 20013983/Rqcd3

743H

## ASSIGNMENT

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

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

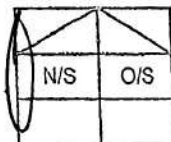
OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: FBM 48175at Workshop m/s RACEWEEKof 1008, BUKIT MERAH LN 3, #01-26Insured: AlhPolicy No. 1800050265Claims No. 3920234447SG

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: 25K

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: FBM 48175 Yr Regn: 2017 / NOVType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: DUKATI SCRAMBLER CR c.c. 803Colour BLACK A/C: Insured / Std / NI / NASp. Reading 36332 T/Radio: Insured / Std / NI / NA

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

C/No: ZDMK C02AA JB 004503Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / SRim / STD A/Rim orTyre Size: F: 110/80R18R: 110/80R18BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 4 mmR/Bal. 4 mm

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

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

D.O.A. 12/12/2019D.O.I. 16/12/2019Survey held at RACEWEEKDes. 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

18/12/20 Submir DAR

Date/Time, File Pass to?

☐ : Prel. Report

1) 18/12 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) \$ + RS. \$ \_\_\_\_\_☐ : Interview (\$ \_\_\_\_\_) Photos☐ : Tech. Invs (\$ \_\_\_\_\_) Others☐ : Weekend (\$ \_\_\_\_\_) TOTALRep. Format: MER-DAR

Lump Sum / L&amp;L: (\$ \_\_\_\_\_)



## 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 Submission	14/12/2020 19:32 (SGT)
Date of Accident	12/12/2020 21:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN RENGKAM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4817S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOVIE ELIZABETH LAU LE YI(LIU LEYI)
NRIC No	SXXXX743H
Email Address	LVZ.NINE@GMAIL.COM
Mobile Phone No	(Phone) +65-96971029
Alternative Phone No	+65-96971029

### VEHICLE PARTICULARS

Manufacturer	Ducati
Model	SCRAMBLER CR
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	sd20v05108/vms/r02
Cover Note Number	-

### DRIVER

Name of Driver	LOVIE ELIZABETH LAU LE YI(LIU LEYI)
NRIC No	SXXXX743H
Date Of Birth	09/10/1989
Occupation	Indoor



ing Pass  
rience  
umber  
ne Number  
Address  
ss  
ress complement  
ostcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

20/01/2017  
3 YEARS AND 11 MONTHS  
Female  
(Phone) +65-96971029  
+65-96971029  
LVZ.NINE@GMAIL.COM  
BLK 467 ADMIRALTY DR #12-203

750467

Yes

No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Hit and run / Vandalism / Damaged whilst parked  
DRIZZLING  
Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?  
Number of vehicles involved in the accident  
Was anybody injured in the Accident?  
Was any injured conveyed to hospital by ambulance?  
Was any other material or property damaged?  
Number of Passengers (Including Driver)  
Has the driver been approached by unknown person(s)  
soliciting/offering accident claims assistance?

No  
2  
No  
-  
Yes  
0  
No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Police Station Name  
Police Station Phone No  
Alt. Police Station Phone No  
Police Station Address  
Was notice of intended Prosecution given?  
If yes, against whom?

Yes  
Traffic Police  
(Phone) +65-65470000  
(Fax) +65-65474900  
10 Ubi Avenue 3 Singapore 408865  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201213/7024

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Was there any audio recorded?

Yes  
Yes  
No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category  
Name of Driver  
Contact Number

GBH3570K  
-  
-  
-  
-  
Commercial vehicle  
-  
-

## SKETCH PLAN

### IMPORTANT NOTICE

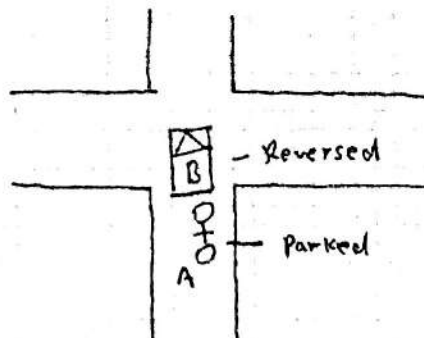
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.
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 enquires 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A = FBM 48175

B = GBH 3570K

Jln Reng Kam

Refer to Police Report

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20201213/7024

1 of 3

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

Report No. T/20201213/7024

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2020 18:18	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: LOVIE ELIZABETH LAU LE YI			Address: 467 ADMIRALTY DRIVE #12-203 SINGAPORE 750467		
ID Type / ID No.: NRIC NO / S8935743H			Contact No.: Home/Office: Mobile: 96971029		
Nationality: SINGAPORE CITIZEN			Email: LVZ.NINE@GMAIL.COM		
Sex: Female	Age: 31	Date of Birth: 09/10/1989	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Public relations/Corporate communications officer			Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/12/2020 21:30	Type of Location: Bend
Location: JALAN RENGKAM			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBM4817S	Motorcycle					0

### Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20201213/7024

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

2 of 3

Report No. T/20201213/7024

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	LOVIE ELIZABETH LAU LE YI	ID No.	S8935743H
Related Vehicle	FBM4817S (Motorcycle)	Contact No.	96971029
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

I have videos taken from a car parked nearby. It happened at Ja'an Rengkam, next to Heng Long Teochew Porridge. My bike FBM4817S was parked at an alloy. Van GBH3570K reversed and hit my bike while I was not around. He did not leave any contact and left.





**SINGAPORE  
POLICE FORCE**



T/20201213/7024

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

3 of 3

Report No. T/20201213/7024

**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 / TPIB /  
TAN JEOK LENG  
Contact No.: 65476144

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:  
13/12/2020 18:18

Classification Of Case:



## Condition (CON)

(01)Bent (2)Dented (3)Distorted (4)Cracked (5)Cut (6)Scratched  
 (07)Deformed (08)Shifted (09)Buckled (10)Broken (11)Necessary  
 (12)Missing (13)Torn (14)Unconfirmed (15)Not Working

## ACTION (AC)

1. Replace (✓) 2. Repair (X) 3. Check (?)  
 4. Not Consistent (NC)

May 2005

## FOR MOTORCYCLE

FBM 4817S

Vehicle No:

## Motorcycle

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate			
3001	995065	Front Tyre			
3002	995095	Front Rim			
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard			
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy			
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp			
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing			
3017	992130	Front Windshield			
3018	992134	Front Wing Mirror LH	scr	/	
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp			
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar			
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip			
3031	995184	Handle Bar Balancer LH	bt	/	
3032	992300	Handle Bar Balancer RH			
1252	992179	Fuel Tank			
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever	bro	/	
3035	992293	Hand Brake Lever			
3036	991119	Side Fairing			
3037	994220	Side Fairing Top Garnish			
3038	994219	Side Fairing Inner Garnish			
3039	991118	Fairing Shield			
3040	992047	Front Top Fairing Inner Garnish			
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing cover (09) LH	scr	/	
3043	993378	Rear Fairing			
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower			

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator			
1053	992738	Radiator Cowling	scr	/	
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake			
3050	991154	Front Foot Rest			
3051	991779	Front Foot Rest Bracket			
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover	scr	/	
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter	scr	/	
3058	993500	Rear Foot Rest			
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield			
3061	991058	Exhaust Muffler Assy			
1405	993719	Rear LH Shock Absorber			
1445	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
1420	993819	Rear Sub frame	scr	R	
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp			
1137	993626	Rear Number Plate	cm	/	
3076	994192	Side Box			
3077	992927	Rear Box			
3078	992928	Rear Box Bracket			
3079	991328	Emblem			
1136	990247	Sticker			
		SHOCK CENTRE	scr	/	
		SHOCK REAR LH	scr	/	
		3 days			

No of Items:

Assessor: