Assigned By: fd

CTi

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s S Three

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.**

N/S	O/S

Bal. or Market Value: $12K.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBN9668S Yr Regn: 09 Jan 2019

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

Make: Yamaha YZF-R15S c.c 155

Colour red A/C: Insured / Std / NI / NA

Sp Reading T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MH3RG4710KB053852

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: 110/70-17

R: 150/60-17

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.		D.O.I.	03-03-21

Survey held at W/S 4:30pm

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
	Cell 2973

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS SI

Photos

Total

S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :

ATTN : **MOTOR CLAIM DEPT** LP VEH NO : **SMQ4449U**

ESTIMATE REPORT : 1st QUOTATION JOB NO :

OWNER'S PARTICULAR

NAME : **ABDUL RAUF JAMALUDIN** CONTACT :

ADDRESS :

LICENSE NO : **FBN9668S** TRANS. : CHASSIS NO :

MAKE / MODEL : **YAMAHA R15S** ENGINE NO :

OWNER'S INSURER : **NTUC INCOME**

JOB-CODE : **TP** S/A : **MICHELLE** ACCDENT DATE : **26-Feb-21**

CLAIM DETAIL

	MATERIALS	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	FRONT GLASS COVER	1.00	285.00	10.00	256.50	Y	
2	FRONT HEADLAMP	1.00	485.00	10.00	436.50	Y	
3	FRONT HEADLAMP STAY	1.00	195.50	10.00	175.95	Y	
4	FRONT RH SIGNAL LAMP	1.00	165.00	10.00	148.50	Y	
5	FRONT LH SIGNAL LAMP	1.00	165.00	10.00	148.50	Y	
6	REAR RH SIGNAL LAMP	1.00	165.00	10.00	148.50	Y	
7	REAR LH SIGNAL LAMP	1.00	165.00	10.00	148.50	Y	
8	FRONT RH WING MIRROR	1.00	265.00	10.00	238.50	Y	
9	FRONT HANDLE BAR	1.00	295.00	10.00	265.50	Y	
10	FRONT LH HANDLE BALANCER	1.00	76.00	10.00	68.40	Y	
11	FRONT RH HANDLE BALANCER	1.00	76.00	10.00	68.40	Y	
12	FRONT HANDLE GRIP RH	1.00	170.00	10.00	153.00	Y	
13	FRONT HANDLE GRIP LH	1.00	170.00	10.00	153.00	Y	
14	FRONT CLUTCH LEVER	1.00	56.00	10.00	50.40	Y	
15	FRONT BRAKE LEVER	1.00	56.00	10.00	50.40	Y	
16	FRONT METER ASSY	1.00	480.00	10.00	432.00	Y	
17	FUEL TANK ASSY	1.00	495.00	10.00	445.50	Y	
18	FRONT FENDER LH	1.00	495.00	10.00	445.50	Y	
19	FRONT FENDER RH	1.00	495.00	10.00	445.50	Y	
20	FRONT FENDER INNER COVER LH	1.00	330.00	10.00	297.00	Y	
21	FRONT FENDER INNER COVER RH	1.00	330.00	10.00	297.00	Y	
22	HEADLAMP COVER GUARD	1.00	222.00	10.00	199.80	Y	
23	FRONT HEAD TOP COVER	1.00	295.00	10.00	265.50	Y	
24	FRONT SPORT RIM	1.00	480.00	10.00	432.00	Y	
25	FRONT WHEEL SHAFT	1.00	165.00	10.00	148.50	Y	
26	FRONT BRAKE DISC	1.00	105.00	10.00	94.50	Y	
27	FRONT LOWER COVER 1SET	1.00	396.00	10.00	356.40	Y	
28	FRONT FORK ASSY 1SET	1.00	680.00	10.00	612.00	Y	
29	FRONT FORK BEARING ASSY 1SET	1.00	75.00	10.00	67.50	Y	

Blk 8 Sin Ming Industrial Estate #01-64/66 Singapore 575643 Tel: (65) 6284 1542 (65) 6284 1575 Fax: (65) 6487 5315

30	FRONT FORK STEM							
31	SIDE STAND			1.00	46.00	10.00	41.40	Y
32	MAIN STAND			1.00	97.00	10.00	87.30	Y
33	GEAR SELECTION PEDAL			1.00	120.00	10.00	108.00	Y
34	GEAR SELECTION FOOT REST			1.00	105.00	10.00	94.50	Y
35	REAR LH PILLION FOOT REST			1.00	80.00	10.00	72.00	Y
36	REAR RH PILLION FOOT REST			1.00	80.00	10.00	72.00	Y
37	REAR LH PILLION FOOT REST BRACKET			1.00	80.00	10.00	72.00	Y
38	REAR RH PILLION FOOT REST BRACKET			1.00	310.00	10.00	279.00	Y
39	REAR BRAKE PEDAL			1.00	310.00	10.00	279.00	Y
40	REAR BRAKE PEDAL FOOT REST			1.00	65.00	10.00	58.50	Y
41	REAR LH SIDE COVER			1.00	65.00	10.00	58.50	Y
42	REAR RH SIDE COVER			1.00	255.00	10.00	229.50	Y
43	REAR WHEEL COVER LOWER			1.00	255.00	10.00	229.50	Y
44	REAR SEAT			1.00	280.00	10.00	252.00	Y
45	REAR SEAT SIDE SHIELD ASSY			1.00	280.00	10.00	252.00	Y
46	REAR SEAT CENTRE COVER			1.00	160.00	10.00	144.00	Y
47	REAR SEAT LOWER COVER			1.00	200.00	10.00	180.00	Y
48	REAR REFLECTOR			1.00	220.00	10.00	198.00	Y
49	REAR SIDE LAMP RH			1.00	80.00	10.00	72.00	Y
50	REAR SIDE LAMP LH			1.00	165.00	10.00	148.50	Y
51	REAR SIDE HOUSING			1.00	165.00	10.00	148.50	Y
52	TAILLAMP			1.00	315.00	10.00	283.50	Y
53	REAR CHASSIS SEAT BRACKET ASSY			1.00	295.00	10.00	265.50	Y
54	REAR WIRE HARNESS			1.00	1180.00	10.00	1062.00	Y
55	REAR SPORT RIM			1.00	320.00	10.00	288.00	Y
56	REAR BRAKE CALIPER			1.00	580.00	10.00	522.00	Y
57	REAR WHEEL COVER LOWER			1.00	299.00	10.00	269.10	Y
58	REAR WHEEL BALANCER			1.00	235.00	10.00	211.50	Y
59	FRONT BRAKE CALIPER			1.00	235.00	10.00	211.50	Y
60	FUEL TANK ASSY			1.00	299.00	10.00	269.10	Y
61	FRONT SEAT			1.00	860.00	10.00	774.00	Y
62	ENGINE SIDE COVER			1.00	380.00	10.00	342.00	Y
63	GEAR CHAIN COVER			1.00	295.00	10.00	265.50	Y
64	SPEED KILOMETER			1.00	135.00	10.00	121.50	Y
65	SPEED KILOMETER COVER			1.00	609.00	10.00	548.10	Y
66	EXHAUST PIPE			1.00	155.00	10.00	139.50	Y
67	EXHAUST PIPE COVER			1.00	1800.00	10.00	1620.00	Y
				1.00	385.00	10.00	346.50	Y
	TOTAL (PARTS) :				18957.50		17061.75	

SPECIAL NETT ITEM

1	ENGINE SIDE COVER GASKET	1.00	80.00	0.00	80.00	Y	
2	ERP UNIT	1.00	160.00	0.00	160.00	Y	

3	ERP BRACKET	1.00	25.00	0.00	25.00	Y		
4	FRONT FORK OIL	1.00	20.00	0.00	20.00	Y		
5	REAR TOP BOX	1.00	180.00	0.00	180.00	Y		
6	REAR TOP BOX CARRIER	1.00	150.00	0.00	150.00	Y		
7	FRONT NO. PLATE	1.00	28.00	0.00	28.00	Y	La	
8	REAR NO. PLATE	1.00	28.00	0.00	28.00	Y		
9	BRAKE OIL	1.00	50.00	0.00	50.00	Y		
10	BODY STICKER	1.00	280.00	0.00	280.00	? Y		
11	HANDPHONE HOLDER ASSY	1.00	180.00	0.00	180.00	? Y		
12	HELMET	1.00	120.00	0.00	120.00	Y		
13	HORN 1SET	1.00	120.00	0.00	120.00	Y		
14	TOOL BOX	1.00	280.00	0.00	280.00	Y		
15	FUEL TANK COVER	1.00	90.00	0.00	90.00	Y		
16	EXHAUST PIPE METAL PANEL COVER	1.00	385.00	0.00	385.00	? Y		
	TOTAL (PARTS) :		2176.00		2176.00			

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	900.00	0.00	900.00	Y	300.	
2	SPRAY PAINTING ON ACCIDENT AREAS	1.00	700.00	0.00	700.00	Y	X	
3	CONDUCT FULL WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	Y	X	NN
4	CONDUCT CHASSIC ALIGNMENT	1.00	380.00	0.00	380.00	Y	X	
5	TOWING CHARGES	1.00	80.00	0.00	80.00	Y	50	
6	CHECK & REPAIR WIRING SYSTEM	1.00	120.00	0.00	120.00	Y	X	
7	RESET FRONT & REAR FORK TO ALIGN AND REPAIR	1.00	280.00	0.00	280.00	Y	X	NN
8	BALANCE FRONT WHEEL	1.00	50.00	0.00	50.00	Y	X	
9	BALANCE REAR WHEEL	1.00	50.00	0.00	50.00	Y	X	
	TOTAL (LABOUR) :		2680.00		2680.00			
	TOTAL PARTS & LABOUR		23813.50		21917.75			

EXCESS : : S$_____

NO. OF DAY : 3

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S$_____

DATE OF SURVEY : 3 / 3 / 2021

URVEY BY : Kuo Qiang

CONTACT NO : 82880282 FAX NO :_____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

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:

Blk 8 Sin Ming Industrial Estate #01-64/66 Singapore 575643 Tel: (65) 6284 1542 (65) 6284 1575 Fax: (65) 6487 5315

SC1R21310001 / City Auto Pte Ltd
ENTRY DATE & TIME: 01/03/2021 10:09 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 1 (01/03/2021 10:09 (SGT))

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 witholding 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	01/03/2021 10:09 (SGT)
Date of Accident	26/02/2021 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ADMIRALTY LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9668S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL RAUF JAMALUDIN
NRIC No	SXXXX061J
Email Address	jamaludinraulf176@gmail.com
Mobile Phone No	(Phone) +65-91112520
Alternative Phone No	+65-91112520

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R155
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5120484107
Cover Note Number	-

DRIVER

Name of Driver	ABDUL RAUF JAMALUDIN
NRIC No	SXXXX061J
Date Of Birth	12/02/1999
Occupation	Indoor

Date Of Driving Pass	10/05/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91112520
Alt. Phone Number	+65-91112520
Email Address	jamaludinraulf176@gmail.com
Address	BLK 508B WELLINGTON CIRCLE #07-19
Address complement	-
Postcode	752508
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT, REF NO: T/20210226/2089

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ4449U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL RAUF JAMALUDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN9668S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please record **correctly** the details of the accident to support and/or substantiate your claim.
2. This form must be **completed by the policyholder and/or the Authorised Driver**.
3. Information provided in it to 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 a concession 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 (or part of it) 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 the accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant governmental 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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575644
Tel: 6453 7344 Fax: 6453 7944
(Claims Section)

Policyholder's Signature
Date & Time

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

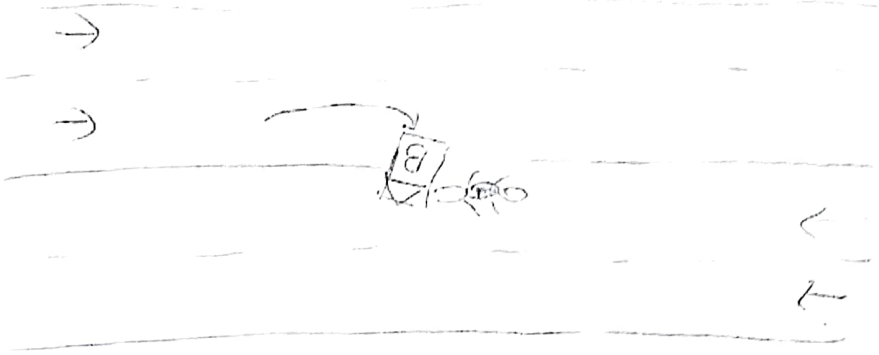
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.

SKETCH PLAN #2

VEHICLE NO: FBM9668
VEHICLE B: SMB1111A

SKETCH PLAN

Admiralty lane.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

veer do police report

DECLARATION

I/We declare the foregoing particulars are true & correct 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:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 4233 Fax: 6453 7911
(Claims Section)