

ASS. REC. BY:

REF:

F02 / 210035731K

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

N/S	O/S
✓	✓

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 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:

FBQ 12217

Yr Regn:

08 19

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

Truck / Traller or

Make:

Yamaha FZS

c.c

149

Colour

Blue/Grey

A/C: Insured / Std / NI / NA

Sp. Reading

10459

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MEIRG 44F4K 0022236

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 100/80R17

R: 140/80R17

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

TOYO / YOKO or

MRI

Front

Rear

R/Bal.

7 mm

R/Bal.

7 mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

4/3/21

D.O.I.

19/3/2021

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

o/s body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐: Prell. Report

1)

Date/Time, File Return to?

☐: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐: Site Insp (\$☐: Interview (\$☐: Tech Invs (\$☐: Weekend (\$

\$ + RS. \$

Fees

Others

Report Format:

Lump Sum / I.B.I: (\$

TOTAL

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
FBQ1221J

Make / Model
YAMAHA / FZS ABS MANUAL

Vehicle Type :
P00 - Passenger Motorcycle/Autocycle/Moped

Vehicle Scheme :
Normal

Propellant :
Petrol

Motor No. :
-

Power Rating :
-

Maximum Laden Weight :
302 kg

Year Of Manufacture :
2019

Lifespan Expiry Date :
-

Quota Premium :
\$3,501.00

Road Tax Expiry Date :
02 Aug 2021

Inspection Due Date :
02 Aug 2022

CO2 Emission :
-

CO Emission :
-

NOx Emission :
-

Vehicle Attachment 1 :
No Attachment

Chassis No. :
ME1RG44F4K0022236

Engine No. :
G3L5E0079899

Engine Capacity :
149 cc

Maximum Power Output :
-

Unladen Weight :
137 kg

Original Registration Date :
03 Aug 2019

COE Category :
D - Motorcycle

COE Expiry Date :
02 Aug 2029

PARF Eligibility Expiry Date :
-

Intended Transfer Date :
31 Mar 2021

CEV/VES Rebate Utilised Amount :
-

HC Emission :
-

PM Emission :
-

Fees To Be Paid For Transfer

Transfer Fees

\$25.00

Print

OK →



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

MS FIRST CAPITAL INSURANCE LTD

NO. 36
ROBINSON RD #16-01
CITY HOUSE
SINGAPORE 068877

Contact : -

*Not withain
1/2 day &
Survey After Paint
4 days*
Fax No. : 65073849

Estimate : QUOT202103-000652(00)

Date : 19/03/2021

Vehicle No. : FBQ1221J

Make/Model : YAMAHA FZS ABS MANUAL

Mileage (km) : 0

Chassis No. : ME1RG44F4K0022236

Accident Date : 04/03/2021 00:00:00

Claim No. : D21000727MFCV

Reference : JO202103-0816

Policy No. : 5111732538-01

S/No	Particular	Quantity	Unit Price	Amount S\$
LIST ITEMS :				
1	Rear box	1.0	485.00	485.00 ✓
2	Rear box bracket	1.0	95.00	95.00 X
3	Rear box tray	1.0	115.00	115.00 X
4	Rear mud guard	2.0	48.00	96.00 X
5	Rear mud guard bracket	1.0	98.00	98.00 X
6	Exhaust	1.0	498.00	498.00 ?
7	Exhaust garnish (black)	1.0	32.00	32.00 ✓
8	Exhaust garnish (Silver)	1.0	48.00	48.00 —
9	Handle bar	1.0	26.00	26.00 ?
10	Balancer	1.0	18.00	18.00 ✓
11	Grip	1.0	25.00	25.00 —
12	Rear view mirror	1.0	95.00	95.00 ✓
13	Brake lever	1.0	182.00	182.00 ✓
14	Steering cone	1.0	98.00	98.00 ?
15	Petrol tank garnish RH	1.0	188.00	188.00 —
16	Petrol tank garnish chrome	1.0	65.00	65.00 X
17	Rider stand RH	1.0	22.00	22.00 ?
18	Rear brake foot lever	1.0	34.00	34.00 ✓
19	Belly pan garnish	1.0	85.00	85.00 ?
20	Front mud guard	1.0	65.00	65.00 ?
21	Front fork	1.0	525.00	525.00 ?
22	Front wheel bearing	2.0	10.00	20.00 X
23	RH front indicator	1.0	95.00	95.00 X
24	Front radiator guard RH	1.0	38.00	38.00 X
25	LH rider stand	1.0	18.00	18.00 ?
List Total :				3,066.00
10% Discount S\$				306.60
				2,759.40
SPECIAL NET :				
1	Petrol tank garnish sticker	1.0	55.00	55.00 ✓
SPECIAL NET Total S\$:				55.00

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:

LABOUR :

CONTINUE NEXT PAGE

Page 1 of 2



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MS FIRST CAPITAL INSURANCE LTD

NO. 36
ROBINSON RD #16-01
CITY HOUSE
SINGAPORE 068877

Contact : -

Fax No. : 65073849

Estimate : QUOT202103-000652(00)

Date : 19/03/2021

Vehicle No. : FBQ1221J

Make/Model : YAMAHA FZS ABS MANUAL

Mileage (km) : 0

Chassis No. : ME1RG44F4K0022236

Accident Date : 04/03/2021 00:00:00

Claim No. : D21000727MFCV

Reference : JO202103-0816

Policy No. : 5111732538-01

S/No	Particular	Quantity	Unit Price	Amount S\$
	- Realign and press front fork	1.0	450.00	450.00 <i>300</i>
	- Rear align rear swing arm			
	* Towing charge	1.0	50.00	50.00 <i>30</i>
				<u>500.00</u>

E. & O.E.

Total S\$: 3,314.40

GST 7% S\$: 232.01

Amount Due S\$: 3,546.41

JA

for CITY AUTO PTE LTD

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	16/03/2021 08:59 (SGT)
Date of Accident	04/03/2021 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SHEARES AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1221J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SEE AN
NRIC No	SXXXX741H
Email Address	TYE.LUN99@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97312431
Alternative Phone No	+65-973112431

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz150
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5111732538-01
Cover Note Number	-

DRIVER

Name of Driver	TAN SEE AN
NRIC No	SXXXX741H
Date Of Birth	14/06/1950
Occupation	Outdoor

Date Of Driving Pass	20/04/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97312431
Alt. Phone Number	+65-973112431
Email Address	TYE.LUN99@HOTMAIL.COM
Address	BLK 820 YISHUN ST 81, 04-662
Address complement	-
Postcode	760820
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?	Yes
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACH POLICE REPORT

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	XD9654Z
Vehicle Manufacturer	

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.
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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.

B. 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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sheares Ave.

