

ASS. REC. BY:

Steve

CC6 / A16 21005686 / 193

ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / V8 / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claiming No.

Sum Insured:

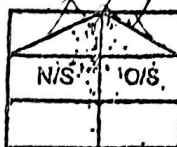
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / 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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBS 18384

Yr Regn:

3/2/21

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

Truck / Trailer or

Make:

Yamaha MT15

c.c. 155

Colour:

White

A/C: Insured / Std / NI / N

Sp. Reading

4785

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MM3R 65619 LK028877

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

110/70-17

R:

140/70-17

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.

28/4/21

D.O.I.

11/5/21

Survey held at

A. S. Poon

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

MV- 14K

Time/Time, File, Poss. to?



Prel. Report



Final Report

Time/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$



Weekend (\$

\$ - RS - SI

Photo

Others

TOTAL

2021/04/21

11/5/21



潘發展私人有限公司
A. S. PHOON PTE LTD
'cos no one else

Head Off : 399, Changi Road S'pore 419846. Tel: (65) 6747 0770 Fax: (65) 6841 1263
Ubi : Blk 3007 #01-432/436 Ubi Road 1, S'pore 408701. Tel: (65) 6744 0770 Fax: (65) 6742 0250
Toh Guan : Blk 36 Toh Guan Road East #01-35 S'pore 608580 Tel: (65) 6515 0770 Fax: (65) 6515 0779 KPC
Website : www.asphoon.com Email: Enquiry@asphoon.com Co Reg No: 197701213H

FBS1838U YAMAHA MT15 REPAIR ESTIMATE

ITEM	DESCRIPTION	AMOUNT SGD
1	P - PLATE / CUT	\$18.00
2	FRONT FENDER / OR	\$85.00
3	FRONT WHEEL / CUT	\$340.00
4	FRONT WHEEL BEARING X2 @\$20 / nec	\$40.00
5	FRONT WHEEL DUST COVER @\$8 / nec	\$16.00
6	FRONT FORK LH / BT	\$350.00
7	FRONT TYRE / TN (80% of 169)	\$160.00
8	HEADLAMP COVER CENTRE / CUT	\$48.00
9	HEADLAMP COVER B / CUT	\$75.00
10	HEADLAMP COVER LOWER / CUT	\$55.00
11	HEADLAMP ASSY X	\$320.00
12	PILOT LIGHT X	\$180.00
13	STAY. HEADLAMP X	\$60.00
14	SIDE MIRROR X	\$45.00
15	WORKMANSHIP	\$250.00
TOTAL		\$2,042.00

Steve (LKK) ML AL
11/5/21, 11.00am 3 dys
8322 8813
P/P
AL sy

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 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	30/04/2021 16:31 (SGT)
Date of Accident	28/04/2021 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEW UPPER CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS1838U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SITI NUR KHAIRUNNISA BINTI MOHAMED NAZEM
NRIC No	S9634675A
Email Address	Fungurliti@gmail.com
Mobile Phone No	(Phone) +65-87262612
Alternative Phone No	+65-87262612

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-15
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
Transmission	Manual
CC	160

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5120940173
Cover Note Number	-

DRIVER

Name of Driver	SITI NUR KHAIRUNNISA BINTI MOHAMED NAZEM
NRIC No	S9634675A

Date Of Birth	06/10/1996
Occupation	Indoor
Date Of Driving Pass	07/01/2021
Driving experience	3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87262612
Alt. Phone Number	+65-87262612
Email Address	Fungurdsiti@gmail.com
Address	BLK 533 BEDOK NORTH STREET 3 #07-758
Address complement	-
Postcode	460533
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	Collision - Head to Rear
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	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH 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:1

Vehicle Registration Number	GBB694M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MENG ZHAOLIANG
Work Permit No	G3369054T
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SITI NUR KHAIRUNNISA BINTI MOHAMED NAZEM
Address	BLK 533 BEDOK NORTH STREET 3 #07-758
Address Complement	-
Post Code	460533
Approximate Age Years Old	24
Injuries Sustained	FRACTURED RIGHT SCAPHOID
Injured person in which vehicle?	FBS1838U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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 truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the 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 lodging 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: 23/01/2021 10:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

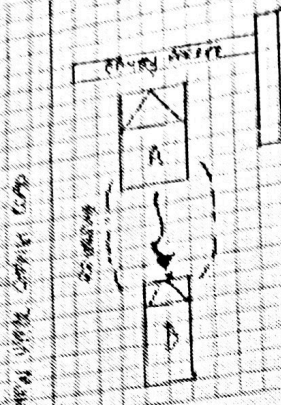
Reporting Centre Personnel's Signature

Name: ARMANO SRIYATI

NRIC/FIN No: S27057944

WCH 195 6111M
VCH 195 15380

SKETCH PLAN



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: 30/04/2021 15:40:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: ANMO SIFUON

NRIC/FIN No.: 38705794A



SINGAPORE POLICE FORCE



T/20210429/2112

1 of 3

Report No. T/20210429/2112

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/04/2021 18:14

Vide Report No.:

Station Diary No.:
29

Informant's Particulars

Name of Informant:
SITI NUR KHAIRUNNISA BINTI
MOHAMED NAZEM
ID Type / ID No.:
NRIC NO / S9634675A

Address:
APT BLK 533 BEDOK NORTH STREET 3 #07-758
SINGAPORE 460533

Contact No.:
Home/Office: Mobile: 87262612

Email:

Nationality:
SINGAPORE CITIZEN

Sex: Age: Date of Birth:
Female 24 06/10/1996

Type of Informant:
Rider

Institution / School Name:

Race:
Boyanese

Language:

Occupation:
Paramedic

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2021 15:45	Type of Location: Car Park
Location: NEW UPPER CHANGI ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
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
FBS1838U	Motorcycle	YAMAHA	MT15 MANUAL	Grey	Slightly Damaged	0
GBB694M	Lorry	MITSUBISHI		White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS1838U	NTUC Income Insurance Co-Operative Limited	5120940173	06/02/2021	02/02/2022



SINGAPORE POLICE FORCE



T/20210429/2112

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20210429/2112

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	SITI NUR KHAIRUNNISA BINTI MOHAMED NAZEM	ID No.	S9634675A
Related Vehicle	FBS1838U (Motorcycle)	Contact No.	87262612
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/04/2021	Date Discharge	29/04/2021
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	MENG ZHAOLIANG	ID No.	G3369054T
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location. I was riding alone with no pillion, while my intention was to exit the carpark at Blk 208A. There is a white lorry that was directly in front of me trying to exit, but however I observed that the gantry was unable to detect his IU unit after about 10 to 20 seconds, the lorry then immediately engaged reversed gear and started to reverse. I then sounded the horn at him, but however he continued to reverse. At that point of time I was on the slope and unable to move back on time and the lorry rear impacted onto my motorcycle. I then placed my arm at the rear of the lorry trying to stop the vehicle, I did not felt any much pain but however after a few hours after the incident I decided to seek medical attention as I felt much more pain on my right wrist.

During the incident, I exchange particulars with the other party and we both initially agreed on private settlement and he followed me to the motorcycle workshop and the repair mechanic there quoted the total repair of the motorcycle will be about \$318. He also agreed to pay for the motorcycle repair cost, but however when I inform him that I will be also seeking medical attention and require some payment to be made, he then refused to settle privately and said to settle it thru insurance instead.



**SINGAPORE
POLICE FORCE**



T/20210429/2112

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Report No. T/20210429/2112

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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:
G /
Sgt 2 TAY WEI LI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/04/2021 18:14

Classification Of Case: