ASS. REC. BY: Kenneth | REF: AIG/2100584 2/Kt

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s S Thru

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
X	
X	

Bal. or Market Value: 8980ch

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBP 9374D Yr Regn: 07, 19

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

Make: Honda CB150R c.c 149

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

Sp.Reading 25923 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MLHKC2885K5137024

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 or _____

Tyre Size: F: 110/70R 17

R: 150/60R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	2 mm	R/Bal.	3 mm
L/Bal.	mm	L/Bal.	mm

D.O.A. 12/5/21 D.O.I. 17/5/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Got B2
	lump sum 1250,
	red:14074;92%

Date/Time, File Pass to? 1) _____ : Prell. Report

Date/Time, File Return to? 2) _____ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: : Site Insp ($) : Interview ($) Tech Invs ($) Weekend ($)

Survey Fee: _____

Transportation: _____ S + RS. _____ SI

Parking _____

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ 1250)

Not Included
L/Sup &
Recovery After Pain
4 days

S THREE Automotive Recovery Pte Ltd
Reg. No. 201325741R

S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :

ATTN : **MOTOR CLAIM DEPT.**

T/P VEH. NO. : **SLA3998D**

ESTIMATE REPORT 1st QUOTATION

JOB NO :_____

OWNER'S PARTICULAR

NAME : **SHAKTHIVELAN S/O MOHAN**

CONTACT :

ADDRESS :

LICENSE NO. : **FBP9374D**

TRANS. :

CHASSIS NO :

MAKE / MODEL : **HONDA CB15R**

ENGINE NO :

OWNER'S INSURER **SOMPO INSURANCE SINGAPORE PTE LTD**

JOB-CODE : **TP**

S/A : **MICHELLE**

ACCDENT DATE : **12-May-21**

CLAIM DETAIL

MATERIALS

			QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	FRONT FENDER SIDE LH	Sm	1.00	$ 495.00	10.00	445.50	Y	X
2	FRONT FENDER SIDE RUBBER SEAL LH	Sm	1.00	$ 195.00	10.00	175.50	Y	X
3	FRONT HEADLAMP	Sm	1.00	$ 595.00	10.00	535.50	Y	X
4	FRONT HEADLAMP COVER	Sm	1.00	$ 195.00	10.00	175.50	Y	X
5	FRONT SIGNAL LAMP LH	Sm	1.00	$ 285.00	10.00	256.50	Y	—
6	REAR SIGNAL LAMP LH	Sm	1.00	$ 155.00	10.00	139.50	Y	—
7	FRONT WING MIRROR LH	Sm	1.00	$ 265.00	10.00	238.50	Y	—
8	FRONT HANDLE BAR		1.00	$ 395.00	10.00	355.50	Y	7
9	FRONT LH HANDLE BALANCER	Sm	1.00	$ 180.00	10.00	162.00	Y	—
10	FRONT HANDLE GRIP	Sm	1.00	$ 170.00	10.00	153.00	Y	—
11	FRONT CLUTCH LEVER	Sm	1.00	$ 56.00	10.00	50.40	Y	—
12	FRONT GEAR LEVER	Sm	1.00	$ 56.00	10.00	50.40	Y	—
13	FUEL TANK ASSY	Sm	1.00	$ 760.00	10.00	684.00	Y	X
14	FUEL TANK COVER PROTECTOR	Sm	1.00	$ 595.00	10.00	535.50	Y	X
15	FRONT TANK GUARD LH	Sm	1.00	$ 295.00	10.00	265.50	Y	X
16	FRONT FORK ASSY 1SET	Sm	1.00	$ 3,800.00	10.00	3420.00	Y	X
17	FRONT FORK BEARING ASSY 1SET	Sm	1.00	$ 75.00	10.00	67.50	Y	X
18	FRONT FORK STEM		1.00	$ 46.00	10.00	41.40	Y	7
19	SIDE STAND	Sm	1.00	$ 97.00	10.00	87.30	Y	X
20	GEAR SELECTION FOOT REST	Sm	1.00	$ 80.00	10.00	72.00	Y	—
21	REAR PILLION FOOT REST LH	Sm	1.00	$ 80.00	10.00	72.00	Y	—
22	REAR PILLION FOOT REST BRACKET LH	Sm	1.00	$ 72.00	10.00	64.80	Y	—
23	REAR SEAT COVER	Sm	1.00	$ 320.00	10.00	288.00	Y	X
24	FRONT SEAT COVER	Sm	1.00	$ 380.00	10.00	342.00	Y	X
25	ENGINE PROTECTION BRACKET ASSY	Sm	1.00	$ 1,280.00	10.00	1152.00	Y	X

26	REAR WHEEL GUARD	Rr	1.00	$	520.00	10.00	468.00	Y	—
27	GEAR CHAIN COVER	NSP	1.00	$	135.00	10.00	121.50	Y	X
28	REAR SIDE LAMP LH	Repaint	1.00	$	165.00	10.00	148.50	Y	X
29	REAR NO PLATE HOUSING	Sm	1.00	$	450.00	10.00	405.00	Y	X
30	REAR NO PLATE REFLECTOR	Sm	1.00	$	68.00	10.00	61.20	Y	X
31	REAR NO PLATE LAMP	Sm	1.00	$	180.00	10.00	162.00	Y	X
32	REAR THIRD BRAKE LAMP	Sm	1.00	$	210.00	10.00	189.00	Y	X
33	REAR NO PLATE HANG BRACKET RH	A	1.00	$	390.00	10.00	351.00	Y	X
34	REAR NO PLATE HANG BRACKET LH	A	1.00	$	320.00	10.00	288.00	Y	X
	TOTAL (PARTS) :				13360.00		12024.00		
	SPECIAL NETT ITEM								
1	FRONT FORK OIL	NN	1.00		50.00	0.00	50.00	Y	X
2	FRONT NO PLATE	Sm	1.00		50.00	0.00	50.00	Y	X
3	REAR NO. PLATE	Sm	1.00		50.00	0.00	50.00	Y	X
4	BODY STICKER ASSY		1.00		800.00	0.00	800.00	Y	?
	TOTAL (PARTS) :				950.00		950.00		
	LABOUR								
1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS		1.00		700.00	0.00	700.00	Y	180
2	SPRAY PAINTING ON ACCIDENT AREAS		1.00	NN	700.00	0.00	700.00	Y	X
3	CONDUCT FULL WHEEL ALIGNMENT		1.00	NN	120.00	0.00	120.00	Y	X
4	CONDUCT CHASSIC ALIGNMENT		1.00		180.00	0.00	180.00	Y	120
5	CHECK & REPAIR WIRING SYSTEM		1.00		120.00	0.00	120.00	Y	10L
6	BALANCE FRONT WHEEL		1.00	NN	50.00	0.00	50.00	Y	X
7	BALANCE REAR WHEEL		1.00	NN	50.00	0.00	50.00	Y	X
8	PRESS FRONT FORK WHEEL TO CENTRE ALIGN		1.00		380.00	0.00	380.00	Y	?
9	PRESS REAR CHASSIS REAR FORK TO CENTRALISE		1.00	NN	680.00	0.00	680.00	Y	X
	TOTAL (LABOUR) :				2980.00		2980.00		
	TOTAL PARTS & LABOUR				17290.00		15954.00		

EXCESS : : S$_____

NO. OF DAY : _____

RE-SURVEY : ~~BEFORE~~ / AFTER PAINTING

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

DATE OF SURVEY : 17/5/21

SURVEY BY : Kenneth

CONTACT NO : _____ 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:

SC1R215E0001 / City Auto Pte Ltd
ENTRY DATE & TIME: 14/05/2021 10:18 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 1 (14/05/2021 10:18 (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	14/05/2021 10:18 (SGT)
Date of Accident	12/05/2021 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORNIE RD, FILTER LANE TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9374D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAKTHIVELAN S/O MOHAN
NRIC No	SXXXX922C
Email Address	shakthivelan19@gmail.com
Mobile Phone No	(Phone) +65-84994390
Alternative Phone No	+65-84994390

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
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
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D20MTMC01004842
Cover Note Number	-

DRIVER

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 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 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 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**");

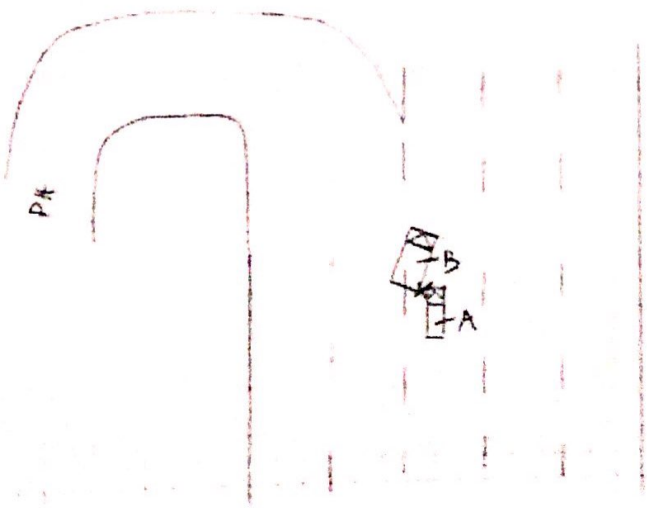
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 4 Sin Ming Road
#01-56/58/62 Sin Ming Ind Est
Singapore 575643
Tel: 6451 1234 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



A - FBP 9374B

B - SLA 3998D

SINGAPORE POLICE FORCE

T/20210513/7008

Report No. T/20210513/7008

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/05/2021 16:20		

Informant's Particulars

Name of Informant: SHAKTHIVELAN S/O MOHAN			Address: 441 SIN MING AVENUE #05-405 SINGAPORE 570441	
ID Type / ID No.: NRIC NO / S9506922C			Contact No.: Home/Office:	Mobile: 84994390
Nationality: SINGAPORE CITIZEN			Email: shakthivelan19@gmail.com	
Sex: Male	Age: 26	Date of Birth: 19/02/1995	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: Singapore Armed Forces personnel			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2021 08:10	Type of Location: filter lane

Location:

LORNIE UNDERPASS

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP9374D	Motorcycle	HONDA	CB150R+MA NUAI	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP9374D	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100484 2	04/07/2020	03/07/2021

SINGAPORE POLICE FORCE

T/20210513/7008

Report No. T/20210513/7008

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHAKTHIVELAN S/O MOHAN	ID No.	S9506922C
Related Vehicle	FBP9374D (Motorcycle)	Contact No	84994390
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	06	Degree of	Slight

Brief Details.
was transiting through Lornie highway toward adam rd. When nearing a filter lane(filter lane to PIE), a car from the filter abruptly came out from the filter to the major lane. unfortunately thats when the accident happen. Hit him on the side of car(SLA 3998 D)