

ASS. FRY:

REF:

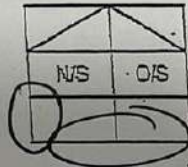
CS/SMR 21006229/Duf³

ASSIGNMENT

From: _____ Date: _____
 Estimate Cost: _____
 CD / TP RES / OD RES / EVA / INV / MV
 To Insp Vehicle No: FG 2298L
 at Work to m/s _____
 of _____
 Insured SHC4607M
 Policy # _____
 Claim to TAX/05/21/2060
 Sum Insured _____ Excess: _____
 (Check Record)
 Make of Vh: _____

(Police Condition)

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



Bel. of Market Value:

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repair: 3 days Res.: Yes or NoLima Sum 205 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FG 2298L Yr Regn: April 2021
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Yamaha NMAX 155 cc 155
 Colour Black / Silver A/C: Insured / Std / NA
 Sp. Reading 5760 T/Radio: Insured / Std / NA
 Eng/No: G3 L8E0472877
 C/No: MH 3SG 5680MK 070193
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In Order / Jammed / Leaked / Burnt or
 Brake: In Order / Jammed / Leaked / Burnt or
 Mod: NH / STD / STD A/Rim or
 Tyre Size: F: 110 / 70 R13
 R: 130 / 70 R13
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUZUKI /
 TOYO / YOKO or Dunlop
 Front Rear
 R/Bal 2 mm R/Bal 2 mm
 L/Bal _____ mm L/Bal _____ mm
 D.O.A. 25/05/221 D.O.L. 31/05/221
 Survey held at SG 98 AMK
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear 4 H/S R
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SMR SHC 4607 M
	Repair Sum
23/11/21	Invoice <u>451850</u> - with 3 days of repair (RED \$650; 26%)
	Parts changed accordingly with 2 new parts
	New bike about 1 mtr till accident. 5% applied to cost

Date/Time, File Pass to?

☐ : Prel. Report

1/23/11 TYPIST

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Insp (\$)

Report Format: L/S \$1850

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 31 May 2021

To : LKK

By Fax: 6256-4315

Attn : Bryan

Tel : 97237799

VEHICLE NO : FG 2298L

Yamaha NMAX 155

ACCIDENT DATE: 25 May 2021

Description	Qty	Quotation \$
1 Rear Mudguard <i>damaged</i>	1	165.00 ✓
2 Number Plate Lamp <i>broken</i>	1	80.00 ✓
3 Tail Lamp Assy <i>4 mounting cradle</i>	1	155.00 X ✓
4 CVT / Transmission Cover <i>broken</i>	1	135.00 ✓
5 Reflector <i>broken/damaged</i>	1	180.00 ✓
6 Rear Absorber <i>2 destroyed</i>	1	190.00 X ✓
Sub-Total		905.00
Less 10%		90.50
Sub-Total		814.50

Nett items

1 Number plate <i>1st</i>	15.00 ✓
2 Towing fee <i>40</i>	40.00 X
3 Remove & replace necessary parts, align & etc	250.00 150/-
Sub-Total	305.00
Nett Total	1,119.50

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion. Thank you

SG 98 MOTOR PTE LTD

31/05/2021 @ 1730h

Let Actual

1 hour 3 days

LKK Auto

Signature

979.50
supp 990.50
1970.00
RS 1850/-

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:

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 22 June 2021

To : LKK

By Fax: 6256-4315

Attn : Bryan

Tel : 97237799

VEHICLE NO : FG 2298L

Yamaha NMAX 155

ACCIDENT DATE: 25 May 2021

Supplementary Items:

<u>Description</u>	<u>Qty</u>	<u>Quotation \$</u>
1 Rear rim <i>distorted</i>	1	450.00 ✓
2 Swing Arm - Linkage RH <i>distorted</i>	1	275.00 ✓
3 Engine Mounting Bracket <i>distorted</i>	1	220.00 ✓
		<i>945.00</i>
Sub-Total		<i>850.50</i> 945.00
Less 10%		94.50
Sub-Total		850.50

Nett items

1 Align body frame		<i>250.00 80/-</i>
2 Remounting	<i>140.00</i>	<i>280.00 60/-</i>
Sub-Total		530.00
Nett Total		1,380.50

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

18/08/2021 @ 1730hrs

990.50

Bryan

Kindly revert upon completion. Thank you

LKK And

SG 98 MOTOR PTE LTD

8

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	27/05/2021 17:43 (SGT)
Date of Accident	25/05/2021 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FG2298L
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SYADZWAN BIN HASHIM
NRIC No	SXXXX298J
Email Address	elementskater31@hotmail.com
Mobile Phone No	(Phone) +65-90085727
Alternative Phone No	+65-90085727

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YAMAHA / NMAX 155 ABS CVT
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	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5121795663
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SYADZWAN BIN HASHIM
NRIC No	SXXXX298J

Date Of Birth	18/05/1994
Occupation	Outdoor
Date Of Driving Pass	17/04/2013
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90085727
Alt. Phone Number	+65-90085727
Email Address	elements-kater31@hotmail.com
Address	BLK 352 #10-991 UBI AVENUE 1
Address complement	-
Postcode	400352
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	Mountbatten Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18003449999
Alt. Police Station Phone No	(Fax) +65-64474185
Police Station Address	Blk 60 Dakota Crescent #01-213/ 215 Singapore 390060
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210526/2037;

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	SHC4607M
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / PRIUS TAXI (SMRT)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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	MUHAMMAD SYADZWAN BIN HASHIM
Address	BLK 352 #10-991 UBI AVENUE 1
Address Complement	-
Post Code	400352
Approximate Age Years Old	27
Injuries Sustained	-
Injured person in which vehicle?	FG2298L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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.

6. 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.

Policyholder's Signature / Date & Time

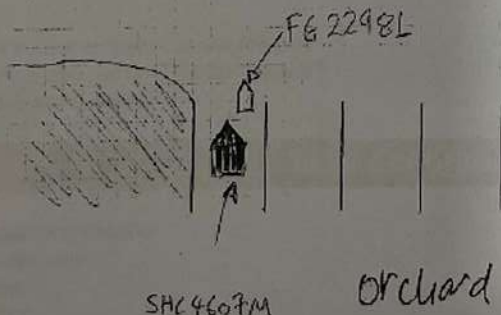
Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

27 MAY 2021

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210526/2037

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

1 of 3

Report No. T/20210526/2037

REPORT OF A TRAFFIC ACCIDENT

FG 2298 L

Date/Time Report Made: 26/05/2021 16:43	Vide Report No.:	Station Diary No.: 17
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD SYADZWAN BIN HASHIM			Address: APT BLK 352 UBI AVENUE 1 #10-991 SINGAPORE 400352		
ID Type / ID No.: NRIC NO / S9418298J			Contact No.: Home/Office:		Mobile: 90085727
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 18/05/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2021 19:00	Type of Location: X-Junction
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Staionary				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FG2298L	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Silver	Seriously Damaged	0
SHC4607M	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FG2298L	NTUC Income Insurance Co-Operative Limited	5121795663	15/04/2021	09/04/2022



SINGAPORE
POLICE FORCE



T/20210526/2037

2 of 3

Report No. T/20210526/2037

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MUHAMMAD SYADZWAN BIN HASHIM	ID No.	S9418298J
Related Vehicle	FG2298L (Motorcycle)	Contact No.	90085727
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/05/2021	Date Discharge	26/05/2021
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	Anthony chai teik chong	ID No.	S1526801H
Related Vehicle	SHC4607M (Car)	Contact No.	90075113
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 and time, I was on my vehicle on stationary as I was waiting for traffic light to turn green. I intended to turn left from Cairnhill Road to Orchard Road towards The Centrepoint. As I was waiting for the traffic light to turn green, the said vehicle did not brake in time and had hit the rear side of my vehicle. I did not know what happen. Police came to scene. No ambulance came to scene. No government property damage. I proceeded to SGH for medical checkup and was given 6 days MC. I am lodging this report for Insurance claiming purposes.



SINGAPORE
POLICE FORCE



T/20210526/2037

3 of 3

Report No. T/20210526/2037

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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 /
Staff Sgt MUHAMMAD IRSYAD BIN ABDUL
KADER

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476178

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:
26/05/2021 16:43

Classification Of Case: