

ASS. REC. BY:

Steve

CS/EA/2190 6335/E473

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TPRES/ODRES/EVA/INV/MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

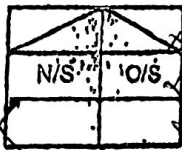
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FX 5125

Yr Regn:

28/7/17

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

Truck / Trailer or

Make:

Lexmoto

ZSF 70125

c.e. 125

Colour:

Red

A/C: Insured / Std / NI / N

Sp. Reading

N/A

T/Radio: Insured / Std / NI / N

Eng/No:

LTZPC JLLSF 039559

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

3.00-18

R:

80/99-18

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

TOYO / YOKO or

Metzeler

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

mm

L/Bal.

mm

D.O.A.

14/5/21

D.O.I.

2/6/21

Survey held at

Unique Motors

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

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

Date / Time

Action / Instruction

File/Time, File, Pass to?



: Prel. Report



: Final Report

File/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - RS - \$

Phone

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Approved:

Date/Time/Signature:



# UNIQUE MOTORSPORTS PTE LTD

48 Toh Guan Road East #02-140 Enterprise Hub Singapore 608586

## ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : THIRD PARTY

Vehicle No. : FX512S

Make & Model : ZONGSHEN ZXR125

Year of Manufacture : \_\_\_\_\_

Chassis No. : \_\_\_\_\_

Engine No. : \_\_\_\_\_

Policy No. : 5110358789-01-000035

Time of Accident : 15:06HRS

Ins Company : NTUC INCOME INSURANCE

Excess : \_\_\_\_\_

Date of Accident : 14/05/2021

Suggested Days of Repair : 5

In-house Vehicle Assessor

Case Owner : ADLINE TAN

Signature : \_\_\_\_\_

Contact No : 81685797

### Repair Estimates

Parts (a) Cost / List Price Items \$600.00

Plus/Less \$-

Total of Cost / List \$600.00

(b) Nett Price Items \$50.00

Less \_\_\_\_\_

Total of Nett Item \_\_\_\_\_

(c) Special Nett Items \$-

Total Parts Cost (Appendix A) \$600.00

Labour (Appendix B) \$550.00

Total Repair Cost \$1,150.00

The above total will be subjected to 7% G.S.T.

Name of Surveyor :

Company :

Survey conducted on : \_\_\_\_\_ at \_\_\_\_\_

### Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : \_\_\_\_\_ day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ \_\_\_\_\_

(e) Signature of surveyor : \_\_\_\_\_ Date: \_\_\_\_\_

**Unique Motorsports Pte Ltd**  
**48 Toh Guan Road East #02-140 Enterprise Hub Singapore 608586**

**Spare Parts**

Vehicle No : FX512S Case Owner : ADLINE TAN

Make & Model : ZONGSHEN ZXR125 Year Manufacture : 0

Chassis No : 0 Engine No : 0

Sales Order : \_\_\_\_\_ Supplier : \_\_\_\_\_

Order By : \_\_\_\_\_ Type of Claim : THIRD PARTY

| S/No | Part Description                   | QTY | Cost Price | List Price | Nett Price | S/N | Disposition By Surveyor |
|------|------------------------------------|-----|------------|------------|------------|-----|-------------------------|
| 1    | Handle Bar / NT                    | 1   |            | \$50.00    |            |     |                         |
| 2    | Mirror Set / CNT                   | 1   |            | \$30.00    |            |     |                         |
| 3    | Signal Light (R/H) X               | 1   |            | \$30.00    |            |     |                         |
| 4    | Brake Lever / CNT                  | 1   |            | \$15.00    |            |     |                         |
| 5    | Gear Pedal X                       | 1   |            | \$45.00    |            |     |                         |
| 6    | Spray Painting Works               | 1   |            | \$350.00   | 250        |     |                         |
| 7    | Customized Decal (Sticker)         | 1   |            | \$80.00 ✓  |            |     |                         |
| 8    | Towing Charges from accident scene | 1   |            |            | \$50.00 ✓  |     |                         |
| 9    | 0                                  | 0   |            |            |            |     |                         |
| 10   | 0                                  | 0   |            |            |            |     |                         |
| 11   | 0                                  | 0   |            |            |            |     |                         |
| 12   | 0                                  | 0   |            |            |            |     |                         |
| 13   | 0                                  | 0   |            |            |            |     |                         |
| 14   | 0                                  | 0   |            |            |            |     |                         |
| 15   | 0                                  | 0   |            |            |            |     |                         |
| 16   | 0                                  | 0   |            |            |            |     |                         |
| 17   | 0                                  | 0   |            |            |            |     |                         |
| 18   | 0                                  | 0   |            |            |            |     |                         |
| 19   | 0                                  | 0   |            |            |            |     |                         |
| 20   | 0                                  | 0   |            |            |            |     |                         |
| 21   | 0                                  | 0   |            |            |            |     |                         |
| 22   | 0                                  | 0   |            |            |            |     |                         |
| 23   | 0                                  | 0   |            |            |            |     |                         |
| 24   | 0                                  | 0   |            |            |            |     |                         |
| 25   | 0                                  | 0   |            |            |            |     |                         |
| 26   | 0                                  | 0   |            |            |            |     |                         |
| 27   | 0                                  | 0   |            |            |            |     |                         |
| 28   | 0                                  | 0   |            |            |            |     |                         |
| 29   | 0                                  | 0   |            |            |            |     |                         |
| 30   | 0                                  | 0   |            |            |            |     |                         |

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

**48 Toh Guan Road East #02-140 Enterprise Hub Singapore 608586**

## Labour

Vehicle No. : FX512S

Case Owner : ADLINE TAN

Make & Model : ZONGSHEN ZXR125

Year of Manufacture : 0

[illegible]

*Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.*

## 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              | 17/05/2021 13:13 (SGT)                              |
| Date of Accident                | 14/05/2021 15:06 (SGT)                              |
| Exact Location of Accident      | 718 Bedok Reservoir Rd, Block 718, Singapore 470718 |
| Additional Location Information | -                                                   |
| Country/State of Loss           | Singapore                                           |

### DETAILS OF OWN VEHICLE

|                             |        |
|-----------------------------|--------|
| Vehicle Registration Number | FX512S |
|-----------------------------|--------|

#### INSURED/POLICYHOLDER

|                          |                                 |
|--------------------------|---------------------------------|
| Is company?              | Yes                             |
| Name Of Registered Owner | UNIQUE MOTORSPORTS PTE LTD      |
| Company Reg No           | 2XXXXX910H                      |
| Email Address            | daphne@uniquemotorsports.com.sg |
| Mobile Phone No          | (Phone) +65-96300043            |
| Alternative Phone No     | +65-68446378                    |

#### VEHICLE PARTICULARS

|                                                                              |                     |
|------------------------------------------------------------------------------|---------------------|
| Manufacturer                                                                 | Zongshen            |
| Model                                                                        | ZXR125              |
| 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 - Reporting only |
| Vehicle Category                                                             | Motorcycle          |
| Transmission                                                                 | Manual              |
| CC                                                                           | 125                 |

#### INSURANCE COMPANY

|                           |                                        |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | ThirdParty                             |
| Fleet Policy              | Yes                                    |
| Policy Number             | 5110358789-01-000035                   |
| Cover Note Number         | 5110358789-01-000035                   |

#### DRIVER

|                 |                                        |
|-----------------|----------------------------------------|
| Name of Driver  | MOHAMAD KHAIRUL ADHAM BIN MO0HD ARIFIN |
| Passport No/FIN | GXXXX049L                              |

|                                                              |                          |
|--------------------------------------------------------------|--------------------------|
| Date Of Birth                                                | 28/11/1994               |
| Occupation                                                   | Outdoor                  |
| Date Of Driving Pass                                         | 16/08/2018               |
| Driving experience                                           | 2 YEARS AND 9 MONTHS     |
| Gender                                                       | Male                     |
| Mobile Number                                                | (Phone) +65-82457828     |
| Alt. Phone Number                                            | -                        |
| Email Address                                                | khairuladham94@gmail.com |
| Address                                                      | 419 RACE COURSE RD       |
| Address complement                                           | -                        |
| Postcode                                                     | 218666                   |
| Is the driver the policyholder?                              | No                       |
| If No, Relationship of the Driver with the Insured           | Employee                 |
| 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   | No Collision |
| Weather Conditions | Raining      |
| Road Surface       | Wet          |

#### OTHER INFORMATION

|                                                                                                     |    |
|-----------------------------------------------------------------------------------------------------|----|
| Was any foreign vehicle involved in the accident?                                                   | No |
| Number of vehicles involved in the accident                                                         | 1  |
| Was anybody injured in the Accident?                                                                | No |
| Was any injured conveyed to hospital by ambulance?                                                  | -  |
| Was any other material or property damaged?                                                         | No |
| 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?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

ON THE 14TH OF MAY AT ABOUT 1505HR I WAS ON MY WAY DELIVERY TO BEDOK RESERVOIR. MY INTENSION TO RIGHT TURE TOWARDS THE CARPARK I WAS BEHIND RIGHT SIDE OF A VAN ALSO TURNINE R IGH T VAN WAS MAKING A HUGE U-TURN. I THOUGHT VAN WAS TURNING RIGHT TO CARPARK, I EMERGENCY BRAKE MY BIKE ITS FELT NO INJURY ON MY PART.  
PLEASE REFER TO FB VIDEO UPLOADED FOR REF. DETAIL AS FOLLOWS ON 14/05/21 BEDOK RESERVOIR RD GBH8098A.  
NO PYSICAL CONTACT ON VAN

#### ATTACHMENT(S)

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

SKETCH PLAN

180  
8098A

FX5125



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IN THE TIME OF MY IN ACC. 1808 WAS I WAS ON MY DELIVERY  
TO BODEN RESERVE.

- MY VEHICLE TO RIGHT TURN TOWARD THE CARPARK
- I WAS BEHIND RIGHT SIDE OF A JUMP. ALSO TURNING RIGHT
- VAN WAS TURNING A RIGHT TURN.
- I THOUGHT VAN WAS TURNING RIGHT TO CARPARK, I WAS  
WRONG
- I EMERGENCY BRAKE MY BIKE & ME FELL
- NO INJURY ON MY PART
- REPAIR REFER TO THE FB VIDEO LOCATED FOR P/F  
GARY & ELLONS ON 14 MAY 2021 BODEN RESERVE  
# 8098A.
- + NO PHYSICAL CONTACT ON VAN

WILLIS TOWERSWORTH LTD  
557 MOA No. 2000078101  
557 MOA No. 2000078101  
557-54/55 AUTODAY & KUKI BUKU  
Singapore 417893

DECLARATION

I/we declare the foregoing statements are true in every respect.  
557-54/55 AUTODAY & KUKI BUKU  
Singapore 417893

Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17/MAY 2021

Reporting Centre Person's Signature  
Name: R. H. H. H. H.  
NRIC/FIN No: 1215/2021