

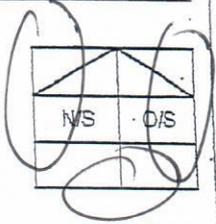
ASS. BY:

REF: CS/MSG21006386/D913

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / FWS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
insured _____
Policy No _____
Claims No. 256866
Sum Insured: _____ Excess: _____
(Check Record)
Make of Veh: _____

Veh No: FBP 5886U Yr Regn: 2019 March
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Yamaha Sniper 150 cc 150
Colour: Yellow A/C: Insured / Std / NI / NA
Sp. Reading: N.A T/Radio: Insured / Std / NI / NA
Eng/No: G3E6E0484956
C/No: M43UG0740K0152792
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 70/90 217
R: _____



(Police Condition)
Remarks: The veh had commenced its repair at the time of inspection.

Bal. of Market Value: _____
IDAC Accident Report Consistent?: Yes or No
GIA / PR Seen: Consistent?: Yes or No
Est. Repairs: 4-6 days Res.: Yes or No
Turn Sum: 20 % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Maxxis
Front Rear
R/Bal. 2 mm R/Bal. 2 mm
L/Bal. mm L/Bal. mm
D.O.A. 02/05/2021 D.O.I. 03/06/2021
Survey held at SG 98 AMK

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Portion of O/S Portion of Rear Portion
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MSG SDF 5798U
29/09/21 @ 1.37pm	Email to Douglas Ong, seek mandate at LS \$3600, 6 days.
	MV 8.5K
	VIA 2.8K
	NL 5.7K
14/10/21 @ 10.25am	Douglas request offer wksp at LS \$3400 & 3 or 4 repair days.
	Workshop agree LS 3,400/- with 4 days of repair. (Red \$3561.70, 51%)

Date/Time, File Pass to? : Prel. Report
1) 14/10 Typist : Final Report

Days Of Repair: 4
Resurvey No. of Trip: 2

Date/Time, File Return to?
2) _____

Add Fees: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)

Survey Fees:	
Transportation	
++ PA. (L)	
Photos	
Others	

Report Format: MER-TP
Lump Sum / REPAIR 3400

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	28/05/2021 19:14 (SGT)
Date of Accident	02/05/2021 16:00 (SGT)
Exact Location of Accident	Near 529 Ang Mo Kio Ave 10, Singapore 560529
Additional Location Information	At the junction
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP5886U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SULAIMI BIN ITHNIN
NRIC No	SXXXX267D
Email Address	muhdnuradil15@gmail.com
Mobile Phone No	(Phone) +65-80136470
Alternative Phone No	+65-80136470

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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	150

8.5K
MV 9K
LTA 2.8K
HL 5.7K

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	PNMC2020-00001651-01
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD NURADIL BIN ZAILAN
NRIC No	TXXXX338I

Date Of Birth	14/12/2000
Occupation	Indoor
Date Of Driving Pass	16/02/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80136470
Alt. Phone Number	-
Email Address	muhdnuradil15@gmail.com
Address	564 ANG MO KIO AVE 3
Address complement	#02-3475
Postcode	560564
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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 - Cross Junction
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20210602/2082 LODGED AT ANG MO KIO SOUTH NPC - I WAS TRAVELLING ALONG ANG MO KIO AVE 10 TOWARDS MY RESIDENTIAL AS I WAS APPROACHING A TRAFFIC JUNCTION BETWEEN STREET 54/52 I SLOWDOWN AND SAW THE TRAFFIC LIGHT GREEN IN MY FAVOUR AND SUDDENLY A CAR FROM OPPOSITE DIRECTION MAKING RIGHT TURN TOWARD STREET 54 WITHOUT GIVING ME RIGHT WAY WHICH CAUSE A HEAD ON COLLISION WITH ME AND I SUFFERED BROKEN RIGHT LEG FROM KNEE DOWN TO THE ANKLE . THERE IS ALSO A WITNESS AT THE ACCIDENT SCENE .

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDF5798U
Vehicle Manufacturer	Mercedes

Vehicle Model	E200 NGT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NO DETAILS
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	MUHAMMAD NURADIL BIN ZAILAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Right Leg injured from knee to ankle
Injured person in which vehicle?	FBP5886U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	-
Email	-

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 G A 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 lodgment 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



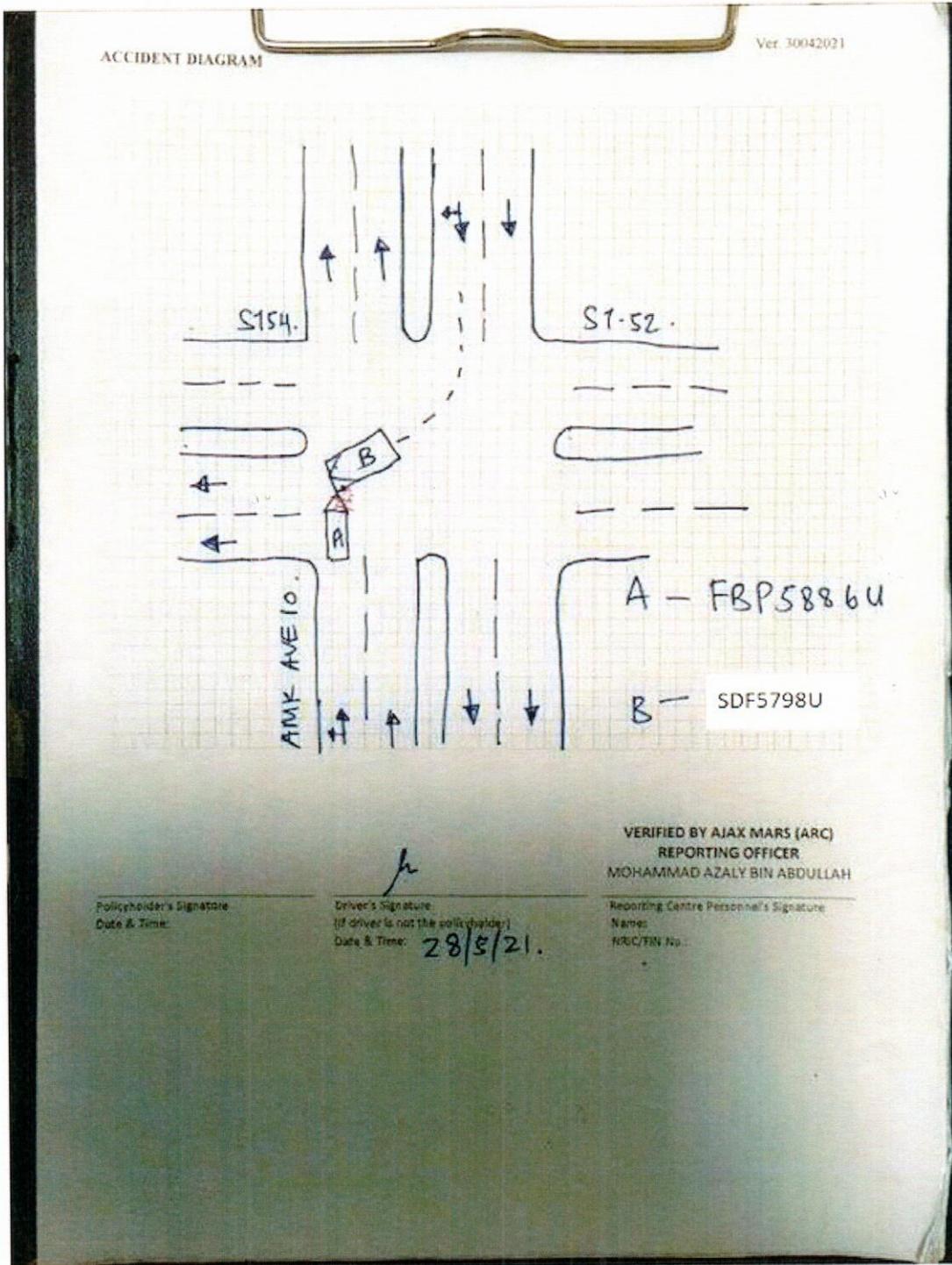
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name
NRC/FIN No.:

28052021





**SINGAPORE
POLICE FORCE**



T/20210602/2082

1 of 3

Report No. T/20210602/2082

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2021 17:05	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars			
Name of Informant: MUHAMMAD NURADIL BIN ZAILAN		Address: APT BLK 564 ANG MO KIO AVENUE 3 #02-3475 SINGAPORE 560564	
ID Type / ID No.: NRIC NO / T0045338I		Contact No.: Home/Office: Mobile: 80136470	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 14/12/2000	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: LIFT TECHNICIAN		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/05/2021 16:00	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP5886U	Motorcycle				Seriously Damaged	0
SDF5798U	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210602/2082

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20210602/2082

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD NURADIL BIN ZAILAN	ID No.	T00453381
Related Vehicle	FBP5886U (Motorcycle)	Contact No.	80136470
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	02/05/2021	Date Discharge	21/05/2021
No. of Days granted Medical Leave	41	Degree of Injury	Serious

Brief Details.

I was travelling along Ang Mo Kio Ave 10 towards my residential as I was approaching a traffic junction between street 54/52 I slowdown and saw the traffic light green in my favour and suddenly a car from opposite direction making right turn toward street 54 without giving me right way which caused a head on collision with me and I suffered broken right leg from knee down to the ankle. There is also a witness at the accident scene.



**SINGAPORE
POLICE FORCE**



T/20210602/2082

3 of 3

Report No. T/20210602/2082

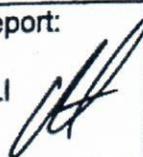
Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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: F / Sgt 3 MASLINA BINTE MOHAMAD ALI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/06/2021 17:05
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px;">  SINGAPORE POLICE FORCE SINGAPORE POLIS <div style="float: right; margin-right: 20px;">SN 75</div>  <p style="text-align: center; margin-top: 5px;">SIGNATURE</p> </div>

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: 4 June 2021

To : LKK

By Fax: 6256-4315

Attn : Bryan

Tel : 97237799

VEHICLE NO : FBP 5886U

Yamaha Sniper 150

ACCIDENT DATE: 2 May 2021

Description	Qty	Quotation \$
1 Handle Bar <i>distorted</i>	1	125.00 ✓
2 Handle Bar Bracket <i>HN</i>	1	95.00 X
3 Mirror <i>H/S distorted o/s HN</i>	1 set	125.00 ✓ 62.50
4 Head Lamp Cover <i>cut</i>	1	125.00 ✓
5 Brake Lever <i>HN</i>	1	65.00 X
6 Clutch Lever <i>cut</i>	1	75.00 ✓
7 Balancer <i>H/S Distorted o/s HN</i>	1 set	125.00 ✓ 62.50
8 Front Panel <i>cut</i>	1	135.00 ✓
9 Inner Panel <i>cut</i>	1	155.00 ✓
10 Front L/RH Side Panel <i>cut / broken</i>	2	250.00 ✓
11 Pilot Light <i>broken</i>	2	85.00 ✓
12 Front Mudguard <i>broken</i>	1	185.00 ✓
13 Sports Rim <i>st / distorted</i>	1 set	225.00 ✓
14 Front Tyre <i>HN</i>	1	85.00 X
15 Frt Brake Disc <i>HN</i>	1	135.00 X
16 Fork Tube <i>distorted</i>	1 set	480.00 ✓
17 Fork Under Bracket <i>Dam</i>	1	125.00 ✓
18 Radiator Assy <i>st</i>	1	350.00 ✓
19 Side Panel Inner Garnish L/RH <i>broken H/S o/s</i>	2	300.00 ✓
20 Leg Shield Centre <i>broken HN</i>	1	125.00 125.00 X
21 Ignition Switch Cover <i>HN</i>	1	135.00 X
22 Centre Panel (Yellow) <i>broken</i>	1	115.00 ✓
23 Exhaust Guard <i>cut</i>	1	110.00 ✓
24 Exhaust Nozzle Carbon Fibre <i>cut</i>	1	120.00 ✓
25 Gear Pedal <i>st / cut</i>	1	80.00 ✓
26 Brake Pedal <i>Dam / cut</i>	1	68.00 ✓
27 Kick Start Pedal <i>HN cut HN</i>	1	90.00 X 125.00 X
28 Footrest Bracket <i>st HN st</i>	1	135.00 135.00 ✓
29 Footrest L/RH <i>st</i>	2	160.00 160.00 X
30 Rear RH Tail Panel <i>cut / broken</i>	1	110.00 ✓
31 Rear RH Footrest <i>broken</i>	1	80.00 ✓
32 R/Footrest Bracket <i>LH cut</i>	1	120.00 ✓

1st Radiator fan motor broken

\$210.00 ✓

VEHICLE NO : FBP 5886U

Yamaha Sniper 150

33	Swing Arm <i>HH</i>	1	280.00	X
34	Rear Rim <i>damaged repair</i>	1	350.00	W X
35	Rear Panel - Centre <i>HH</i>	1	90.00	X
36	Rear Mudguard <i>damaged</i>	1	130.00	✓
37	Pillion Grip <i>HH</i>	1	70.00	X
38	Tail Lamp <i>broken</i>	1	90.00	✓

~~Front Signal X2~~

Sub-Total 5,703.00

Less 10% 570.30

Sub-Total 5,132.70

4108.00

3697.20

Nett items

1	Yamaha emblem - 2 pcs <i>HH</i>	80.00	✓
2	Rear box rack <i>BT</i>	125.00	✓
3	Rear box <i>damaged</i>	320.00 150/-	
4	Towing fee	60.00 <i>HH</i>	
5	Remove & replace necessary parts, align & etc	280.00 180/-	
6	Remove & replace fork assy, fork oil seal & top up fork oil	180.00 80/-	
7	Replace front/rear rim, swing arm, brake disc	150.00 30/-	
8	Supply body decal sticker	120.00 80/-	
9	Re-align body alignment	250.00 80/-	
10	Number plate - 1 set <i>HH 1 set broken</i>	30.00	✓
11	Check electrical wiring	45.00 <i>HH</i>	

Sub-Total 1,640.00

Nett Total 6,772.70

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

03/06/2021 @ 1800 hrs.
NA Antenna
2/sum 6 days.

4532.20

4/5 38

2/5 3600/-

Handwritten signature and scribbles

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: