

- 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:

REPAIR PERFORMA INVOICE

Vehicle number FBQ1880G
 Make / Model YAMAHA JUPITER
 Chassis number MH3UE1120KJ228606
 Accident date 9/7/21
 Reference KK2107-18

Qty	Date	Particulars	Unit Price - SGD \$
PARTS REPLACEMENT - LIST ITEMS			
1		FRONT FAIRING (BLUE) / Cut	300.00 50
2		FRONT FAIRING INNER (LH/RH) 2 - Cut	500.00 150
2		FRONT FAIRING LOWER (LH/RH) 2 - Cut	500.00
1		FRONT HEADLAMP / Cut	350.00 195
1		FRONT HEADLAMP FAIRING (BLUE) / Cut	280.00 55
1		FRONT HEADLAMP FAIRING (BLACK) / Cut	250.00 50
2		FRONT FORK 2 - Repair	550.00
1		FRONT FORK BRACKET 1 - BT	180.00 150
1		HANDLE BAR / Cut	250.00 115
1		BRAKE LEVER / Cut	90.00 29
1		BRAKE LEVER BRACKET X / Cut	90.00
1		BRAKE PEDAL X / Cut	90.00
1		FOOTREST / Cut	90.00 45
1		FOOTREST RUBBER / Cut	90.00 32
1		FOOTREST BRACKET X / Cut	110.00
1		PILLION FOOTREST / Cut	90.00 45
1 SET		BALANCER / Cut	85.00 28
1 SET		WING MIRROR / Cut	150.00 50
1		REAR FAIRING LH / Cut	400.00 100
1		FRONT FENDER / Cut	250.00 120
SVC 85			4695.00
Signal lamp RH X / Cut			469.50
Less 10 %			4225.50
Subtotal			4225.50
Balance C/F			4225.50
PARTS REPLACEMENT - SPECIAL NETT ITEMS			
1		FRONT NUMBER PLATE / Cut	50.00 15
1		IU / Cut	156.00
1		GEAR SHAFT OIL X / Cut	24.00
1		FORK OIL SEAL X / Cut	120.00 30
1		FORK OIL X / Cut	60.00 12
Subtotal			410.00
Balance C/F			4635.50
LABOUR AND MISCELLANEOUS CHARGES			
1		TO CHECK WIRING SYSTEM	60.00
2		TO REMOVE & REFIT EXHAUST SILENCER	200.00
3		TO R&R SUSPENSION, HANDLE BAR, HEADLAMP & FAIRING	400.00
4		TO SPRAY FENDER, SIDE FAIRINGS AND AFFECTED AREAS	600.00
Subtotal			1260.00
Grand total			5895.50

1214

1092.6

213

450

1755.6

-20%: 1400

3 Days
 Upside Repair
 After repair photos. 16/7/21

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	15/07/2021 12:36 (SGT)
Date of Accident	09/07/2021 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG EUNOS RD 8 OUTSIDE PAYA LEBAR SQUARE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1880G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE. LTD.
Company Reg No	2XXXXX722Z
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-92383697
Alternative Phone No	+65-92383697

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Jupiter z1
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	114

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	HISYAM BIN SULEMAN
NRIC No	SXXXX459Z

Date Of Birth	20/11/1990
Occupation	Outdoor
Date Of Driving Pass	14/06/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92383697
Alt. Phone Number	-
Email Address	syammysuleman@hotmail.com
Address	603 WOODLANDS DRIVE 42 #06-25 SPORE 730603
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	HIRER
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 vehicle 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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN/POLICE REPORT

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	SHC8167P
Vehicle Manufacturer	-
Vehicle Model	-
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	HISYAM BIN SULEMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ1880G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



Policyholder's Signature / Date & Time

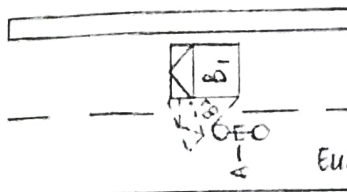
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Paya Lebar Square

A: FBQ 1880G
B: SHC 8167P



Eunos Rd 8

Describe Circumstances of the Accident

Refer to police report G/20210709/7051

I am the hirer of Roset
Limousine Services Pte Ltd
and I am riding vehicle
FBW 1880G for private use.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000



G/20210709/7051

1 of 2

Report No. G/20210709/7051

Date/Time Report Made 09/07/2021 21:02		Vide Report No.		Station Diary No.	
Name Of Informant HISYAM BIN SULEMAN		Address 603 WOODLANDS DRIVE 42 #06-25 SINGAPORE 730603			
ID Type / ID No. NRIC NO / S9044459Z		Contact No. Home/Office:		Mobile: 92383697	
Nationality SINGAPORE CITIZEN		Email Address syammysuleman@hotmail.com			
Occupation Other transport controllers and related workers nec		Sex Male	Age 30	Date of Birth 20/11/1990	Race Boyanese
Institution/School Name		Language English			
Date/Time Of Incident 09/07/2021 11:50 - 09/07/2021 12:30		Location Of Incident EUNOS ROAD 8			
Brief details.					

On the 9th of July 2021 at 1150hrs I was travelling on my motorcycle which I have rented from Tribecar bearing plate number FBQ1880G along Eunoz Road 8 at the junction opposite Paya Lebar Square Carpark Entrance when I was sideswiped from the right by a ComfortDelgro taxi bearing plate number SHC8167P. I was on the left lane heading straight on the two lane carriageway when the accident happened. Taxi was on the right lane and the driver swerved abruptly into my lane to avoid a collision with the vehicle ahead of him. When the taxi swerved into my lane, the left rear passenger side hit me

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2021 21:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP200)

CONTINUATION OF REPORT



G/20210709/7051

2 of 2

Report No. G/20210709/7051

and i fell down after losing control of the motorcycle. The taxi driver and some passerbys assisted me to the side of the road and the driver called for ambulance. My statement was taken by Traffic Police upon arrival and i exchanged particulars with the taxi driver. The taxi driver and myself agreed to settle the matter via insurance claims. I headed to Bedok Polyclinic to consult a doctor for my injuries and was given 1 week of MC as i am unable to walk. That is all.

Person Name	HISYAM BIN SULEMAN		
ID Type	NRIC NO		
Gender	Male	ID No	S9044459Z
Race	Boyanese	Age	30
Occupation	Other transport controllers and related workers nec	Language	English
Mobile No	92383697	Address	603 WOODLANDS DRIVE 42 #06-25 SINGAPORE 730603
		Is Informant A Victim?	Yes
Person Name	HISYAM BIN SULEMAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2021 21:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	