

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s S Three

of _____

Insured: _____

Policy No. _____

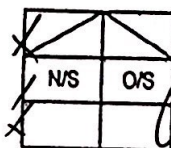
Claims No. _____

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: 826k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 20 % 3.Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBL 432A Yr Regn: 05, 16

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

Truck / Trailer or

Make: Huaki GSXR c.c. 1340Colour M. Red / Grey A/C: Insured / Std / NI / NASp. Reading 28922 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TSICK 111 64-0100291Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size: F: 1201 70 2R17R: 200155 2R17

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

TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. _____ mm

D.O.A. 28/7/21

Rear

R/Bal. 6 mm

L/Bal. _____ mm

D.O.I. 28/7/2021

Survey held at _____

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

O/S Rear & n/s body

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

Date / Time

Action / Instruction

/ LTA whole 83025-00lump sum \$4900, 5days
red:20586.50;81%

Data/Time, File Pass to?

☐: Prell. ReportDays Of Repair: 5

1)

☐: Final Report

Resurvey No. of Trip: _____

Data/Time, File Return to?

2)

Add Fee:

☐: Site Insp (\$ _____)☐: Interview (\$ _____)☐: Tech Invs (\$ _____)☐: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS: \$ _____

Fees:

Others:

TOTAL

Report Format:

Lump Sum / I.B.I: (\$ _____)



S THREE AUTOMOTIVE RECOVERY PTE LTD

Not Authorised
C/Long B
Money After Paying

TO :
ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SHB4187M

ESTIMATE REPORT 1st QUOTATION

OWNER'S PARTICULAR

NAME : ANAND PRAVIN S/O KALAISELVAN
ADDRESS :

JOB NO : _____

CONTACT :

LICENSE NO. FBL432A

TRANS. :

CHASSIS NO :

MAKE / MODEL : HAYABUSA

ENGINE NO :

OWNER'S INSURER :

S/A :

ACCIDENT DATE : 24-Jul-21

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1 FRONT HANDLE BAR LH	1.00	\$ 595.00	10.00	535.50	Y	7
2 FRONT HANDLE GRIP LH	1.00	\$ 145.00	10.00	130.50	Y	X
3 FRONT BALANCER LH	1.00	\$ 188.00	10.00	169.20	Y	✓
4 FRONT BRAKE LEVER LH	1.00	\$ 195.00	10.00	175.50	Y	X
5 FRONT CLUTCH LEVER LH	1.00	\$ 155.00	10.00	139.50	Y	✓
6 FRONT MIRROR ASSY LH	1.00	\$ 255.00	10.00	229.50	Y	✓
7 FRONT SIDE LAMP LH	1.00	\$ 125.00	10.00	112.50	Y	✓
8 FRONT SIDE LAMP STAY LH	1.00	\$ 75.00	10.00	67.50	Y	7
9 FRONT SIDE LAMP COVER LH	1.00	\$ 555.00	10.00	499.50	Y	✓
10 FRONT CENTRE FAIRING	1.00	\$ 1,850.00	10.00	1665.00	Y	✓
11 FRONT LOWER FAIRING	1.00	\$ 1,150.00	10.00	1035.00	Y	7
12 FRONT FENDER	1.00	\$ 680.00	10.00	612.00	Y	6000
13 FRONT FORK STUB SHAFT	1.00	\$ 380.00	10.00	342.00	Y	X
14 FRONT FOOTREST LH	1.00	\$ 185.00	10.00	166.50	Y	X
15 FRONT FOOTREST BRACKET LH	1.00	\$ 135.00	10.00	121.50	Y	X
16 FRONT FOOT PEDAL	1.00	\$ 235.00	10.00	211.50	Y	X
17 FRONT ENGINE COVER	1.00	\$ 352.00	10.00	316.80	Y	X
18 HEADLAMP	1.00	\$ 1,050.00	10.00	945.00	Y	X
19 HEADLAMP STAY	1.00	\$ 385.00	10.00	346.50	Y	X
20 HEADLAMP OUTER COVER	1.00	\$ 665.00	10.00	598.50	Y	X
21 HEADLAMP INNER COVER	1.00	\$ 565.00	10.00	508.50	Y	X
22 HEADLAMP OUTER GLASS	1.00	\$ 330.00	10.00	297.00	Y	X
25 FRONT FORK BALANCER SHAFT	1.00	\$ 595.00	10.00	535.50	Y	7
26 CLUTCH FOOTREST BRACKET LH	1.00	\$ 135.00	10.00	121.50	Y	X
27 CLUTCH FOOTREST PEDAL LH	1.00	\$ 185.00	10.00	166.50	Y	X
28 SEAT ASSY	1.00	\$ 720.00	10.00	648.00	Y	✓
29 SEAT SIDE COVER	1.00	\$ 1,080.00	10.00	972.00	Y	7

30	REAR FENDER	<i>Bu</i>	1.00	\$ 780.00	10.00	702.00	Y	<u>✓</u>
31	REAR WHEEL GUARD	<i>Pu</i>	1.00	\$ 680.00	10.00	612.00	Y	<u>X</u>
32	EXHAUST RH	<i>De</i>	1.00	\$ 2,850.00	10.00	2565.00	Y	<u>✓</u>
33	EXHAUST LH	<i>De</i>	1.00	\$ 2,850.00	10.00	2565.00	Y	<u>✓</u>
34	EXHAUST COVER RH	<i>Pu</i>	1.00	\$ 330.00	10.00	297.00	Y	<u>X</u>
35	EXHAUST COVER LH	<i>Pu</i>	1.00	\$ 330.00	10.00	297.00	Y	<u>X</u>
36	EXHAUST CHROME RH	<i>Pu</i>	1.00	\$ 420.00	10.00	378.00	Y	<u>X</u>
37	EXHAUST CHROME LH	<i>Pu</i>	1.00	\$ 420.00	10.00	378.00	Y	<u>✓</u>

TOTAL (PARTS) :

21625.00

19462.50

SPECIAL NETT ITEM

1	FRONT SPORT RIM	<i>Pu</i>	1.00	1560.00	0.00	1560.00	Y	<u>X</u>
2	FRONT TYRE	<i>Pu</i>	1.00	380.00	0.00	380.00	Y	<u>X</u>
3	FRONT FORK OIL	<i>nn</i>	1.00	20.00	0.00	20.00	Y	<u>X</u>
4	FRONT NO. PLATE	<i>Lu</i>	1.00	38.00	0.00	38.00	Y	<u>X</u>
5	REAR NO PLATE	<i>Lu</i>	1.00	38.00	0.00	38.00	Y	<u>X</u>
6	REAR NO PLATE STICKER	<i>nn</i>	1.00	28.00	0.00	28.00	Y	<u>X</u>
7	FRONT HANDLE BAR SCREW TOP CAP	<i>nn</i>	1.00	100.00	0.00	100.00	Y	<u>X</u>
8	FAIRING STICKERS		1.00	200.00	0.00	200.00	Y	<u>?</u>

TOTAL (PARTS) :

2364.00

2364.00

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS		1.00	1000.00	0.00	1000.00	Y	<u>380</u>
2	SPRAY PAINTING ON ACCIDENT AREAS	<i>nn</i>	1.00	1000.00	0.00	1000.00	Y	<u>X</u>
3	CONDUCT FULL WHEEL ALIGNMENT	<i>nn</i>	1.00	120.00	0.00	120.00	Y	<u>X</u>
4	CONDUCT CHASSIS ALIGNMENT		1.00	180.00	0.00	180.00	Y	<u>100</u>
5	TRANSPORT BIKE TO WORKSHOP		1.00	80.00	0.00	80.00	Y	<u>30</u>
6	CHECK & REPAIR WIRING SYSTEM		1.00	120.00	0.00	120.00	Y	<u>15</u>
7	BALANCE FRONT WHEEL	<i>nn</i>	1.00	50.00	0.00	50.00	Y	<u>X</u>
8	BALANCE REAR WHEEL	<i>nn</i>	1.00	50.00	0.00	50.00	Y	<u>X</u>
9	PRESS FRONT FORK WHEEL TO CENTRE ALIGN		1.00	380.00	0.00	380.00	Y	<u>?</u>
10	PRESS REAR CHASSIS REAR FORK TO CENTRALISE	<i>nn</i>	1.00	680.00	0.00	680.00	Y	<u>X</u>

TOTAL (LABOUR) :

3660.00

3660.00

TOTAL PARTS & LABOUR

27649.00

25486.50

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:

Blk 8 Sin Ming Industrial Estate #01-64/66 Singapore 575643 Tel: (65) 6284 1542 (65) 6284 1575 Fax: (65) 6487 5315

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	26/07/2021 16:54 (SGT)
Date of Accident	24/07/2021 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	cuppage road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL432A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANAND PRAVIN S/O KALAISELVAN
NRIC No	SXXXX648D
Email Address	ANAND_2706@HOTMAIL.COM
Mobile Phone No	(Phone) +65-88334707
Alternative Phone No	+65-88334707

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	HAYABUSA
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	Auto
CC	1340

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5080440861-05
Cover Note Number	-

DRIVER

Name of Driver	ANAND PRAVIN S/O KALAISELVAN
NRIC No	SXXXX648D

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.
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 purposes(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

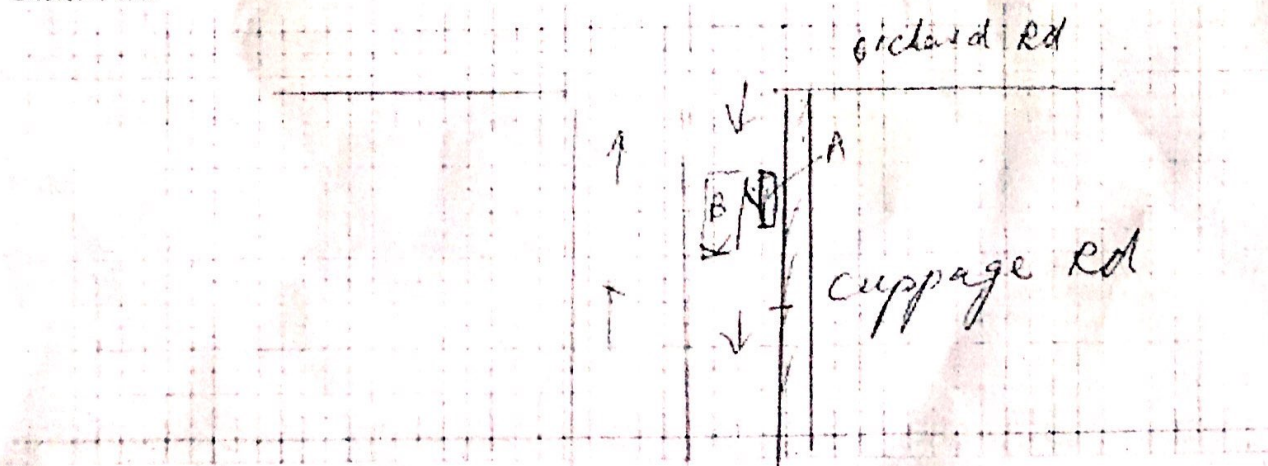
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Police Report

On 24/7/2021 at 1840 hrs, along Cuppage Rd towards Centre Point Shopping Centre, a taxi NO S178 4187m was initially very slow moving as the traffic was congested on the road. The said taxi then became stationary on the middle of the lane while I was on the move slowly on the left side of the lane with an approximate speed of 20 km/h. Suddenly the back door of the taxi was opened by the back passenger. The passenger who opened the door was an elderly lady who was accompanied by her daughter. This caused a hit on my right center side of my back/bach of me, where I lost balance and fell to my left side close to the railing with my bike. I sustained abrasions on my right hand and fell pain on my RH shoulder also. It was not an authorised pick up/drop point for passenger. I sought medical treatment from 25/7/21 and was given 3 mtl leave. The doctor from GP referred me to A & E and I proceed to A & E.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN

OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state

☐ Claim Own policy☐ Claim Third Party☐ Claim CD/TP at other workshop☐ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

CITY AUTO PTE LTD

 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7344
 (Claims Section)



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2021 13:28	Vide Report No.:	Station Diary No.: 39
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ANAND PRAVIN S/O KALAISELVAN			Address: APT BLK 355 CHOA CHU KANG CENTRAL #03-381 SINGAPORE 680355	
ID Type / ID No.: NRIC NO / S9222648D			Contact No.: Home/Office: Mobile: 88334707	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 29	Date of Birth: 27/06/1992	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: SAFETY PERSONNEL			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2021 18:40	Type of Location: Straight Road
Location: CUPPAGE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: MOVING VEHICLE - AGAINST STATIONERY TAXI			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL432A	Motorcycle	SUZUKI	GSX1300RA L6 (HAYABUSA ABS)	Silver	Slightly Damaged	0
SHB4187M	TAXI				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL432A	NTUC Income Insurance Co-Operative Limited	5080440861-05	18/05/2021	17/05/2022

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Passenger

Name	Marianne	ID No.	NIL
Related Vehicle	NIL	Contact No.	97595875
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Rider

Name	ANAND PRAVIN S/O KALAISELVAN	ID No.	S9222648D
Related Vehicle	NIL	Contact No.	88334707
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	25/07/2021	Date Discharge	25/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Driver

Name	NG HOW BON	ID No.	S0177959A
Related Vehicle	NIL	Contact No.	97843883
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Brief Details.

On 24/07/2021 at 1840hrs, along Cuppage Road towards Centre Point Shopping Centre, a taxi bearing registration number SHB4187M was very slow moving as the traffic was congested on the road. The said taxi was stationery on the middle of the lane. While I was on the move slowly approximately about 20 km/h on the left and suddenly the back passenger door opened and it hit my right center side of the bike and I lose balance and fell down. Also, it was not an authorized pick up / drop point for passengers. After the incident, I went to seek medical treatment and I was given 3 days of medical leave. I sustained abrasions on my right hand and felt pain on my right shoulder. The doctor from the GP, referred me to A&E and I will proceed after lodging this report. The one who opened the door was an elderly woman and her daughter Marianne was with her.