ASS. REC. BY: Kenneth

REF: CS/ AG/ 21008287/Ku f3

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: FBH 6621C

at Workshop m/s S Three

of ______

Insured: SKF 7926X

Policy No. 2100415226

Claims No. 6493792113SG

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

(Policy Condition)

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

N/S O/S

Bal. or Market Value: $2600

IDAC Accident Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: ______ Person Contacted: ______ Vehicle: IN / OUT

Veh No: FBH 6621C Yr Regn: 08, 13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or GLH

Make: Honda CB125 c.c 125

Colour: Blue / Silver A/C: Insured / Std / NI / NA

Sp.Reading: 45594 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: LALJA114(0)3063862

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Modi: Nil / S/Rim / STD A/Rim or ______

Tyre Size: F: 80/90R18

R: 90/90 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Promaxx

Front		Rear	
R/Bal.	4 mm	R/Bal.	3 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	4/8/21	D.O.I.	6/8/2021

Survey held at ______

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

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

Date / Time	Action / Instruction
6/8	$1800/.
11/8/2021	Confirmed final fig L/S $1800, 4 repair days.
	(RED $8245.70; 82%)

Date/Time, File Pass to? ☐ : Prell. Report

1) ______ ☐ : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: 4

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech Invs ($ ______)

☐ : Weekend ($ ______)

Survey Fee: ______

Transportation: ______ $ - RS. __ $I

Photos ______

Others ______

TOTAL ______

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 1800)

Not Authorized
11 Rg 818 (?) Max
Respray After Paint

S THREE Automotive Recovery Pte Ltd

S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :
ATTN : MOTOR CLAIM DEPT. T/P VEH. NO. : SKF7926X

ESTIMATE REPORT 1st QUOTATION JOB NO :
OWNER'S PARTICULAR
NAME : RAGAVAN S/O SIVARAJ CONTACT :
ADDRESS :

LICENSE NO. FBH6621C TRANS. : CHASSIS NO :
MAKE / MODEL : HONDA BIKE ENGINE NO :
OWNER'S INSURER NTUC INCOME
JOB-CODE : TP S/A : ACCDENT DATE : 04-Aug-21

CLAIM DETAIL

MATERIALS

		QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	EV. PRICE
1	FRONT HEADLAMP	1.00	385.00	10.00	346.50	Y	✓
2	FRONT HEADLAMP STAY	1.00	195.00	10.00	175.50	Y	—
3	LH SIGNAL LAMP	1.00	75.00	10.00	67.50	Y	✓
4	RH SIGNAL LAMP FRONT	1.00	75.00	10.00	67.50	Y	✓
5	RH SIGNAL LAMP REAR	1.00	75.00	10.00	67.50	Y	X
6	FRONT LH WING MIRROR	1.00	105.00	10.00	94.50	Y	✓
7	FRONT RH WING MIRROR	1.00	105.00	10.00	94.50	Y	✓
8	FRONT HANDLE BAR	1.00	295.00	10.00	265.50	Y	✓
9	FRONT LH HANDLE BALANCER	1.00	58.00	10.00	52.20	Y	✓
10	FRONT RH HANDLE BALANCER	1.00	58.00	10.00	52.20	Y	X
11	FUEL TANK ASSY	1.00	795.00	10.00	715.50	Y	150
12	FRONT WHEEL SHAFT	1.00	165.00	10.00	148.50	Y	✓
13	FRONT LOWER COVER 1SET	1.00	396.00	10.00	356.40	Y	X
14	FRONT FORK ASSY 1SET	1.00	780.00	10.00	702.00	Y	✓
15	FRONT FORK BEARING ASSY 1SET	1.00	75.00	10.00	67.50	Y	✓
16	FRONT FENDER	1.00	324.00	10.00	291.60	Y	60
17	FRONT ANGLE BAR	1.00	488.00	10.00	439.20	Y	✓
18	GEAR SELECTION PEDAL	1.00	105.00	10.00	94.50	Y	X
19	BRAKE SELECTION PEDAL	1.00	105.00	10.00	94.50	Y	X
20	GEAR SELECTION FOOT REST	1.00	85.00	10.00	76.50	Y	X
21	BRAKE SELECTION FOOT REST	1.00	85.00	10.00	76.50	Y	X
22	REAR LH PILLION FOOT REST	1.00	98.00	10.00	88.20	Y	X
23	REAR RH PILLION FOOT REST	1.00	98.00	10.00	88.20	Y	X
24	REAR LH PILLION FOOT REST BRACKET	1.00	98.00	10.00	88.20	Y	X
25	REAR RH PILLION FOOT REST BRACKET	1.00	98.00	10.00	88.20	Y	X
26	REAR ANGLE BAR	1.00	398.00	10.00	358.20	Y	✓
27	EXHAUST PIPE	1.00	680.00	10.00	612.00	Y	X
28	REAR EXHAUST MUFFLER ASSY	1.00	759.00	10.00	683.10	Y	X
29	ENGINE SIDE COVER	1.00	295.00	10.00	265.50	Y	X
	TOTAL (PARTS) :		7353.00		6617.70		

SPECIAL NETT ITEM

1	ENGINE SIDE COVER GASKET	1.00	NN	80.00	0.00	80.00	Y	X
2	REAR TOP BOX	1.00		180.00	0.00	180.00	Y	✓
3	REAR TOP BOX CARRIER	1.00		150.00	0.00	150.00	Y	✓
4	REAR TOP BOX BRACKET	1.00		280.00	0.00	280.00	Y	X
5	FRONT NO. PLATE 10%	1.00		18.00	0.00	18.00	Y	12Sn
	TOTAL (PARTS) :			708.00		708.00		

LABOUR

1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00		700.00	0.00	700.00	Y	18%
2	SPRAY PAINTING ON ACCIDENT AREAS	1.00	NN	700.00	0.00	700.00	Y	X
3	CONDUCT FULL WHEEL ALIGNMENT	1.00	NN	120.00	0.00	120.00	Y	X
4	CONDUCT CHASSIC ALIGNMENT	1.00		180.00	0.00	380.00	Y	120%
5	TRANSPORT BIKE TO WORKSHOP	1.00		80.00	0.00	120.00	Y	30%
6	CHECK & REPAIR WIRING SYSTEM	1.00		120.00	0.00	120.00	Y	15%
7	R&R SIDE CABIN TO ASSIST REPAIR AND CHASSIS ALIGNMENT	1.00	NN	480.00	0.00	480.00	Y	X
8	BALANCE FRONT WHEEL	1.00	NN	50.00	0.00	50.00	Y	X
9	BALANCE REAR WHEEL	1.00	NN	50.00	0.00	50.00	Y	X
	TOTAL (LABOUR) :			2480.00		2720.00		
	TOTAL PARTS & LABOUR			10541.00		10045.70		

EXCESS : : S$_____

NO. OF DAY : 04 days

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S$_____

DATE OF SURVEY : 06/08/21

SURVEY BY : _____

CONTACT NO : _____ FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

Blk 8 Sin Ming Industrial Estate #01-64/66 Singapore 575643 Tel: (65) 62841542 (65) 62841575 Fax:(65) 64875315

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:

SN0721840008 NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME 04/08/2021 13:53 (SGT)
SUBMITTED BY Muhammad Haziq Shah Bin Abdul Aziz Shah
VERSION 1 (04/08/2021 13:53 (SGT))

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	04/08/2021 13:53 (SGT)
Date of Accident	04/08/2021 07:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CROSS JUNCTION OF INTERNATIONAL ROAD AND QUALITY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6621C

INSURED POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAGAVAN S/O SIVARAJ
NRIC No	S8234866B
Email Address	Ragas516@yahoo.com.sg
Mobile Phone No	(Phone) +65-87293422
Alternative Phone No	+65-87293422

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Gth125
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	125

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5105167936-02
Cover Note Number	-

DRIVER

Name of Driver	RAGAVAN S/O SIVARAJ

NRIC No	S8234866B
Date Of Birth	17/10/1982
Occupation	Indoor
Date Of Driving Pass	19/04/2013
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87293422
Alt. Phone Number	+65-87293422
Email Address	Ragas516@yahoo.com.sg
Address	BLK 186 BOON LAY AVENUE #18-126
Address complement	-
Postcode	640186
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	Collision - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

A – FBH662IC
B – SKF7926X