

ASS. REC. BY: TGM

REF:

CS3/AIG 21009326/Btf3

Denise

ASSIGNMENT

15/04/2013

From: _____ Date: 6/9/2021

Estimated Cost: _____

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

To Inspect Vehicle No: FBH 2342J

at Workshop m/s AT Assure Motoring
of 5032 AMK InsPk2 #01-307

Insured: _____

Policy No. _____

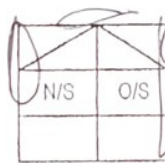
Claims No. _____

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: 5k

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS W?

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBH 2342J Yr Regn: 1

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

Truck / Trailer or _____

Make: Piaggio 25 XEVO c.c. 125

Colour: Black NC: Insured / Std / NI / NA

Sp. Reading: 82229 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 120/70/14

R: 130/70/13

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

TOYO / YOKO or _____

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. / mm L/Bal. / mm

D.O.A. 18/8/2021 D.O.I. 6/9/2021

Survey held at AT Assure Motoring

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

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

Date / Time	Action / Instruction
	Survey photos taken on Monday 6/9/2021 3:02:0 PM
	Resurvey photos taken on Wednesday 8/9/2021 3:31:50 PM
	After paint photos taken on Friday 22/10/2021 3:07:16 PM
	change owner no LTA
	submit DAR Report
	TGM Lin 18/11/2021

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.C.I. ()

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:

☐ Site Insp (\$ 1) S + RS \$1☐ Interview (\$) Photos☐ Tech. Invs (\$) Others☐ Weekend (\$)

TOTAL

Survey Fee:	
Transportation:	
Photos	
Others	
TOTAL	

Condition (CONS)

(01)Item (2)Denied (3)Distorted (4)Cracked (5)Cut (6)Scratched
(07)Reformed (08)Shifted (09)Buckled (10)Broken (11)Necessary
(12)Missing (13)Torn (14)Unconfirmed (15)Not Working

FOR MOTORCYCLE

ACTION (AC)

1. Replace (✓) 2. Repair (X) 3. Check (?)
4. Not Consistent (NC)

May 2005

Motorcycle

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate			
3001	995065	Front Tyre			
3002	995095	Front Rim			
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard	BR	✓	
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy	BT	✓	2
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal	NE	✓	2
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp	BR	✓	
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing	BR	✓	
3017	992130	Front Windshield	CUT	✓	
3018	992134	Front Wing Mirror & DL	MIS	✓	2
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp	BR	✓	
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar			
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip			
3031	995184	Handle Bar Balancer LH	CUT	✓	
3032	992300	Handle Bar Balancer RH	CUT	✓	
1252	992179	Fuel Tank			
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever	CUT	✓	
3035	992293	Hand Brake Lever	BT	✓	
3036	991119	Side Fairing	CUT	✓	
3037	994220	Side Fairing Top Garnish	CUT	✓	
3038	994219	Side Fairing Inner Garnish			
3039	991118	Fairing Shield			
3040	992047	Front Top Fairing Inner Garnish			
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing	CUT	✓	
3043	993378	Rear Fairing	CUT	✓	
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower	CUT	✓	

Vehicle No: FBH 2342J

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator			
1053	992738	Radiator Cowling			
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake			
3050	991154	Front Foot Rest			
3051	991779	Front Foot Rest Bracket			
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter			
3058	993500	Rear Foot Rest			
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield	CUT	✓	
3061	991058	Exhaust Muffler Assy			
1103	993719	Rear LH Shock Absorber			
1145	993720	Rear RH Shock Absorber			
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm			
1420	993819	Rear Sub frame			
3073	995245	Rear LH Signal Lamp			
3074	995246	Rear RH Signal Lamp			
3075	995251	Rear Taillamp			
1137	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box	CUT	✓	
3078	992928	Rear Box Bracket			
3079	991328	Emblem	NC	✓	
1136	990247	Sticker			

No of Items: 20

Assessor: TGUin Min

18/11/2021

ORIGINAL COPY

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	04/09/2021 11:48 (SGT)
Date of Accident	18/08/2021 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TWDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2342J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHAHIRMAN BIN ABDUL RAHMAN GEORGE
NRIC No	S7132176B
Email Address	KENHENG2299@GMAIL.COM
Mobile Phone No	(Phone) +65-85967904
Alternative Phone No	(Home) +65-85967904

VEHICLE PARTICULARS

Manufacturer	Piaggio
Model	XEVO 125
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	Auto
CC	125

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5086136106-04
Cover Note Number	-

DRIVER

Name of Driver	KARSAN BIN SELAMAT
NRIC No	S0308104D

Date Of Birth	27/02/1954
Occupation	Indoor
Date Of Driving Pass	12/08/1976
Driving experience	45 YEARS
Gender	Male
Mobile Number	(Phone) +65-85967904
Alt. Phone Number	-
Email Address	KENHENG2299@GMAIL.COM
Address	19 TELOK BLANGAH CRESCENT #04-92
Address complement	-
Postcode	090019
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 - Change/cross lane
Weather Conditions	DRIZZLING
Road Surface	Wet

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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SKL3889P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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	KARSAN BIN SELAMAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH2342J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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 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/air postages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(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



A = FBH 23425

B = SKL 3889P

Describe Circumstances of the Accident

Date: 18/8/2021 Time: 8:45am

I was travelling along A76 towards Tins, while I ride pass Pen Jaru Err,

I was at Lane 2, Suddenly vehicle B cut into my lane from the

right side, the impact cause me to fall off my motorbike.


Please refer to Police report no. T/20210819/7031

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