

ASS. REC. BY: TGLim

REF:

CS3/MSG21010245/Bvf3

Version

ASSIGNMENT

From: _____ Date: 5/10/2021

Estimated Cost: _____

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

To Inspect Vehicle No: FBE 69894

at Workshop m/s Accident Assist Sg

of 24 Sin Ming Lane, #01-94 Midview City

Insured: _____

Policy No. _____

Claims No. _____

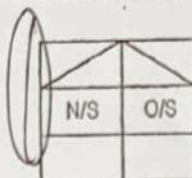
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 7,000/-

IDAC Accident Report: _____ 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 UP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBE 69894 Yr Regn: 10/8/2010

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

Truck / Trailer or _____

Make: Yamaha Fz 150i C.C. 150

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 83608 T/Radio: Insured / Std / NI / NA

Eng/No: G372EE009520

C/No: PMYKG0250A0009520

Gen. Cond: Good / Fair / Poor / Burnt

Steering: ~~Inter~~ Jammed / Leaked / Burnt orBrake: ~~Inter~~ Jammed / Leaked / Burnt orModi: Nil / ~~S/Rim~~ / STD A/Rim or

Tyre Size: F: 90/80/17

R: 90/80/17

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

TOYO / YOKO or MAXXIS

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 18/9/2021 D.O.I. 5/10/2021

Survey held at Accident Assist Sg

Des. of Damages: Frt / Rear / O/S / ~~M/S~~ UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Range: 2,000/- - 3,000/-
	Survey photos taken on Tues 5/10/2021 @ 1:55:10 PM
	Resurvey photos taken on Thurs 7/10/2021 @ 5:30:10 PM
	After paint photos taken on Thurs 21/10/2021 @ 3:15:27 PM
	MV 7,000/-
	PV 3,779/-
	NV 3,221/-
	TGLim Lim
	4/2/2022

Date/Time, File Pass to? ☐ : Prel. Report1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / L.B.I. / _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ 1)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1411
Vehicle Details	
Vehicle No.:	FBE6989H
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Nov 2021
Vehicle Make:	YAMAHA
Vehicle Model:	FZ150I
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	G372EE009520
Chassis No.:	PMYKG0250A0009520
Maximum Power Output:	-
Open Market Value:	\$2,501.00
Original Registration Date:	10 Aug 2010
First Registration Date:	10 Aug 2010
Transfer Count:	2
Actual ARF Paid:	\$376.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2030
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$4,352.00
COE Rebate Amount:	\$3,779.00
Total Rebate Amount:	\$3,779.00

The information contained herein is correct as at 24 Nov 2021

OK

MV 7000/2
PV 3,779/2
NV 3,221/2

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:

Thina Min
4/2/2022

Brand	Yamaha
Model	Yamaha FZ150I
Engine Capacity	150cc
Classification	Class 2B
Registration Date	21/05/2010
COE Expiry Date	20/05/2030 (8 years 3 months left)
Mileage	-
No. of owners	-
Type of Vehicle	Street Bikes

SGD **\$7200**

Yamaha FZ150I For Sale.
Interested Parties Are Welcome To Neg.
Trade/Loan Available.
Do Visit Us At Ming East @ Sims Place
Read more 

Similar Bikes

[View More](#)



05/01/2022

Used Bike

★ Direct Seller

Yamaha FZ150I

Yamaha FZ150I For Sale. Unde...

\$2900

 4



03/12/2021

Used Bike

★ S.1 Motoring

Yamaha MT-15 Xabre

Pre Loved 2018 Yamaha MT-15 X...

\$9888

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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	04/10/2021 10:13 (SGT)
Date of Accident	18/09/2021 10:10 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6989H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAMZA BIN MOHAMMAD ISKANDAR
NRIC No	SXXXX141I
Email Address	utauto@singnet.com.sg
Mobile Phone No	(Phone) +65-97336731
Alternative Phone No	(Home) +65-97336731

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz150i
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5052742734-09
Cover Note Number	-

DRIVER

Name of Driver	HAMZA BIN MOHAMMAD ISKANDAR
NRIC No	SXXXX141I

Date Of Birth	08/12/1980
Occupation	Indoor
Date Of Driving Pass	23/07/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97336731
Alt. Phone Number	(Home) +65-97336731
Email Address	utauto@singnet.com.sg
Address	APT BLK 293 CHOA CHU KANG AVE 3 #03-236
Address complement	-
Postcode	680293
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 - Head to Rear
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 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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
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	SLM7640X
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 HAMZA BIN MOHAMMAD ISKANDAR
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? FBE6989H
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

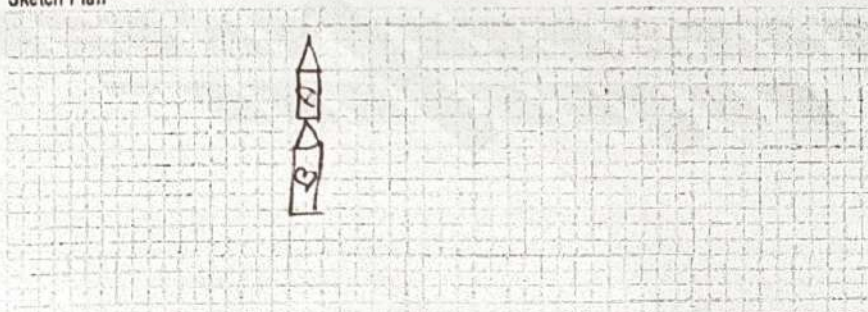
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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/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



A = FBE 6989H

B = SLM 7640X

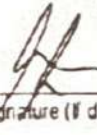
Describe Circumstances of the Accident


as per police report.

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