

ASSIGNMENT

From: PRS

Date:

Estimated Cost:

OP (TP/WS/TPR/RES/OD/RES/EVA/INV/MV)

To Inspect Vehicle No: FBK 835B

at Workshop m/s

Insured: YQ 1024P

Policy No. 7210054887

Claims No. 3440279686SG

Sum Insured:

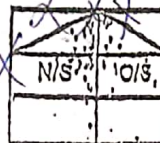
Excess:

(Client's Record)

Make of Velt

(Policy Condition)

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



Del. or Market Value:

IOAO Accident Report Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs: 3 days Rep.: Yes or No

Sum Sum: % 3 Val.: Yes or No

GA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

FBK 835B

Yr Regn:

2/2/18

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

Truck / Trailer or

Make:

Yamaha MTM 850A

CB 847

Colour:

Black

A/C: Insured / Std / NI / N

Sp. Reading:

25418

T/Radio: Insured / Std / NI / N

Eng/No:

TYARN 43000008872

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / S/Rim / STD AIR / or

Tyre Size:

129/702 R17

180/55ZR17

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal:

5

mm

R/Bal:

5

mm

U/Bal:

mm

U/Bal:

mm

D.O.A.

4/10/21

O.O.I.

7/10/21

Survey held at

Dynasty Motor

Des. of Damages: Frt / Rear / O/S / NIS / VIC / Roof/Top or

The U/O / Chassis frame / Body structure affected due to collision

Date / Time Action / Instruction

MV-18K

27/10/2021 Submit PRS.

Time/Time, File, Report, : ☐ : Prel. Report

27/10 TYPIST ☐ : Final Report

Time/Time, File, Return

Days Of Repair: 3

Resurvey No. of Trips

Survey Fee:

Transportation

Add Fee:

Site Insp (\$

Interview (\$

Tech. Insp (\$

VVest and (\$

S + RS

Franchise

Others

TOTAL

Special Form: MER-DAR

any other / L.P. /

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	05/10/2021 18:02 (SGT)
Date of Accident	04/10/2021 18:00 (SGT)
Exact Location of Accident	323 Geylang Rd, Singapore 389359
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK835B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM XUAN YU KELVIN
NRIC No	S9546658C
Email Address	kelvinfishyyy@gmail.com
Mobile Phone No	(Phone) +65-81236624
Alternative Phone No	(Home) +65-66837945

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	MTN850
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	847

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMMPHQ21-000553
Cover Note Number	-

DRIVER

Name of Driver	LIM XUAN YU KELVIN
NRIC No	S9546658C

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

20/12/1995
Indoor
05/05/2020
1 YEAR AND 5 MONTHS
Male
(Phone) +65-81236624
(Home) +65-66837945
kelvinfishyyy@gmail.com
BLK 515 BEDOK NORTH AVE 2 #03-211
-
460515
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Hit and run / Vandalism / Damaged whilst parked
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
2
No
-
Yes
0
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Work Permit No
Contact Number
Address

YQ1024P
-
-
-
-
Commercial vehicle
LIU ZHAO
078505664
(Phone) +65-89428904
-

Insurance complement
Insurance code
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-
-

WITNESS DETAILS

WITNESS 1

Name
Phone
Email

SHEN JIN MEI
(Phone) +65-94562321
-

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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

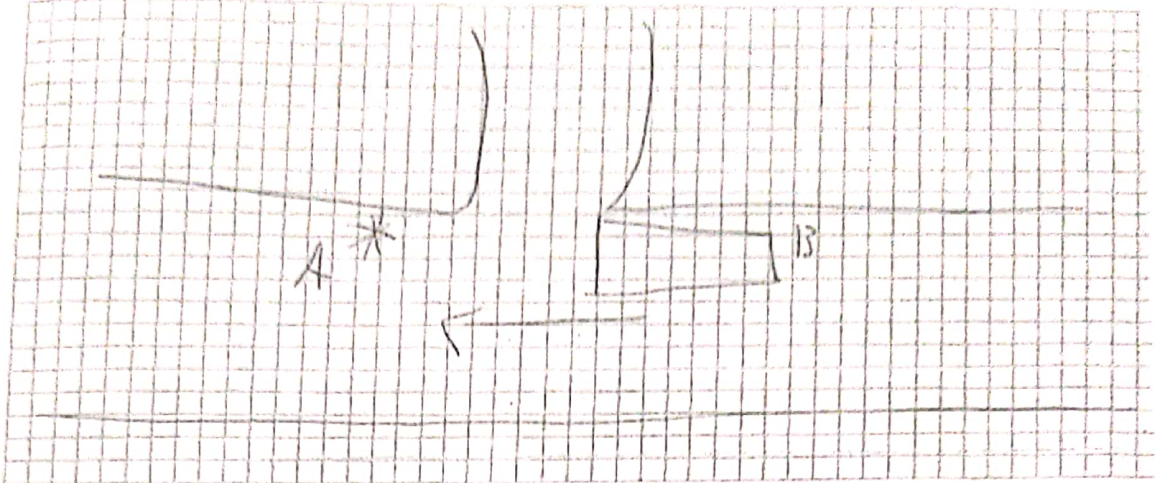
[Signature]
Policyholder's Signature
Date & Time

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

CONFORT/DELTA ENGINEERS PTE LTD
EXTERNAL BUSINESS DEV. (M) BRANCH
ROOM 1000/1001
222, NINTH
JALAN
Reporting Centre Personnel's Signature
Name
Date/Time

[Signature]
Date/Time

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Motor cycle (A) FBK 835B

□ Lorry (B) KA 1024P

- Lorry reversed and took into motor cycle on a one way road.
- Motor cycle was parked stationary.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

John

Driver's signature

CONTINUED ON SEPARATE PAGE

IN FINAL REPORT OF THE BOARD

FOR THE BOARD

FOR THE BOARD

FOR THE BOARD

15/10/11