

ASSIGNMENT

TOTAL

Weekend (\$)



張 噴 漆 TEO SPRAY PAINTING

(INCORPORATED IN THE REPUBLIC OF SINGAPORE)
Reg. Address: BLOCK 6, DEFU LANE 10, DEFU INDUSTRIAL PARK C, #01-558
SINGAPORE 539187 TEL: 6283 5474 (2 LINES) FAX: 6287 2012
REG. NO. 275084 / 00X

China Taiping Insurance (S,pore) Pte Ltd.
105 Cecil Street
#18-00 / #19-00 / #16-01/02
The Octagon
Singapore 069534
Tel: 6389 6111
Fax: 6222 1033

NOT Authorised
debt, missing
2/c \$1300
3 days
15/10/21
Teo Khe Ahn

Dear Sir/Madam

RE: THIRD PARTY CLAIMS FOR FBL5782G AGAINST YOUR
INSURED YP2581X , ACCIDENT ON 16.09.2021 AT KGJAVA ROAD

90096008

PG 1

| DESCRIPTION | AMOUNT |
|-----------------------------------|-----------------|
| 1 EXHAUST PROTECTOR <i>Torn</i> | \$ 65.00 ✓ |
| 2 EXHAUST COVER <i>Cut</i> | \$ 55.00 ✓ |
| 3 BRAKE PANEL <i>Bent</i> | \$ 45.00 ✓ |
| 4 FRONT SIGNAL RH <i>2 Ro</i> | \$ 45.00 ✓ |
| 5 REFLECTER <i>bro</i> | \$ 18.00 ✓ |
| 6 SIDE MIRROR RH <i>ground</i> | \$ 58.00 ✓ |
| 7 BRAKE LEVER <i>scr</i> | \$ 25.00 ✓ |
| 8 REAR FENDER BRACKET <i>Bent</i> | \$ 75.00 ✓ |
| 9 TAIL LIGHT <i>bro</i> | \$ 180.00 ✓ |
| 10 LOWER FENDER <i>one</i> | \$ 35.00 ✓ |
| 11 REAR MUDGUARD <i>Dis</i> | \$ 45.00 ✓ |
| 12 REAR LOWER FENDER <i>Dis</i> | \$ 65.00 ✓ |
| 13 LICENCE PLATE LIGHT <i>one</i> | \$ 48.00 ✓ |
| 14 REAR SIGNAL LH <i>one 7m</i> | \$ 45.00 ✓ |
| 15 REAR SIGNAL RH <i>7m</i> | \$ 45.00 ✓ |
| 16 PILLION SEAT <i>wagon</i> | \$ 85.00 ✓ |
| 17 TAIL COVER LH <i>one</i> | \$ 85.00 ✓ |
| 18 TAIL COVER RH <i>one</i> | \$ 85.00 ✓ |
| 19 TAIL COVER CENTER <i>one</i> | \$ 38.00 ✓ |
| 20 SEAT LOCK COVER <i>Dyed</i> | \$ 48.00 ✓ |
| 21 REAR LICENCE PLATE <i>Bent</i> | \$ 20.00 12 s/w |
| 22 CLUTCH LEVER <i>scr n/c</i> | \$ 25.00 X |
| 23 SIDE FAIRING RH <i>one</i> | \$ 120.00 ✓ |
| 24 SIDE FAIRING LH <i>one</i> | \$ 120.00 X |
| | \$ 1,475.00 |
| Less 10% | \$ 147.50 |
| Sub Total | \$ 1,327.50 |

1310
10%
1179
1731
1354



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PG 2

Nett Item

1 TRANSPORT

2 LABOUR CHARGES

3 LTA SEARCH

Rear 4 BOX

Rear 5 BOX RACK

| | | |
|----|--------|--------|
| \$ | 60.00 | ✓ |
| \$ | 250.00 | 240 |
| \$ | NA | 7.45 X |
| \$ | 120.00 | ✓ |
| \$ | 120.00 | ✓ |
| \$ | 557.45 | |

Sub Total

Total

\$ 1,884.95

THANKS

TSP

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:



Bike model

Yamaha YZF-R15

Search

Type Of Vehicle

Any

Price From

Any

Price To

Any

Class

Any

More Search Options ▾

Sort By

Recommended



Yamaha YZF-R15

Reg Date : 11/08/2016

Vehicle Type : Sport Bikes

Capacity : 150cc

Mileage : 11807km

SGD \$6000

Posted on : 08/10/2021

★ Paid Ad

★ Dealer Ad

Details >



Yamaha YZF-R

Reg Date : 22/04/2016

Capacity : 150cc

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|-------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Foreign Identification Number |
| Owner ID: | 457X |
| Vehicle Details | |
| Vehicle No.: | FBL5782G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 15 Oct 2021 |
| Vehicle Make: | YAMAHA |
| Vehicle Model: | YZF-R15 |
| Primary Colour: | Blue |
| Manufacturing Year: | 2016 |
| Engine No.: | 2PB2002787 |
| Chassis No.: | ME1KG0694H2002006 |
| Maximum Power Output: | - |
| Open Market Value: | \$3,273.00 |
| Original Registration Date: | 23 Dec 2016 |
| First Registration Date: | 23 Dec 2016 |
| Transfer Count: | 2 |
| Actual ARF Paid: | \$491.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 22 Dec 2026 |
| COE Category: | D - Motorcycle |
| COE Period(Years): | 10 |
| QP Paid: | \$6,113.00 |
| COE Rebate Amount: | \$3,237.00 |
| Total Rebate Amount: | \$3,237.00 |

The information contained herein is correct as at 15 Oct 2021

OK

CASH SALES / WORK ORDER

SWIFT MOTORBIKES & SCOOTERS RECOVERY

Co. Reg No. : 53354658C

NO. 03652

Date: 07/02/

宝号

Messrs :

车号

Vehicle No :

由

From :

备注

Remarks :

Cash \$:

注意: 本公司对所拖之车辆, 在进行中如有任何损失或破坏, 一概由车主自行负责。
NOTE : Vehicle is transported at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being transported.

Received by

Issued By



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 | 07/10/2021 17:21 (SGT) |
| Date of Accident | 16/09/2021 20:15 (SGT) |
| Exact Location of Accident | Kg Java Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | FBL5782G |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | RAMASAMY SAMPATH GAJENDRAAN |
| Work Permit No | G3011457X |
| Email Address | GAJENDRAAN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-97092107 |
| Alternative Phone No | +65-97092107 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Yamaha |
| Model | YZF-R15 |
| 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 | 150 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | MSD/VMS/21-423425-CA |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------------------|
| Name of Driver | SATTI KUMAR VEERA VENKATA REDDY |
| Work Permit No | G3432534R |



| | |
|--------------------------------------------------------------|--------------------------------|
| Date Of Birth | 04/08/1995 |
| Occupation | Indoor |
| Date Of Driving Pass | 27/03/2020 |
| Driving experience | 1 YEAR AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90276344 |
| Alt. Phone Number | - |
| Email Address | SKUMAR.VITB@GMAIL.COM |
| Address | B/87 COMMONWEALTH CLOSE #02-31 |
| Address complement | - |
| Postcode | 140087 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------|
| Name | NARESH |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------|---------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Tanglin Division Headquarters |
| Police Station Phone No | (Phone) +65-18003910000 |
| Alt. Police Station Phone No | (Fax) +65-63964900 |
| Police Station Address | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT E/20210922/7045

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 | YP2581X |
| Vehicle Manufacturer | - |



| | |
|-----------------------------------------|--------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 | SATTI KUMAR VEERA VENKATA REDDY |
| Gender | Male |
| Phone No | (Phone) +65-90276344 |
| Address | B/87 COMMONWEALTH CLOSE #02-31 |
| Address Complement | - |
| Post Code | 140087 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBL5782G |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

IMPORTANT NOTICE

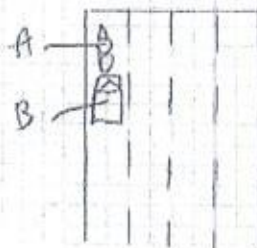
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to 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/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 - FBZ 9782G

B - YP 2581X

Describe Circumstances of the Accident

refer to police report E/20210922/7045

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

S.K.V. Venkata
Reddy

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

07/10/21 4:50 PM

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



E/20210922/7045

1 of 2

POLICE REPORT (NP299)

Report No. E/20210922/7045

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

| | | | | |
|------------------------------------------------------------------------------|-------------------------------------------|---------------------|-----------------------------|----------------|
| Date/Time Report Made 22/09/2021 22:06 | Vide Report No. | Station Diary No. | | |
| Name Of Informant KUMAR VEERA VENKATA REDDY SATTI | Address | | | |
| ID Type / ID No. FIN NO / G3432534R | Contact No. Home/Office: | Mobile: 90276344 | | |
| Nationality INDIAN | Email Address skumar.vitb@gmail.com | | | |
| Occupation Information technology testing/quality assurance specialist | Sex Male | Age 26 | Date of Birth 04/08/1995 | Race Indian |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 16/09/2021 20:15 - 16/09/2021 20:30 | Location Of Incident KAMPONG JAVA ROAD | | | |

Brief details.

That day while I was riding my motorcycle, I saw Traffic Signal (yellow light) and stopped my vehicle actually. But, behind me there was a lorry coming with speed didn't realize the signal and braked only when close to my bike and hit from my behind hardly which resulted my right thigh got surgery and other wounds. Please kindly consider this issue. Thanks

FYI:

My motorcycle no. FBL5782G

| | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 22/09/2021 22:06 |
| Officer In-Charge Of Case: | Classification Of Case: |



**SINGAPORE
POLICE FORCE**



E/20210922/7045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210922/7045

Lorry number(who hit me from my behind): YP2581X

Incident number: A/20210916/0129

Thanks & Regards,

KUMAR

90276344

| | | | |
|---------------------------|-------------------------------------------------------------------|-----------|-----------|
| Subjects Involved | | | |
| Victim | | | |
| Person Name | KUMAR VEERA VENKATA REDDY SATTI | | |
| ID Type | FIN NO | ID No | G3432534R |
| Gender | Male | Age | 26 |
| Race | Indian | Language | English |
| Occupation | Information technology testing/quality assurance specialist | Mobile No | 90276344 |
| Is Informant A Victim? | Yes | | |
| | | | |
| Person Name | KUMAR VEERA VENKATA REDDY SATTI (Informant) | | |
| | | | |

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
22/09/2021 22:06

Classification Of Case: