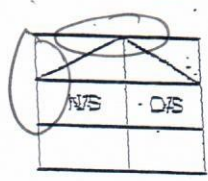


REF: CS/EG121011647/D973

ASSIGNMENT

FD/DATE: _____ Date: _____
Estimate Cost: _____
DD / ~~LE~~ / ~~RES~~ / ~~DD RES~~ / ~~EVA~~ / ~~NV~~ / ~~NV~~
To Inspect Vehicle No: _____
at Vehicle No: _____
at: _____
Insured: _____
Policy No: _____
Chassis No: CMCK21002188
Sum Insured: _____ Excess: _____
(Check record)
Make/Model: _____



(Police Condition)
Remarks: The veh had commenced its repair at the time of inspection.
Bal. of Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seal: _____ Consistent? : Yes or No
Est. Repair: 3 days Res.: Yes or No
Lima Sum: 208 % 3 Val: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PBR 5171M Yr Regd: July 2020
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Yamaha Aerox CC: 155
Colour: Black A/C: Insured / Self / NA
Sp. Reading: N/A T/Radio: Insured / Self / NA
Eng/No: G3M1E050252
C/Nr: MLES6584111050275
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Insured / Jammed / Leaked / Burnt or _____
Brake: Insured / Jammed / Leaked / Burnt or _____
Mod: RE / Self / STD Affirm or _____
Tyre Size: R 110/80 R14
R 140/70 R14
BS / DUN / EXNOVA / GY / PS / LIZA / MIC / ORTSU / PR / SURE /
TOYO / YDKD or Pirelli
Front: _____ Rear: _____
R/Bal: 2 mm R/Bal: 2 mm
L/Bal: 2 mm L/Bal: 2 mm
D.O.A: 13/11/21 D.O.I: 16/11/21
Survey held at: SG 98 AMK
Des. of Damages: FR / REAR / O/S / H/S / W/C / Roofing or
Rust / H/S / Body
The W/C / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction
	ERGO GBK 6882A
14/04/2022	From 2/5 1400 with 3 days 2m (CRD \$1413.50, 50%)
21/4/22 @ 3.12pm	revised to ERGO via Melimen.

Date/Time, File Pass to? ☐ : Prel. Report
21/4/2022 ☐ : Final Report
Date/Time, File Return to? _____
Days Of Repair: 3
Resurvey No. of Trip: 2
Survey Fee: _____
Total Cost: _____

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 19 November 2021

To : LKK

Attn : Bryan (HP 97237799)

VEHICLE NO : FBR 5171M

ACCIDENT DATE: 13 November 2021

Aerox 155 Gen 1

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
- Supplier must be resurveyed and is subject to final approval from Insurance Company

By Fax: 6256-4315

Acknowledged by Repairer

Signature:

Date:

	Description	Qty	Quotation \$
1	Handle Bar <i>distorted</i>	1	185.00 ✓
2	Front V Panel <i>monny work</i>	1	190.00 ✓
3	Front LH Head Side Panel <i>monny broken</i>	1	250.00 ✓
4	Side Stand <i>Cut</i>	1	175.00 ✓
5	Main Stand <i>key</i>	1	150.00 X
6	Hand Guard <i>H/S Dam 9/3 H/L</i>	1 set	250.00 ✓ 125.00
7	Front Mudguard <i>Cut / broken</i>	1	195.00 ✓
8	Head Lamp <i>monny broken</i>	1	450.00 ✓
9	Side Lamp LH <i>key</i>	1	150.00 X
10	Fork Tube <i>distorted 3/2</i>	1 set	560.00 <i>monny</i> X
11	LH Lower Panel <i>cut</i>	1	160.00 ✓
	Sub-Total		1730.00 2,715.00
	Less 10%		1557.00 271.50
	Sub-Total		2,443.50

Nett items

1	Labour to remove & replace above parts, align & etc	250.00 120/-
2	Remove & replace fork tube	200.00 80/-
	Sub-Total	370.00
	Nett Total	2,813.50

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion. Thank you

SG 98 MOTOR PTE LTD

16/11/2021 @ 17:20 hrs

HA Arthur

2/5 Mon 3 days.

Signature
LKK Auto

1757.00

4/5 1400/-

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	13/11/2021 17:58 (SGT)
Date of Accident	13/11/2021 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INSIDE CARPARK NEAR BLK 234 BISHAN STREET 22
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR5171M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KK MOTOR PTE. LTD
Company Reg No	201835910M
Email Address	JWKUAH@YAHOO.COM
Mobile Phone No	(Phone) +65-90699526
Alternative Phone No	+65-90699526

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Gdr155a
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5111003452-02
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ZAFIR BIN RAMLAN
NRIC No	S9740544A

Date Of Birth	21/11/1997
Occupation	Outdoor
Date Of Driving Pass	03/04/2017
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85918220
Alt. Phone Number	-
Email Address	JWKUAH@YAHOO.COM
Address	BLK 266 BISHAN STREET 24 #04-142
Address complement	-
Postcode	570266
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FZ1097G
Insurance Company of Other Vehicle Owned by Driver	MSIG Insurance (Singapore) Pte. Ltd.

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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	Yes

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THE CARPARK NEAR BLK 234 BISHAN STREET 22 WHEN SUDDENLY A VAN COME OUT FROM PARKING LOT AND SUDDENLY STOPPED. I PROCEEDED TO STOPPED MY VEHICLE WHEN SUDDENLY THE VAN REVERSE AND COLLIDED ONTO MY MOTORCYCLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADVISE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK6882A
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	TOO CHEE CHAY @TEE CHEE CHAY

NRIC No	S1489131E
Contact Number	(Phone) +65-91173471
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

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.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name: GABDAFI
NRIC/FIN No.: J493841

SKETCH PLAN

BLK 374
BUSH ST
32 JERVILE
RD

REVERSE

A - F8R571m
B - 48k6882A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GRAB

DECLARATION

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



Policyholder's Signature _____

Driver's Signature

Reporting Centre Personnel's Signature