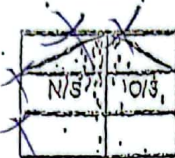


ASS. RPT. BY: Steve CS/KT/12/012305/K3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
On/Off: WSP/REP/ODR/REP/EVA/INV/MV
To: Inspect Vehicle Not
at Workshop and
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Citizen's Record)
Make of Vehicle: _____
(Policy Condition)
Remarks: The vehicle concerned has
repairs at the time of inspection.
Dist. or Market Value: _____
ICAC Accident Report: _____ Consistent? Yes or No
DIA / PR Status: _____ Consistent? Yes or No
Est. Repairs: _____ days Rep.: Yes or No
Cum Sum: _____ % 3 Vol.: Yes or No
QA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT



Veh No: FBP42786 Yr Regn: 30/3/19
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Private Mover /
Truck / Trailer or
Make: KTM Duke 125 CB: 125
Colour: Orange A/C: Insured / Std / NI / N
Sp. Reading: 63793 T/Ratio: Insured / Std / NI / N
Eng/No: _____
ON/No: VBKTPA4022F/C008495
Gen. Cond: Good / Fair / Poor / Bump
Steering: Good / Jammed / Locked / Burnt or
Brake: Interd / Jammed / Locked / Burnt or
Mod: M / B / R / M / G / O / A / R / M / or
Tyre Size: P1 170/60ZR17
R1 160/60ZR17
BY / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSV / PIR / SUMI /
TOYO YOKO or _____
Front: _____ Rear: _____
R/Wal: 4 mm R/Wal: 4 mm
U/Wal: _____ mm U/Wal: _____ mm
D.O.A. 30/11/21 HKL Lim O.D.I. 11/11/21
Survey held at _____
Des. of Damages: Fr / Rear / O/S / H/S / VIC / Roof/Top or
The V/O / CHASSIS frame / Body structure affected due to collision

Date / Time: Action / Instruction
MR-8K

Final Report: ☐ Prelim. Report: ☐
Resurvey No. of Trips: _____
Add Fee: ☐ Site Insp (\$) _____
☐ Interview (\$) _____
☐ Trav. Invo (\$) _____
☐ Vehicle Ins (\$) _____
Survey Fee: _____
Transportation: _____
S & RS: _____
Fees: _____
Other: _____
TOTAL: _____



HKL LIM
TEAM MOTORSPORT

Bik 1008 #01-24, Bukit Merah Lane 3, Singapore 159722 Tel: 6275 6656, 6275 6566, 62727292 Fax: 6272 9291
Email: support@hklmteammotorsport.com.sg Website: www.hklmteammotorsport.com.sg

FBP4278G

1	FRONT FORK ASSY LH/RH	/ BT (To repair)	\$1,600	280
2	FRONT FORK UNDER BRACKET	X	\$480	
3	STEERING CONE BEARING	/ NK	\$120	
4	FRONT FENDER	/ CNT	\$180	
5	FRONT WHEEL RIM	X	\$750	
6	FRONT WHEEL SHALF	X	\$60	
7	HANDLE BAR	/ BT	\$280	
8	HANDLE BAR GRIP	X	\$25	
9	HANDLE BAR BALANCER	/ CNT	\$60	
10	HANDLE BAR GUARD SET	/ CNT	\$420	
11	SIDE MIRROR LH	/ CNT	\$70	
12	GEAR PEDAL	/ BT	\$120	
13	FUEL TANK PANEL LH	/ CNT	\$280	
14	SIDE STAND	/ BT	\$120	
15	SIDE STAND PLATE	/ CNT	\$60	
16	RADIATOR	/ DP	\$650	
17	RADIATOR LH PANEL	/ CNT	\$95	
18	LOWER COWLING	X	\$150	
19	REAR FOOT REST LH	/ CNT	\$60	
20	P PLATE	/ NK	\$12	
21	TOP BOX	/ CNT	\$280	
22	LABOUR		\$780	280

TOTAL AMOUNT:

\$6,652

Steve CLKK)
9/12/21, 11:00a

WAL PL
3 djs
P/P
M BIL sy

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:

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	01/12/2021 21:33 (SGT)
Date of Accident	30/11/2021 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BESIDE 1024 SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4278G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ASHWIN PILLAI RAJENDRA PRASAD
NRIC No	S9774311H
Email Address	ASHWINPILLAI1007@GMAIL.COM
Mobile Phone No	(Phone) +65-94891667
Alternative Phone No	+65-94891667

VEHICLE PARTICULARS

Manufacturer	Ktm
Model	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	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5123588157
Cover Note Number	-

DRIVER

Name of Driver	ASHWIN PILLAI RAJENDRA PRASAD
NRIC No	S9774311H

Date Of Birth 10/07/1997
 Occupation Outdoor
 Date Of Driving Pass 30/08/2021
 Driving experience 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-94891667
 Alt. Phone Number +65-94891667
 Email Address ASHWINPILLAI1007@GMAIL.COM
 Address BLK 174 YISHUN AVENUE 7 #09-835
 Address complement -
 Postcode 760174
 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 Hit and run / Vandalism / Damaged whilst parked
 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) 0
 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? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

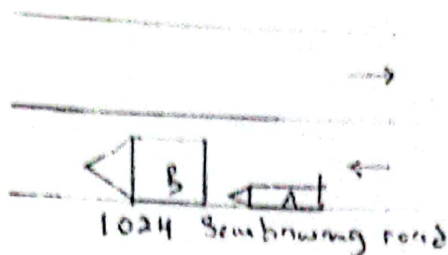
Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP9733D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver NAY LYNN THET NAING
 Passport No/FIN G6263412Q
 Contact Number (Phone) +65-83864773
 Address -

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

-
-
-
-
1



A - F8942786

B - Y897330

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked on Sembawang road where
 I was not on the vehicle when vehicle B reversed
 into the front of my vehicle.

DECLARATION

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

Policyholder's Signature
 Date & Time: 01/12/2021
 1630 hrs

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

Reporting Centre Personnel's Signature
 Name: Mohd Yus
 NRIC/FIN No.: 5099951

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 false representation 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 the report will for a fee be made available upon application to 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 making 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: 01/12/2021
1630h

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

Reporting Centre Personnel's Signature
Name: Mohd Yunus
NRIC/FIN No.: 5094451