

ASS. REC. BY:

REF:

C77/220001721KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

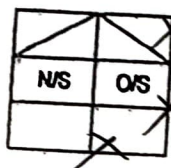
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBL 30486 Yr Regn: 08.16

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

Truck / Trailer or

Make: Honda CBF 190MHC 184Colour: Multi Colour A/C: Insured / Std / NI / NASp. Reading: 52819 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LWBM C495H 110 4078Gen. Cond: Good Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 110/70R17R: 140/70R17

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

TOYO / YOKO or

Front

R/Bal. 3 mm

L/Bal. _____ mm

D.O.A. 20/12/21

Survey held at

Rear

R/Bal. 6 mm

L/Bal. _____ mm

D.O.I. 6/1/2022

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

& c/s body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. \$

Fees

Others

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

Report Format :

Lump Sum / I.B.I. (\$

TOTAL



方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

TAY BOON WAN SPENCER
74 MEYER ROAD HAWAII TOWER
#03-01
SINGAPORE 437901

*Not Authorized
11 Days @
Paying After Paint*

Dear sir

Estimate cost of repair to vehicle no. FBL 3048G

To supply

1. Mirror left	1m	65.00	X
2. Mirror right	GM	65.00	✓
3. Head lamp	GM	450.00	✓
4. Front mudguard	1m 1m	120.00	X
5. Front handle grid x2	1m 1m	40.00	X
6. Brake n clutch x2	CLM	180.00	✓
7. Signal right rear and front x2	1m GM	90.00	✓
8. One set fairing cover w/c sticker	CLM	980.00	✓
9. Foot rest x2	Red/18T	120.00	✓
10. Exhaust chrome right	1m	80.00	X
11. Rear box	GM	180.00	✓
12. Seat	1m	190.00	X
13. Engine cover right	1m	120.00	X
14. Brake pedal right	BT	180.00	✓
15. helmet	1m/1m	180.00	?
16. Number plate x2	1m 1m	80.00	20.5m
Labour charge	106		
Towing		50.00	306
To remove refit fairing, check engine leak			
Change casket		1,200.00	1806

Total 5,570.00

Your faithfully

ALBERT POON

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:

SA0A21CR0005 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 27/12/2021 15:25 (SGT)
SUBMITTED BY: Susan
VERSION: 1 (28/12/2021 16:16 (SGT))

Your NCD will be affected due to late reporting



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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	27/12/2021 15:25 (SGT)
Date of Accident	20/12/2021 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Telok kurau rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3048G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY BOON WAN SPENCER
NRIC No	S7348299B
Email Address	boontaywan7@gmail.com
Mobile Phone No	(Phone) +65-92977719
Alternative Phone No	+65-92977719

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF190WH
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	184

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	PNMC2020-00004256
Cover Note Number	NA

DRIVER

Date Of Birth	21/03/1973
Occupation	Indoor
Date Of Driving Pass	22/08/2001
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92977719
Alt. Phone Number	+65-92977719
Email Address	boontaywan7@gmail.com
Address	Hawaii Tower, 75 Meyer Road
Address complement	#03-01
Postcode	437901
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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 20/12/2021 AT ABOUT 1410HRS, I WAS RIDING MY MOTORCYCLE(SBL3048G) ALONG TELOK KURAU ROAD TOWARDS CHANGI ROAD. I WAS RIDING ON A STRAIGHT ONE WAY ROAD. AS I WAS RIDING MY MOTORCYCLE BETWEEN LORONG G AND H OF 66 TELOK KURAU ROAD. A VEHICLE (SJQ1549U) HIT THE REAR OF MY MOTORCYCLE. THIS CAUSED ME TO FALL OFF MY MOTORCYCLE. THE IMPACT BETWEEN THE CAR AND MY MOTORCYCLE WAS QUITE HEAVY. AFTER THE ACCIDENT, THE DRIVER OF THE CAR I ASSUMED TRIED TO DRIVE AWAY. A GOOD SAMARITAN WAS AT THE ACCIDENT LOCATION TO WARN THE DRIVER NOT TO MOVE VEHICLE, BUT RATHER TO WAIT FOR THE TRAFFIC POLICE. ANOTHER GUY ALSO CAME TO MY AID AND CALLED FOR THE AMBULANCE. I MANAGED TO TAKE A PHOTO OF THE CAR JUST AFTER THE ACCIDENT. I WAS THEN CONVEYED CONSCIOUS TO CHANGI GENERAL HOSPITAL; AFTER THE ACCIDENT. I WAS HOSPITALIZED THERE FROM 20/12/2021 TO 24/12/2021. I WAS ALSO CERTIFIED MEDICALLY UNFIT FOR A PERIOD OF 22 DAYS MC(OTO2021220921). THIS WAS DUE TO AN INJURY I SUSTAINED ON MY RIGHT ELBOW FROM THE COLLISION AS WELL AS OTHER AREAS. MY ELBOW ALSO HAD TO UNDERGO A SURGICAL FIXATION AS IT WAS FRACTURED. I HAD NO CAMERO ON MY MOTORCYCLE DURING THE ACCIDENT. PARTICULARS OF DRIVERS(SJQ1549U): ARJUN KUMAR SHROFF S2032387F 96382952.

ATTACHMENT(S)

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



**SINGAPORE
POLICE FORCE**



T/20211224/2083

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20211224/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
24/12/2021 19:15

Vide Report No.:

Station Diary No.
52

Informant's Particulars

Name of Informant: TAY BOON WAN, SPENCER		Address: BLK 75 MEYER ROAD #03-01 SINGAPORE 437901	
ID Type / ID No.: NRIC NO / S7348299B		Contact No.: Home/Office: Mobile: 92977719	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 21/03/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVEROO RIDER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/12/2021 14:10	Type of Location: Straight Road
Location: TELOK KURAU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBL3048G	Motorcycle				Seriously Damaged	0
SJQ1549U	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211224/2083

2 of 3

Report No. T/20211224/2083

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Brief Details.

On 20/12/2021 at about 1410hrs, I was riding my motorcycle(SBL3048G) along Telok kurau road towards Changi road. I was riding on a straight one way road. As I was riding my motorcycle between Lorong G and H of 66 Telok Kurau road, A vehicle(SJQ1549U) hit the rear of my motorcycle. This caused me to fall off my motorcycle. The impact between the car and my motorcycle was quite heavy. After the accident, the driver of the car I assumed tried to drive away. A good Samaritan was at the accident location to warn the driver not to move the vehicle, but rather to wait for the traffic police. Another guy also came to my aid and called for the ambulance. I managed to take a photo of the car just after the accident.

I was then conveyed conscious to Changi General Hospital after the Accident. I was hospitalized there from 20/12/2021 to 24/12/2021. I was also certified medically unfit for a period of 22 days MC(OTO2021220921). This was due to an injury I sustained on my right elbow from the collision as well as other areas. My elbow also had to undergo a surgical fixation as it was fractured. I had no camera on my motorcycle during the accident.

Particulars of Driver (SJQ 1549U):

Arjun Kumar Shroff
S2032387F
96382952